



Washington State
Department of Social
& Health Services

Transforming lives

Monthly Tribal Meeting & Tribal Roundtable #2 on SAMHSA Block Grant

June 27, 2016

Jessie Dean
Administrator, Tribal Affairs & Analysis
Office of Tribal Affairs

Loni Greninger
Tribal Affairs Administrator
Division of Behavioral Health & Recovery

Agenda



9:00 AM

Welcome, Blessing, Introductions

Monthly Tribal Meeting

9:10 AM

Follow-Up from 1915(b) Waiver Consultation #2

- History of Tribal-State Meetings on Physical and Behavioral Health
- Proposed BHO-Tribal Engagement Structure
- Policy Work for a Statewide Tribal-Centric Health Care System
- Question re Funding from Legislature for RCW 43.20A.897

10:00 AM

Medicaid Transformation Waiver

- Update on CMS Negotiations
- Call for Expressions of Interest from Tribes
- New Document: HCA Value-Based Payment Road Map, 2017-2021

10:30 AM

Roundtable

- SAMHSA Block Grant

Noon

Closing

WELCOME, BLESSING, INTRODUCTIONS

FOLLOW-UP FROM 1915(B) WAIVER TRIBAL CONSULTATION #2

1915(b) Waiver Renewal

Waiver expires September 30, 2016

Current Waiver:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Stakeholder%20Notices/1915b%20Waiver.pdf>

HCA and DSHS will ask CMS for a 90-day extension of the current waiver:

- The State will use this extension to work with tribes to develop a project plan and timeline for implementing the mental health fee-for-service program (full AI/AN carve-out from BHOs).
- The State will include the implementation date in the waiver renewal request.

1915(b) Waiver Renewal

Approach for Waiver Renewal:

- Keep AI/AN carve-out from BHO for all SUD services
 - Substance use disorder (SUD) fee-for-service system
- Work toward AI/AN carve-out from BHO for all MH services
 - Mental health (MH) fee-for-service system

With full AI/AN carve-out from the BHO system, the State's fee-for-service program will be available for all Medicaid State Plan benefits.

The State will also make system changes to support AI/AN opt-in to the BHO system.

History of Physical and Behavioral Health Tribal Meetings

1977

- *DSHS IPAC created*

1987

- *DSHS and IPAC create DSHS Administrative Policy 7.01*

1994

- *Congress enacts Indian Self-Determination and Education Act Amendments of 1994*
- *SB 6408 creates Regional Support Networks*
- *Tribes/UIHOs create American Indian Health Commission for Washington State: 4-6 meetings/year*

2007

- *IPAC creates Aging and Disabilities Services (ADS) subcommittee: 1 hour/month on behavioral health*

2012

- *Legislature separates HCA from DSHS*
- *Separate Tribal Centric Behavioral Health (TCBH) workgroup created: 3 hours/month*

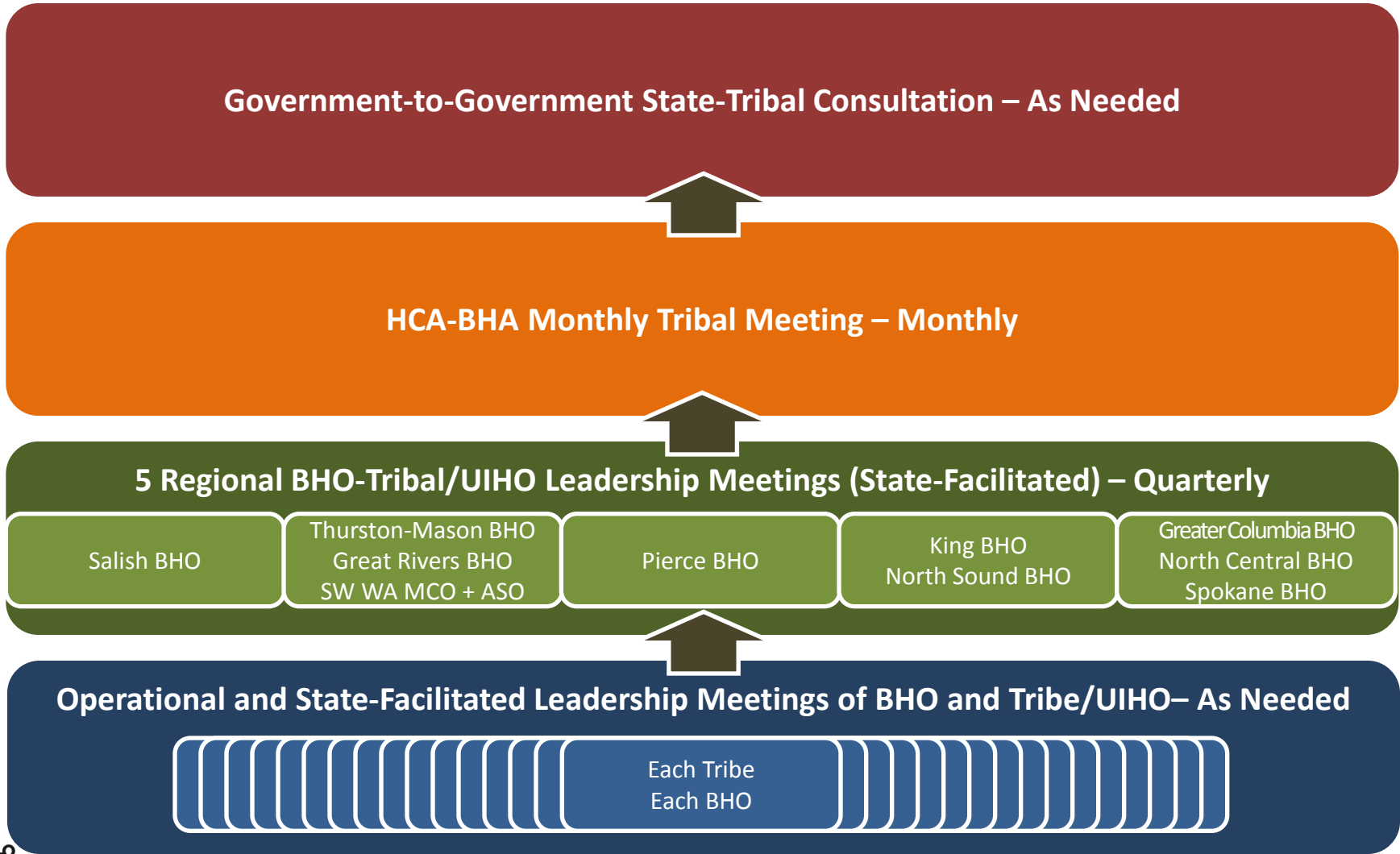
2013

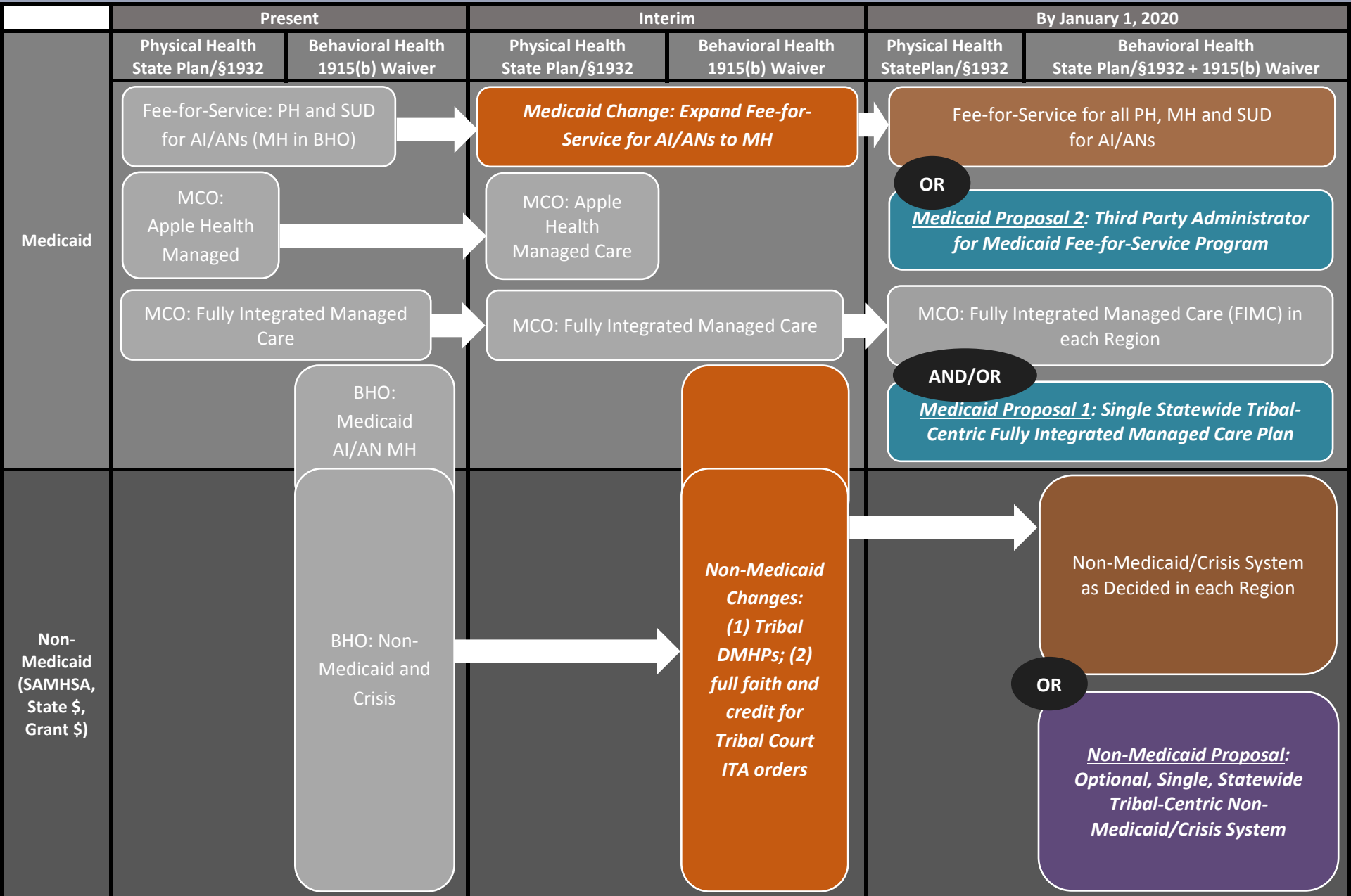
- *HCA creates Medicaid Monthly Meeting: 1 hour/month*

2016

- *At tribal request, DSHS and HCA combine ADS behavioral health, TCBH, and HCA meetings: 3 hours/month*

Proposal: BHO-Tribal Engagement Structure





Overview: Medicaid & Non-Medicaid

RCW 43.20A.897

(1) By November 30, 2013, the department and the health care authority must report to the governor and the relevant fiscal and policy committees of the legislature, consistent with RCW 43.01.036, a plan that establishes a tribal-centric behavioral health system incorporating both mental health and chemical dependency services. The plan must assure that child, adult, and older adult American Indians and Alaskan Natives eligible for medicaid have increased access to culturally appropriate mental health and chemical dependency services. The plan must:

- (a) Include implementation dates, major milestones, and fiscal estimates as needed;
- (b) Emphasize the use of culturally appropriate evidence-based and promising practices;
- (c) Address equitable access to crisis services, outpatient care, voluntary and involuntary hospitalization, and behavioral health care coordination;
- (d) Identify statutory changes necessary to implement the tribal-centric behavioral health system; and
- (e) Be developed with the department's Indian policy advisory committee and the American Indian health commission, in consultation with Washington's federally recognized tribes.

Please clarify question regarding “Funding from Legislature”.

MEDICAID TRANSFORMATION WAIVER

Medicaid Transformation Waiver

Update on Negotiations with CMS

- Negotiations continue over budget neutrality, amount of federal dollars, and design
- HCA hopes to have:
 - Principled agreement: Summer
 - Terms and conditions: Fall

Medicaid Transformation Waiver

Call for Expressions of Interest from Tribes

- Details of projects can be worked out later
- HCA primarily needs estimate from interested Tribes of how much they are looking to put up as the Tribal match for their projects

New Documents: Paying for Value

Healthier Washington: Paying for Value

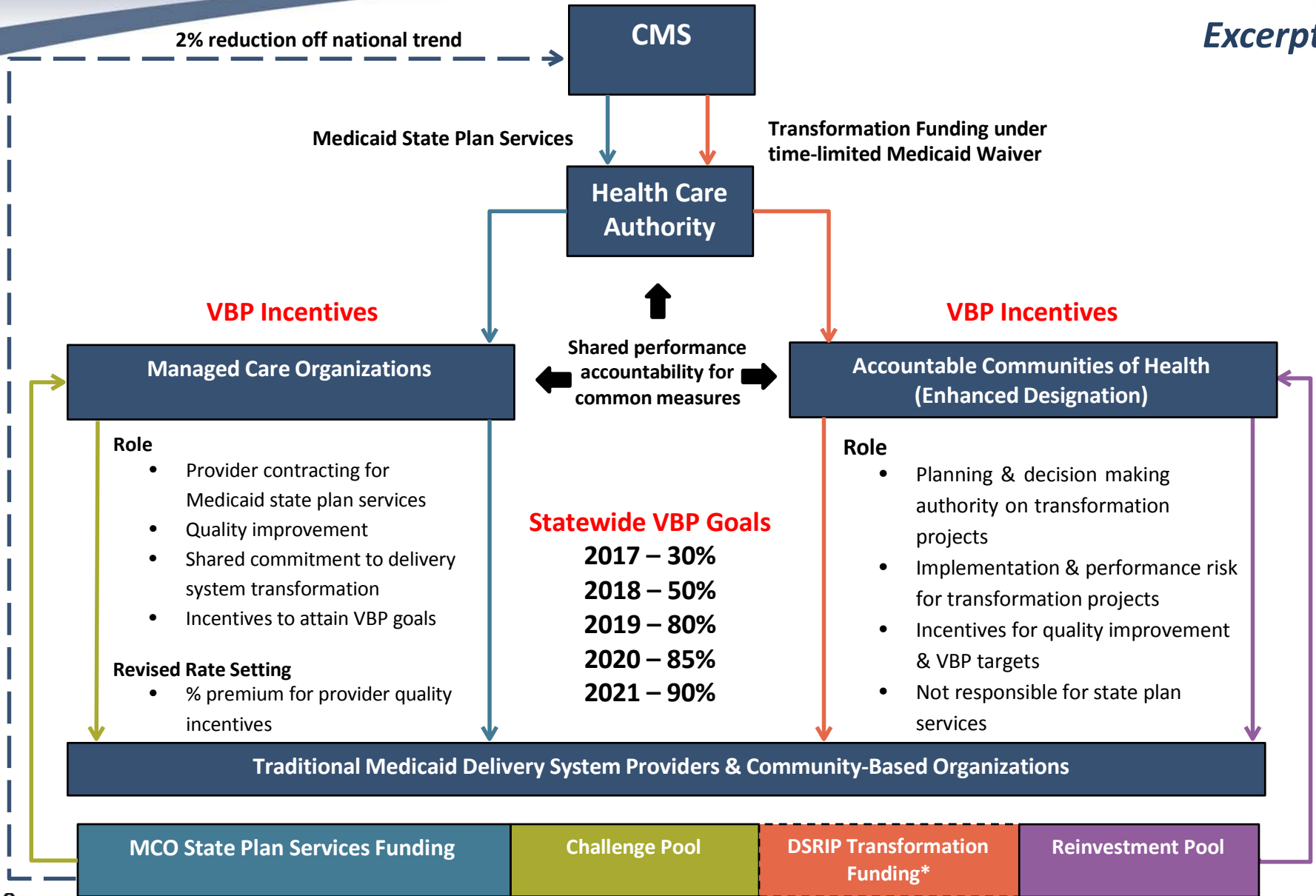
- http://www.hca.wa.gov/hw/Pages/paying_for_value.aspx

Value-Based Road Map with Apple Health Appendix

- http://www.hca.wa.gov/hw/Documents/vbp_roadmapw-ah.pdf

Webinar

- To be scheduled



Apple Health Value Based Payment - Overview and Sample Scenario

CALENDAR YEAR	VBP INCENTIVES			MANAGED CARE ORGANIZATION (MCO) INCENTIVES		CHALLENGE POOL	REINVESTMENT POOL
	Managed Care Organization (MCO specific)	Accountable Communities of Health (ACH Specific)	STATE VBP Target	Managed Care Organization (MCO specific)	Managed Care Organization (MCO specific)	Managed Care Organization (MCO specific)	Accountable Communities of Health (ACH Specific)
	VBP Target Incentive ¹ % of each incremental % point of premium over/under VBP target ²	Region Specific VBP Target Incentive ¹ \$ tied to each 1% over State VBP Target ³		Provider Incentives % premium for provider quality incentives	Quality Withhold % premium at Risk for performance ⁴	Unearned VBP Incentives ^{5,6} % of unearned MCO Incentives and withhold	Unearned ACH VBP Incentives ^{5,6} % of unearned ACH VBP and a share of unearned MCO incentives
Pre	-	-	20%	-	-	-	-
2017	(+/-) 2%	\$200k for each 1%	30%	0.75%	1.0%	(up to) 1%	
2018	(+/-) 1.5%	\$300k for each 1%	50%	1.0%	1.5%	(up to) 1%	
2019	(+/-) 1%	\$666k for each 1%	75%	1.5%	2.0%	(up to) 1%	
2020	(+/-) 0.75%	\$1m for each 1%	85%	2.0%	2.5%	(up to) 1%	

TRIBAL ROUNDTABLE #2

SAMHSA BLOCK GRANT APPLICATION

Brief Overview

- DBHR is in year two of the 2015-2017 SAMHSA Block Grant Application.
- DBHR must submit an update to its biennial plan by September 1, 2016.
- The SAMHSA Block Grant fund both SUD and MH services.
- The SAMHSA Block Grant funds are now funneled to the BHOs, with the exception of Contract Consolidation funds.

Brief Overview—Continued

- First half of application explains current way of business; second half of application for updates and needs.
- First round table meeting was on June 21; second round table meeting, June 27.
- In-person Consultation meeting, July 15, 1pm-4pm, OB2, Lookout Conference Rm.

Follow Up from First Roundtable

Tribal Recommendations

Mention I-502 marijuana funding opportunity for tribes.

Added to the draft (pg. 60).

Use of AI/AN trainers for cultural competency training for BHOs.

We will add this recommendation to the “Needs Assessment” (pg. 24).

Support for tribal intervention specialist.

DBHR supports tribes using current Contract Consolidation prevention allocation to fund a prevention/intervention specialist.

Separate UIHOs from RAIOs in application language.

Added to the draft (pgs. 22, 31).

Explanation of how DBHR will integrate tribal systems into new State data collection systems.

DBHR needing further clarification. This can be an item for the tribal data workgroup. Missing piece: non-Medicaid tribal data.

Follow Up from First Roundtable

Tribal Recommendations

Mention DBHR's commitment to requesting funding for tribal E&T.	Completed May 2016; Request is going through Legislative process.
Inclusion of two tribal reps on SEOW: NPAIHB and UIHI.	Response forthcoming.
Explanation of how tribal schools are included in Health Youth Survey.	Tribes may choose to participate. Survey is conducted every two years. Requirement of school permission to receive and new individual school level data.
Mention tribally-adapted prevention programs.	Added to draft (pgs. 13, 14, 33).
Explanation of how data is collected and used for AI/AN populations.	Add to future tribal data workgroup.

Follow Up from First Roundtable

Tribal Recommendations

Use of a systemic approach to data analysis and reporting to include AI/AN data.

Add to future tribal data workgroup.

Use some block grant monies to fund an annual state-wide tribal behavioral health conference.

Response forthcoming. DBHR is also working on a series of tribally-focused prevention trainings for the upcoming year.

Second Roundtable Discussion

- Continue discussion of tribal sections
 - Pages 48-51, 54-56, 59, and 65
- Discussion regarding tribal data to include in submission to SAMHSA
 - DBHR request of tribes to submit aggregate data

Thank you!

HCA

Office of Tribal Affairs & Analysis

Jessie Dean
Administrator

Direct Dial: 360.725.1649

Mike Longnecker
Operations & Compliance Manager

Direct Dial: 360.725.1315

- Email: tribalaffairs@hca.wa.gov
- Website: <http://www.hca.wa.gov/tribal/Pages/index.aspx>

DSHS

Division of Behavioral Health & Recovery

David Reed
Acting Office Chief

Direct Dial: 360-725-1457

Loni Greninger
Tribal Administrator

Direct Dial: 360-725-3475

- Email: Greniar@dshs.wa.gov
- Website: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery>