Washington State Health Care Authority

Washington State Department of Social & Health Services

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Monthly Tribal Meeting
&
Tribal Roundtable

May 23, 2016

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Agenda

9:00 AM	Welcome, Blessing, Introductions
	Monthly Tribal Meeting
9:10 AM	HCA – Accountable Communities of Health
9:30 AM	HCA – 100% FMAP Expansion
9:40 AM	HCA – Medicaid Administrative Claiming
9:50 AM	HCA+BHA – Partnership Access Line (PAL) for Children's Psychiatric Medication Consultations
10:00 AM	HCA+BHA – SUD Billing and Provider Resources
10:10 AM	BHA – Data Review for AI/AN Mental Health
10:20 AM	BHA – Upcoming Consultation for SAMHSA Block Grant Application
10:30 AM	***Roundtable***
	1915(b) Waiver Renewal and Related Work • Waiver Renewal and Options • Governor's Behavioral Health Integration Work Group – Tribal Sub-Group Draft Proposals
Noon	Closing

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WELCOME, BLESSING, INTRODUCTIONS

ACCOUNTABLE COMMUNITIES OF HEALTH

Accountable Communities of Health

- Tribal Consultation on May 11
  - ❖ HCA has confirmed that 6 of 9 ACHs have offered – or intend to offer – a seat on their governing boards to each Tribe/UIHO in their region

- Scheduling ACH-Tribal Workshops
  - ❖ One in each of the 9 ACH regions

Accountable Communities of Health

Tribal Request #1

Will the State require ACHs to adopt the Model ACH Consultation Policy approved by AIHC delegates as a condition of future funding?

Accountable Communities of Health

Tribal Request #1 – HCA Response

- Meaningful collaboration and partnership between ACHs and Tribes/UIHOs is a key priority for the state.
- HCA's approach has been to provide guiding principles and technical assistance while not prescribing a specific approach or model.
- ACHs receive some state support but are not extensions of the state.

Accountable Communities of Health

Tribal Request #1 – HCA Response

- HCA is concerned that imposing a single form consultation policy on all ACHs does not reflect the unique collaboration in each ACH.
- As a result, HCA does not intend to require ACHs to adopt a Consultation Policy or condition future funding on it.
- HCA agrees that some type of consultation policy may be appropriate as a secondary option to more direct engagement.

Accountable Communities of Health

Tribal Request #1 – HCA Response

- HCA is committed to helping ACHs meaningfully engage Tribes/UIHOs, in addition to fostering ongoing government-to-government consultation at the state level.
- HCA will continue to work with AIHC in building better connections and understanding between ACHs and Tribes/UIHOs.

Accountable Communities of Health

Tribal Request #2

If the State will not require a Model Consultation Policy, will they distribute it to all ACHs and recommend they adopt it?

Accountable Communities of Health

Tribal Request #2 – HCA Response

- With some feedback and discussion related to intent and specific procedures, HCA agrees and will support the approach of a model consultation policy as a secondary option to direct participation.
- HCA would suggest more discussion about the details of an ACH Tribal Consultation Policy at the regional meetings of Tribes, UIHOs, and ACHs being facilitated by AIHC.

Accountable Communities of Health

Tribal Request #3

Will the State require ACHs to include Tribes and UIHOs within ACH Governing Bodes?

Accountable Communities of Health

Tribal Request #3 – HCA Response

- HCA remains committed to a community-driven approach and is not, at this point, going to prescribe a specific governance model or specific representation requirements.
- That being said, HCA will continue to provide guiding principles to inform ACHs and technical assistance to support specific engagement opportunities.

Accountable Communities of Health

Tribal Request #3 – HCA Response

- Here is the current guidance from HCA regarding tribal engagement:
  - ❖ Any state efforts and priorities to coordinate Tribal engagement will support, not supplant, local engagement efforts.
  - ❖ Each Tribe within an ACH region should be recognized as an independent governmental entity and partner. ACHs should reach out to each Tribe and allow each Tribe to decide whether or not they will participate and/or if they will coordinate their participation.
  - ❖ The state maintains relations with the Tribes on a government-to-government basis. With this in mind, ACHs will not undermine the existing government-to-government relationship.

Accountable Communities of Health

Tribal Request #4

How will the State include Tribes/UIHOs in the development and design of ACHs?

Accountable Communities of Health

Tribal Request #4 – HCA Response

- HCA welcomes ongoing consultation regarding the ACHs and other Healthier Washington efforts.
- That being said, much of ACH development is at the community level within the ACH partnership itself.
- HCA is excited about the progress we can make in 2016 to better engage Tribes/UIHOs in partnership with ACHs, with technical assistance from AIHC.

Accountable Communities of Health

Follow-Up

- HCA has committed to delivering HCA's comments to the Model ACH Tribal Consultation Policy to the Tribes/UIHOs and AIHC by June 10.
  - ❖ HCA has asked every ACH to provide their comments to the Model ACH Tribal Consultation Policy presented by AIHC by June 1.
- HCA is working with AIHC to meet AIHC's request for a follow-up consultation within 60 days of May 11.

100% FMAP EXPANSION

100% FMAP Expansion

In February, CMS issued final rules for expanding the types of services eligible for 100% Federal Medical Assistance Participation (FMAP)

- Confirmed that Tribal 638 facilities will be permitted to submit Medicaid claims for outpatient professional services performed by non-Tribal providers for AI/AN clients – assuming care coordination agreements in place and all other CMS requirements are met

100% FMAP Expansion

HCA is still researching the potential transfer of cost from the state general fund to the federal government

Current estimates of annual savings:

- Fee-for-Service: $2,000,000
- MCO Payments: $600,000*
- BHO Payments: Not Available*
- Non-Emergency Medical Transportation: $300,000

**CMS requires actuarial adjustments for managed care*

MEDICAID ADMINISTRATIVE CLAIMING

Medicaid Administrative Claiming

The Medicaid Administrative Claiming (MAC) program supports the following governmental activities:

- Outreach to residents who have inadequate medical coverage or no medical coverage
- Explaining Washington Apple Health (Medicaid) benefits
- Helping Washington residents apply for Apple Health (including in Healthplanfinder)
- Linking Washington residents to appropriate Medicaid-covered services

Medicaid Administrative Claiming

Examples of MAC reimbursable activities:

- CHR explains to family how Apple Health could help their child get better access to a specialty doctor and save the Tribe's limited CHS dollars
- Tribal assister (who is not supported by Health Benefit Exchange funding) helps a Tribal member and her family apply for Apple Health (including in Healthplanfinder)
- CHS worker links an Apple Health-enrolled Tribal member to health care providers

Medicaid Administrative Claiming

Examples of positions eligible for MAC reimbursement:

- Billings and Benefits Specialist
- Case Manager/Case Worker/Clinic Coordinator
- Chemical Dependency Professional
- Family Support Specialist
- Program Manager/Coordinator
- Recovery Specialist

Note: Medicaid-covered services are not eligible for MAC program reimbursement

Medicaid Administrative Claiming

Brief Description of MAC Reimbursement Process:

- Web-based time study/claiming system
- Employees respond to 4 questions using dropdown selections and type a brief describing activities for random 1-minute periods (takes 1-2 minutes)
- Tribe uploads salaries/benefits and completes A-19 form for reimbursement
- Tribal- specific Medicaid Eligibility Rate (MER) is applied
- Federal share is 50%

Medicaid Administrative Claiming

How much do Tribes receive from the MAC program?

Number of Participating Tribal Staff	Average Tribal Reimbursement per Quarter
1-10	$8,000
10-20	$17,000
20-30	$28,000
30 or more	$56,000

Medicaid Administrative Claiming

For more information:

http://www.hca.wa.gov/medicaid/mac/Pages/index.aspx

PARTNERSHIP ACCESS LINE (PAL) – SEATTLE CHILDREN'S HOSPITAL

Partnership Access Line (PAL)

Service of Seattle Children's Hospital

- Telephone-based child mental health consultation system for primary care providers.
- Staffed by child psychiatrists affiliated with the University of Washington School of Medicine and Seattle Children's Hospital.
- Master's level social worker who can assist with finding mental health resources for patients with any type of insurance

Partnership Access Line (PAL)

When calling PAL, PCP gets:

- Advice from a child psychiatrist and a follow-up letter with the details of the conversation.
- Tools to help PCP and patient, including rating scales, book suggestions, websites, and local resources tailored to the patient.
  - ❖ PCP may ask to speak directly to the PAL social worker to discuss local resources
  - ❖ In all instances, PAL social worker will fax list of resources to PCP.
- Mental health care guide if PCP is a first time caller.

Partnership Access Line (PAL)

PAL is for PCPs to consult with a child psychiatrist

- Patient families will be directed to their PCP
- In all instances, PAL social worker will fax list of resources to PCP

PCPs do not need their patients' consent to call?

- PAL is free and permitted by HIPAA

PCPs or their staff can arrange a time for a PAL consultation with a psychiatrist

- PAL will ask for contact information and the patient's demographic information

Partnership Access Line (PAL)

What information will a PCP or staff need when they call the PAL?

- Name, title, name of practice
- Contact information: phone and fax numbers
- Patient demographics
  - ❖ Full name and spelling
  - ❖ Date of birth
  - ❖ Insurance coverage (including Medicaid plans)
  - ❖ Foster care status (yes, no, former)

Partnership Access Line (PAL)

One-Time Medicaid Patient Face-to-Face Consultation

- Available for patients with diagnostic complexities or very little or delayed access to ongoing services
- If the PAL consultant determines that the patient qualifies due to Medicaid or managed care plan coverage

Partnership Access Line (PAL)

PAL is available 8 a.m. to 5 p.m. Pacific time

- Call: 1-866-599-7257
- Website: *http://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/*

SUBSTANCE USE DISORDER PROVIDER AND BILLING RESOURCES

SUD Provider and Billing Resources

April 1 – September 30, 2016: Current 1915(b) Waiver

1. Medicaid AI/ANs carved out from the BHO system for SUD treatment services
   - Still covered by BHOs for mental health
2. In Clark and Skamania counties, Medicaid AI/ANs have two options:
   - ❖ Fully Integrated Managed Care
   - ❖ Behavioral Health Services Only + Fee-for-Service for physical health care services

Note: IHS and Tribal 638 facilities may bill ProviderOne directly

SUD Provider and Billing Resources

Provider Access

1. DBHR is maintaining a list of agencies that have agreed to participate in the fee-for-service SUD program for AI/ANs
   - *https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Providers/SUD_Fee-forService_Providers.pdf*
2. For questions regarding access to fee-for-service:
   - ❖ Outpatient SUD services – Contact Loni or Jessie
   - ❖ Residential SUD services or detox services – Contact Loni

SUD Provider and Billing Resources

Billing Resources

1. HCA is updating the following provider guides:
   - Tribal Provider Guide
   - FQHC Provider Guide
   - SUD Provider Guide
2. For questions regarding fee-for-service billing:
   - ❖ Outpatient SUD services – Contact Mike Longnecker
   - ❖ Residential SUD services or detox services – Contact Loni

SUD Provider and Billing Resources

ProviderOne Status Updates

1. BHOs have been notified to refer non-Tribal SUD providers to DBHR if an AI/AN Medicaid client is seeking services
2. ProviderOne has been reconfigured to pay fee-for-service SUD claims and Tribal 638 SUD claims
3. ProviderOne has not been reconfigured to show SUD coverage type for AI/AN Medicaid clients
   - New coverage type BHO MH Only (not yet showing)
   - No other way for providers to see that client is AI/AN

SUD Provider and Billing Resources

If you are working with an AI/AN client who is getting SUD services from a non-Tribal provider:

- Please have them work with Mike Longnecker or Loni Greninger on billing

  - Urban Indian Health Organizations and FQHCs

  - Bill ProviderOne with T1015 only (no procedure code)

  - Other non-Tribal SUD Providers

  - Bill ProviderOne

DATA REVIEW FOR AI/AN MENTAL HEALTH

Data Review for AI/AN Mental Health

American Indian/Alaska Natives				Non-Natives			
Service Category	**Total Served**	**Total Hours**	**Units Per 1000 MM**	**Service Category**	**Total Served**	**Total Hours**	**Units Per 1000 MM**
RSN Outpatient	15, 020	266, 296	242.19	RSN Outpatient	135,933	2,307,340	129.44
Evaluation & Treatment	408	7,026	6.39	Evaluation & Treatment	2,928	#	2.54
Community Hospital	725	11,152	10.14	Community Hospital	6,063	#	5.40

"#" indicates a missing value from data set.

UPCOMING CONSULTATION FOR SAMHSA BLOCK GRANT APPLICATION

Upcoming Consultation for SAMHSA Block Grant Application

- DBHR will be submitting an update to its FY 2016-2017 biennial plan; plan is due to SAMHSA on September 1, 2016
- Roundtables: June 21st, 9:00am-12:00pm; June 27th, 10:30am-12:00pm
- Consultation: July 15th, 1:00pm-4:00pm
- Letter to Tribal Leaders coming soon!

TRIBAL ROUNDTABLE: 1915(B) WAIVER RENEWAL

1915(b) Waiver Renewal

- Waiver renewal submission due June 30, 2016
- Roundtable TODAY
- 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

The State is asking for Tribal consensus on how the 1915(b) waiver should include AI/ANs:

1. Carve-Out AI/AN for BHO SUD only
   - AI/AN carved out for BHO SUD, carved in for BHO MH
   - No change from the situation today
2. No AI/AN Carve-Out for the Waiver
   - AI/AN covered by BHO for both MH and SUD

Note: The State cannot support a full carve-out of AI/ANs from the 1915(b) Waiver, as the State will require at least a year to create a fee-for-service program for Medicaid mental health

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 Draft Proposals

Refer to Draft Proposals

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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