HCA-DOH
Monthly Tribal Meeting

Tuesday, April 2, 2019
9:00 AM – 1:00 PM
Location: Sue Crystal Conference Center, Cherry Street Plaza, 626 8th Avenue SE, Olympia, WA
Webinar: https://attendee.gotowebinar.com/register/1170705395525345027
Agenda

9:00 AM   Webinar Check, Welcome, Blessing, Introductions
           Department of Health
9:15 AM   Updates – Tamara Fulwyler
           Health Care Authority
9:30 AM   Community Behavioral Health Data/Reporting Standardization – Cathie Ott
9:50 AM   WISE Curriculum Adaptation Workgroup – Tina Burrell
10:10 AM  Tribal Opioid Solution Media Campaign: Developed Materials – Tina Anderson
10:30 AM  Upcoming Conferences/Trainings – Lucilla Mendoza
10:40 AM  Break
11:00 AM  Dental Managed Care – Rebecca Carrell
11:20 AM  Tribal 638 FQHC – Jessie Dean
11:40 AM  Tribal Contracting – Jessie Dean
Noon     Open Session
Adjourn
Webinar Check, Welcome, Blessing, Introductions

Opening
Tamara Fulwyler
DOH Tribal Relations Director

Department of Health Updates
Travel Scholarships Available for transportation and meals

Contact
Amanda.Dodd@doh.wa.gov

Register for in-person or webinar:
https://fortress.wa.gov/doh/opinio/s?s=2019EpiRoadShowRegistration
Cathie Ott
Division Director
HCA Division of ProviderOne Operations and Services

Community Behavioral Health Data/Reporting Standardization (BRADS)
Infrastructure to collect/submit data for federal SAMHSA reporting was not developed for Integrated MC, creating a data gap

BRADS Project Goals:
- Meet SAMHSA block grant reporting requirements and state BH data analysis needs
- Standardize data elements/formats to minimize provider burden at the point of care
- Establish data submission and quality review processes to ensure accurate and timely submission
- Utilize existing data sources and collection mechanisms to the maximum extent possible

BRADS Project does not include analysis of TARGET system
Milliman is providing consulting assistance

Completed interviews & provider forums to gather information about how native transaction data are gathered and used
  ▶ Conducted surveys and interviews with all MCOs, BHOs and BH-ASOs
  ▶ Hosted 2 Community Behavioral Health provider forums

- Milliman compiled key findings from surveys, interviews and forums into a comprehensive report

Standard data definitions/formats will be formalized in a Transaction Data Guide

Currently considering options for system implementation
Wraparound with Intensive Services (WISe)
WISe discussion points

- Introductions
- Brief overview of the WISe delivery Model
- Invite to participate in the WISe adaptation session
  - May 10th in Spokane, WA
- Questions
WISe Delivery Model

Offers a higher level of care than other outpatient mental health services through these core components:

- The time and location of services: WISe is not office-based. Services are provided in locations and at times that work best for the youth and family, such as in the family home and on evenings and weekends.

- Team-based approach: WISe relies on a team approach to meet the youth and family’s needs. Intensive care coordination between all partners and team members is essential in achieving positive outcomes.

- Help during a crisis: Youth and families have access to crisis services any time of the day, 365 days a year. Youth receive services from an individual who is familiar with the family and their individualized safety plan.
WISe Highlights

- Builds on the strengths of the youth and their family.
- Focuses on increasing and strengthening natural supports for the youth and their family.
- Uses a Child and Family Team (CFT) approach to address the needs of the youth and their family.
- Provides Peer Support to Youth and Families with Certified Peer Counselor(s).
- Maintain an average caseload size of 10 for each WISe Care Coordinator.
WISe Implementation Status

- In February 2019, **2434 youth received WISe**

- Goal: 3150 youth and families in WISe each month
  - At 77% of meeting monthly caseload goal

- All regions continuing to recruit workforce to increase the number of WISe teams.
WISe Adaptation Project

WISe Manual highlights include:

- Cross-System Collaboration
- WISe Team Meeting Facilitation Components and Team Structure
- Child Adolescent Needs and Strengths Assessments
- Involvement of Family Partners and Youth Partners (Certified Peer Counselors)
- Providing Intensive Care Coordination and Services Using a Wraparound Approach
- Service Array
- Cross System Care Plan
- Transition
WISe Curriculum Adaptation Project

- December 2017: Initial project discussion
- April 2018: Upper Skagit Tribe hosted a WISe training discussion and debrief with leaders (10 attendees total)
- August 2018: Presented an update and invite
- November 2018: Presented an update and invite
- Today: Invite to participate in a work session May 10 in Spokane, WA
**Invite: WISE Adaptation Project**

- **May 10, 2019** in Spokane, location TBD.
- This is the morning following the quarterly American Indian Health Commission Board meeting.
- The WISE Workforce Collaborative will facilitate meeting:
  - provide an overview of the current WISE training material;
  - gather feedback provided; and
  - produce an updated draft WISE training materials for review.
- Need about 8-10 Tribal representatives to participate on the workgroup.
- Workgroup will take place bi-weekly (at least monthly) for 3 months.
- Most meetings will take place by webinar.
Comments and questions

Contacts:

Jeanette Barnes, WISe Workforce Collaborative
En Route
jkbarnesecc@gmail.com

Mark Zubaty
En Route
mzubaty@enroute coaching.com

Tina Burrell, Children’s Behavioral Health Administrator- WISe
Health Care Authority (HCA)
Division of Behavioral Health and Recovery (DBHR)
tina.burrell@hca.wa.gov
Tina Anderson, Program Manager, HCA Opioid State Targeted Response (STR)
Michelle Hege, CEO, DH

Tribal Opioid Solution Media Campaign
Upcoming Conferences/Trainings

Lucilla Mendoza
Tribal Behavioral Health Administrator
HCA Office of Tribal Affairs
Upcoming Conferences

- **Tribal Behavioral Health Conference**
  - April 3-4, Tulalip Resort, Tulalip, WA

- **18th Annual Saying It Out Loud Conference**
  - Save the date – April 29, Tacoma, WA
  - Online registration open February
  - Updates at SayingItOutLoud.org
Upcoming Conferences

Spring Youth Forum – Prevention Peer to Peer Conference
- Save the date – May 22, Grand Mound, WA
- Scholarship application opened 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 meetings focus on needs and resources assessment

- **Tuesday April 9 from 2-4pm**
  - Location: Health Care Authority, Town Square Building, Chinook 242, 626 8th Ave SE, Olympia, WA
  - Webinar Registration: [https://attendee.gotowebinar.com/register/1562852822593784321](https://attendee.gotowebinar.com/register/1562852822593784321)

- **Tuesday May 7 from 2-4pm**
  - Location: Health Care Authority, Cherry Street Plaza, Sandpiper 535, 626 8th Ave SE, Olympia, WA
  - Webinar Registration: [https://attendee.gotowebinar.com/register/6704717850377139203](https://attendee.gotowebinar.com/register/6704717850377139203)

- Please share Dear Tribal Leader Letter that was mailed November 2018 (attached)
American Indian/Alaskan Native Opioid Response Workgroup (AI/AN ORW)

**Tribes and Tribal Organizations (23 Total)**
- American Indian Health Commission
- American Indian Community Center
- Chehalis Tribe
- Colville Tribes
- Cowlitz Tribe
- Hoh Tribe
- Jamestown S’Klallam Tribe
- Lower Elwha Klallam Tribe
- Lummi Nation
- Makah Tribe
- Nisqually Tribe
- Nooksack Tribe
- Port Gamble S’Klallam Tribe
- Samish Tribe
- Shoalwater Bay Tribe
- Seattle Indian Health Board
- Skokomish Tribe
- Spokane Tribe of Indians
- Stillaguamish Tribe
- Yakama Nation
- Tulalip Tribes
- Yakama Nation
- Yakama Nation HIS
- NPAIHB
- Oregon Health Authority
- Community Health Plan of Washington
- Coordinated Care
- Molina
- WA Community Health
- Amerigroup

**State, National, Partners and Organizations (12 Total)**
- DOH
- DSHS - OIP
- HCA
- HRSA
- IHS
Tribal Prevention Gathering Update

- Planning for 3rd Annual Tribal Prevention Gathering for dates in May.
- For more information, contact – Lizzie Callender at Elizabeth.callender@hca.wa.gov
- Focus on substance use prevention and mental health promotion in tribal communities.
PTTC - 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](http://bit.ly/NWPTTCemail)

- Our website is here: [https://pttcnetwork.org/](https://pttcnetwork.org/)

- If you have a request for specific information, you can complete our online form here: [http://bit.ly/NWPTTCrequest](http://bit.ly/NWPTTCrequest)
Break
Rebecca Carrell  
Business Operations Manager  
HCA Division of Medicaid Program Operations and Integrity

Dental Managed Care
Tribal 638 FQHC

Jessie Dean
Tribal Affairs Administrator
HCA Office of Tribal Affairs
Tribal 638 FQHC Process

#1 - SPA submission and approval
#2 - Tribal facility lets HCA know, “We are a Tribal FQHC”
#4 - Tribal FQHC bills HCA
#5 - HCA pays at the encounter rate
#6 - Tribal FQHC pays specialty provider at negotiated rate (maybe Medicare-like rates)
#3 - Tribal FQHC establishes specialty provider as affiliated care provider with care coordination agreement
#7 - CMS reimburses HCA at applicable FMAP (100% for AI/AN)
#8 - General State Fund saves money from the 100% FMAP and the savings go into the Indian Health Improvement Reinvestment Account
Primary Benefits of Tribal 638 FQHC

1. Eligible to receive the encounter rate for FQHC services outside the four-walls
   - Tribe can receive encounter rate for Tribal services in clinically appropriate settings
   - Tribe can receive encounter rate for non-Tribal services that are provided under FQHC Affiliate Agreement

2. Eligible to receive the encounter rate for FQHC services to non-AI/AN
   - FQHCs have a one facility, one rate rule (see Social Security Act § 1902(bb))
     - Compare to Indian enrollee rate rule (see Social Security Act § 1932(h)(2)(C))
   - Exception: Substance Use Disorder – Tribal FQHC still responsible for state match
FQHC Affiliate Agreements

What we know

- Tribal 638 FQHCs can use these agreements with other providers
- Agreement enables referral to non-Tribal provider with care coordination
- Tribal 638 FQHC negotiates with the non-Tribal provider the rate(s) and terms for providing care
- Tribal 638 FQHC pays the non-Tribal provider and bills either ProviderOne or the Apple Health plan for the service
- Tribal 638 FQHC receives the IHS encounter rate
- State receives 100% federal match for services provided to AI/AN clients
- Only for FQHC services (i.e., outpatient)
Care Coordination Agreements

What we know

- Tribal clinic or Tribal 638 FQHC can use these agreements with non-tribal providers
- Agreement ensures care coordination
- Non-Tribal provider bills either ProviderOne or the Apple Health plan for the service
- Non-Tribal provider receives standard fee-for-service or managed care rate(s) for the service
- For all Medicaid services, including inpatient
- CMS requirement to exchange health information
- State receives 100% federal match for services provided to AI/AN clients

What we think we know

- Potentially the majority of funds for the reinvestment account
  - Because of hospital stays/in-patient
Care Coordination Agreement vs. Affiliate Agreement

### Similarities
- **Standing agreements**
- Both require sharing health records and coordinating care for the non-Tribal service be considered “received through” the Tribal facility (clinic or FQHC)

### Differences

<table>
<thead>
<tr>
<th>Care Coordination Agreement</th>
<th>FQHC Affiliate Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Tribal provider must be participating in Medicaid</strong></td>
<td><strong>Non-Tribal provider may choose not to participate in Medicaid directly but still needs to enroll as a non-billing provider</strong></td>
</tr>
<tr>
<td><strong>Who bills Medicaid?</strong></td>
<td><strong>Who bills Medicaid?</strong></td>
</tr>
<tr>
<td>- Non-Tribal provider bills Medicaid (ProviderOne or MCO) directly and receives standard Medicaid rate</td>
<td>- Tribal 638 FQHC bills Medicaid for non-Tribal provider’s service; non-Tribal provider does not bill Medicaid</td>
</tr>
<tr>
<td>- Paid: $50</td>
<td>- Paid: $455</td>
</tr>
</tbody>
</table>
What We Don’t Know

- Will our SPA be approved as written and intended?
  - Will CMS agree that Tribal 638 FQHC may receive the encounter rate for the same services as a Tribal 638 clinic?
  - If not, will the FQHC services be different than Tribal clinic services and will Tribal 638 FQHCs be required to bill under FQHC rules?
Update on Timing

March 20, 2019
SPA 19-0009 (Tribal 638 FQHC APM SPA) submitted

April 28, 2019
Regular legislative session ends, which means we know the official outcome of dental managed care and SB 5415 (pending session ending on time)

June 18, 2019
End of the 90 days for CMS to respond to HCA’s SPA

July 1, 2019
Dental managed care implementation date (pending legislative direction)
Target date for Tribal FQHC Billing Guide
Open Session
Adjournment