HCA-DOH Monthly Tribal Meeting

March 6, 2019





Agenda

9:00 AM Welcome, Webinar Check, Introductions, Blessings

9:15 AM Presentation: Northwest Mental Health Technology Transfer Center and

Northwest Prevention Technology Transfer Center

9:45 AM HCA/DOH Updates

Department of Health: Tribal Consultation

10:00 AM Tribal SUD Attestation and Accreditation-based Deeming

Health Care Authority: Tribal Consultation

11:00 AM Medicaid State Plan Amendment 19-0009: Tribal FQHC

12:30 PM Open Session

1:00 PM Adjourn





Christina N. Clayton, LICSW, CDP, Program Manager, University of Washington Lydia A. Chwastiak, MD, MHP, Co-Director, NW-MHTTC, University of Washington

Northwest Mental Health Technology Transfer Center (NW-MHTTC)



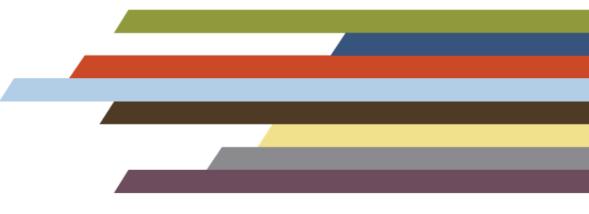


Introducing the Northwest Mental Health Technology Transfer Center

WA HCA Monthly Tribal Meeting

March 6, 2019





Overview

- What is the NW-MHTTC?
- SAMHSA's Model
- Current activities
- Planning for Year 2 and beyond







Northwest MHTTC

- 5-year Cooperative agreement with SAMHSA, funded August 15, 2018
- Purpose: strengthen the capacity of behavioral health providers and allied professionals to deliver effective evidence-based practices to individuals with serious mental illness
- Activities: dissemination, training, technical assistance, and workforce development









NW-MHTTC Goals



Ensure availability and delivery of free, publicly-available training and TA to Region 10 behavioral health providers & allied staff



Heighten awareness, knowledge, and skills of the Region 10 workforce to address the needs of individuals with serious mental illness



Accelerate the adoption and implementation of behavioral healthrelated evidence-based practices across Region 10



Foster alliances among culturally diverse behavioral health providers & allied staff, policy makers, consumers and family members



Provide specific support for Evidenced-Based Practices for persons with Severe Mental Illness





NW-MHTTC Leadership

Lydia Chwastiak, MD, MPH

Pl and Co-Director

Maria Monroe-DeVita, PhD

Co-Director

Christina Clayton, LICSW, CDP

Program Manager

Sarah Kopelovich, PhD

Director of Training

Eric Bruns, PhD

Director of Evaluation

India Ornelas, PhD

Director of Community Engagement

Janet Walker, PhD

Director of Peer-Based Trainings











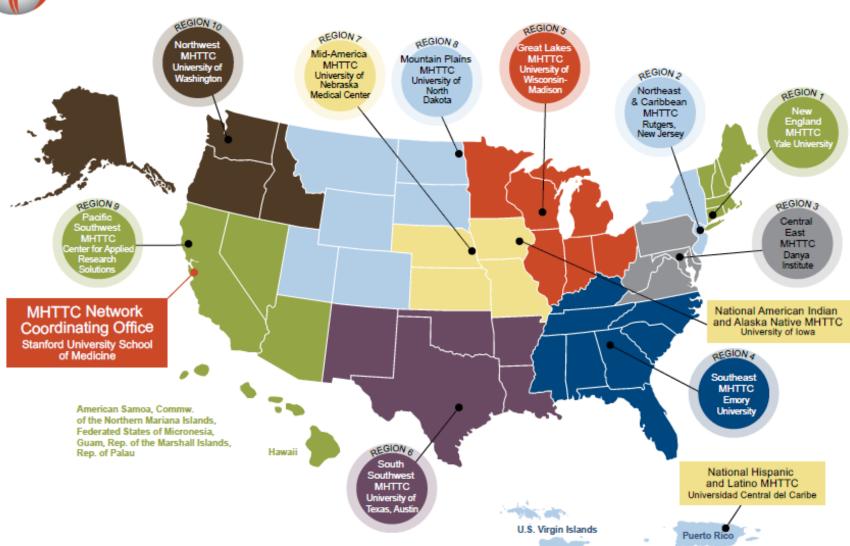








MHTTC Network





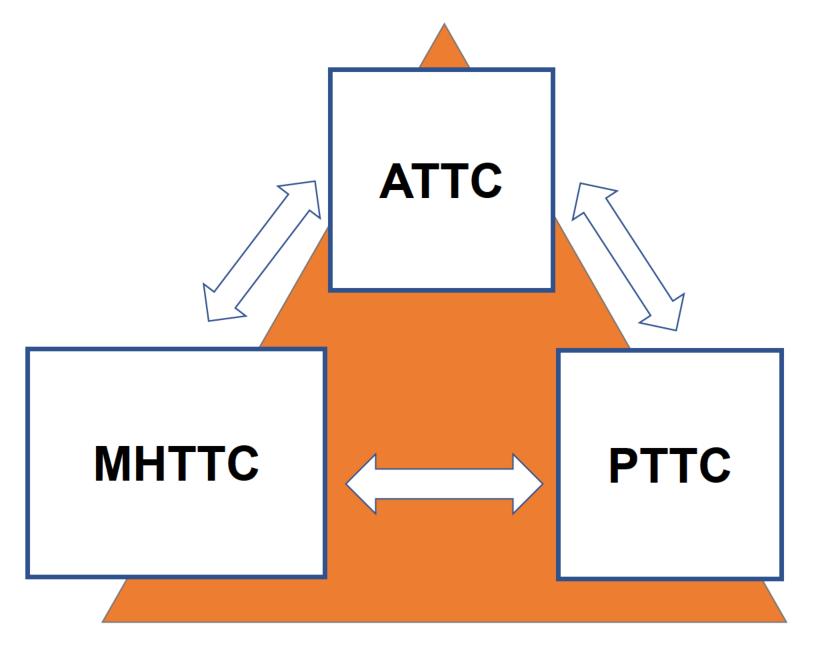
WASHINGTON Board Members

- Teresa Claycamp, LMHC WA State HCA
- Lucy Mendoza, MSW
 WA State HCA, Tribal Liaison
- Ann Christian, MSW
 Washington Council for Behavioral
 Health
- Michelle Strait
 Washington State University Peer
 Workforce Alliance

- Stephanie Lane, MSW
 NAMI
- Davis Patterson, PhD
 Rural PREP, UW
- Anna Ratzliff, MD, PhD
 UW AIMS Center
- John Roll, PhD
 Washington State University











Visit Us Online

Northwest MHTTC

https://mhttcnetwork.org/centers/northwest-mhttc/home

northwest@mhttcnetwork.org

National Center

https://mhttcnetwork.org/

- Upcoming Training
- Online training
- Resources and Research Updates







(2) Increased TARGETED TECHNICAL ability to use and apply **ASSISTANCE** EB Online courses, Communities interventions of Practice, ECHO clinics (1) **Broad UNIVERSAL TECHNICAL** dissemination of information about **ASSISTANCE** EB practices; Resource library on website, research increased

and practice briefs, webinars





motivation

to use

Examples of Year 1 Activities

Tier 1 (Universal)

- Resource library on NW-MHTTC website
- Quarterly research and practice briefs
- Webinars and brief web-based trainings (e.g., violence risk assessment and management; school mental health

Tier 2 (Targeted)

- 3- or 6-hour online course on suicide risk assessment for 225 healthcare providers
- 3-hour Online course on management of diabetes for psychiatrists
- 6-month Communities of Practice for Peer Support Specialists
- 2-day trainings in Motivational Interviewing for practitioners who work with Native and Indigenous communities

Tier 3 (Intensive) Deliver training and follow-on support in Cognitive Behavioral Intervention for Trauma in Schools (CBITS) to 30 mental health professionals and administrators in Idaho





In-Person Training: MI

- Partner: Partnerships for Native Health, Washington State University
- Activity: Provide two-day inperson training on Motivational Interviewing that has been culturally adapted for American Indian and Alaska Native populations
- Goals: increase availability of culturally-adapted evidence-based interventions in Region 10.









Peer Trainings

<u>Tier 1</u>: webinar series on implementing peer support services for youth and young adults

- Hour long, every other month
- For agency administrators and peer support providers

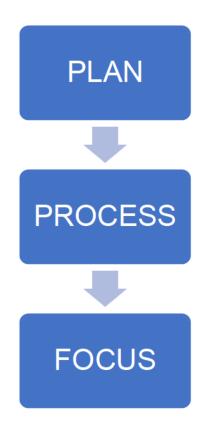
Tier 2: Communities of Practice (CoP)

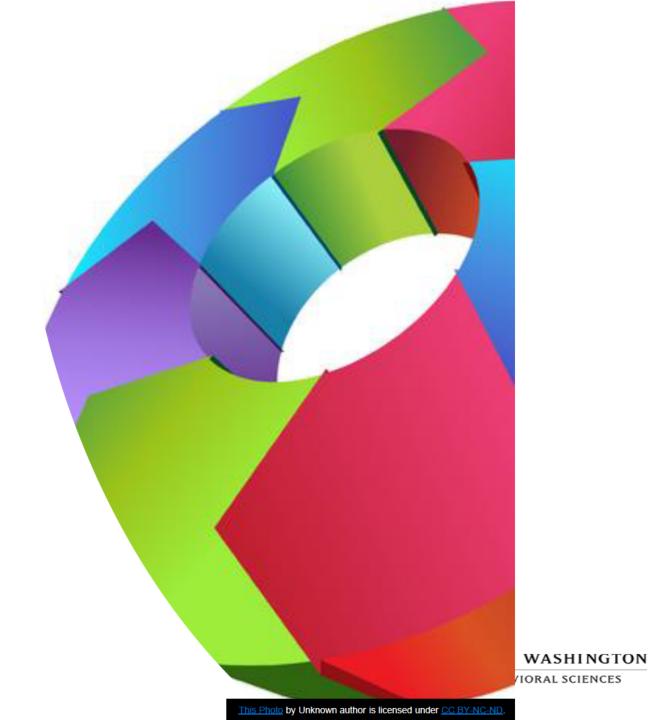
- Monthly web meetings for cohort of 10 youth peer support specialist (6 months)
- "mini training"—video clips and concrete practice techniques and open discussion





Needs Assessments



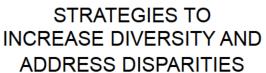




Cultural Issues and Context









COMMUNITY ENGAGEMENT





Our Challenge



What are your top training needs for delivering services to your populations?

In what ways can we support trainings that meet your needs?

How can our trainings reach the populations and staff that are most impacted by these issues?







Christina Clayton, LICSW, CDP cclayton@uw.edu





Brittany Cooper, PhD, Associate Professor, Director of Prevention Science Graduate Program, Extension Specialist for Youth and Family Program, Washington State University

Northwest Prevention Technical Transfer Center (NW-PTTC)













Northwest Prevention Technology Transfer Center

WA State Monthly Tribal Meeting March 6, 2019



Northwest (HHS Region 10)



Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

NW PTTC: Our Team

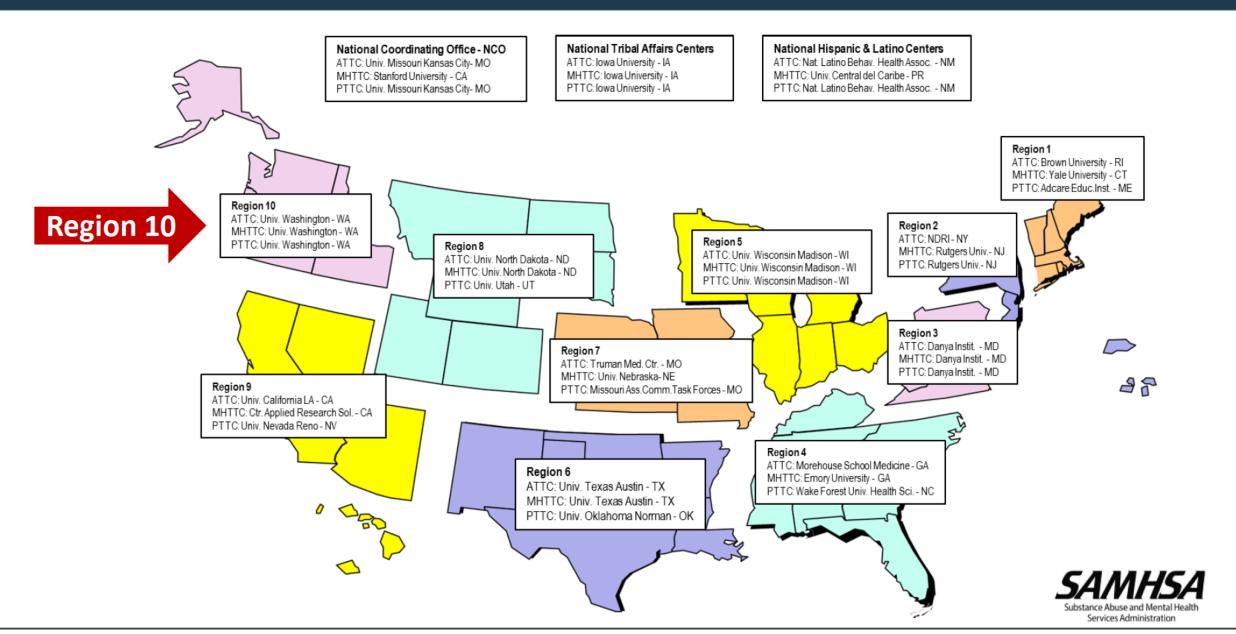






University of Washington	Washington State University	University of Nevada, Reno
Kevin Haggerty (PI)	Brittany Cooper	Michelle Frye-Spray
Shelley Logan	Laura Hill	Janet Porter
John Briney	Louise Parker	Clarissa Lam Yuen
Patricia Gomez		

Technology Transfer Centers (TTC) Network



SAMHSA's Technology Transfer Center Vision

Helping people and organizations incorporate effective practices into substance use disorder and mental health prevention, treatment and recovery services.



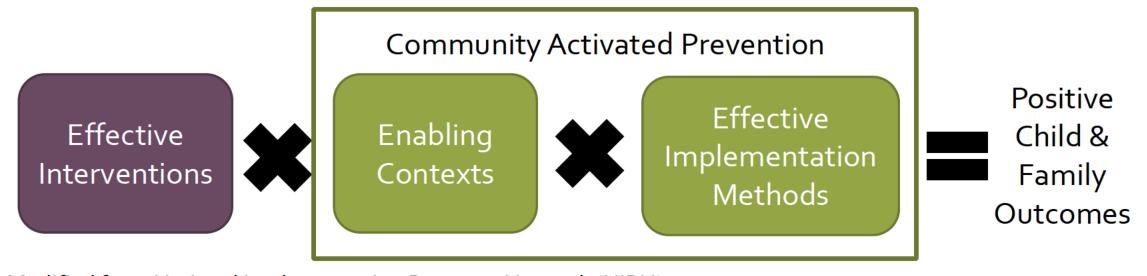


NW PTTC: OUR PURPOSE & GOALS

- Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts
- Provide training and learning resources to prevention professionals to improve:
 - Understanding and application of prevention science
 - Use of epidemiological data to guide prevention planning
 - Selection and implementation of evidence-based and promising prevention practices



NW PTTC: OUR SPECIALTY



Modified from National Implementation Resource Network (NIRN)



NW PTTC: OUR ADVISORS

NW PTTC Advisory Council

Strategic Thinking Groups

Community
Activated Prevention

Shared Risk & Protective Factors

Regional Substances of Misuse

Evidence-based Interventions Workforce Development and Leadership

NW PTTC: OUR AUDIENCE

- Prevention workforce and practitioners in WA, OR, ID, and AK
- In other words...all of you, your organizations, and your colleagues doing prevention in any and all settings!



NW PTTC: OUR SERVICES

- Monthly webinar series
- Skill-building trainings
- Communities of practice
- Conference presentations & workshops

- Trainings of trainers
- Prevention leadership academy
- Fact sheets, guidance documents,
 & tool kits
- And more based on your input!



NW PTTC: WE NEED YOUR INPUT!

- Our workforce needs assessment survey is open until March 17th
- Please complete it yourself & forward to your email lists
 - http://bit.ly/NWPTTCneeds
- Who should complete it? Anyone doing work related to preventing substance misuse and promoting healthy outcomes in youth, families, and communities.
- Why should you complete it? It will inform the topics of and modes for training, technical assistance, and other resources we provide to the prevention workforce over the next 5 years.



WHAT ARE YOUR MOST PRESSING NEEDS?

- Analyzing data
- Using data to make decisions
- Identifying evidence-based interventions
- Program evaluation
- Program sustainability

- Coalition building
- Engaging under-served populations
- Leadership development
- Health media campaigns
- Policy development & advocacy



Northwest (HHS Region 10)



FOR MORE INFORMATION

- If you would like to receive our electronic newsletter, please join our email list by signing up here: http://bit.ly/NWPTTCemail
- Our website is here: https://pttcnetwork.org/
- If you have a request for specific information, you can complete our online form here: http://bit.ly/NWPTTCrequest











Thank you! Questions or comments?

Brittany Cooper, PhD

Brittany.cooper@wsu.edu



Northwest (HHS Region 10)



Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Tamara Fulwyler, DOH Tribal Relations Director

DOH Updates





Jessie Dean, HCA Tribal Affairs Administrator Lucilla Mendoza, HCA Tribal Behavioral Health Administrator

HCA Updates

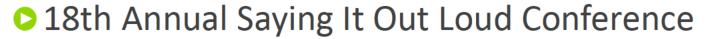




Upcoming Conferences

- Tribal Behavioral Health Conference
 - ➤ Save the Date April 3-4, Tulalip Resort, Tulalip, WA
 - Scholarships available
 - Registration and application –

http://www.northsoundbho.org/tribal



- ➤ Save the date April 29, Tacoma, WA
- Online registration open February
- ▶ Updates at <u>SayingItOutLoud.org</u>











Upcoming Conferences

- Spring Youth Forum Prevention Peer to Peer Conference
 - ► Save the date May 22, Grand Mound, WA
 - Scholarship application open February 18



- ► Registration and application http://springyouthforum.org/
- 2019 Student Support Conference Better Together
 - ► Save the date May 22-24, Wenatchee, WA
 - ► Registration bit.ly/StudentSupport2019







American Indian/Alaskan Native Opioid Response Workgroup (AI/AN ORW)

- Upcoming meeting March 12, 2019 at the Health Care Authority, Cherry Street Plaza Apple Room, 2pm-4pm (space limited, please RSVP)
- Register for webinar: https://attendee.gotowebinar.com/register/264396659597203212
- Meeting Agenda Draft Items
 - Development of Indigenous methodology for assessment
 - Workgroup membership and meeting
 - ➤ 2019 Opioid Response Legislation, HB 1331 Concerning opioid use disorder treatment, prevention, and related services. Companion Bill SB 5380





Tribal Prevention Gathering

- Planning for 3rd Annual Tribal Prevention Gathering for dates in May
- Developing planning committee − If interested contact Lizzie Callender at <u>Elizabeth.callender@hca.wa.gov</u>
- ▶ Focus on substance use prevention and mental health promotion in tribal communities.









BEHAVIORAL HEALTH ATTESTATION

Consultation, March 6, 2019

AGENDA Welcome & Introductions

- 1. Review AIHC November 2018 Request for Consultation
- 2. Provide Overview of Process
- 3. Provide Responses to Three Issues Reviewed
- 4. Request Consensus for Action

NOVEMBER 6, 2018 CONSULTATION REQUEST FROM AIHC TO DOH

"...Two classes of behavioral health accreditation have been created and this has standing. We feel that only one kind of license or certification is needed with several ways to obtain it..."

THREE ISSUES IDENTIFIED FOR CONSULTATION

- 1. Attestation for SUD Service Providers
- 2. BHA Deeming
- 3. Attested and Deemed Equivalent to DOH "Licensed"

OVERVIEW OF CONSULTATION ACTIVITIES

- √ 12/5/18 Roundtable with DOH and Tribal Program
 Representatives at HCA/DOH Monthly Meeting with Tribal
 Program Representatives
- √ 12/13/18 Technical Presentation at the AIHC Delegates Meeting at the Jamestown S'Klallam Tribe
- √ 1/30/19 & 2/14/19 Workgroup Meeting to review three presenting issues and determine actions/timeline

ISSUE #1 IN THIS CONSULTATION

Request: The AIHC asked DOH to create an attestation process for substance use disorder treatment services similar to the current attestation form for mental health services. This form allows tribes to attest to meeting state licensing requirements to receive Medicaid reimbursement and is entered into between a tribal leader and the Secretary of DOH.

<u>DOH response:</u> The department will honor this request and create a process using a form similar to the current attestation agreement.

The proposed timeline for completing the form is as follows:

- ☐ By June 15, 2019 DOH will share a draft form with the AIHC for review
- ☐ By June 30, 2019 DOH will make any needed modifications based on feedback
- ☐ By July 30,2019 DOH seek legal review and finalize form.

ISSUE #2 IN THIS CONSULTATION

Request: The AIHC asked DOH to allow for a tribal behavioral health agency to receive deeming status without first receiving an onsite survey. DOH grants deeming status to agencies that are accredited by a recognized accrediting organization after first determining that the agency meets state licensing requirements through an onsite inspection. Deeming status allows the agency to be surveyed in the future by only the accrediting organization.

DOH Response: DOH is open to allowing for deeming without first having a DOH survey if this is acceptable to the accrediting organizations and does not impact the provisional license process.

ın	e proposed timeline for resolving this request:
	By April 15, 2019 - DOH will make contact with the accrediting bodies and relay feedback
	the AIHC.
	By April 15, 2019 - DOH will seek legal review on whether and which WACs need to be
	changed, or whether an amended MOU will suffice.
	By May 15,2019 - If acceptable to move forward, DOH will update its MOUs with the
	accrediting organizations
	By June 15, DOH will resolve how to best accomplish this change in our WACs and share
	timeline for completing the rule change.

ISSUE #3 IN THIS CONSULTATION

Request: AIHC requested DOH licensure be granted through the deeming or attestation process (a credential number and paper license).

<u>DOH Response</u>: AAG legal review of this request has concluded that state law would only allow DOH to consider a tribal clinic as a "licensed or certified service provider" through the attestation process as defined in RCW 71.24.025(24) but *not* as a licensed behavioral health agency that has a credential number issued and actual license unless the clinic is subject to regulatory oversight.

This means the current and traditional path to licensure is required for a credential and paper license (application, fee, and regulatory oversight, including inspections and enforcement action, if needed.).

DOH proposes that this question be reserved for another consultation if AIHC would see benefit in DOH considering a tribal clinic a "certified or licensed provider" via attestation, but without receiving a credential, in regards to acceptance by the courts and third party payers.

REQUEST FOR CONSENSUS FOR ACTION



#1 SUD Attestation form and timeline



#2 Deeming agreement, pending accreditation organizations' agreement and timeline



#3 Licensure through Deeming or Attestation moves to a new consultation to explore options for DOH Attestation to be accepted by Courts & 3rd Party Payers

Next Steps:

AIHC DOH

Questions, Comments, Follow-Up?



Thank You!



Jessie Dean, HCA Tribal Affairs Administrator

Medicaid State Plan Amendment 19-0009: 638 FQHC Tribal Consultation





Drafted State Plan Amendment

Tribal facilities operating in accordance with section 1905(I)(2)(B) of the Social Security Act and the Indian Self-Determination and Education Assistance Act (Public Law 93-638) and that enroll in Washington Medicaid as a 638 Federally Qualified Health Center (638 FQHC) have agreed through tribal consultation to be paid using an alternative payment methodology (APM) that is the published outpatient all-inclusive rate. Reimbursement will be allowed for the same outpatient services and the same number of encounters per day as included within this State Plan that Tribal 638 facilities provide.



Tribal 638 Clinics

Tribal facilities operating in accordance with section 1905(I)(2)(B) of the Social Security Act and the Indian Self-Determination and Education Assistance Act (Public Law 93-638)

- This will apply to Tribal 638 clinics.
- > IHS facilities are not eligible.



Enrollment

enroll in Washington Medicaid as a 638 Federally Qualified Health Center

- Tribes will just need to let HCA know they would like to be treated as a 638 FQHC.
- There will be a designation within ProviderOne that will be applied.



Alternative Payment Methodology

to be paid using an alternative payment methodology (APM) that is the published outpatient all-inclusive rate

- > FQHCs are paid a single rate per encounter, much like Tribal facilities.
- Typically that rate is set through a Prospective Payment System (PPS) methodology that sets the rate based on costs.
- This SPA uses an APM that sets the 638 FQHC encounter rate equal to the IHS outpatient all-inclusive rate (for 2019, that rate is \$455/encounter).



Services and Encounters

Reimbursement will be allowed for the same outpatient services and the same number of encounters per day as included within this State Plan that Tribal 638 facilities provide.

- ▶ FQHCs are governed by different federal rules around what services and the number of encounters they can provide.
- The intent of this SPA is to conscientiously not change the Tribal 638 rules to general FQHC rules.





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Web: https://www.doh.wa.gov/
ForPublicHealthandHealthcareProviders/
TribalPublicHealth



