



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health Administration
PO Box 45050, Olympia, WA 98504-5050

March 30, 2016

Dear Tribal Leader:

On March 29, 2016, the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) were notified by the Centers for Medicaid and Medicare Services (CMS) that our 1915(b) Waiver amendment was approved. This amendment supports the integrated administration of substance use disorder (SUD) treatment and mental health treatment services into Behavioral Health Organizations (BHO's) for Medicaid eligible individuals.

In response to the concerns expressed by Washington State Tribes and Urban Indian Health Organizations, CMS and the State agreed that American Indians and Alaskan Natives (AI/AN) will be exempted from the integration of substance use disorder treatment into the BHOs. Medicaid enrolled AI/ANs will continue to access Medicaid SUD services through the fee-for-service (FFS) system after April 1, 2016. The only exception to this is for Medicaid-eligible residents in the Southwest Region (Clark and Skamania Counties). In the Southwest Region, AI/AN residents who are Medicaid-eligible will have SUD coverage through the two Managed Care Organizations (MCOs) under contract with the Health Care Authority – either in the Fully Integrated Managed Care program or the Behavioral Health Service Only benefit for people who opt out of the Fully Integrated Managed Care program.

For Medicaid covered mental health services above the access-to-care standard, the BHOs will continue to manage these benefits which were previously covered by the Regional Support Networks (RSN). In the Southwest Region, however, the two MCOs will take over administration of these benefits (i.e., there will be no BHO in this region, and the RSN will no longer exist).

This waiver amendment will not change the ability of Indian Health Service and Tribal 638 facilities (Tribal Providers) to provide SUD and mental health treatment services and be reimbursed at the IHS encounter rate. This amendment also does not change Tribal Provider provisions for billing for SUD services for Medicaid eligible clients, both AI/AN and others, they treat.

The State will assign to the FFS program for SUD services all individuals who self-identify as AI/AN either when they apply or recertify for Medicaid or by submitting a subsequent change in Healthplanfinder or through the HCA Medical Customer Service Center. Medicaid-enrolled AI/ANs will be able to request SUD treatment services from any SUD provider who is enrolled with Medicaid as a FFS provider. In the FFS program, these services do not require BHO or State authorization. SUD providers must continue to meet all requirements of their state-issued license or certification in order to maintain their status as a as a Medicaid FFS provider.

DSHS will pay for the treatment services provided for Medicaid-eligible AI/ANs who are in treatment on March 31, 2016 through the course of their current treatment episode. Services provided for AI/AN individuals who are not eligible for Medicaid and are in treatment on March 31, 2016, will be paid for by the BHO for up to sixty calendar days or until the individual no longer meets American Society of Addiction Medicine (ASAM) criteria for the service.

DSHS will work with outpatient and residential providers in the coming weeks to identify providers who agree to continue as FFS providers. Once this is complete, DSHS will update our FFS provider list and include this information at <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/directory-certified-chemical-dependency-services-washington-state>.

By the end of this week, HCA will be sending you formal notice that we intend to amend the Medicaid State Plan to refer to an updated fee schedule for FFS SUD services. This notice will rely on the expedited notification provision in the State Plan in order to enable the FFS SUD program as soon as possible. This State Plan amendment is limited to this rate update.

If you have any questions regarding this notice, please contact Loni Greninger by phone at (360) 725-3475 or by email at Greniar@dshs.wa.gov.

Sincerely,



Carla Reyes, Assistant Secretary
Behavioral Health Administration
Department of Social and Health Services
BHA: Transforming lives by supporting sustainable recovery,
independence and wellness

CC: IPAC Delegates
Tribal Behavioral Health Program Directors
Jessie Dean, Tribal Affairs Administrator, HCA
Tim Collins, Senior Director, OIP
Regional Managers, OIP
Chris Imhoff, Director, DBHR
DBHR Office Chiefs
Loni Greninger, Tribal Liaison, DBHR

Attachment: CMS Waiver Approval

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

March 29, 2016

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5502

RE: WA.0008.R09.02 Waiver Amendment

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington's request to amend the 1915(b) Integrated Community Mental Health Waiver under CMS control number WA.0008.R09.02 submitted to CMS on December 30, 2015. The purpose of the waiver is: (1) to integrate Substance Use Disorder (SUD) services into the waiver; (2) to rename the contractors from RSNs to Behavioral Health Organizations (BHOs); (3) to change the service areas from county-based to region-based Regional Service Areas (RSAs); and (4) to transition one RSA (and, over time, others) to provide all services (physical, mental and SUD) via two or more Apple Health MCOs ("Fully Integrated Managed Care"). The proposed effective date for this amendment is April 1, 2016.

The waiver amendment is approved effective April 1, 2016, as modified to exclude the American Indian/Alaska Native population from the SUD services with the exception of Clark and Skamania Counties that will integrate the American Indian/Alaska Native population on April 1, 2016.

Please note that this approval decision is based in part on dialogue with the Health Care Authority (HCA), the Department of Social and Health Services (DSHS), and Tribal leaders and Tribal representatives concerning the impact of this program on Tribal communities. CMS looks forward to partnering with the HCA and DSHS as you continue to improve the program for all members served.

Page 2 – Ms. Teeter and Ms. Lindeblad

Thank you for the cooperation of your staff and DSHS staff in the review of this amendment. If there are any questions concerning this amendment approval please contact me, or have your staff contact Rick Dawson at rick.dawson@cms.hhs.gov or 206-615-2387.

Sincerely,

David L. Meacham
Associate Regional Administrator

Enclosure: Approved Waiver

cc:

Ann Meyers, HCA
Becky McAninch-Dake, HCA
Melena Thompson, DSHS
Tara Smith, DSHS