Washington State Health Care Authority

Medicaid Monthly Meeting

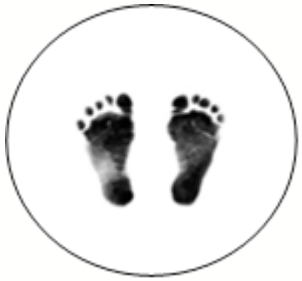
November 25, 2015

Jessie Dean
Office of Tribal Affairs

Agenda

1. First Steps' Maternity Support Services
2. Tribal Consultation Follow-Up
3. Analytics, Interoperability, and Measurement (AIM)
4. Medicaid Transformation Waiver - Update
5. Joint Agency-Tribal Summit on Health Reform - Update
6. Meetings for 2016
7. Foster Care Medical
8. Miscellaneous
    - Meetings for 2015
    - Status Updates Since October 28, 2015
    - Proposed State Plan Amendments, Waiver Amendments, and WAC Amendments Since October 28, 2015

Welcome



1. First Steps' Maternity Support Services

MSS: Developments

- One Tribe is set up and one Tribe is in the process of getting set up to bill for maternity support services.
- HCA is working on amending WAC 182-533-0327 to include Chemical Dependency Professionals (CDPs) as “behavioral health specialists” for purposes of meeting the requirements for WAC 182-533-0327(3).

What is MSS?

- Voluntary program
- Purpose:
  - ❖Improve & promote health birth outcomes
  - ❖Help clients to access:
    - Prenatal care as early in pregnancy as possible
    - Health care for eligible infants

Goal of MSS is to increase

- Early access & ongoing use of prenatal & newborn care
- Initiation & duration of breastfeeding

Goal of MSS is to decrease:

- Maternal morbidity & mortality
- Low birth-weight babies
- Premature births
- Infant morbidity & mortality rates

Goal of MSS is to decrease:

- Health disparities
- Number of unintended pregnancies
- Number of repeat pregnancies within 2 years of delivery
- Tobacco & nicotine use during pregnancy & exposure to second-hand smoke

American Indian/Alaska Native Pregnant Women – 2013 Data

- 1,030 women on WA Apple Health (WAH) delivered a baby
- 54% received prenatal care in 1st trimester
- 24.5% smoked during pregnancy
- 8% of the babies born weighed less than 5.5 pounds
- 15.1% of the babies born were born premature

Who is eligible for MSS?

- Pregnant or within 60 days postpartum
- Medical coverage through WA Apple Health (Medicaid)

MSS Covered Services

- In-person screening(s) for risk factors
- Brief counseling
- Education related to improving pregnancy and infant health outcomes
- Interventions for risk factors

MSS Covered Services cont.

- Basic health messages
- Referral to community resources
- Case management and care coordination

Interdisciplinary Team

- Community Health Nurse (RN)
- Behavioral Health Specialist (BHS)
- Registered Dietitian (RD)
- Community Health Representative (CHR)

Exception for Tribes

- A Tribe must have at least one of the following team members:
  - ❖Behavioral health specialist
  - ❖Registered dietitian
  - ❖Community health nurse (RN)

CHR Requirements

- Have a high school diploma or equivalent
- Have a minimum of one year of health care and/or social services experience
- Complete a training plan developed and implemented by the Tribe
- Carry out all activities under the direction or supervision of the RN, BHS, or RD of a supervisor of the RN, BHS, or RD

Levels of Service

- Paid fee-for-service in 15 minute increments*
- A client is eligible for a maximum of 6 units per day
- All pregnant women who are American Indian/Alaskan Native are automatically eligible for the maximum of 30 units (7 hours and 30 minutes)

*except for group services

Reimbursement for RN, BHS, and RD

- Office
  - $25 per unit

- Home or alternate site
  - $35 per unit

Total maximum reimbursement for each pregnant woman could be up to $1,050.

Reimbursement CHR

- Office
  - $14 per unit
- Home or alternate location
  - $18 per unit

MSS Group Services

- Covered service as of July 1, 2015
- Provided by RN, BHS, or RD
- 1 unit per client per day
- Reimbursed $25 per client
- Must be no less than one hour
- 3 to 12 clients must be in attendance

Telemedicine

- Allowed for MSS since October 1, 2015
- Use HIPAA-compliant, interactive, real time audio and video telecommunications (including web-based applications)
- Eligible on an individual basis

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2. Tribal Consultation Follow-Up

Tribal Consultation

- Held on Tuesday, November 17
- Topics:
  - 1915(b) Waiver Amendment for Behavioral Health Organizations (BHOs) throughout the state except for Clark and Skamania counties
  - State Plan Amendment for Fully Integrated Managed Care in Clark and Skamania counties
  - 1915(b) Waiver Application for Behavioral Health Service Only benefit package for Medicaid enrollees in fee-for-service in Clark and Skamania counties

Tribal Consultation Follow-Up

- 1915(b) Waiver: CMS and the State have agreed to include key provisions of the draft BHSO 1915(b) waiver application into the draft BHO 1915(b) waiver amendment
- Anticipated Timeline:

11/24 – 12/7	HCA/DSHS revise 1915(b) waiver amendment
12/8	Distribute revised waiver amendment
12/18	Due date for comments
12/21-12/29	HCA/DSHS review comments and complete waiver amendment
12/30	HCA/DSHS submit waiver amendment to CMS

- Minutes: HCA and DSHS are working on the minutes; we anticipate distributing the minutes in early December.

Tribal Consultation Follow-Up

- Issue Grid: The State agreed to prepare a grid to help track the many issues raised during the consultation and any barriers to addressing those issues. The grid could look like this:

Issue	Description of Issue	Proposed Solution	Applicable Legal Authorities	Barriers to Solution	Strategies to Implement Solution	Mitigating Strategies for Interim
Issue A						
Issue B						

Please let us know if you have any ideas to improve this grid.

3. Healthier Washington: Analytics, Interoperability, & Measurement (AIM)

AIM and Healthier Washington

Why is data so important for good policy and such an important piece of Healthier Washington?

- **With our Healthier Washington initiative, we are working to achieve the triple aim: better health, better care, lower costs.**
- **We are implementing value-based purchasing strategies to deliver the triple aim.**
- **We are implementing population health strategies to improve health.**
- **We need to know whether and how our strategies are improving health, care and costs.**

AIM and Healthier Washington

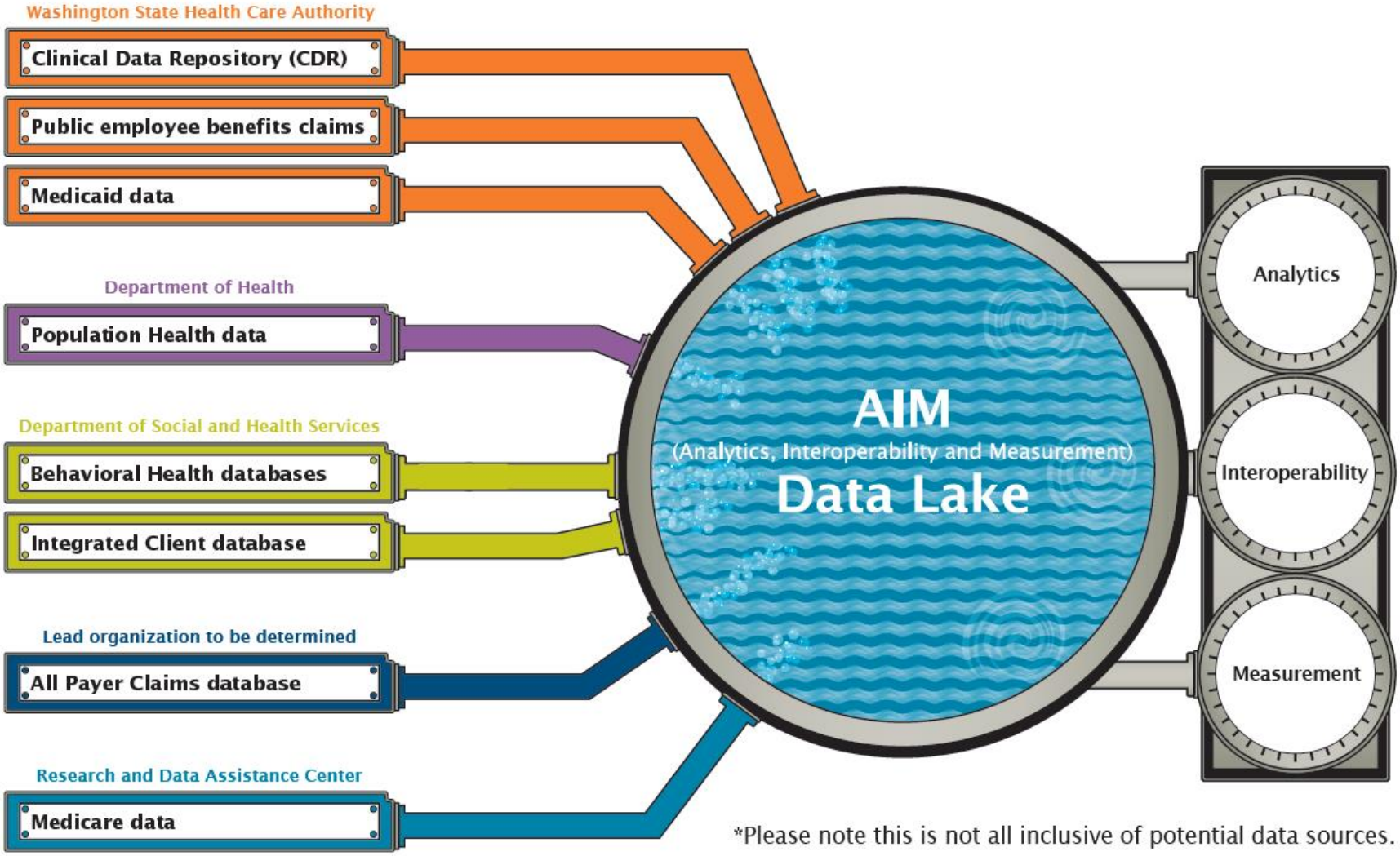
Washington's data investment strategy: Analytics, Interoperability and Measurement (AIM)

- **A key investment area of Healthier Washington (SIM award).**
- **Leverages and strengthens existing health data systems and creates capacity for analytics and decision support to best serve Washington's needs.**
- **Builds robust capacity for data infrastructure, tools, personnel, processes and procedures needed to support health data analytics, information exchanges and health measurement for communities and the health care sector.**

Healthier WASHINGTON

AIM Data Lake: Data Sources and Contributors

Data lake — a large repository of data from multiple sources available for analysis. Creates new and greater opportunities for interoperability and measurement.



*Please note this is not all inclusive of potential data sources.

HCA 82-015 (11/15)

AIM Governance Structure

Functional groups:

- **AIM Steering Committee: inter-agency group that makes leadership decisions and meets bi-weekly**
- **AIM Operations Team: inter-agency working level group that meets weekly**
- **AIM Advisory Group: consulted group of state agencies, public and private partners. The kickoff meeting will be held in December and the group will meet bi-monthly.**

AIM Goals

- **Ensure purchasing policies are data-driven, focused on clinical quality, population health.**
- **Develop new data capabilities and technical assistance to support community population health management and local public health needs.**
- **Create a comprehensive data infrastructure across state agencies that:**
  - **Brings together multiple streams of data to create new knowledge**
  - **Provides the opportunity for shared analytics to reduce health disparities through data-driven, population-based initiatives.**
  - **Enables rapid-cycle measurement of results**
- **Invest in a flexible, dynamic, unified health data system that will provide business intelligence and shared analytics capabilities for the state over the next 10-15 years.**

AIM Key Elements

- **Make targeted investments to standardize clinical information, integrate data across health delivery and social service systems.**
- **Enhance the State Health Information Exchange (HIE) services that will operate as a shared community asset.**
- **Build an advanced analytics platform to leverage big data technologies and an open data platform.**
- **Incorporate business intelligence disciplines, including qualitative and quantitative research methods and other areas of study such as economics and epidemiology.**
- **Develop mapping and hot spotting tools to support health disparities interventions and community-based health improvement.**

AIM Outcomes & Results

- **Extensible and adaptable data architecture**
- **Interoperable data system across state agencies**
- **Established data governance, privacy, and security structure and processes**
- **Business intelligence and shared analytics delivery and support capability**
- **Support of all Healthier Washington investment areas, including payment reform models, with data and analytics.**
- **Structure to support evidence-based approach to innovation and improvement**

Next Steps

- **The State looks forward to working with our Tribal partners on the development of AIM as a Healthier Washington initiative.**

- **Next steps include:**
  - **Planning communications with tribal partners about AIM development updates and milestones.**
  - **Collaborative work between the AIM project team, ACH team and Tribal Affairs office to keep information flowing.**
  - **Soliciting feedback and answering questions on the initiative:**
  - **Which may be through a Tribal workgroup, such as the data-focused Tribal workgroup being formed.**

4. Medicaid Transformation Waiver - Update

Medicaid Transformation Waiver

- Tribal Workgroup meeting held on Friday, November 20

- Next Tribal Workgroup meeting will be held on Tuesday, December 15, 9 a.m. – 12:30 p.m.

Please let me know if you are interested in participating

Medicaid Transformation Waiver

- Application submitted on August 25
- Federal comment period ended on October 9
- Available at
  http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx
- Nothing to report from discussions with CMS
  - CMS is still coming up to speed

Medicaid Transformation Waiver Update and Work Session

Tribal Workgroup

November 20, 2015

Healthier WASHINGTON

Agenda

1. CMS Discussions/Negotiations – Status update
2. Timeline/Milestones for the Waiver – Including the sequence of HCA deliverables to enable/support the Medicaid transformation projects
3. Medicaid Transformation Projects – Status update, with in-depth explanation and discussion of:
    a. Draft Medicaid Transformation Project Toolkit
        – This toolkit will reflect the requirements for projects to be considered for funding under the Medicaid Transformation 1115 Waiver.
    b. Anticipated functions and expectations of coordinating entities (such as ACH coordinating entities or a Tribal coordinating entity)
        – These coordinating entities will need to meet certain federal requirements or expectations.
4. Supportive Housing and Supported Employment Services – Status update
5. Long-Term Services and Supports – Status update

CMS Discussions/Negotiations – Status Update

Timeline/Milestones for the Waiver and for the Proposed AIHC Contract

Initiative 1: Medicaid Transformation Projects

Initiative 1: Status Update

Washington's vision for creating healthier communities and a more sustainable health care system by:

- Building healthier communities through a collaborative regional approach
- Ensuring health care focuses on the whole person
- Improving how we pay for services

Medicaid Transformation Waiver Basics

- **Five-year Demonstration project**
  - —*"Section 1115" contract between federal and state governments, bound by special terms and conditions, to leverage federal savings for investment in delivery system reform*
  - — *This is not a grant program. Funding is performance-based.*
  - — *Investments cannot fund business as usual—waiver funding must be linked to implementation of the Medicaid Transformation vision.*
  - — *Investments can't supplant current state/local funding.*
- **Budget neutrality**
  - —*The state must not spend any more federal dollars than they would have spent without the waiver.*
- **Comprehensive evaluation**
  - —*Required to assess the degree to which waiver investments achieve goals.*
- **Transformation must be sustainable beyond the demonstration**
  - —*Sustainability plans required for continuing transformation without ongoing federal waiver investments.*

Note: A waiver is not guaranteed.

Medicaid Transformation Goals: Triple Aim

- **Reduce avoidable use of intensive services and settings**
  —such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails
- **Improve population health**
  —focusing on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders, and oral health
- **Accelerate the transition to value-based payment**
  —while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members
- **Ensure that Medicaid per-capita cost growth is two percentage points below national trends**

Medicaid Transformation Initiatives

Initiative 1

Transformation through Accountable Communities of Health

Each region, through its Accountable Community of Health, will be able to pursue transformation projects focused on health systems capacity building, care delivery redesign, and population health improvement.

Initiative 2

Service Options that Enable Individuals to Stay at Home and Delay or Avoid the Need for More Intensive Care

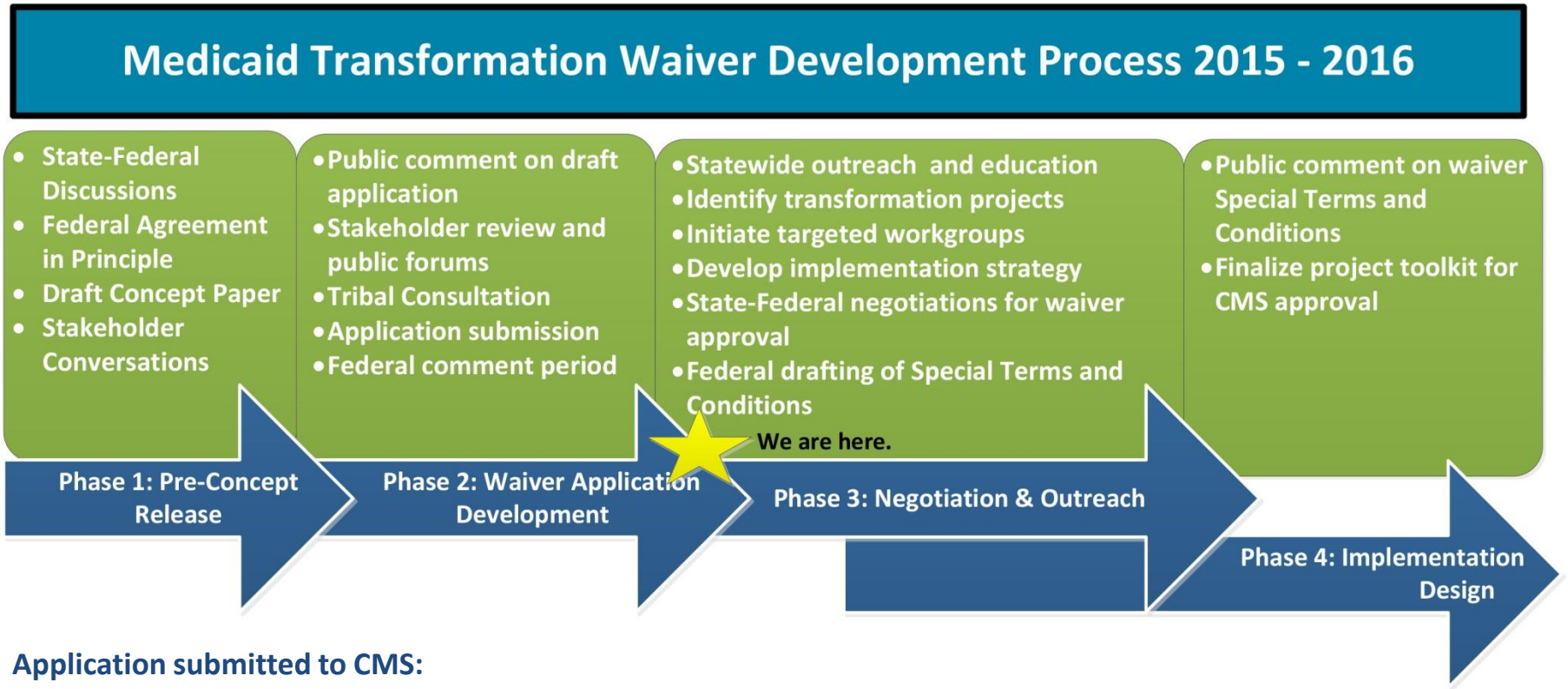
A broadened array of Long Term Services and Supports (LTSS).

Initiative 3

Targeted Foundational Community Supports

Targeted supportive housing and supported employment services will be offered to Medicaid beneficiaries most likely to benefit from these services.

Waiver Timeline & Process



Application submitted to CMS:
http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx

What's next:

- 30-day federal comment period now ended
- Negotiations with CMS initiated
- Ongoing development of demonstration

Updates

- CMS Update
- Website and FAQ Updates
- “Workgroups” – Varied Approaches
  - Tribal Workgroup
  - Supportive Housing
  - Supported Employment
  - LTSS
  - Transformation Projects
- Communications Support - Harbage

Initiative 1: Draft Medicaid Transformation Project Toolkit

Current Process for Developing Project List

- Template request published December 1
- Webinar to explain process – December 8
- Considerations – projects to be:
  - Designed to promote the integrity and objectives of the state's Medicaid program
  - Transformative and explicitly support the goals of the waiver
  - Evidence-based or spread promising-practices with strong potential for measurable return on investment
  - Substantially different than other CMS funded initiatives (e.g., they are new, innovative, augment or leverage current initiatives)
  - Designed to address significant community health needs in the ACH region or statewide, with evidence of collaboration in planning
  - Designed to positively impact a substantial number of Medicaid beneficiaries.
- Projects submitted – January 15
- Consultant assistance to analyze input / webinar - January
- Preliminary list for CMS discussion - January

Transformation Project Domains (modified after public comment periods)

Health Systems Capacity Building	Care Delivery Redesign	Population Health Improvement – Prevention Activities
Workforce Development	Bi-directional integrated delivery systems	Mental health & substance abuse
System infrastructure, technology & tools	Access to care coordination, case management and transitional care	Chronic disease prevention
Provider system supports to adopt value based payment models	Outreach, engagement & recovery supports	Promote health women, infants and children

Project Template Information – Considerations for Projects

- Contact information
- Project title
- Rationale for the Project
- Project Description
- Core Investment Components
- Project Metrics

Initiative 1: Anticipated Functions & Expectations of Coordinating Entities

Alignment of Waiver and AIHC Timeline for Discussion and Identification of Connections and Challenges

Estimated Timing	Waiver Projects	AIHC Project
Feb 2016	Transformation projects list in discussion with CMS	Analysis of ACH/Tribe needs
March 2016	CMS development of STCs	
April 2016	Potential approval Year "0" planning initiated	Meetings with ACHs around WA
Summer	Final list of transformation projects; application guidance; selection parameters	Meetings with I/T/Us
Late Fall	ACH Applications for project funding	
December 2016	Review/approval project funding	Report and recommendations

Initiative 2: Supportive Housing & Supported Employment Services – Status Update

Eligibility Criteria – Supportive Housing Services

Medicaid enrollees age 18 and older*, who require tenancy supports to access and maintain community housing and **meet one or more of the following criteria**:

1. Meet HUD definition of chronically homeless (see next slide)

or

2. Have frequent or lengthy institutional contacts (emergency room visits, nursing facility stays, hospital, psychiatric hospital stays, jail stays). Frequency, length and acuity to be determined.

or

3. Have frequent or lengthy adult residential care stays: Adult Residential Treatment Facilities (RTF), Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), Assisted Living (AL), Adult Family Home (AFH), Expanded Community Services (ECS)) or Enhanced Service Facilities (ESF). Frequency, length and acuity to be determined.

or

4. Have frequent turnover of in-home caregivers or providers. Frequency, length and acuity to be determined by ALTSA CARE assessment.

or

5. Meet specific risk criteria (PRISM risk score of 1.5 or above.)

**** Predominantly adults, but also includes transitioning youth – those coming out of foster care, homelessness, or JRA facilities for example.***

Eligibility Criteria – HUD definition

The definition of ”chronically homeless” currently in effect for the HUD Continuum of Care Program is defined in the interim rule 24 CFR 578.3 as:

a) An individual who:

   i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
   iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or

c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

Eligibility Criteria – Supported Employment

Medicaid enrollees of working age (16 and older) who, because of their disabilities, need intensive ongoing support to obtain and maintain an individualized job in competitive or customized employment or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage. Medicaid working age enrollees (16 and up) eligible for this benefit **will meet one or more of the following criteria:**

- Severe and persistent mental illness, moderate to sever substance use disorder or severe emotional disturbance

OR

- Behavioral health and or traumatic brain injury and or physical disabilities who are eligible for Long-Term Care Services System

AND

- Wish to become employed

Upon full implementation, average monthly service need is estimated at about 4-5 hours per user. Based on experience with fidelity reviews of providers in Oregon, we estimate that it will take 48 months to reach full program capacity.

Population Estimates

Population:

Washington intends to offer access to supportive housing and supported employment, to a **targeted** group of individuals. Preliminary modeling suggests:

Supportive Housing

~7,500 individuals eligible

→ ~3,000 (40%) **engaged on a monthly basis**

→ ~1200 (40%) Medicaid expansion **new adults**

Supported Employment

~130,000 individuals eligible

→ ~2,000 **engaged on a monthly basis**

→ ~30% Medicaid expansion **new adults**

Modeling being revised as we learn more about populations, issues, benefits, financing, and realistic ramp-up options

Overview of Supportive Housing Services – Medicaid Policy Bulletin 6.15

Housing-related activities and services are:

(1) Individual Housing Transition Services - services that support an individual's ability to prepare for and transition to housing;

(2) Individual Housing & Tenancy Sustaining Services - services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy; and

(3) State-level Housing Related Collaborative Activities - services that support collaborative efforts across public agencies and the private sector that assist a state in identifying and securing housing options for individuals with disabilities, older adults needing LTSS, and those experiencing chronic homelessness.

Overview of Supported Employment Services – Medicaid Policy Bulletin 9.11

Supported Employment -Individual Employment Support

Ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Examples:

- **Vocational Assessment/ Job-Related Discovery**
- **Job Development**
- **Person-Centered Employment Planning**
- **Job Coaching**
- **Workplace Support Services**

Overview of Workgroup Support Anticipated

- Inform priority policy design elements
  - *—Eligibility: refinements – frequency, length and acuity*
  - *—Benefits: quality assurance re evidence based practice; coordination with other initiatives*
  - *—Ramp-up: options*
- Inform implementation design and planning
  - *—Capacity building (including licensing, training, and Indian Health links)*
  - *—Data/IT support*
  - *—Effective marketing/outreach/education strategies*
  - *—Quality assurance/fidelity monitoring*
  - *—Cross-system partnerships (e.g., Commerce; Councils on Homelessness)*
  - *—Rate development – link with shared savings and reinvestments*
  - *—Evaluation – based on CMS expectations*
  - *—Sustainability (including alignment with reinforcing initiatives)*
- Support initiative implementation

Initiative 3: Long-Term Services & Supports – Status Update

For more information, contact:

Healthier Washington Team:
healthierwa@hca.wa.gov

Website:
www.hca.wa.gov/hw

Thank you

5. Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

- Objectives:
  - Plan the Summit agenda, protocols, and process to ensure that the Summit is effective
  - Plan the date, time, and location for the Summit

Last Meeting of Planning Workgroup

- November 20, 8 a.m. – 9 a.m.

Next Meeting of Planning Workgroup

- December 4, 9 a.m. – 10 a.m.

Please let me know if you are interested in participating

Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

Potential Dates:

- February 5 or January 29
  - ➢ January 8 did not work due to a scheduling conflict with a statewide meeting on emergency preparedness for the Cascadia Subduction Zone

Potential Locations:

- Focusing on places within 30 minutes of Olympia

Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

The State's Plan for a Healthier Washington:

- Integrated Physical and Behavioral Health Care
  - ➢Behavioral Health Organizations
  - ➢Fully Integrated Managed Care
- Accountable Communities of Health
- Medicaid Transformation Waiver
- Analytics, Interoperability, and Measurement
- Practice Transformation Hub
- Performance Measures
- Paying for Value

Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

Potential Topics:

- Behavioral Health
  - BHO Implementation (DSHS-BHSIA) and Fully Integrated Managed Care/Early Adopter Implementation (HCA)
  - Concerns from Tribal and non-Tribal substance use disorder treatment providers/agencies regarding BHO and Early Adopter implementations
  - Implementation of Adult Behavioral Health Task Force and Tribal Centric Behavioral Health Task Force Recommendations
  - Access to BHO services, Tribal DMHPs, Full faith and credit to Tribal ITA orders

Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

Potential Topics:

- Children's Health
  - Coordination of foster care medical/foster care MCO, WISe, Children's Admin, and case management services
  - HCA, DSHS-CA, and Tribal ICW programs to discuss
- Data/System Initiatives
  - Need inventory of state data/system initiatives
  - Lack of AI/AN data or quality data in state data/systems
  - Behavioral health EHR challenges
  - Need Tribal data workgroup

6. Meetings for 2016

Meetings for 2016

A number of Tribal representatives have requested the consolidation of:

- HCA's Medicaid Monthly Meeting
- DSHS's Tribal Centric Behavioral Health Workgroup
- IPAC Subcommittee on Aging and Disability Services – Behavioral Health Matters

Meetings for 2016

- Consolidated meeting would start in January 2016
- Days being considered:
  - Fourth Monday of the Month
  - Third Friday of the Month
- Time: 9 a.m. – 11 a.m.

Please let me know what schedule would work better for you…

7. Foster Care Medical

Foster Care Medical

- Apple Health for Foster Kids – Coverage
  - One MCO statewide: Coordinated Care
  - Beginning on April 1, 2016
  - AI/AN foster kids will have two options:
    - Fee-for-Service
    - Coordinated Care MCO
- Apple Health for Foster Kids – Eligibility
  - Tribal attestation process
  - Will work with IPAC subcommittee for Children's Administration

Miscellaneous

2015 Remaining HCA Tribal Affairs Meetings

Tribal Billing Workgroup (TBWG)
Second Wednesday
9:00-10:00 AM

December 9

Medicaid Monthly Meeting (M3)
Fourth Wednesday
9:00-10:00 AM

December 23

We are looking to change the schedule for the Medicaid Monthly Meeting for 2016. The Tribal Billing Workgroup will continue to meet on the second Wednesday of every month.

Status Updates Since October 28, 2015

Project	Status
AI/AN Health Care Issues Grid	HCA/DSHS agreed at the Tribal Consultation on November 17 to prepare grid of issues affecting AI/AN health care, with solutions, barriers to solutions, and mitigating strategies
Tribal Consultation Minutes	Consultation held on November 17; HCA/DSHS are preparing the minutes
Medicaid Transformation Waiver	HCA in preliminary discussions with CMS; meeting held on November 20; next meeting December 15 • Coordinating with AIHC project • Upcoming process on submitting project ideas
Joint Agency-Tribal Summit	Meetings held on November 6 and 20; next meeting December 4, 2015 • Looking at February 5 or January 29

Status Updates Since October 28, 2015

Project	Status
MCO Payment of Wraparound Encounter Rate	Scoping changes that would need to be made to ProviderOne to enable MCO payment
Forms for HCA Contracts with Tribes	Preparing form Indian Addendum for Core Provider Agreements
AI/AN Maternity Support Services (MSS) and First Steps	Working to increase awareness of reduced team requirements and Medicaid reimbursement for CHR case management
ACH-Tribal Engagement Technical Assistance (including resources on Tribal representation on ACH governance bodies) and Tribal Meeting Facilitation	Contract with AIHC in final approval stages

Status Updates Since October 28, 2015

Project	Status
Tribal-State Data Workgroup	DSHS TARGET Workgroup met on November 18; proposed to expand the scope of the TARGET Workgroup
HCA Training: Gov't-to-Gov't and Indian Health Care Delivery	Draft completed
Quarterly MCO-Tribal Meetings	Meeting held on November 18; HCA working on notes from meetings on November 18 and May 8
Pilot of Mental Health Technical Assistance Review at Tribe	Ended – project not continuing due to lack of agency financial support
Federal Ownership Disclosure Requirements for I/T/Us	Still waiting for guidance from CMS
Tribal Consultation on April 17, 2015	HCA working on minutes

Status Updates Since October 28, 2015

Project	Status
Foster Care Medical and Tribal Foster Care	HCA will work with the IPAC subcommittee for Children's Administration
Tribal Health Homes	DSHS has determined that it can extend the funding of the Health Homes program through June 30, 2016; legislature will determine whether to extend program after June 30, 2016

Status Updates Since October 28, 2015

Open Item	Status
CMS-Required Inter-Governmental Transfer Process	No update
Replies to AIHC briefing papers/questions	No update
Expansion of AI/AN exemptions from Medicaid estate recovery	No update
Amendment to HCA Tribal Consultation Policy	No update
Review of AIHC Medicaid eligibility materials	No update
Expansion of HCA resources on AI/AN eligibility	No update
IHS Services and Medicaid spenddown	No update

Status Updates Since October 28, 2015

Open Item	Status
Domestic Violence Perpetrator treatment and Medicaid coverage under Brief Intervention Treatment procedure	No update

Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since October 28, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
SPA 15-0041 (11/4/2015)	State Plan Amendment to reflect HCA's internal realignment to support the Agency's move away from a fee-for-service model of purchasing to a managed care delivery structure. Infrastructure and operating processes must be realigned to fully support this move.
SPA 16-0001 (11/5/2015)	State Plan Amendment anticipated for January 2016 to reflect the approval of SPA 15-0016, which added the state's policy of not paying for elective deliveries that are less than 39 weeks gestation unless they are medically necessary.
RSW Waiver Amendment (11/23/2015)	Amendment to Residential Support Waiver to include retainer payments and add Adult Day Health services and Expanded Community Services as new waiver services.

HCA WAC Change Requests: CR-102 Filings Since October 28, 2015

WSR # (Date of Filing)	Rule Title and Brief Description
WSR 15-22-045 (10/29/2015)	Prescription Drugs: Housekeeping changes to update agency names and rule citations in the prescription drug WACs (Chapter 182-530 WAC). *Hearing on December 8, 2015.*
WSR 15-23-060 (11/13/2015)	Hospitals Eligible for CPE Payments: Strike WAC 182-550-4690(3)(b) and (5)(c) to reflect the agency's implementation of a population-based, data-driven approach to reduce hospital readmission rates and related costs. *Hearing on December 22, 2015.*
WSR 15-23-071 (11/16/2015)	Home Health: Amend WAC 182-551-1500(4)(b) to clarify that "brief period" means "six additional days of care in a thirty day period" and to make other housekeeping changes to update program names and agency names and fix cross references. *Hearing on December 22, 2015.*
WSR 15-24-015 (11/19/2015)	Outpatient Rehabilitation: Amend WAC 182-545-200 to add optometrists and podiatrists to the list of providers who can order certain outpatient rehabilitative services. *Hearing on January 5, 2016.*

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WSR # (Date of Filing)	Rule Title and Brief Description
WSR 15-24-035 (11/20/2015)	Enteral Nutrition: Amend WAC 182-554-500 to add authorization requirements for prescription of thickeners, add periodic evaluation requirements by client age, transfer documentation responsibilities from WIC to provider under proposed (3)(b), and transfer prior authorization instructions from WAC 182-554-500 to WAC 182-554-700. Also, add valid prescription and proof of delivery requirements to WAC 182-554-400. *Hearing on January 5, 2016.*

Thank you!

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