

<b>Meeting Title:</b> Title XIX Advisory Committee		
<b>Minutes</b>	<b>Meeting Date:</b> 03/23/18	<b>Meeting Time:</b> 8:30 am – 12:00 pm
<b>Meeting Location:</b>	Emerald Queen Conference Center   5580 Pacific Hwy E Fife, WA 98424	
<b>Meeting Called By:</b>	Claudia St. Clair, Chair	
<b>Minutes:</b>	Catherine Georg   Meetings may be recorded for transcription <a href="#">RCW 9.73.040 (3)</a>	

**Title XIX Advisory Committee Online:** <https://www.hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-advisory-committee>

**Attendees:**

Members:								
<input type="checkbox"/>	Christian, Ann	1	<input type="checkbox"/>	Marsalli, Bob	7	<input checked="" type="checkbox"/>	Sawycky, Kristina (Prospective)	13
<input type="checkbox"/>	Delecki, Chris	2	<input checked="" type="checkbox"/>	Milliren, Heather	8	<input type="checkbox"/>		14
<input checked="" type="checkbox"/>	Gil, Sylvia	3	<input checked="" type="checkbox"/>	Morrison, Cynthia	9	<input type="checkbox"/>		15
<input checked="" type="checkbox"/>	Hannemann, Barbara	4	<input checked="" type="checkbox"/>	St. Clair, Claudia	10	<input type="checkbox"/>		16
<input type="checkbox"/>	Hendrickson, Wes	5	<input checked="" type="checkbox"/>	Tufte, Janice	11	<input type="checkbox"/>		17
<input type="checkbox"/>	Lester, Litonya	6	<input checked="" type="checkbox"/>	Yorioka, Gerald 'Gerry'	12	<input type="checkbox"/>		18
HCA Staff:								
<input checked="" type="checkbox"/>	Cody, Preston		<input checked="" type="checkbox"/>	Malmer, Dennis (DBHR) [3/23/18]		<input type="checkbox"/>	Also: Dean Riskedahl	
<input checked="" type="checkbox"/>	Georg, Catherine		<input checked="" type="checkbox"/>	Provence, Marc [3/23/18]		<input type="checkbox"/>	Andrew Busz	
<input checked="" type="checkbox"/>	Kramer, Karin		<input checked="" type="checkbox"/>	Sullivan, Donna [3/23/18]		<input type="checkbox"/>	Bob Perna	
<input type="checkbox"/>	Lindeblad, MaryAnne		<input type="checkbox"/>			<input type="checkbox"/>		

Please Review & Bring	
Please Review/discuss:	<input checked="" type="checkbox"/> Current agenda and minutes from 11/03/2017 meeting <input checked="" type="checkbox"/> Please email any changes on the minutes to: <a href="mailto:catherine.georg@hca.wa.gov">catherine.georg@hca.wa.gov</a>

This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.

[RCW 9.73.030 \(3\) Intercepting, recording, or divulging private communication](#)

(3) Where consent by all parties is needed... consent shall be considered obtained whenever one party has announced to all other parties engaged in the communication or conversation, in any reasonably effective manner, that such communication or conversation is about to be recorded or transmitted: PROVIDED, That if the conversation is to be recorded that said announcement shall also be recorded.

2018 Dates	Time	Call or In-Person	
January 19, 2018	8:30-9:30 am	Conference Call	Telephone
March 23, 2018	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
May 18, 2018	8:30-9:30 am	Conference Call	Telephone
July 27, 2018	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
September 21, 2018	8:30-9:30 am	Conference Call	Telephone
November 16, 2018	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife

**AGENDA 3/23/18**

Allotted Time	Agenda Items 03/23/2018	Lead	Approach
8:30-8:45 15 min	1. Call to Order 2. Announcement <i>This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.</i> 3. Introductions 4. Approval of Agenda - Action Items (Members Only) 5. Approval of Minutes - Action Items (Members Only) 6. Review Action Items	Claudia St.Clair	Informational
8:45-9:00 15 min	7. Prescription Drug List Update	Donna Sullivan	Informational
9:00-9:30 30 min	8. Accountable Communities of Health	Marc Provence	Informational
9:30-9:45 15 min	9. Interpreter Services Update	Preston Cody	Informational
9:45-10:00 15 min	10. Managed Care Dental Update	Preston Cody	Informational
10:00-10:15 15 min	11. Break	All	
10:15-10:45 30 min	12. Legislative Summary [note: send out]	Preston Cody	Informational
10:45-11:00 15 min	13. Round Robin – Areas of Interest	Preston Cody	Informational
11:00-11:15 15 min	14. Behavioral Health Licensing	Dennis Malmer	Informational
11:15-11:30 15 min	15. Potential Future Agenda Items	All	Decision
11:30-11:45 15 min	16. Q&A	All	Informational
11:45-12:00 15 min	17. Closing Comments	Claudia St.Clair	

**ACTION ITEMS & DECISIONS**

Item	Action Items / Decisions	Completed
1	Opioid Crisis; Possible future agenda item; Jails one of the places most people go through withdrawal; Don't receive Methadone; Don't know what that looks like, Dr. Fotinos could probably answer that question (Action) CF – Future agenda item; Opioid crisis in conjunction with DSHS partners, etc. Add mortality rates [7/28/17] [Dr. Charissa Fotinos] [Conflict 11/3/17 & 03/24/18; add to future in-person date] [1/19/18 Combine w/ Suboxone] [3/20/18 Dr. Fotinos accepted for next in-person 7/27/18]	Complete: <input checked="" type="checkbox"/> Date: 3/20/18
2.	As Director of Washington Association of Community and Migrant Health Centers (WACMHC), see if Bob Marsalli would come to a future meeting to discuss thoughts on Federally Qualified Health Centers (FQHCs) <a href="http://www.wacmhc.org/about-us/staff/item/19-bob-marsalli">http://www.wacmhc.org/about-us/staff/item/19-bob-marsalli</a>	Complete: <input type="checkbox"/> Date:

	[Declined 11/3/17; add to future in-person date] [3/20/18 Keep or remove; discussion/decision/status 3/23/18] [3/23/18]	
3.	Public input in Prescription Drug List. [MaryAnne Lindeblad] [3/20/18 Keep or remove; discussion/decision/status 3/23/18] [3/23/18]	Complete: <input type="checkbox"/> Date:
4.	Preston Cody to share the Eligibility Caseload Project with the Managed Care Ops group. [Preston Cody] [3/20/18 Keep or remove; discussion/decision/status 3/23/18] [3/23/18]	Complete: <input type="checkbox"/> Date:
6.	Fully Integrated Managed Care: Bob Perna asked about status and timeline, if it was captured anywhere; MaryAnne indicated that once the intentions are laid out, we will put something together. [MaryAnne Lindeblad] [Future action item] [3/20/18 Keep or remove; discussion/decision/status 3/23/18] [3/23/18]	Complete: <input type="checkbox"/> Date:
7.	Eligibility. Is there a mechanism where HCA could send something to last known primary care provider (PCP)? Check with operations folks to see if possible. [Preston Cody – lead] Note: Kim Robbins states the PIP workgroup is working with MCO on add/drop list; let's see where that goes before launching another work group [3/20/18 Keep or remove; discussion/decision/status 3/23/18] [3/23/18]	Complete: <input type="checkbox"/> Date:
8.	Washington Apple Health Quality Strategy. Is there an opportunity to stakeholder sessions (Sylvia Gil)? Could attend meeting to discuss; looking for opportunity to discuss with stakeholders; may be opportunities with managed care groups, etc.; Preston and Barb can get something together. [7/28/17] [Barb Lantz & Preston Cody] [3/20/18 Keep or remove; discussion/decision/status 3/23/18] [3/23/18]	Complete: <input type="checkbox"/> Date:
10.	Address death certificate data inconsistencies; opioid overdose nationally counted as poisoning; AIDS noted as something else; data is not quantifiable; MaryAnne said was not aware there was an issue; perhaps we could work with DOH; see section on Medicaid Transformation Demonstration; determine next steps. [11/03/17 assign]	Complete: <input type="checkbox"/> Date:
13.	Regarding prison transition and continuity of care; would be good to have summary; See if HCA/Department of Corrections workgroup has summary [11/03/17 Mary Wood] [In progress- Cat Georg 1/17/18] [3/19/18 Received; provide to group; Cat Georg] [In-Progress]	Complete: <input type="checkbox"/> Date:

**FUTURE AGENDA – CONFERENCE CALL 5/18/18**

Future Agenda Items / Conference Call [05/18/18]	
Item	
1.	Clinical Data Repository (CDR) [Dylan Oxford] [carry over to 2018; pending notable updates] [10/31/17] [3/19/18 Remove or update] Remove or update pending notable updates
2.	1115 Waiver & FIMC Update [Marc Provence] [11/03/17- Carry over; Marc out of office 01/19/18]

	[3/19/18 Remove or update to current naming convention] Integration is broader and Waiver different [3/23/18: Decision; remove number 2]
3.	List of Work Groups – as a result of leg session (Sylvia) [MaryAnne Lindeblad]
4.	Medicaid Non-Citizens – on track for citizenship, do we have figures on that; lightly addressed radio [Karin Kramer]; Governor has made position clear; Public charge and lawfully present services [Mary Wood]
5.	Children’s Mental Health Work Group [MaryAnne Lindeblad]

**FUTURE AGENDA – IN-PERSON 7/27/18**

Future Agenda Items / In-Person [7/27/18]	
Item	
1.	Opioid Crisis [Dr. Fotinos] [11/3/17 or later] Opioid Crisis; Possible future agenda item; Jails one of the places most people go through withdrawal; Don’t receive Methadone; Don’t know what that looks like, Dr. Fotinos could probably answer that question (Action) CF – Future agenda item; Opioid crisis in conjunction with DSHS partners, etc. [Dr. Charissa Fotinos] [conflict 11/03/17 & 3/23/18; add to future in person date] [3/20/18 Dr. Fotinos accepted for next in-person 7/27/18]
2.	As Director of Washington Association of Community and Migrant Health Centers (WACMHC), see if Bob Marsalli would come to a future meeting to discuss thoughts on Federally Qualified Health Centers (FQHCs) <a href="http://www.wacmhc.org/about-us/staff/item/19-bob-marsalli">http://www.wacmhc.org/about-us/staff/item/19-bob-marsalli</a> [declined 11/03/17; check on future in-person]
3.	Website Accessibility Project [Vanessa Schuler, Communications] [Requires in-person participation/presentation; carry over to after first of year per MAL 10/16/17] [3/19/18 – Working remotely, unable to attending in person; no delegate] [3/19/18 Vanessa Schuler accepted for next in-person 7/27/18]
6.	Managed Care Contract Carve Outs [11/03/17 Preston Cody; quarterly in-person through end of year] [3/19/18] Request for Proposal (RFP) in process; Carry over to next in-person 7/27/18]
8.	Suboxone; licensing modification in prescribing; looking for clear snapshot; how do make it more available without physician; need Dr. Fotinos [11/03/19 CQCT; Dr. Fotinos in DC 3/23/18; next steps] [3/20/18 Dr. Fotinos accepted for next in-person 7/27/18]
10.	CQCT items, if Doctor Fotinos is not available for 3/23/18 in-person, do next in-person [1/19/18] [Not 3/23/18] [3/20/18 Dr. Fotinos accepted for next in-person 7/27/18]
11.	Janice Tufte – Core Measurements Adult/Child Medicaid; Federal and state issues; could we have someone talk about performance measures [future; Preston & CQCT] [1/19/18] [Not 3/23/18]
12.	Gail Kreiger – July – access to ABA service
13.	Sue Birch
14.	FQHCs – representation, trends over time (Gerry); what percent of Medicaid patients (check with Preston); we can share data (Preston); who are the Medicaid patients and where do they get care, what is the projector over time (Bob Perna) (?)
15.	Interpreter Services Update [Preston Cody] [added 3/23/18]

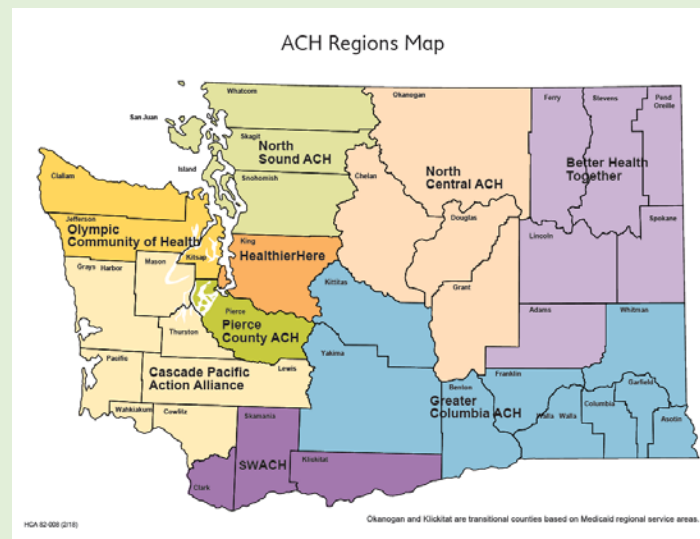
## MINUTES

Allotted Time	Minutes	Lead	Approach
8:30-8:45 15 min	<ol style="list-style-type: none"> <li>1. Call to Order</li> <li>2. Announcement <i>This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.</i></li> <li>3. Introductions</li> <li>4. Approval of Agenda - Action Items (Members Only)</li> <li>5. Approval of Minutes - Action Items (Members Only)</li> <li>6. Review Action Items</li> </ol>	Claudia St.Clair	Informational
	<ul style="list-style-type: none"> <li>• Minutes approved with changes</li> </ul>		
8:45-9:00 15 min	<ol style="list-style-type: none"> <li>7. Prescription Drug List Update</li> </ol>	Donna Sullivan	Informational
	<ul style="list-style-type: none"> <li>• Last session (2017) the legislature had a proviso that directed the Health Care Authority implement a single Prescription Drug List across all plans</li> <li>• As part of work, contracted with Magellan Health services for:               <ol style="list-style-type: none"> <li>a. Evidence reviews of the drug classes</li> <li>b. Clinical support at the Drug Utilization Review (DUR) Board Meetings</li> <li>c. Reporting on utilization and trends</li> <li>d. Supplemental rebate contracts</li> </ol> </li> <li>• Drug Utilization Review (DUR) Board has been meeting monthly since August of last year (2017)</li> <li>• reviews the evidence of safety and efficacy of the drugs and makes recommendations to HCA on what drugs should be placed on the PDL</li> <li>• DUR Board DUR Board recommends which drugs should be grandfathered, meaning they will not have to change drugs if their drug becomes non-preferred.</li> <li>• DUR Board DUR Board meetings are open public meetings; they are held at the airport; you can get information regarding the meetings on our website: <a href="https://www.hca.wa.gov/about-hca/prescription-drug-program/meetings-and-materials">https://www.hca.wa.gov/about-hca/prescription-drug-program/meetings-and-materials</a></li> <li>• Implemented 11 drug classes and 27 sub classes in January; those drug classes went live in January; 220 will go live July 1; another 150 classes will go live at a later date</li> <li>• Goal Jan 2019, PDL will provide same list, criteria, utilization management strategies; reduce administrative burden for providers; will provide simplification</li> <li>• As patients transition between plans, PDL will help provide consistency and continuity of care</li> <li>• Q: [Kristina Sawycky] Is there an appeal process?</li> <li>• A: [Donna Sullivan] Appeal process and everything else remains the same</li> <li>• [Gerry Yorioka] What remains a mystery are rebates; cheaper prescriptions seem to have made more money for the state</li> <li>• [Donna Sullivan] Medicaid programs covered, would have had to make an agreement with DHHS at federal level; held proprietary under federal to public; we do get supplemental rebates, consumer price index penalties; there is a protection for Medicaid, if prices increase 1% greater than the consumer price index (CPI), a penalty kicks in; as public prices get more expensive, gets less expensive for Medicaid; wholesale acquisition price appears more, but actually less for us</li> <li>• [Janice Tufte] Behavioral Health drugs coming in July?</li> <li>• [Donna Sullivan] Yes; we have told the plans (in past) how covered, maybe not every dosage (since 2014); but will essentially remain the same, there won't be any change in July; ADD drugs also added</li> </ul>		

- [Janice Tufte] Nationally – Type 1 Diabetes is becoming a problem; people have died, price of insulin has gotten so high; people are self-adjusting (to ration); it is something to keep eyes on
- [Donna Sullivan] Cost will be something the federal government will have to manage; unfortunately we cannot do anything at state level
- We aren't making big changes; we are educating providers through plans; we are sending information out to pharmacies on where to find lists of approved medications; making sure plans communicate to pharmacies, what the new preferred drugs are, making authorization process easier
- [Bob Perna] Can you provide a link?
- [Donna Sullivan] Yes (See below)
- With the growth of ACHs, we are expecting higher spend from the standpoint of un-met need, thereby prescribing more (BH Class)
- Paying for drugs we did not before, more classes, more rebates; there may be some savings, won't know what they will be until get rebates back from the first quarter this year
- Additional information on our web-site at: <https://www.hca.wa.gov/about-hca/prescription-drug-program>

9:00-9:30 30 min	8. Accountable Communities of Health	Marc Provence	Informational
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- Reminder there are nine (9) ACHs that correspond with purchasing regions (actually 10, but two combined)
- Collaboration across community partners (handout, slide page 3) have really been examples of an alliance; go to Medicaid transformation web site, and you can see ACHs and what their public face is <https://www.hca.wa.gov/about-hca/healthier-washington/accountable-communities-health-ach>
- Two (2) regions are single county; the largest is Greater Columbia; See ACH Regions Map: <https://www.hca.wa.gov/assets/program/ach-map.pdf>



- Tasked ACHs to develop portfolio; see page 5 (handout) – all required to do project in bi-directional care; all must do opioids; all selected (see bottom of slide page 5) *Chronic Disease Prevention and Control*
- 2017 was a planning and developmental year for ACHs; the assessor made sure all necessary elements were there, that ACHs would be able to carry out project selections
- We are currently in year 2- transforming (by October) for implementation; implementation plan must go into detail how ACHs intend to launch plans at beginning 2019
- Q: [Sylvia Gil] Wondering about assessments
- A: [Marc Provence] Each ACH is required to submit semi-annual report (July/Jan); October plans will also provide information; Assessor will review and assess plans for the remainder of the period; plans and assessments are posted on our publically available web-site:

<https://www.hca.wa.gov/about-hca/healthier-washington/accountable-communities-health-ach#what-is-an-ach>

- Q: [Gerry Yorioka] Who has oversight of assessor?
- A: [Marc Provence] HCA has a performance based contract, which gives us the opportunity for action; it is a separate accounting firm; an entity that has proven work with other states and Medicaid waivers
- Q: [Kristina Sawycky] Were there any surprises with early adopter?
- A: [Marc Provence] Early Adopter Southwest ACH, things went surprisingly well, very self-disciplined; ACH did a good job; we had daily monitoring calls in beginning, which were very helpful in working through what went well, what wasn't going well; good thing that came out of the process, is mid-adopter regions (coming on board before 2020)
- [Preston Cody] One of the areas where we struggled, was interpreter services; providers didn't know how to engage with our contracted vendors; some testing overlooked, but had opportunity to fix and learn from it
- North Central – law enforcement was included in calls; there were local impacts in the criminal justice system
- [Marc Provence] Slide deck page 6 - Important to know this transformation was not a grant; monies are earned, paid out on incentive basis, through demonstration and performance on the way; then being awarded; paying for planning; we are ready to pay awards for first of the planning incentive payments
- Project incentive are funds that are earned from the pool of project funds; ACHS can earn project incentives for successful approval of project plans in Demonstration Year (DY) 1, as well as demonstrated completion of project specific milestones and metrics according to the timeline outline in the project toolkit
- Incentives earned will be adjusted based on actual performance against project milestones and metrics
- Project milestones and metrics dictate how incentive funds can be earned
- Delivery System Reform Incentive Payment(s) (DSRIP) funds are earned through successful achievement of ACH certification; DSRIP project milestones and metrics, Value Based Purchasing adoption, and/or performance on quality measure; separate from the way that funds must be spent
- Independent assessor, RFP apparent successful bidder is Oregon Health Sciences University (OHSU)
- OHSU will be doing design work, ensuring the required federal elements are there
- Q: [Bob Perna] Regarding standardized metrics and core measures; how far will measures and metrics be going forward, will they be the same?
- A: [Marc Provence] Goal is to be consistent in the types of measures used; measure sets likely to look different in some areas; will continue to spend time on pay for performance and actively developing
- Q: [Bob Perna] Still not clear who is in the driver's seat?
- A: [Marc Provence] The Plans- ACHs – Development CQCT folks
- [Janice Tufte] It's very complicated; up to state to choose what measures are; look up measure application process (MAP) online; you can be part of those public forums; NCQF does the development; National Quality forum; pushing through takes a long time; encourage you to put time into the process; anybody can apply to be on groups; can be intimidated, lots of travel and reading
- [Marc Provence] Activity will compliment and encourage ACHs to work together; notion of sustainability, come to 2021; the idea is delivery system reforms are integrated back into the program; essentially you have an improved Medicaid delivery system in the state; can use incentive dollars to use money to enhance programs
- [Bob Perna] Suggestion - there's a lack of clarity in the respective roles and responsibilities, in relation to providers, etc.; looking for an infographic, playbook or visual **[action item]**
- [Preston Cody] We will take that back and see what MaryAnne and Sue may be working on, what the roles are, and how they intertwine
- Q: [Bob Perna] Is past stuff we can look at?
- Q: [Gerry Yorioka] Listed as one of top values, was that their own value, or do all ACHs have that?
- A: [Marc Provence] Part of our requirement
- [Claudia St. Clair] Need to move along, we are over time

9:30-9:45 15 min	9. Interpreter Services Update	Preston Cody	Informational
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- Share information on recent RFP; HCA has obtained an apparent successful bidder (ASB) for face to face interpretation
- **Universal Language Service** (Bellevue) is the ASB
- Contract start date is July 1, 2018
- They offer over 200 Languages including Sign, Tactile and Captioning
- Their existing interpreter pool included RID and DSHS social and medical certified interpreters
- They are a Washington based company holding contracts with DES and servicing an average of 200,000 in-person language requests annually
- They fill same day and pre scheduled requests <https://universallanguageservice.com/our-company/why-choose-us/>
- Optional program that WA has offered for many years to help offset provider costs \$14M per year (annual spend)
- Have to put together a transition plan, how we will transition appointments already schedule
- Looking at systems, education, other activities for seamless transition
- Pleased they are bringing over 100 ASL interpreters, hope they will become available to Medicaid clients
- Q: [Kristina Sawycky] Affects BH clients greatly, are you working with BHOs to make American Sign-Language (ASL) services available?
- A: [Preston Cody] It's a complicated answer; there are two systems we're dealing with here; still have BHO issues, one of the challenges that we didn't recognize need to transfer; by 2020 will have whole system
- [Gerry Yorioka] Have had issues with quality; purpose of question, is to please assess quality
- [Preston Cody] Must go through assessment testing; there will be a process, and can remove (interpreters) for quality concerns
- [Bob Perna] There is a difference between interpreters and medical interpreters
- [Preston Cody] We can provide an UPDATE in July [future agenda item]
- Q: Will there will be a mechanism for clients to evaluate the quality of a provider?
- A: [Preston Cody] No mechanism for client-to-provider feedback on interpreter
- Q: [Sylvia Gil] Will there be data, so we can understand availability of services?
- A: [Preston Cody] We will have a better idea (later) (with 200 languages), serving over 200K requests currently; Medicaid will build their network; Universal is highly respected in the interpreter community

9:45-10:00 15 min	10. Managed Care Dental Update	Preston Cody	Informational
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- Substitute Senate Bill 5883 (SSB 5883) passed during the 2017 legislative session, requiring the Health Care Authority (HCA) to contract through the competitive procurement process with licensed dental health plans or managed health care plans to provide carved-out managed care dental services.
- The proviso under Section 213 (1)(c) of SSB 5883 requires:
  - a) HCA to contract with at least two plans, except where only a single plan is available (in which fee-for-service will remain as a client option)
  - b) HCA shall ensure savings offered by dental plans are actuarially sound
  - c) No funds will be provided to the plan(s) for start-up costs
  - d) Additional savings achieved by the plans beyond the assumed savings in the enacted budget must be used to increase dental provider reimbursement rates
  - e) CA must submit an annual report to the governor and appropriate committees of the legislature starting January 2019 detailing how the contracted entities have met the requirements of the contract
- Award has the same regions as ACHs; have made tremendous amount of headway; RFP is out for internal review; should post in May
- Have reviewed different states (CO, AR, TX) and what they used for network adequacy, etc.
- 1.7 or 1.8 million clients expected; developed draft contract
- There will be two (2) informational sessions for potential bidders; cannot do too much for each individual (to eliminate perception of bias)
- We will send notifications out ahead of transition



- Foster contract going live
- Washington Apple Health Handbooks: April 6 is the last day that the *Welcome to Washington Apple Health* booklets will be automatically printed and mailed with a customized letter inside
- After April 6, new clients (and returning clients with a break in coverage of 12 or more months) who would normally receive a booklet will receive a stand-alone letter
- The rewritten letters include information on how to access the booklets online or request a printed copy at no charge.
- Q: [Kristina Sawycky] Are they ADA compatible?
- A: [Karin Kramer] They are being updated now
- [Preston Cody] We are working with Milliman on reduction of ER services related to dental
- Network Adequacy requirements; may drive up overall cost of program; Washington is one of the worst in nation for adults; one of the best for children; will be sharing costs with fiscal committees; going live Jan 1 2019 (many programs going live)
- 2014 brought back dental community providers (fewer)
- We think moving to MC Dental, will improve service, utilization, services, outcomes
- Have met with providers to get input on what they need in this RFP and contract
- Q: [Kristina Sawycky] Are the institutionalized being considered?
- A: [Preston Cody] Yes, we are including consideration as part of the RFP process

10:00-10:15 15 min	11. Break	All	
	<ul style="list-style-type: none"> <li>• 10:10 – resume at 10:20</li> </ul>		
10:15-10:45 30 min	12. Legislative Summary	Preston Cody	Informational

- [Preston Cody] Working closely with DBHR on integration of Behavioral Health
- **Behavioral Health Integration**  
The responsibilities for the oversight and purchasing of behavioral health services will transfer from DSHS to HCA effective July 1, 2018. The responsibilities for licensing and certification of behavioral health providers is transferred to Department of Health. The operation of the state hospitals remains within DSHS. The budgets for all affected agencies are adjusted accordingly. Some additional funding is provided to us for updates to information technology systems, updates to rules and procedures, and transition and relocation costs for existing staff associated with integrating physical and behavioral health programs.
- [Karin Kramer] Video will be out in early April
- **School Employees Benefits Board (SEBB) Implementation**  
Last legislative session, HCA was instructed to design and implement a new SEBB program for the state’s K-12 employees. The supplemental budget provides additional funding needed to successfully implement the program. Impacts 2.5 of 7m WA residents, with implementation by January 2020.
- **Opioid Response: MAT Rate Increase**  
Funding is provided to increase the Medicaid Medication Assisted Treatment (MAT) rate for opioid use disorder to match the Medicare rate. This will encourage more providers to treat patients with opioid use disorder.
- **Pediatric Primary Care Rate**  
When the federal Patient Protection and Affordable Care Act took effect in 2014, it included a temporary reimbursement rate increase for Medicaid primary care practitioners. The supplemental budget provides HCA with funding to increase medical assistance pediatric primary care rates for the same set of evaluation and management, and vaccine administration, codes that were included in the temporary rate increase provided by the ACA 2013-2014.
- [Andrew Busz] Peds rate increase comments; not quite the same as rate increase that providers know about and can count on (to increase capacity, etc.); drawback is that don’t know that the true rate is; complexity when building in managed care increase; understand the complexity and difficulty with it

- [Bob Perna] Looking at former experience; what is HCA oversight to see flow from HCA to MC providers; how do turn off once money runs out (right moment)
- [Preston Cody] Unusual to have increase with capped amount
- [Bob Perna] Looked at 2013-201, looking at FAQs had for clarity, not about pediatricians; it's about Peds services provided (correct)
- [Andrew Busz] What is the age limit
- [Preston Cody] Same as current; more to come
- Some challenges have heard- providers have to update your materials too; working for preliminary timelines; hope to have update sometime in April
- **Dental Services for Children**  
The budget includes additional funds to expand Access to Baby and Child Dentistry (ABCD) program for children with disabilities through their 13<sup>th</sup> birthday.
- **COFA Premium Payment Program** - Additional \$1.2M GF-S (\$1.2M Total Funds); Funding is provided to create the Compact of Free Association (COFA) premium payment program. This program provides premium assistance for health care insurance purchased through the Health Benefit Exchange (HBE) for Pacific Islanders
- Primarily used to offset cost sharing
- **Hearing Aids**  
In 2010, the Medicaid hearing aid benefit for adults was terminated. The budget provides funds to restore this benefit for Medicaid-eligible adults effective January 2019. This will provide hearing aids to an estimated 6,300 adults with hearing loss.
- Q: [Janice Tuft] Hearing aids; will there only one type, and what will the reimbursement rate be? (*forwarded bill signing information*)
- **Governor's Indian Health Council**  
Funding is provided for the HCA to convene and provide analytic, technical, and communication support to the Governor's Indian Health Council.
- **Post Eligibility Review Backlog**  
Funding is provided to support an additional 15.0 FTE temporary staff for Medicaid Eligibility Determination Services (MEDS) activities that process post eligibility reviews. The staff will work on processing new post eligibility reviews in a timely manner to address the backlog and ensure all cases have an eligibility determination within 60 days. These extra resources are expected to impact Medicaid enrollment and therefore net savings are assumed. Bow wave causes backlog.
- **Health Homes**  
The Health Homes program integrates care within existing systems for high-risk, high-cost adults and children, including clients that are dually-eligible for Medicare and Medicaid. Funding is provided for a 20 percent rate increase effective July 1, 2018 and performance payments for care coordinator organizations serving fee-for-service clients in the health home program. These performance payments shall be equal to 5 percent of the average base rate and shall reward successful beneficiary engagement. Cost offsets are expected.
- **Children's Mental Health**  
House Bill 2779 continues the work of Children's Mental Health Work Group through December 2010, to improve the mental health access for children and their families.

10:45-11:00 15 min	13. Round Robin – Areas of Interest	Preston Cody	Informational
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- ***Would like to go around room – what's on your radar, what might you want to talk about that we are not?***
- [Claudia St. Clair] What do we need to do to help you?
- [Sylvia Gil] Children's MH; talk about access indicators for care coordination; helpful to define care coordination and measures for access; autism services
- [Heather Milliren] Families; there are long lists around state waiting 2.5 years for ADA services (Washington Autism Alliance and Advocacy); know of a couple families on Medicaid, authorized for benefits; told no cap, but have received 18K therapies; told had gone over allotted limit; struggling about what they can do about it

- [Sylvia Gil] Seems like hearing about more and more of these cases
- [Janice Tufte] Have this happening too; would love to have guidance on what can provide (info) to help them
- [Preston Cody] Email Managed Care programs email address
- Q: [Sylvia Gil] Is there a place on HCA's website that tells people what to do, references?
- [Kristina Sawycky] Assisted housing is an issue; durable medical equipment (DME); would like to see a bill that addresses warranty issues; at some point individual is going to need another power chair, oxygen, c-pap, DME bed
- Homelessness; not reaching population successfully; how to better serve this population
- ADA access to MCOs; are lists being updated? Individuals are not finding services, getting wrong information; needs information updated more frequently
- [Janice Tufte] Concerned with aging individuals; recognize in this population, lack of specialists, services so far out
- Some sort of access; occupational therapy; health home; dermatology; geriatrics; home help/grab bars; counselors or assessors to assess pre-surgical; aging pop
- Children and youth with needs; transitioning/aging out; young people transition to own responsibility with multiple issues; how do we help them transition to adult hood?
- Opportunities for integrated care school based services; working with Allison Robbins (Preston-MYSTIC) we should talk
- [Bob Perna] Information on Pediatric codes; progress of ACHs and provider communities; what is the role of the provider, problem solution; RRRs respective roles and responsibilities
- [Gerry Yorioka] From the bottom up, patients don't have much of a voice; seems like we need ways to hear from patients better; Issues that Matter program – have had to turn people away, talk about challenges, etc.; appeal to those wherever you are, to connect with ACHs; keep in mind need system to better hear patients
- [Andrew Busz] Difficult and dischargeable patients; adding more and more patients; Ricky's law; retaining patients against their will; facilities aren't in a position to involuntarily retain people; long term acute care facilities, authorization for services, not cost effective way or best way to treat patients; number of issues and concerns because you have beds being taken up by patients that can be discharged
- [Preston Cody] Do have a workgroup (Gail Kreiger)
- LTAC issue, care, mechanism, payments
- [Dean Riskedah] Hearing aids coming back; association has not put a lot of energy bringing back (restore) adult optical benefit, probably have to go through legislature

11:00-11:15 15 min	14. Behavioral Health Licensing	Dennis Malmer	Informational
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- Dennis Malmer – Deputy Director, Behavioral Health Administration (BHA), Department of Social and Health Services (DSHS)
- Community Behavioral Health Licensing– part of BHI (bill) moves certification and licensing to Department of Health (DOH)
- Looking at transition to DOH, it will be a good merger for providers, who have had shared services over 28 year partnership
- Not working with out-patient services; consolidating
- Currently license 1000 treatment services sites; 440 community health services
- Substance Use Disorder (SUD) agencies are progressively becoming licensed for MH services and dual licensures
- Single set of agency rules being drafted; have sent the first of agency rule (5 WACs) for review; it was a lot more work than anticipated;
- New rule April 1 should help reduce paperwork obligations for counselors and other providers
- Spent a lifetime in licensing; some folks wonder if DSHS licenses individuals, we do not, we do the agency; DOH does individuals
- Single set of rules effective July 1 (with DOH); believe will be able to streamline more
- Q: [Gerry Yorioka] Does this include methadone clinics?
- A: [Dennis Malmer] Now called Opioid Treatment Program (OTP) centers;

- Q: [Kristina Sawycky] Single bed agreements, is that left out for a reason; it's a concern in the disability community (when SUD is also part of issues)
- A: [Dennis Malmer] Assuming single bed certifications; believe the single bed service tracking is through BHOs, because more BHOs will integrate to FIMC Jan 1; more issues with capacity in SUD side of the house; a number of providers building capacity
- Happy to provide business card for further discussion
- [Kristina Sawycky] Challenge that SUD, MH, BH – combined issues create challenges
- [Dennis Malmer] There is a lot of energy (Dr. Fotinos ) around health home
- Q: [Bob Perna] Do you anticipate creation of organizations, or think existing ones will just get larger?
- A: [Dennis Malmer] Certifications seem to be the larger existing (ones) that are expanding; bringing in BH, SUD and Gambling
- Office based practices covered through HCA; don't license those practitioners; there's about 11k in OTPs with the reset in other areas; prefer people to work with OTPs, transition to centers, in order to help transition to the community
- [Bob Perna] Information on DSHS/BHA website; from DSHS BHA link to DBHR, then to Licensing and Certification for Behavioral Health agencies (get/provide links); directory is updated monthly; go to Social Services; MH and Addiction Services [File-Path] [dshs.wa.gov > Behavioral Health Administration > Division of Behavioral Health and Recovery > Licensing and Certification for Behavioral Health Agencies > Directory of Certified Behavioral Health Services in Washington State](https://www.dshs.wa.gov/BehavioralHealthAdministration/DivisionofBehavioralHealthandRecovery/LicensingandCertificationforBehavioralHealthAgencies/DirectoryofCertifiedBehavioralHealthServicesinWashingtonState)
  - BHA DBHR [dshs.wa.gov/bha/division-behavioral-health-and-recovery](https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery)
  - Licensing and Certification [licensing-and-certification-behavioral-health-agencies](https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Cert%20%26%20Licensing/DirectoryCertifiedBehavioralHealthAgencies.pdf)
  - Director <https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Cert%20%26%20Licensing/DirectoryCertifiedBehavioralHealthAgencies.pdf>
- [Gerry Yorioka] Was told about a year ago (workgroups surrounding that population) that Department of Corrections (DOC) offenders (have issues with) continuity of care
- Some state money is being put into BHO contracts and local jails, can do some outreach;
- Not providing treatment services, but referrals, there is a lot of work going on (WASPC, data research, etc.)

11:15-11:30 15 min	15. Potential Future Agenda Items	All	Decision
• See notations in-line above in Future Agenda Items section			
11:30-11:45 15 min	16. Q&A	All	Informational
• Heather Milliren – appreciate the Round Robin			
11:45-12:00 15 min	17. Closing Comments	Claudia St.Clair	