

Meeting Title: Title XIX Advisory Committee		
Minutes	Meeting Date: 7/12/19	Meeting Time: 8:30 am – 11:00 am
Meeting Location:	Emerald Queen Conference Center 5580 Pacific Hwy E Fife, WA 98424	
Meeting Called By:	Claudia St. Clair, Chair	
Minutes:	Catherine Georg Meetings may be recorded for transcription RCW 9.73.040 (3)	

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 checked="" type="checkbox"/>	Marsalli, Bob	7	<input checked="" type="checkbox"/>	Ericson, Colton for Sylvia Gil
<input type="checkbox"/>	Delecki, Chris	2	<input type="checkbox"/>	Milliren, Heather	8	<input type="checkbox"/>	
<input type="checkbox"/>	Gil, Sylvia	3	<input type="checkbox"/>	Morrison, Cynthia	9	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Hannemann, Barbara	4	<input checked="" type="checkbox"/>	St. Clair, Claudia	10	<input type="checkbox"/>	
<input type="checkbox"/>	Hendrickson, Wes	5	<input type="checkbox"/>	Tufte, Janice	11	<input type="checkbox"/>	
<input type="checkbox"/>	Lester, Litonya	6	<input type="checkbox"/>	Yorioka, Gerald 'Jerry'	12	<input type="checkbox"/>	
HCA Staff & Guests:							
<input checked="" type="checkbox"/>	Georg, Catherine (HCA)		<input checked="" type="checkbox"/>	Kramer, Karin (HCA)		<input type="checkbox"/>	Sawyckyj, Kristina
<input type="checkbox"/>	McGill, Jason (HCA)		<input checked="" type="checkbox"/>	Needham, Mich'I (HCA)		<input type="checkbox"/>	Hoffman, Michelle (DOH)
<input checked="" type="checkbox"/>	Lindeblad, MaryAnne (HCA)		<input type="checkbox"/>	Busz, Andrew (WSHA)		<input type="checkbox"/>	Weiss, Katherine (CHPW)
<input checked="" type="checkbox"/>	Linke, Taylor (HCA)		<input type="checkbox"/>	Perna, Bob		<input type="checkbox"/>	Lovell, Emily (WSDA)
Members Review Bring Discuss							
Review/bring/discuss	<input checked="" type="checkbox"/> Current agenda and minutes from 5/17/19 meeting <input checked="" type="checkbox"/> Changes in minutes may be emailed to: catherine.georg@hca.wa.gov						

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.

Date	Time	Call or In-Person	
January 18, 2019	8:30-9:30 am	Conference Call	Telephone
March 22, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
May 17, 2019	8:30-9:30 am	Conference Call	Telephone
July 12, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
September 20, 2019	8:30-9:30 am	Conference Call	Telephone
November 15, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife

AGENDA

Allotted Time	Agenda Items	Lead	Approach
8:30-8:50 20 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
8:50-9:05 15 min	7. Quality Withhold and New Language	MaryAnne Lindeblad	Informational
9:05-9:20 15 min	8. Pediatric, Other Value Based Purchasing WCAAP Alternative Payment Mechanism	MaryAnne Lindeblad	Informational
9:20-9:35 15 min	9. COFA Dental	Taylor Linke	Informational
9:35-9:50 15 min	10. Public Option	Taylor Linke	Informational
9:50-10:00 10 min	11. Break	All	
10:00-10:10 10 min	12. Legislative Update	MaryAnne Lindeblad	Informational
10:10-10:20 10 min	13. Potential Future Agenda items	All	Decision
10:20-11:00 40 min	14. Around the Room	All	Informational
11:00	15. Closing	Claudia St. Clair	

ACTION ITEMS & DECISIONS

Item	Action Items / Decisions	Completed
1.	Title XIX Membership & Bylaws Refresh: In progress; recommend pause while Claudia on leave. 5/17/19 – Cat schedule call 7/10/19 – Schedule call for August when MAL returns	Complete: <input type="checkbox"/> Date:
2.	Verify the change on VBP and the withhold; 75/25 split was similar to what CMS did in the past 7/10/19 – Should be addressed through VBP on 7/12/19 agenda	Complete: <input checked="" type="checkbox"/> Date: 7/12/19
3.	Verify bump in PEDs services through the remainder of the current FY; believe the intention was to continue that rate increase, correct would have been needed to be continued in the maintenance level, think it would have been assumed; Shawn O’Neill to clarify 7/11/19 MAL waiting for clarification; will update when know more <ul style="list-style-type: none"> There is a fixed dollar amount, but had only 9 months to implement; this year the money is spread out over a year; amount is the same; from providers perspective it appears lower; trying to help people understand that it is the same, but the way it has been spread; can send questions to the Managed Care mailbox MaryAnne will connect with Sarah Rafton and discuss in more detail 	Complete: <input type="checkbox"/> Date:
4.	Verify did bill on increase of Adult Family Homes pass for increase up to 8 beds 7/11/19- Bea Rector - Bills SB5396 HB1023 provided for increase; did not pass; can be brought back	Complete: <input checked="" type="checkbox"/> Date: 7/11/19

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<ul style="list-style-type: none"> Please send minute corrections to Cat Georg by email 			
8:50-9:05 15 min	7. Quality Withhold and New Language	MaryAnne	Informational
<ul style="list-style-type: none"> Payments to managed care organizations (MCOs) are based on their ability to deliver high quality care and keep clients healthy, rather than payment for specific tests for services alone. A percentage of each MCOs monthly premium is withheld as allowed under CFR (42 C.F.R. § 438.6(c)(i)). MCOs receive the withhold amount if they meet specific quality milestones based on performance. The Quality Improvement (QI) model rewards health plans for clinical quality improvement; MCOs can earn back a percent of the premium withhold based on their overall QI score. A lot of the 1.5% of premium was withheld; the plans have to earn it back; the new percentage went to 2%. There is a concern on part of certain legislators, “does it get to the heart of the issues with the plans?” Decided to have 4 common measures (opposed to 7); the remaining (3) are plan specific [measures-fact-sheet] Need time to measure performance. Have heard from the plans and are going to have to look at the list to select common measures; adding 10 new staff to do Program Integrity work. Numbers were all over the place, trying to demonstrate to the legislature that money is being spent appropriately. Bob Perna: Are they Healthcare Effectiveness Data and Information Set (HEDIS) measures? MaryAnne Lindeblad: For the most part; we are working to find mechanism for external evaluation. Bob Perna: Do we know what the down-stream affect is? If HCA holds plans to performance, what is the oversight that happens? Or, is it up to the health plans to do that? MaryAnne Lindeblad: It’s really up to the plans; they may have some sort of quality activity that they may be doing for their own community. Bob Perna: Does HCA look for them to report back? MaryAnne Lindeblad: We have them do it; annual audit visit will review and see how it was implemented; we do not ‘approve’ per se. Mich’l Needham: We do have some external validators that do some monitoring to make sure it’s value based. MaryAnne Lindeblad: Going into 75% Bob Perna: Are you launching the next survey? Mich’l Needham: Yes 			
9:05-9:20 15 min	8. Pediatric, Other Value Based Purchasing WCAAP Alternative Payment Mechanism	MaryAnne Lindeblad	Informational
<ul style="list-style-type: none"> How can we standardize approaches; one of the goals is around administration; how do we make it simpler for providers to do business with us. The Washington Chapter of the American Academy of Pediatrics (WCAAP) had a small grant to do work on how we do value based purchasing sub-capitation arrangement for pediatricians; we will be discussing this with the plans soon. Pediatricians – simplified universal process, fewer one-offs; more to come; got a small amount of money through the Robert Wood Johnson Foundation; Bailit Health Purchasing will help us with what the capitation model may look like; hope that they adopt that; talking about mechanism (not money); more work on that with the local academy chapter. Bob Perna: Expect this would spread to other practices? 			

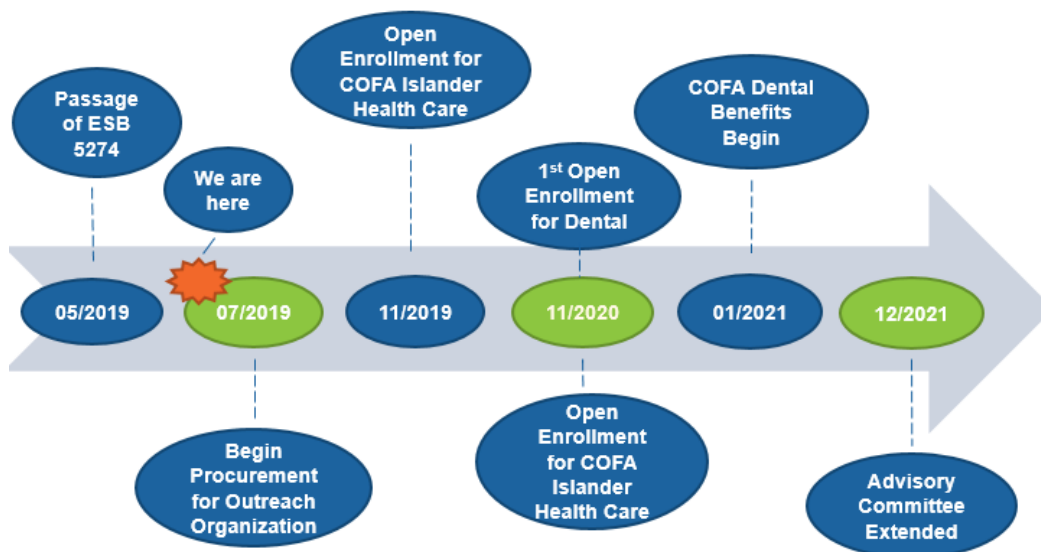
- MaryAnne Lindeblad: PEDs is different; most kids are healthy; most models reduce hospitalization, etc.; chronic conditions are small and it's harder to save money; there are some chronically ill kids, and technologically high needs (ventilators, etc.), that does not change much; not changing the trajectory; this has historically made VBP methodology more difficult.
- Michelle Hoffman: When looking at costs, are there some duplications that can be addressed?
- MaryAnne Lindeblad: Plans typically have some sort of care coordination; suppose we could look at a standardized approach, could possibly be more defined.
- MaryAnne Lindeblad: A good place to start may be to bring plans and interested parties together to help facilitate/solve; add as a **potential action item**; it's going to be several months before we can work on it (**ACTION**)
- Claudia St. Clair: Is there a timeline for value based purchasing?
- MaryAnne Lindeblad: Looking at January 2020 for contracts; from a practical perspective, we need at least 6 month lead time; we would need until this time next year to get us to the 2021 mark.

9:20-9:35 15 min	9. COFA Dental	Taylor Linke	Informational
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- The Compact of Free Association (COFA) is an international agreement establishing and governing the relationships of free association between the United States and three Pacific Island nations: Federated States of Micronesia, Marshall Islands, and Palau.
- Engrossed Substitute Senate bill 5274 establishes dental program for COFA Islanders enrolled in COFA Islander Health Care or enrolled in Medicare.
- Allows benefits to begin January 1, 2021 (open enrollment November 2020).
- Requires HCA to consult with CAPAA in creating an annual education and outreach campaign, which includes contracting with a Washington organization with multilingual language capacity.
- Extends Advisory Committee to December 31, 2021.

COFA Resources

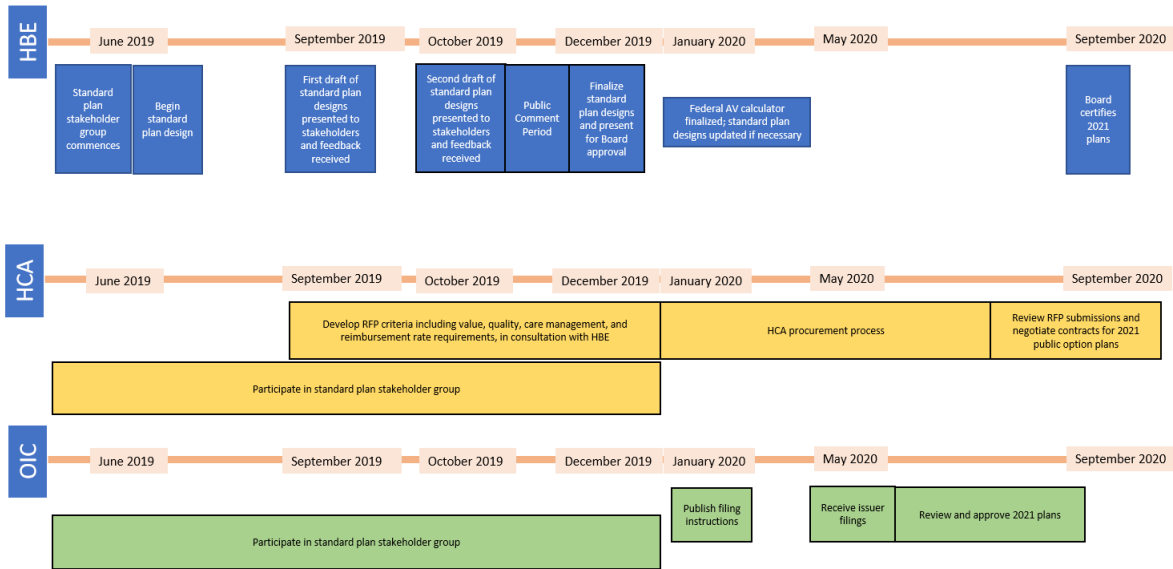
- COFA Islander Website: www.hca.wa.gov/cofa
- Questions? Email: COFAQuestions@hca.wa.gov
- Phone number: 1-800-547-3109
- COFA Islander Program Manager: Ariel Pyrtek at Ariel.Pyrtek@hca.wa.gov
- Lead Organizations: <https://www.wahbexchange.org/partners/navigators/>
- COFA Outreach Toolkit: <https://www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/cofa-outreach-toolkit>



9:35-9:50 15 min	10. Public Option – Cascade Care	Taylor Linke	Informational
<ul style="list-style-type: none"> • Some who purchase individual health insurance do not qualify for federal subsidy, and have experienced higher premiums in recent years. • Washington passed a law designed to give consumers a new, "public option" health insurance plan. • Senator David Frockt and Representative Eileen Cody (sponsors) will be working together on plan (individual market) through the Health Benefit Exchange (HBE). • It's not attached to any of our other programs, just another offering through the exchange. • HCA is responsible for procuring the public options plans; HCA will then hand off to HBE. • Public Option will be offered in 2021; it will be available during 2020 open enrollment. • Plans are required to have a standard benefit design and meet additional quality/value standards; it follows all existing laws and processes, adding some new requirements. • Primary difference is the cap on what can be paid to providers; goal on premium caps; anticipating 10% lower than products would have been; bill has some other components on aggregate cap on Medicaid; rural hospitals, etc. • All those components would show targeted rates, demonstrate three agencies have different components and requirements (see timeline hand out); shift some of the cost sharing; will be available for public comment in the fall; hoping to link up with Office of Insurance Commissioner (OIC) timeline; all elements are in the same risk pool; must be ready to file May 2020 with Insurance Commissioner for July 2020 coverage. • Anticipation is that will provide different plans with more affordability; state does not have the authority to change rates; pilot to see if we have the ability to influence costs, and expand. • Voluntary; will be an open process; will continue to be an open process, until reaches OIC closed process. • Bob Marsalli: Suspect must meet ACA requirement; will it be like a bronze plan? • Taylor Linke: Plans will have to offer bronze, silver and gold; designed to meet federally qualified health plan (FQHP) requirements; has all the requirements of today, with new ones, yet to be decided. • Kristina Sawycky: Is it a pilot? Or will try and get all them to join? • Mich'l Needham: Representative Cody was key in this plan, with interest in moving the market. • Andrew Busz: Concern potential is that costs will be balanced through commercial payments; makes it more difficult for hospitals and providers to provide care; makes it hard for system to sustain the care; all for expanded coverage, just how go about it is something different. • Mich'l Needham: We are still in process of adding information to the website; HBE has some slides online. <p>How Washington's Public Option Will Work</p> <ul style="list-style-type: none"> • Every county will have access to an affordable plan that the state will contract for through the Exchange <ul style="list-style-type: none"> ✓ The Health Care Authority will contract with one or more health carriers to offer qualified health plans on the Exchange. ✓ Beginning in 2021, all carriers offering plans inside the Exchange must offer a standard plan at any tier in which they offer at least one plan. ✓ Non-standard plans may be offered on the exchange through 2024. Beginning in 2025 only standard plans will be offered on the Exchange. • The public option plans will be standardized to increase consistency of benefits and transparency in costs <ul style="list-style-type: none"> ✓ Standard plans will have consistent and transparent deductibles, co-pays, and co-insurance, and offer the same services before the deductible. ✓ Instead of coverage through plans with various deductibles and cost sharing arrangements, these plans will compete on premium price, provider networks, customer service, and quality. ✓ Consumers will benefit by lower deductibles, improved access to pre-deductibles, evidenced-based services across insurers, and access to transparent, predictable cost-sharing. • The public option will help bring down health care costs for patients <ul style="list-style-type: none"> ✓ The new public option will offer high quality plans consistent with best practices such as the state Health Technology Assessment Program and Medicaid value-based purchasing to ensure lower costs won't result in lower quality. ✓ Provider reimbursement rates will be capped at Medicare rates, and include cost saving tools such as Health Technology Assessment Program recommendations and Medicaid value based purchasing. • Patients will spend no more than 10 percent of their income on premiums 			

- ✓ The Health Benefit Exchange, in consultation with the Health Care Authority, must develop a plan to implement and fund premium subsidies for families and individuals on the Exchange who need financial assistance.
- ✓ The goal is to have consumers spend no more than 10 percent of their income on premiums.

Interagency Cascade Care Implementation Timeline



9:50-10:00 10 min	11. Break	All	
10:00-10:10 10 min	12. Legislative Update	MaryAnne Lindeblad Mich'l Needham	Informational

- HCA had a heavy load this session, having tracked over 800 bills and assigned 42 reports; there are 5 new formal work groups and numerous task forces; sub-groups are not counted under “formal.”
- No new resources were allocated; Public Option (Cascade Care) came with no additional staff.
- Received 2 FTEs relative to [SSB5380](#) concerning opioid use disorder treatment, prevention, and related services.
- Mich'l Needham: Highlighted enacted legislation related to Medicaid (list below).
- MaryAnne Lindeblad: Provided budget overview [ESHB1109](#)

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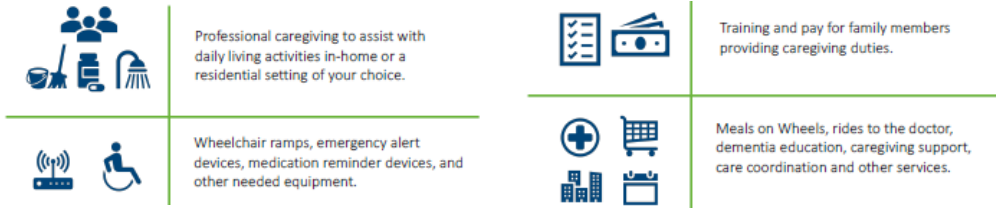
- [E2SHB 1224](#) Prescription drug pricing; concerns on implementation; will be a committee with report due Dec 2020
- [2SHB 1394](#) Behavioral health community facilities; part of it will work to shutter side of Western and Eastern State Hospital(s); helps create more capacity in the community
- [2SHB 1528](#) Substance use disorder recovery support services – recovery residences
- [2SHB 1907](#) Substance use disorder treatment system--various provisions
- [SHB 2024](#) Business and occupation tax exemption – certain Medicaid demonstration project incentive payments
- [ESB 5274](#) Concerning dental coverage for Pacific islanders residing in Washington; begin administering COFA Islander dental care program by January 2020, and establish community outreach & education to COFA citizens to facilitate applications for, and enrollment in, COFA premium assistance and dental care programs
- [E2SSB 5432](#) Behavioral health integration; work will continue; this is significant; provides clean-up
 - Details BHO and MCO contract requirements, reporting and other collaboration
 - Updates existing sections to continue certain deliverable and requirements that were previously written as tasks associates with early integration
 - Changes certain reporting requirements
 - Specifies HCA rulemaking
 - Establishes workgroup regarding access to adult long-term inpatient involuntary care and the children’s long-term inpatient program, and how to expand bidirectional integration; HCA shall report recommendations to OFM and the legislature by Dec 2019

- Specifies various HCA contracting and oversight tasks, adds performance measure requirement
- Requires report to the governor and legislature on monitoring of expenditures against appropriation levels; reports due once every two years, on/or about Dec 1, on even-numbered years
- Requires status reports on funding supporting collaborative service delivery to persons requiring services from multiple DSHS and HCA programs
- HCA will establish a committee to meet quarterly to address systemic issues
- Requires HCA to annually review and monitor the expenditures made by any county or group of counties that receive appropriated funds distributed under Section 1040(10); counties will repay any funds that are not spent in accordance with the requirements of its contract with HCA
- [E2SSB 5444](#) Forensic mental health care - competency evaluations and restoration (Trueblood); will be responsibility of HCA; sits in the community/DSHS; DOH responsible for the 16 bed facilities coming up
- [SSB5380](#) Opioid use disorder treatment, prevention, and related services;
 - HCA must provide recommendations to OFM by Oct 1, 2019, to better support the care of individuals with opioid use disorder we have recently delivered and their newborns
 - Work with other state agencies to develop value-based payment strategies
 - HCA and DOH will collaborate with managed care plans to promote access to opioid use disorder medications at state-certified treatment centers and encourage the distribution of naloxone to patients at risk of opioid overdose; must develop a plan for coordinating purchasing and distributing opioid overdose reversal medication
 - Establish methodology for distributing funds to jails to provide medication to individuals in custody
 - Develop and recommend coverage options for non-pharmacologic treatment options
- [ESSB5526](#) Increasing the availability of quality, affordable health coverage in the individual market; also known as “public option”; HCA in consultation with the Health Benefit Exchange, must contract with at least one health carrier to offer bronze, silver and gold QHPs on the Exchange for plan years beginning 2021
- [SB5558](#) Reinstating the authority of DSHS and HCA to purchase interpreter services for applicants and recipients of public assistance who are sensory-impaired Eliminating barriers to reproductive health care for all
- [2SSB5602](#) Eliminating barriers to reproductive health care for all; this is broader than Medicaid; delivers services without discrimination
- [ESSB5741](#) Making changes to support future operations of the state all payer claims database; transfers process to HCA effective Jan 1, 2020
- [2SSB5903](#) Children's mental health work group recommendations; work continues; expanded to cover maternal depression, early identification and intervention for psychosis; half of calls are commercial insurance; need to find other ways to help fund it; working with University of Washington on early intervention of psychosis; working on state wide plan, due to legislature Mar 2020
- [ESHB1109](#) Budget bill
 - Sec 210 Health Care Authority
 - Sec 152(10) For the consolidated technology Services Agency
 - Sec 201(7) Department of Social and Health Services
 - Sec 221(6) Department of Health
 - Sec 225(4) Department of Children Youth and Families
 - HCA, HBE, DSHS, DOH, DCYF will work together within existing resources to establish the Health and Human Services Enterprise Coalition and provide report to legislature by Oct 31, 2019, to describe the coalitions plan for projects affecting coalition organizations, including any information technology projects impacting the coalition organizations
- [ESHB1109](#) Budget bill – Medical Assistance
 - Sec 211 Health Care Authority Medical Assistance
 - Sub Sec (31)(32)(33)(36)(45)(46)(51)(52)(53)(55)(56)(57)
 - Sec 211(31) Bree Collaborative to support collaborative learning and targeted technical assistance for quality improvement initiatives, including hiring on full-time staff person to promote the adoption of recommendations and hold two conferences focused on sharing best practices
 - Sec 211(32) Maternity support services provided by doulas; no funding; believe number of women who deliver early or have cesarean sections will take some time to show (data)
 - Sec 211(33) Facilitate a home health work group consisting of home health provider associations, hospital associations, managed care organizations, DSHS and DOH to develop a new Medicaid payment methodology for home health services; report to leg by Nov 30, 2019

- Sec 211(36) Review diagnosis-related group high outlier claim policies & impact; report due Dec 31, 2019
- Sec 211(45) Work with DOH and other state agencies and Hepatitis C virus medication purchases to establish a procurement strategy
- Sec 211(46) COFA dental implementation of ESB 5274; first open-enrollment no later than Nov 1, 2020
- Sec 211(51) Implement the recommendations of CMS center for Program Integrity as provided to HCA in the Jan 2019 Washington focused Program Integrity Review final report; Managed Care proviso
- Sec 211(52) Provide fee-for-service dental services; HCA may not proceed with either a carved-out or carved-in managed care dental option; any contracts procured or in process shall not be entered into or implemented; by November 15, 2019, report to the legislature a plan to improve access to dental services for Medicaid clients.
- Sec 211(53) Revise agreements and contracts with vendors to include a provision to require that each vendor agrees to equality among its workers by ensuring similarly employed individuals are compensated as equals.
- Sec 211(55) Increase rates paid to rural hospitals that meet criteria; payments for medical assistance programs, regardless of the beneficiary's managed care enrollment status, must be increased to 150% of the hospital's fee-for-service rates; discontinue this rate increase after June 30, 2021, and return to the payment levels and methodology in place as of Jan 1, 2018; hospitals participating in the certified public expenditures program may not receive this increased reimbursement for inpatient services.
- Sec 21(56) Conduct an evaluation of purchasing arrangements and paid claims or encounter data for prescription drugs under managed care contracts for plan years 2017 and 2018 and compare these to contract purchasing agreements under the same years for the prescription drug consortium and identify any cost differences; report findings to the legislature by Nov 15, 2019.
- Sec 211(57) Convene a work group on establishing a universal health care system in Washington; work group must report its findings and recommendations to the legislature by November 15, 2020; preliminary reports shall be made public and open for public comment by November 15, 2019, and May 15, 2020.
- [ESHB1109](#) Budget bill – Behavioral Health
 - Sec 215 (2) & (3) Health Care Authority Community Behavioral Health Program
 - Sub Sec (1)(2)(3)(14)(22)(23)(27)(31)(32)(36)(38)(39)(40)(41)(45)(47)(48)(50)
 - Sec 202(1)(h)DSHS—MENTAL HEALTH PROGRAM Implement settlement agreement under *Trueblood, et al. v. Department of Social and Health Services, et al*; HCA not named in suit, but tasked to implement
 - For forensic patients, restoration of competency assessments (to stand trial)
 - Asked to submit an IMD waiver; request waiver to be able to request reimbursement for more than 15 days
 - Sec 215(14) Case management services for pregnant and parenting women must be contracted directly with providers rather than through behavioral health organizations.
 - Sec 215(22) Fee increase for the operation of secure withdrawal management and stabilization facilities, not including institutions for mental diseases, unless HCA has received a waiver that allows for full federal participation in these facilities.
 - Sec 215(23) Maintain enhancement of community-based behavioral health services funded in fiscal year 2019; submit report to the legislature by Dec 1, 2020, summarizing how this funding was used and provide information for future options of increasing behavioral health provider rates through directed payments.
 - Sec. 215(27) Various activities funded by the dedicated marijuana account. HCA must allocate the amounts provided amongst the specific activities proportionate to the fiscal year 2019 allocation.
 - Sec. 215(31) Implement a Medicaid state plan amendment which provides for substance use disorder peer support services to be included in behavioral health capitation rates beginning in fiscal year 2020 in accordance with section 213(5)(ss), chapter 299, Laws of 2018.
 - Sec. 215(32) Increase the number of residential beds for pregnant and parenting women. These amounts may be used for startup funds and ongoing costs associated with two new sixteen bed pregnant and parenting women residential treatment programs.
 - Sec. 215(36) Funding provided specifically to provide an online training to behavioral health providers related to state law and best practices in family-initiated treatment, adolescent-initiated treatment, and other services and to conduct an annual survey to measure the impacts of implementing policies resulting from E2SHB 1874 (adolescent behavioral health).
 - Sec. 215(38) Crisis stabilization services to individuals who are not eligible for Medicaid in Whatcom county. HCA must coordinate with crisis stabilization providers, managed care organizations, and behavioral health administrative services organizations throughout the state to identify payment models that reflect the unique needs of crisis stabilization and crisis triage providers. Report to OFM and the legislature by December 1, 2019 on

the estimated gap in non-Medicaid funding for crisis stabilization and triage facilities and payment models to address the gap.

- Sec. 215(39) Determine whether there is a gap in fiscal year 2020 behavioral health entity funding for services in institutions for mental diseases and submit a report to OFM and the legislature by November 1, 2019.
- Sec. 215(40) Work with CMS to review opportunities to include clubhouse services as an optional "in lieu of" service in managed care organization contracts to maximize federal participation. Report to OFM and the legislature on the status of efforts to implement clubhouse programs and receive federal approval for including these services in managed care organization contracts as an optional "in lieu of" service.
- Sec. 215(41) Contract on a one-time basis with the UW behavioral health institute to develop and disseminate model programs and curricula for inpatient and outpatient treatment for individuals with substance use disorder and co-occurring disorders.
- Sec. 215(45) Funding for a licensed youth residential psychiatric substance abuse and mental health agency located in Clark county to invest in staff training and increasing client census.
- Sec. 215(47) Compile all previous reports and collaborate with any work groups created during the 2019-2021 fiscal biennium for the purpose of establishing the implementation plan for transferring the full risk of long-term inpatient care for mental illness into the behavioral health entity contracts by January 1, 2020.
- Sec. 215(48) Continue funding one pilot project in Pierce county to promote increased utilization of assisted outpatient treatment programs. Report to the legislature by October 15, 2020, which must include the number of individuals served, outcomes to include changes in use of inpatient treatment and hospital stays, and recommendations for further implementation based on lessons learned from the pilot project.
- Sec. 215(50) Implement recommendations of the state action alliance for suicide prevention, to include suicide assessments, treatment, and grant management.
- [ESHB1109](#) Budget bill – Other state agencies (in collaboration with HCA)
 - Sec. 202 (1)(g) Department of Social and Health Services – Mental Health Program; develop and implement a predictive modeling tool to aid in estimating demand for civil & forensic state hospital beds
 - Sec. 204 (12) Department of Social and Health Services; Joint legislative executive committee on aging and disability is continued; HCA is a member
 - Sec. 204 (17) Aging & Adult Services Program; DOH/HCA collaborate and assist a public-private entity with implementation of recommendations in the state plan to address Alzheimer’s disease and other dementias
 - Sec. 204 (21) Aging & Adult Services Program; Implement an asset verification system compliant with federal Medicaid extenders act by Jan 1, 2021
 - Taylor Linke: DSHS/ALTSA stood up a pilot; requires an IT feasibility study; ALTSA was able to extend pilot to Jul 2020; HCA should implement in 2020
- Mich’l Needham: There is a bill that is not on the list; Long term care trust act, which will create a new long term care insurance; Department of Social and Health Services (DSHS) is the lead; supports people in home and community based services. [\[Long-Term-Care-Trust-Act-Factsheet\]](#)
- Michelle Hoffman: Will it cover assisted living?
- Mich’l Needham: Covers all; lifetime benefit of \$36,500 could be spent on many flexible supports and services.



10:10-10:20 10 min	13. Potential Future Agenda items	All	Decision
<ul style="list-style-type: none"> ● See below 			
10:20-11:00 40 min	14. Around the Room	All	Informational
<ul style="list-style-type: none"> ● Kristina Sawycky: King County is looking for a replacement for John Gilver; he is leaving his position with Health Care for the Homeless; he has master’s in public health; the county position is in recruitment. ● Michelle Hoffman (DOH): DOH is conducting a 5 year needs assessment; this drives investments for the next five years; will send out broadly to stakeholders to acquire broad input; please participate. 			

- Claudia St. Clair: North Sound managed care plans went live on 7/1/19; so far have not seen any significant issues.
- MaryAnne Lindeblad: Went to a meeting where a clinician stood up and spoke to how Behavioral Health Integration has improved service; this was good to hear.
- MaryAnne Lindeblad: We are actively pulling together a cross agency workgroup (DSHS, HCA, DCYF) for children, developmental intellectual disability; something occurs where the individual can no longer be in their current setting; have sometimes between 6-10 affected individuals at a time and do not have resources for them.
- Taylor Linke: Recently completed/updated the externally facing client eligibility dashboard; if you have an interest, today is the go-live date. (<https://www.hca.wa.gov/about-hca/client-eligibility-data-dashboard>)
- Catherine Georg: Provided update (from Amy Dobbins) regarding in-custody Medicaid suspension (prison/jail); King County will begin sending its jail data to HCA via the Jail Booking Reporting System (JBRS); the inclusion of King County means that HCA is receiving booking and discharge data nightly for all Washington counties.
- Michelle Hoffman: DOH statewide genetics manager Deb Doyle is retiring.
- Andrew Busz: Claudia Sanders retiring; she will continue to work as consultant and on special projects.

11:00	15. Closing [Adjourn 10:36]	Claudia St. Clair
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Potential Future Agenda Items	
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1.	[7/27/18] Core Measurements Adult/Child Medicaid - there is a work group through the Governor's office that oversees the measures and suggested that Laura Pennington attend a future in-person meeting to discuss the common set of measures, process and structure. [7/8/19 - Laura Pennington, Dr. Zerzan both on vacation]
2.	[5/17/19] Quality Withhold and new language [7/12/19 Request Bob Perna – please provide clarification]
3.	[7/12/19] More communications about outreach; mechanisms to communicate with us; there is so many new technologies; what might be more helpful in effective messaging; Karin – we have done some messaging, social media pushes, updates on lobby can go to hca.wa.gov and can be on web-page, how to apply, trying to push it, but need broader input; how do we connect membership in more effective ways; (Taylor Linke) 2019 RDA report and survey, should provide some themes and inform the conversation; Karin – how do people like to receive information
4.	[7/12/19] Kristina Sawycky: Interested in telemedicine; Michelle Hoffmann has some good information and has been presenting (can we get DOH to come over?) – Send to MAL & Cat
5.	[7/12/19] Kristina Sawycky: Health Care for the Homeless
6.	[7/12/19] Bob Marsalli: Report to leg – dental managed care; probably on a phone call (possibly September)
7.	[7/12/19] Bob Marsalli: PI how it dovetails to VBP role; MAL could do brief update on call & intensive in Nov meeting
8.	[7/12/19] Katherine Weiss: Seeing Title X lawsuits; any state responses to those? MAL – we internally and cross agency touch bases and coordinate; MAL - let us think about the best way to do that
9.	[7/12/19] Taylor Linke: Update on kids coverage; kids losing coverage; CHIP Apple Health (conference call)