

## February 25, 2022 | 9:00-11:00am Zoom meeting link: <u>https://zoom.us/j/92859032530</u>

## **Title XIX Advisory Committee**

Call-in option: 253-215-8782 Meeting ID: 928 5903 2530

**Closed Captioning provided during Zoom meeting** 

			Committee Members:		
$\boxtimes$	CHAIR: Marsalli, Bob (WACH)	$\boxtimes$	Ewart, Hugh (SEA Children's)		Madigan, Richelle (Patient Advocate)
$\square$	EXEC SPONSOR: Fotinos, Charissa		Graham, Alec (DSHS)	$\boxtimes$	Safford, Caitlin (Amerigroup)
$\square$	Burke, Monica (DOH)	$\boxtimes$	Herrin, Bradley (Pediatrician, Swedish)	$\boxtimes$	Sawyckyj, Kristina (Consumer Advocate)
$\boxtimes$	Busz, Andrew (WSHA)	$\boxtimes$	Johnson, Laura (UnitedHealthcare)	$\boxtimes$	Shepard, Jeb (WSMA)
	Christian, Ann (WA Council for BH)	$\boxtimes$	Linares, Adriana (Physician, Peacehealth SW)	$\boxtimes$	Van Pelt, Theresa (Parent Advocate)
$\boxtimes$	Emsley, Jessica (CHNWA)	$\boxtimes$	Lovell, Emily (WSDA)		

			Stakeholders, HCA Staff & Guests:	
$\square$	Campbell, Kodi (HCA, notes)	$\boxtimes$	Waterland, Keri (HCA)	
$\square$	Huynh, Quyen (HCA)	$\boxtimes$	Klein, Evan (HCA)	
$\boxtimes$	Kramer, Karin (HCA)	$\boxtimes$	Walker, Tim (Treinen Associates)	
$\square$	McGill, Jason (HCA)	$\boxtimes$	Kinnamin, Cathy (DSHS)	
$\boxtimes$	Carrell, Becky (HCA)	$\boxtimes$	Mills, Denise	
$\square$	Michael, Edward (HCA)	$\boxtimes$	G, Phillip (Kaiser Health News)	

#	Agenda Items	Time	Lead	Notes/Handouts
1.	Roll call, introductions	9:00am (5 min)	Bob Marsalli, Chair	
2.	Approval of December 3 Minutes	9:05am <i>(5 min)</i>	Bob Marsalli	APPROVED
3.	\$35M Grant for Uninsured/Underinsured	9:10am (10 min)	Becky Carrell	

• This grant came to us from last year's legislative session, to distribute \$35M to specific eligible providers and organizations who serve underinsured and uninsured clients below the 200% federal poverty level.

• Eligible applicants = federally qualified health centers, rural health clinics, free clinics, Community Based Organizations, public hospital districts, behavioral health facilities and providers, and behavioral health administrative service organizations.

- We launched the application on February 2 with a zoom training and are holding weekly zoom calls to help answer questions potential applicants may have.
- The grant must be used to service Washington citizens.
- Our tribal providers are eligible to apply.
- The current deadline to apply is April 15 at 5pm PST.
- We are updating our FAQs that get posted to the website each week based on the questions we're receiving.

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•		), 2024. Jestions	-	e sent by June 30.
4.	State purchasing and distribution of Naloxone	9:20am (10 min)	Becky Carrell	
•	<ol> <li>Establish universal medication wh</li> <li>Provide technical assistance to ho</li> <li>Reimbursing hospitals, pharmacie</li> <li>Today discussing our third task listed a</li> <li>Working on a solution that is both adn</li> <li>For those with ProviderOne numbers, and submitting it to HCA.</li> <li>Those without ProviderOne numbers r</li> <li>receive payment either by warrant or</li> </ol>	olesale book purc spitals, and BH provider bove, specifically ninistered as a sim they'll be using a p nust acquire a Sta check. this by January 1.	hasing program, oviders/agencies around distribut rs/agencies regardless of immigra hospitals, pharmacies and BH pro ple and easy, yet automated way process called gross adjustment – tewide Vendor Number and subm	ion in this department, and tion status. widers. to reimburse. essentially completing a spreadsheet hit the Excel spreadsheet. They will
5.	Update on behavioral health facility closures	9:30am (10 min)	Edward Michael	
	Seven agencies were closed in the mon Agencies report around 40% reduction Some agencies report staff members a Agencies report difficulties staffing the SUDPs to meet the current and expand Agencies report that they are not able Since August 2021's announcement of sites due to staffing shortages. They ar Agencies are reporting widespread but Due to increased COVID outbreaks am positions unfilled. The UW BH Institute is working on a ba is involved. The idea would be to supp can do some of the lower-level counse	on admissions, di re working remote erapist positions and ding needs. to afford current the COVID vaccin re reporting strugg rnout due to reduc ongst staff, agenci achelor's level cur- lement the workfor ling. It takes a wh here is encourage I services.	have since reopened. ue to the social distancing manda ely or partially remote resulting ir nd are discussing potentially closi salary demands. e requirement, agencies reported cles to hire and retain staff. ced staffing. les are working at reduced capaci riculum program for mental healt proce who are at the master's level file to train people. ment for mental health counselor	te. In reduced access to clients. Ing admission of clients due to lack of I reduced operations on multiple ty, with 30-50% of current open In specialists. There is legislation that I counselors with bachelors level who
6.	Advancing Health Equity Collaborative with CHPW & University of Chicago	9:40 (10 min)	Quyen Huynh	
•	Comprised of state Medicaid agencies,	Medicaid health hent and health ca izations. everal statewide d – offering 15 of ou ed priorities across	re delivery reform to reduce heal isparities through data review; la ur CHCs \$50K grants to address eo s agencies; hosted monthly CHS c	th disparities and advance a culture unched the CHPW/CHNW Equity quity and disparities; convened the

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- We are working through year two and three of the Equity Learning Collaborative Grants shifting focus to foundational equity ۰ work that will support all efforts at our CHS agencies; next steps on shared priorities identified at Site Visit; and the reality of healthcare workforce challenges due to COVID, vaccine mandates and burnout.
- Reflection on equity since the kickoff: Theme of "one step forward, two steps back" but for the better. Vulnerability is key. .

	Proposed Title XIX Advisory Committee Bylaw changes/updates	9:50 (10 min)	Kodi Campbell	Action: will send revised bylaws ar participant breakdown to committee to review before next meeting. Committee will vote on proposed changes at April 29 meeting.
• • • • •	Proposed the following changes: Change meeting cadence from 6 times Change average meeting length to two Change reappointment term limit to two Define minimum and maximum numbe Committee name change to Medicaid Next steps: revise min and max section before the April 29 <sup>th</sup> meeting.	per year to 4 time b hours (v. 1-4 hou wo terms v. three t er of participants p Advisory Committe n of bylaws, update	es per year (quarterly), based o rs). 52% of states hold meeting terms. 64% of states reappoint per each category. (will revise a ee (at least six other states sha	n 64% of other states meet quarterly. s for two hours. their members for two terms. nd resend to members for review) re that name, makes us easier to find)
• 3.	Vote on proposed changes at the April Legislative Update (priorities that have cleared initial cutoffs, session-related updates)	10:00am (30 min)	Jason McGill Keri Waterland Evan Klein	
•	Department of Commerce to build up state. There is a lot of connection in the connecting that to work that is taking agency can support these individuals w physical and behavioral health services There are a few different bills around p past couple of years and our pharmacy state and eventually lowering the cost workgroup to review insulin drug costs SB 5532 re: prescription drug affordab funding and timing – it was in the early review data captured by the agency ar	e policy with HCA' place under our 11 who are receiving h s. prescription drugs. / team at HCA is in of prescription dru s. ility boards. This w / days of COVID. It ound prescription	s foundational community sup 15 Medicaid Transformation W nousing, find employment and o This is an area that the agency vested about gaining transpare ugs. Two bills on insulin afforda vas passed two years ago and w would require HCA to create a drug price transparency.	ports program, there is interest in /aiver and thinking about how we as a ensure they're getting access to has been really involved in over the ency into the script and drug pricing as bility and a request to extend a ras vetoed due to concern around
•	Certification of Doulas. They provide a eligible for Medicaid. First step in certi A lot of new policies proposed for Med Over \$1 billion in new, updated revenu The five-year extension of the Medicai BH Workforce retention. The governm increase. We look forward to receiving funding to Wrap-up	fying the professic dicaid and BH polic ue above what was d Transformation ent had proposed	on and to allow Medicaid to bro ies are incorporated in the bud expected. Waiver was authorized. \$50M to provide their own fur	adly reimburse these providers. get.

## Meeting adjourned 10:45am.

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