



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

September 25, 2020

Dear Tribal Leader:

SUBJECT: Draft template for new HCA-Tribal Government-to-Government Protocol and Plan

In accordance with (A) chapter 43.376 Revised Code of Washington (RCW) regarding collaboration with Indian tribes in the development of policies, agreements, and program implementation that directly affect Indian tribes, and (B) the Tribal Consultation and Communication Policy of the Health Care Authority (HCA), HCA hereby seeks your advice on the following matter.

Purpose

On May 17, 2018, in connection with the transfer of the Division of Behavioral Health and Recovery (DBHR) from the Department of Social and Health Services (DSHS) to HCA, HCA committed to:

- Regular government-to-government meetings of each tribe and HCA staff;
- Honoring existing DSHS 7.01 plans and Behavioral Health Organization Tribal Coordination Plans; and
- Working with tribes during summer 2018 to develop a process similar to DSHS's 7.01 planning.

Over the past two years, HCA has studied the different ways in which Tribes in various regions of the state have worked with DBHR to maintain government-to-government plans over the years (previously known as DSHS 7.01 plans for behavioral health) and with Behavioral Health Organizations (now Behavioral Health Administrative Service Organizations or BH-ASOs or ASOs) to maintain Tribal Crisis Coordination Plans.

During the next year, HCA's Regional Tribal Liaisons will be reaching out to each of the Tribes in the regions that they serve to convene government-to-government meetings of HCA leaders and staff and your Tribal leaders and staff (including behavioral health program staff and other tribal staff involved in providing Medicaid-covered services). The purpose of these meetings will be to jointly develop and agree on an HCA-Tribal Government-to-Government Protocol and Plan for Coordination of Services (the G2G Protocol and Plan). A draft template is attached, to help guide this work.

These G2G Protocols for Coordination with Tribes and Non-Tribal IHCPs will have four parts:

Part I: Tribal Crisis Coordination Protocol (formerly the Tribal Crisis Coordination Plan with the BHOs, now ASOs)

A description of the procedures or processes for: (a) designated crisis responders (DCRs) to access Tribal lands to provide services, (b) providing services on Tribal lands in the evening, holidays, or weekends if different than during business hours, (c) notifying Tribal authorities when crisis services are provided on Tribal land, especially on weekends or holidays or after business hours, including who is notified and timeframes for notification, (d) how DCRs will coordinate with Tribal mental health and/or substance use disorder treatment providers, (e) when a DCR determines whether to detain or not for involuntary commitment, and (f) if involuntary commitment evaluations cannot be conducted on Tribal land, how and by whom individuals will be transported to non-tribal lands for involuntary commitment evaluation and/or involuntary treatment.

Part II: Tribal Care Coordination and Discharge Protocol (this is new)

A description of the procedures and processes for: (a) an ASO (and ASO-contracted health care provider or social service agency) to coordinate care and/or plan transitions with the Indian Health Service (IHS), Tribal programs, or other Indian Health Care Providers for AI/AN or non-AI/AN individuals in state hospitals who receive health care and/or social services from IHS, Tribal programs, or other Indian Health Care Providers; and (b) an MCO (and MCO-contracted health care provider or social service agency) to coordinate care and/or plan transitions with IHS, Tribal programs, or other Indian Health Care Providers for AI/AN or non-AI/AN individuals who receive health care and/or social services from IHS, Tribal programs, or other Indian Health Care Providers.

Part III: Government-to-Government Collaboration Plan (formerly the DSHS 7.01 plans for behavioral health)

A description of the two or three projects or initiatives that HCA and the Tribe(s) will focus on together during the next twelve months. We anticipate these projects or initiatives to include HCA programs that your Tribe wishes to participate in or to receive technical assistance on, as well as government-to-government process improvements.

PART IV: Tribal Representation for Various HCA-related Meetings (this is new)

A description of each of the various HCA-related meetings or groups, with name and contact information of Tribe's delegate/representative and alternate, if applicable.

To help guide our conversations during our meetings with Tribes, we plan to use a template for the HCA-Tribal Government-to-Government Protocol and Plan; a draft is available for your review at <https://www.hca.wa.gov/about-hca/tribal-affairs/consultations-and-meetings>. With the pandemic, we will be requesting a meeting in the near future via webinar only. In the future, we hope to meet with your leaders and staff in person.

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To make these meetings an efficient use of your leadership and staff time, we will invite representatives of HCA's significant program contractors to attend, such as the Medicaid Managed Care Organizations (MCOs), the BH-ASOs, and the crisis provider agencies in your region (non-tribal DCR agencies, crisis agencies, and crisis line organizations). We may also invite representatives of tribal consortia, such as the American Indian Health Commission for Washington State and/or the Northwest Portland Area Indian Health Board, to attend if their programs or policy expertise would be relevant to the topics or issues of interest for inclusion in your HCA-Tribal Government-to-Government Protocol and Plan.

Comments and Questions

Please contact your Regional Tribal Liaison via email at tribalaffairs@hca.wa.gov if you have questions or comments on this new process or on the template. Your Regional Tribal Liaisons are:

- Eastern Washington Region: Raina Peone
- King, South Sound, and South Cascades Region: Melissa Livingston
- Peninsula and Pacific Coast Region: Nicole Earls
- North Sound Region: *Vacant* - For the North Sound Region, we have requested an exemption from the state agency hiring freeze to be able to fill this vacancy. Until this vacancy is filled, the entire OTA team is working together to cover for the North Sound region; please submit all questions or comments to tribalaffairs@hca.wa.gov.

Please forward this information to any interested party.

Sincerely,



Susan E. Birch, MBA, BSN, RN
Director

By email

cc: Lou McDermott, Deputy Director, HCA
MaryAnne Lindeblad, Medicaid Director, HCA
Jason McGill, Assistant Director, MPOI, HCA
Keri Waterland, Assistant Director, DBHR, HCA
Jessie Dean, Administrator, OTA, HCA