

Title XIX Advisory Committee

<https://zoom.us/j/9443424237?pwd=djMxdVF1a0JrWG1nS3p3THVqOXF6Zz09>

Link to view captions: <https://www.streamtext.net/player?event=WSHCA>

Invitees:

<input checked="" type="checkbox"/>	St. Clair, Claudia (Chair, Molina Health)	<input type="checkbox"/>	Gil, Sylvia (CHNWA)	<input type="checkbox"/>	Nguyen, Huy (NW Justice)
<input checked="" type="checkbox"/>	Abdi, Fathiya (CHNWA)	<input checked="" type="checkbox"/>	Graham, Alec (DSHS)	<input checked="" type="checkbox"/>	Perna, Bob (Analyst)
<input type="checkbox"/>	Busz, Andrew (WSHA)	<input type="checkbox"/>	Henricksen, Wes (Child & Adolescent CI)	<input type="checkbox"/>	Ramos, Joana (healthwatched.org)
<input checked="" type="checkbox"/>	Carpeneti, Lia (Community H.P. of WA)	<input type="checkbox"/>	Hoffman, Michelle (DOH)	<input checked="" type="checkbox"/>	Rector, Bea (DSHS)
<input type="checkbox"/>	Cavens, Phyllis (CANDAC)	<input checked="" type="checkbox"/>	Killpack, Bracken (WSDA)	<input checked="" type="checkbox"/>	Roberts, Kimberly (Child & Adoles Clinic)
<input checked="" type="checkbox"/>	Christian, Ann (WA Council for BH)	<input type="checkbox"/>	Kinnaman, Catherine (DSHS)	<input type="checkbox"/>	Saravia, Rebecca
<input type="checkbox"/>	Delecki, Chris (SEA Children's)	<input checked="" type="checkbox"/>	Lovell, Emily (WSDA)	<input type="checkbox"/>	Sawycky, Kristina
<input type="checkbox"/>	Doumit, Sophie (WSDA)	<input checked="" type="checkbox"/>	Marsalli, Bob (WACH)	<input type="checkbox"/>	Shepard, Jeb (WSMA)
<input checked="" type="checkbox"/>	Dyer, Nikki (DOH)	<input checked="" type="checkbox"/>	McDougall, Regina (COM)	<input checked="" type="checkbox"/>	Tufte, Janice (Patient Advisor)
<input type="checkbox"/>	Estes, Kathleen (DOH)	<input checked="" type="checkbox"/>	Milliren, Heather (Parent Advocate)	<input checked="" type="checkbox"/>	Yorioka, Jerry (Physician Advocate)
<input checked="" type="checkbox"/>	Ewart, Hugh (SEA Children's)	<input checked="" type="checkbox"/>	Moss, Bill	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Prasad, Shirley		

Main Outcome Objective:

HCA Invitees:

<input checked="" type="checkbox"/>	Lindeblad, MaryAnne (Exec Sponsor)	<input checked="" type="checkbox"/>	Kramer, Karin	<input checked="" type="checkbox"/>	Venuto, Elizabeth
<input type="checkbox"/>	Blondin, Amy	<input checked="" type="checkbox"/>	Linke, Taylor	<input type="checkbox"/>	Worrell, Dennis
<input checked="" type="checkbox"/>	Campbell, Kodi (notes)	<input type="checkbox"/>	McDermott, Lou	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Chen, Christopher	<input checked="" type="checkbox"/>	McGill, Jason	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Claycamp, Teresa	<input type="checkbox"/>	Needham, Mich'l	<input type="checkbox"/>	
<input type="checkbox"/>	Fotinos, Charissa	<input checked="" type="checkbox"/>	Pazolt, Melodie	<input type="checkbox"/>	

#	Agenda Items	Time	Lead	Summary Meeting Notes
1.	Welcome and roll call	11:00am	Claudia St. Clair	
2.	Budget Reduction Exercise/Discussion	11:05am	MaryAnne Lindeblad	See below

- Goal of meeting: walk attendees through process the Medicaid program used to create a response to the Governor's request that agencies develop a 15% budget cut. The information does not imply that we support these ideas – we're simply considering possibilities and what is allowable under Medicaid.
- The Forecast Council recently met and the state is looking at about a \$9 billion deficit over the next three years. Our budget proposal to Office of Financial Management (OFM) will have to include 15% reductions.
- This morning, the Governor announced that more than 20,000 state employees will be required to take at least one furlough day per week starting the week of June 28 through the week of July 20. After that, employees will have to take one furlough day per month from August through November. The savings will be about \$55 million over the next year.
- <https://ofm.wa.gov/sites/default/files/public/budget/statebudget/savings/107HCA-HBE.pdf> - list of potential cuts to our program.

- We're not able to terminate any benefits for Medicaid and CHIP clients right now. While the options are offered, we can't put them in effect until the president declares the public health emergency is over.
- Cuts we *can* take from optional services include: dental, maternity support services, some school-based services, hospice, speech, and interpreter services.
- With Medicaid, we have limited options because of the way our program is designed by the Feds and our limitations in terms of what we can cut.
- Telehealth: in some cases, telehealth might be assisting in keeping some clinics open, otherwise, they have less revenue. We reimburse on a parity level – if the visit was \$50, we'll reimburse at \$50. Some providers don't have the resources like zoom, laptops or cell phones, so we have procured 6,000 phones, 2,000 zoom licenses and 800 laptops that we loaned out for them based on need.
- Claudia mentioned that Molina went from 1,000-2,000 telehealth visits per month in January/February to about 30,000 telehealth visits per month.
- We have heard from the behavioral health side that the increase in telehealth visits is helping clinics get back to almost normal capacity.
- We have a cross-divisional telehealth team that was appointed at the beginning of the pandemic that will help us with analysis and recommendations. It will also help us in the future to see if the pendulum swings back.
- Ann added they've seen a recent uptake in telehealth visits in the community behavioral health system. Some challenges include engaging young children or teens for more than a few minutes, and elders – some appreciate the access while others do not like it at all. In general, for all age groups, the concern remains how can they effectively assess risk when they're not seeing or interacting with the person? There are concerns about missing important signs of deepening depression or suicidal ideation.
- The behavioral health community is terrified when they hear of things like multiple wards being closed at state hospitals. These types of crisis intervention/involuntary treatment and service methods are important to continue. What's needed is the right combination of beds where they're needed the most.
- We are seeing huge disparities in health equity. We need to ensure those things are not forgotten as it's very important work.
- You may send comments and/or concerns about the budget cut ideas to MaryAnne.

Meeting adjourned 12:00pm

