

**Washington State Medicaid Transformation Demonstration
Tribal Protocol
April 13, 2017**

Delivery System Reform Incentive Payment (DSRIP) Program

1. *Special Provisions for DSRIP Planning Protocol.* The State will apply the requirements of the DSRIP Planning Protocol to any Tribe or Indian Health Care Provider (IHCP) that wishes to participate in the DSRIP Program with the following specific superceding provisions and exceptions:
 - a. *ACH Certification - Tribal Requirement.* The State will require every ACH to adopt and demonstrate compliance with the Model ACH Tribal Collaboration and Communication Policy, attached hereto as Exhibit A, or a policy agreed upon in writing by the ACH and every tribe and IHCP in the ACH region, as part of the ACH certification process.
 - b. *Application to Tribes and IHCPs.* The term “ACH” in the DSRIP Planning Protocol will be interpreted to include Tribes and IHCPs where appropriate to enable Tribes and IHCPs to participate in the DSRIP Program in accordance with the terms of this Tribal Protocol.
 - c. *No Requirement for Tribal Certification.* The State will not require any tribe or IHCP to undergo the ACH certification process in order to participate in the DSRIP Program. HCA will work with tribes and IHCPs to maintain compliance with federal requirements applicable to tribes and IHCPs participating in the DSRIP Program.
 - d. *DSRIP Program Models.* For tribes and IHCPs participating in the DSRIP Program, the State will accept evidence-based or promising care models developed for, or tailored to, American Indian/Alaska Native clients that otherwise meet the requirements of the Transformation Project Toolkit (Attachment C to the Special Terms and Conditions for the Washington State Medicaid Transformation Project Section 1115(a) Medicaid Demonstration). For an overview of how tribes and IHCPs could implement such models in the DSRIP Program, see Overview: How Culturally Appropriate Models Could Become DSRIP Program Tribal Projects, attached hereto as Exhibit B.
 - e. *DSRIP Program Guidance and Technical Assistance for Tribes and IHCPs.* The State will work with the Tribal Coordinating Entity to provide targeted guidance and technical assistance to help tribes and IHCPs develop one or more projects in the DSRIP Program, including appropriate milestones and outcome measurement goals that qualify for incentive payments.
 - f. *Regional Health Needs Inventories (RHNI)s and Regional Health Improvement Plans (RHIPs).* In respect for the sovereignty and representative governmental processes of tribes and their knowledge of their citizens and their systems, the State will accept tribe-developed alternatives to formal RHNI)s or RHIPs as a demonstration of population health needs for participation in the DSRIP Program. In respect for the complex systems of IHCPs and their unique role in helping the U.S. Department of Health and Human

Services meet its federal trust responsibility to AI/ANs (including urban Indians and AI/ANs not living near their Indian reservations or villages), the State will accept IHCP-developed alternatives to formal RHNI or RHIPs as a demonstration of population health needs for participation in the DSRIP Program.

- g. *No Required Projects for Tribes or IHCPs.* The State will support tribes and IHCPs in their choices of DSRIP Program projects. Neither Tribes nor IHCPs will be required to implement either of the required projects listed in the Transformation Project Toolkit, nor will they be required to implement a minimum number of projects as provided for in the Transformation Project Toolkit.
 - h. *Statewide Tribal-IHCP DSRIP Program Projects.* The State encourages and will support tribes and IHCPs in a statewide tribal-IHCP effort to implement one or more DSRIP Program projects, with incentive payments for collaborative sharing of expertise and individual tribal and IHCP efforts.
 - i. *Financial Sustainability.* In respect for the sovereignty of Tribes and their responsibility in meeting the health needs of their clients, the State will not require tribes to adopt value-based payment methodologies, nor will the State be required to include Tribes in value-based payment incentive programs, in meeting the financial sustainability requirements of the demonstration. In respect for the complex systems of IHCPs and their unique role in helping the U.S. Department of Health and Human Services meet its federal trust responsibility to AI/ANs (including urban Indians and AI/ANs not living near their Indian reservations or villages), the State will not require IHCPs to adopt value-based payment methodologies in meeting the financial sustainability requirements of the demonstration. For Tribes and IHCPs, the State will accept alternative financial sustainability models.
 - j. *Performance Measurement.* The State will accept Government Performance and Results Act (GPRA) measures in lieu of comparable statewide common performance measures when such substitution will reduce duplicative reporting and avoid excessive administrative burden on tribes and IHCPs.
2. *Special Provisions for DSRIP Program Funding and Mechanics Protocol.* The State will apply the requirements of the DSRIP Program Funding and Mechanics Protocol to any Tribe or Indian Health Care Provider (IHCP) that wishes to participate in the DSRIP Program as follows:
- a. *Application to Tribes and IHCPs.* The term “ACH” in the DSRIP Program Funding and Mechanics Protocol will be interpreted to include Tribes and IHCPs where appropriate to enable Tribes and IHCPs to participate in the DSRIP Program in accordance with the terms of this Tribal Protocol.
 - b. *Modified Incentive Funding Formula.* Notwithstanding STC 28 and STC 35(b), the State will use a modified allocation methodology for maximum tribal/IHCP project funding based on project selection, transformation impact of projects, and attribution to each tribe/IHCP of two populations: (a) IHS-eligible Medicaid enrollees who are residents of Washington State, and (b) non-IHS-eligible Medicaid enrollees who are residents of

Washington State and for whom the tribe/IHCP serves as primary care provider. The maximum funding by project for each Tribe and IHCP will be calculated in the same manner as the Total Statewide ACH Funding by Project described in the DSRIP Funding and Mechanics Protocol, except based on the percent of the Total Attributed Medicaid Beneficiaries allocated to the Tribe or IHCP.

Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)

1. **Eligibility to Provide Health Care Services and Acceptance of Tribal Attestation.** To the extent that services provided under the MAC and TSOA programs are health care services, the State will accept any tribe or IHCP as a provider eligible to receive payment under the MAC and TSOA programs for health care services furnished to an AI/AN on the same basis as any other provider qualified to participate as a provider of health care services under the MAC and TSOA programs in accordance with 25 U.S.C. § 1647a(a)(1). To the extent permitted by federal and state law, the State will accept tribal attestation of compliance with state provider requirements for health care services if a tribe establishes provider entity standards with comparable client protections.
2. **Exemption from Washington State Licensure.** To the extent that services provided under the MAC and TSOA programs are provided by licensed health professionals, the State will accept health professionals employed by the tribe who are licensed in another state and are performing services described in the contract or compact of the Indian health program under Indian Self-Determination and Education Assistance Act in accordance with 25 U.S.C. § 1621t.
3. **Client Presumptive Eligibility Assessments.** To the extent that any tribe has the capacity and desire to perform presumptive eligibility assessments under the MAC and TSOA programs in accordance with federal and state requirements, the State will pay the standard case management rate for such activity.
4. **Client Services.** To the extent that any tribe or IHCP has the capacity and desire to provide client services under the MAC and TSOA programs in accordance with federal and state requirements (including federal conflict of interest rules), the State will pay the Medicaid contracted provider rate for each service.
5. **Coordination with Tribes and IHCPs.** The State will make available to tribes and IHCPs training dates, information, and curriculum pertaining to the MAC and TSOA programs.

Foundational Community Supports

1. **Eligibility to Provide Health Care Services and Acceptance of Tribal Attestation.** To the extent that services provided under the Foundational Community Supports program are health care services, the State and its administrative entity will accept any tribe or IHCP as a provider eligible to receive payment under the Foundational Community Supports program for health care services furnished to an AI/AN on the same basis as any other provider qualified to participate as a provider of health care services under the Foundational Community Supports program in accordance with 25 U.S.C. § 1647a(a)(1). To the extent permitted by federal and state law, the

State will accept tribal attestation of compliance with state provider requirements for health care services if a tribe establishes provider entity standards with comparable client protections.

2. **Exemption from Washington State Licensure.** To the extent that services provided under the Foundational Community Supports program are provided by licensed health professionals, the State will accept health professionals employed by the tribe who are licensed in another state and are performing services described in the contract or compact of the Indian health program under Indian Self-Determination and Education Assistance Act in accordance with 25 U.S.C. § 1621t.
3. **Client Eligibility Assessments.** To the extent that any tribe has the capacity and desire to perform eligibility assessments under the Foundational Community Supports program in accordance with federal and state requirements, the State will pay the assessment rate for such activity through the administrative entity.
4. **Client Services.** To the extent that any tribe or IHCP has the capacity and desire to provide client services under the Foundational Community Supports program in accordance with federal and state requirements, the State will pay the Medicaid contracted provider rate for each service through the administrative entity.
5. **Coordination with Tribes and IHCPs.** The State will make available to tribes and IHCPs training dates, information, and curriculum pertaining to the Foundational Community Supports program. The State will facilitate one or more meetings between tribes/IHCPs and the Foundational Community Supports program administrative entity and providers to increase mutual understanding of capacity and systems related to the Foundational Community Supports program.