Washington State Health Care Authority

Washington State Department of Social & Health Services

Transforming lives

Monthly Tribal Meeting

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Agenda

9:00 AM	Welcome, Blessing, Introductions
9:10 AM	HCA – Statewide Foster Care Managed Care Program
9:30 AM	BHA – Data Review Process for AI/AN Mental Health
10:15 AM	HCA – Inclusion of Residential SUD to IHS Encounter Rate
10:30 AM	1915(b) Waiver Renewal and Related Work

- Waiver Renewal and Options
- Governor's Behavioral Health Integration Work Group – Tribal Sub-Group
- Tribal Issues Grid

11:50 AM	Closing Thoughts
Noon	Adjourn

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WELCOME, BLESSING, INTRODUCTIONS

STATEWIDE FOSTER CARE MANAGED CARE PROGRAM

Statewide Foster Care Managed Care

[Slides to be provided]

DATA REVIEW PROCESS FOR AI/AN MENTAL HEALTH

Data Review Process for AI/AN Mental Health

- What should the review process look like?

INCLUSION OF RESIDENTIAL SUD IN IHS ENCOUNTER RATE

WA State Plan: IHS Encounter

Services provided by facilities of the Indian Health Service (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization, and funded by Title I or III of the Indian Self Determination and Education Assistance Act (Public Law 93-638), are paid at the rates negotiated between the Health Care Financing Administration (HCFA) and the IHS and which are published in the Federal Register or Federal Register Notices.

The outpatient per visit rate is also known as the, IHS encounter rate. The definition of an encounter is, "A face-to-face contact between a health care professional and a Medicaid beneficiary, for the provision of Title XIX defined services through an IHS or Tribal 638 facility within a 24-hour period ending at midnight, as documented in the patient's record."

Providers Eligible for IHS Encounter

Washington

- Physicians
- Physician Assistants
- Nurse Midwives
- Advanced Nurse Practitioners
- Speech-Language Pathologists
- Audiologists
- Physical Therapists
- Occupational Therapists
- Podiatrists
- Optometrists
- Dentists
- Chemical Dependency Counselors
- Psychiatrists
- Psychologists
- Mental Health Professionals

Minnesota

- Advance practice registered nurse
- Certified registered nurse anesthetist
- Chiropractor
- Clinical nurse specialist
- Clinical specialist in psychiatric and mental health nursing
- Counselor
- Dentist
- Dental hygienist
- Home health aide
- Licensed clinical social worker
- Midwife
- Nurse practitioner
- Optometrist
- Personal care assistant
- Physical therapist
- Physician
- Physician assistant
- Physician extender
- Podiatrist
- Psychologist
- Registered dietician
- Visiting nurse

Clients Eligible for IHS Encounter

Washington State

- AI/AN or
- Non-AI/AN (if in fee-for-service)

Minnesota

- AI/AN only

Number of IHS Encounters per Day

Washington State

- 1 Medical
- 1 Dental
- 1 Substance Use Disorder
- 1 Mental Health

Note: Not in State Plan

Minnesota

- 1 Ambulance
- 1 Alcohol and Drug Abuse Service
- 1 Child Welfare Targeted Case Management
- 1 Dental
- 1 Home Health
- 1 Medical
- 1 Mental Health
- 1 Pharmacy

IHS Encounter Rates

2015	2016
Outpatient Encounter Rate	Outpatient Encounter Rate
$350	$368
Inpatient Hospital Per Diem	Inpatient Hospital Per Diem
$2,443	$2,655

1915(B) WAIVER RENEWAL

1915(b) Waiver Renewal

- Waiver renewal submission due June 30, 2016
- Roundtable on May 23, 2016
- Consultations on June 3, 2016 and June 22, 2016

Current Waiver:

https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Stakeholder%20Notices/1915b%20Waiver.pdf

- AI/AN included in BHO MH system
- AI/AN carve-out from BHO SUD system and placed in fee-for-service system

1915(b) Waiver — Tribal Sections

Page # on Waiver	Statement
01 (2-E) Facesheet	The Tribal Consultation and Program History have been amended to reflect the state's addition of SUD services into the managed care model and the consultation and feedback received through Tribal Consultation. Additional Consultation with the Tribes has resulted in the decision to carve SUD services for the AI/AN population out of the Waiver. Services to the population will continue on a fee-for-service basis in BHO Regions only.
01 (E-1) Facesheet	Populations included and excluded in the Waiver was edited to include the BHSO as well as the new Access Standards resource for April 1, 2016 that will include SUD services. The AI/AN population will be excluded from the Waiver for SUD services only, in BHO Regions only.

1915(b) Waiver — Tribal Sections

Page # on Waiver	Statement
03 Program Overview	Tribal Consultation –*Description of consultations and meetings* • 1st Roundtable 10/30/2015 (joint with BHA and HCA) • 2nd Roundtable 11/10/2015 (joint with BHA and HCA) • Consultation 11/17/2015 (joint with BHA and HCA) • Consultation 03/09/2016 (joint with BHA and HCA) • Follow up meeting 03/25/2016 (joint with BHA and HCA) • Follow up meeting 03/28/2016 (joint with BHA and HCA) Meetings led to AI/AN carve out decision for BHO SUD services. Additional Tribal Consultations Upcoming (*to add to Waiver*) • Tribal Roundtable 05/23/2016 • 1st Consultation 06/03/2016 • 2nd Consultation 06/22/2016

1915(b) Waiver — Tribal Sections

Page # on Waiver	Statement
16 (E.) Excluded Populations	The AI/AN population is excluded from the Waiver for SUD services only, and in the BHO Regions only.
32 Access Coordination of Continuity of Care Standards	During the tribal consultation on 11/17/2015, DSHS and HCA affirmed the State's commitment to the development of a tribal centric behavioral health system that better serves the needs of tribes and their members. To achieve this goal and address the issues raised during the tribal consultation process, HCA and DSHS committed to compiling a grid of issues raised and working with the parties identified on page 10 in Section 1.4 of the State Plan (TN#11-25), to populate the grid with proposed solutions, analyses of how to achieve the proposed solutions, mitigation strategies for the interim, and timeframes for achieving the proposed solutions—with mutual understanding that some proposed solutions may require federal or statutory changes.

1915(b) Waiver — Tribal Sections

Any other changes DSHS and HCA should add to the waiver application?

1. No – No Change
   - AI/AN carved out for BHO SUD, carved in for BHO MH
2. Yes – Carve-out AI/AN for BHO MH too
   - AI/AN carved out for all BHO services
3. Yes – Carve-in AI/AN for BHO SUD
   - AI/AN carved into BHO for both MH and SUD
4. Yes – Other?

Governor's Behavioral Health Integration Work Group

TRIBAL SUB-GROUP

Behavioral Health Integration Work Group

The state has determined through SB 6312 to move to fully integrated managed care for mental health, substance use disorder treatment and medical care by 2020. To accomplish this, we need to outline and accomplish functional, financial and any needed structural changes at the state level to accomplish fully integrated financing that supports needed clinical integration. The work of the Behavioral Health Integration Work Group is to advise the governor on:

- Financial, functional and needed structural changes at the state and regional levels to accomplish this goal
- Crisis and support services and the roles of the state, counties and tribes
- Interface between state, local government, health organizations and Tribes and Urban Indian Health Organizations (UIHOs) as providers of health care to American Indians/Alaska Natives

Tribal Sub-Group: Work Plan

Work Due for Next Meeting	Meeting Date	Meeting	Meeting Discussion	Email by Following Monday to MTM List
Charter + Work Plan	15-Apr	Sub-Group	Planning	Final Charter + Work Plan
Draft Barriers to Effective Care (Issues Grid)	22-Apr	Sub-Group	Barriers	Updated Barriers to Effective Care
Report to MTM: Work to Date	25-Apr	MTM	Feedback	
Draft 2020 Goals	29-Apr	Sub-Group	2020 Goals	Updated 2020 Goals
Draft Proposals for 2020 Tribal Centric Health System	5-May	Sub-Group	Proposals	Updated Proposals
Draft Gap Analysis/Strategy	12-May	Sub-Group	Gap Analysis/Strategy	Updated Gap Analysis/Strategy
Draft Recommendations	20-May	Sub-Group	Recommendations	Updated Recommendations
Report to Roundtable: Work to Date	23-May	MTM	Feedback	Send Work to Date for Consultation
Plan for Tribal Consultation on June 3	27-May	Sub-Group	Consultation Planning	Notes
Plan for Tribal Consultation on June 3	2-Jun	Sub-Group	Consultation Planning	Notes
Report to Tribal Consultation: Work to Date	3-Jun	Consultation	Feedback	
Draft Recommendations	10-Jun	Sub-Group	Recommendations	Updated Recommendations
Final Recommendations to BHIWG	15-Jun			
Notes:				
MTM = HCA-BHA Monthly Tribal Meeting held on fourth Friday of month, 9:00 a.m. - 10:30 a.m. in Apple Conference Room at Cherry Street Plaza.				
All Sub-Group meetings are held on Friday, 11:00 a.m. - Noon, in the Apple Conference Room at Cherry Street Plaza, except that underlined meeting dates are scheduled for Thursday instead of Friday, with the May 5 meeting being held in the Osprey Conference Room at Cherry Street Plaza.				

Tribal Sub-Group Goal

Develop analysis and recommendations, with different options for:

- Tribal health system in 2020

Recommendations are due to the Behavioral Health Integration Work Group by June 15

- More review and opportunity for input after then

Tribal Sub-Group: Current Ideas

Considering Different Proposals/Options:

1. Tribal Managed Care Organization
   - Risk bearing – Who bears the risk?
   - Requires risk pool – Who participates?
   - Requires centralization – Who manages?
2. Tribal Behavioral Health Organization
   - Same as above but for MH and SUD only
3. Tribal Administrative Service Organization
   - Fee-for-Service – Will rates be high enough?
   - Contracted services – What will ASO do?

TRIBAL ISSUES GRID

Behavioral Health Issues Grid

Issue From Grid	Update	Timeframe
Require BHOs to contract with tribal DMHPs to serve AI/ANs on tribal land	Not currently in BHO contract. BHA will research if DSHS has authority to require this.	Have an answer by July 2016 HCA-BHA MTM
Require BHO-contracted and DBHR-credentialed licensed psychiatric care hospitals, including state psychiatric hospitals, and Evaluation & Treatment (E&T) facilities to notify and coordinate AI/AN discharge planning with the Tribes and urban Indian health programs.	For providers to coordinate discharge planning with other providers, they need to obtain a release of information. Need to discuss this request further.	Scheduled for discussion at 3/28 MTM.

Behavioral Health Issues Grid

Issue From Grid	Update	Timeframe
Obtain state funding to conduct a feasibility study for one or more E&T facilities to service AI/AN people needing inpatient psychiatric care (State funded). *State Response: Original state funding is no longer available.*	DBHR committed to requesting funding from the Legislature from the 2017-19 budget. Tribes might also consider going to the Legislature for funding of construction of a tribal E&T facility as an investment for future savings due to the transfer of inpatient mental health expenses from the state budget to the federal budget due to the AI/AN 100% FMAP.	Put in request by August 1, 2016
Billing manual; tribes want to make sure that there no any changes to the billing manual that causes barriers.	HCA is currently revising the tribal billing guide to include SUD FFS billing. HCA will share with the Tribes. Access to care standards is being expanded to cover SUD diagnoses (~110 diagnoses).	HCA and BHA are still working to update the billing guide.

Behavioral Health Issues Grid

Issue From Grid	Update	Timeframe
Tribes want to make sure BHOs follow Gov. to Gov.	BHA is requiring BHOs to develop and implement a tribal coordination implementation plan under Section 15.2 of the BHSC. The plan must include service delivery goals/outcomes, activities to implement service delivery, expected outcomes of the service delivery goals, lead staff from the BHO and ITU, and a progress report throughout the year.	Target goal is to begin monitoring BHO contracts this year.
Tribes being asked to waive sovereign immunity or partial immunity in BHO contracts.	DBHR has sent communication to the BHOs that Tribes do not have to contract with a BHO if they do not want to. If a tribe would like to contract with a BHO, BHA expects BHOs to not require Tribes to waive sovereign immunity.	Make language more clear for July 2016 amendment.

Behavioral Health Issues Grid

Issue From Grid	Update	Timeframe
Require each BHO to identify BHO staff member as Tribal liaison.	This is required in the BHSC and PIHP contracts.	Waiting for BHOs to turn in tribal contact information
Care coordination; BHOs and subcontractors should notify tribes to coordinate client discharge planning and care coordination.	This is required in the BHSC and PIHP contracts, and via the Tribal Crisis Coordination of Services Plan.	Ongoing
Interest in a Tribal BHO	BHA is committed to having this conversation; this conversation could start at the HCA-BHA MTM workgroup meetings, but will require DSHS/HCA and tribal leadership involvement as well. Any discussion should keep in mind full integration in 2020. A Tribal BHO would require legislative and Governor support.	Ongoing at HCA-BHA MTM

Behavioral Health Issues Grid

Issue From Grid	Update	Timeframe
DSHS and HCA should establish an ongoing project with Tribes and urban Indian health programs to develop and reimburse for AI/AN culturally appropriate evidence-based practices (EBPs) and promising practices (State funded).	1. Traditional healing practices – Developing DOH/Medicaid Criteria — There are many competing considerations. This will require program-specific collaboration with the individual tribes to determine if developing Medicaid supportable criteria is even culturally appropriate. Technical assistance from HCA/BHA is available.	Technical assistance available today

Behavioral Health Issues Grid

Issue From Grid	Update	Timeframe
DSHS and HCA should establish an ongoing project with Tribes and urban Indian health programs to develop and reimburse for AI/AN culturally appropriate evidence-based practices (EBPs) and promising practices (State funded).	2. Traditional healing practices – Using Existing Medicaid Criteria – It is possible today to fit culturally appropriate practices within current Medicaid criteria for covered services. Technical assistance from HCA/BHA is available	Technical assistance available today

Behavioral Health Issues Grid

Issue From Grid	Update	Timeframe
DSHS and HCA should establish an ongoing project with Tribes and urban Indian health programs to develop and reimburse for AI/AN culturally appropriate evidence-based practices (EBPs) and promising practices (State funded).	3. Culturally appropriate practices at non-ITUs: *a. HCA* – Beginning in 2015, HCA began adding Culturally and Linguistically Appropriate Service (CLAS) standards into the HCA-MCO contracts. HCA has also added new language to the HCA-MCO contracts for the MCOs to improve AI/AN access to culturally appropriate physical and behavioral health care at non-ITU providers. HCA will continue to develop this guidance. *b. BHA* – BHA is looking to add similar language to the BHSC	a. 4/1/16 b. TBD

Behavioral Health Issues Grid

Issue From Grid	Update	Timeframe
DSHS and HCA should establish an ongoing project with Tribes and urban Indian health programs to develop and reimburse for AI/AN culturally appropriate evidence-based practices (EBPs) and promising practices (State funded).	4. Developing AI/AN EBPs – To develop AI/AN EBPs, funding will require legislative and Governor support.	Legislative cycle

Tribal Issues Grid – Working Version

Refer to Working Version of Tribal Issues Grid

Thank you!

HCA

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