



Tribal Consultation Section 1115 Waiver Amendment

January 22, 2018



Overview

The state intends to submit a section 1115 waiver amendment to authorize:

- The use of Medicaid funds for substance use disorder (SUD) services in institutions for mental disease (IMDs), and
- Technical corrections to the 1115 demonstration's Special Terms and Conditions



Overview

Changes made to waiver amendment since Roundtable #2:

- 1115 amendment:
 - SUD milestones updated to reflect accurate number of state MCOs/BHOs

Background



Background

- 42 C.F.R. 438.6(e), as amended in July 2016, prohibits FFP for IMD stays of over 15 days in a calendar month for Medicaid beneficiaries aged 21-64.
- Federal rules also prohibit the use of FFP for capitated payments to managed care entities during any month where the individual has a stay of longer than 15 days in an IMD.
- Substitute Senate Bill 5883 (2017) directed HCA and DSHS to apply for a waiver from CMS to allow for the full costs of stays in IMDs to be included in fiscal year 2019 behavioral health organization capitation rates.



Background

- Washington State requested several technical corrections to the Medicaid Transformation Project's Special Terms and Conditions (STCs). Some were incorporated by CMS.
- Remaining corrections requested through 1115 amendment request.
- Corrections intended to ensure the STCs accurately reflect the agreement between the state and CMS.

Draft language



1115 SUD IMD Request

- Washington State is requesting waiver authority to allow FFP for payment of services to Medicaid beneficiaries aged 21-64 who are receiving treatment in an SUD IMD.
- The state is also seeking the authority to make capitation payments to state contracted managed care entities to pay for services to Medicaid beneficiaries aged 21-64, regardless of the length of stay in an IMD.
- Key milestones to address system reforms developed with CMS.



1115 Technical Corrections Request

STC	Title	Correction
49	TSOA Benefits Package	Add language to mirror STC 47 regarding the prevention of duplicated services offered under the TSOA benefits package.
54	Quality Measures	Add and edit language to reflect the state's development of a Quality Improvement System (QIS) that includes performance measurement and quarterly/annual reports, in accordance with standards outlined in <i>Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers</i> guidance issued March 12, 2014, and reporting timelines outlined in <i>Revised Interim Procedural Guidance</i> issued February 6, 2007.
56	Presumptive Eligibility	Remove language in part (e)(i)(3) regarding joint non-excluded income to align this STC with STC 48, mirroring the standards for full and presumptive eligibility for TSOA.
79	Reporting Expenditures Under the Demonstration	Remove the sentence, "Pharmacy rebates are excluded from the determination of budget neutrality." The state has confirmed that pharmacy rebates are included in budget neutrality calculations.
80	Expenditures Subject to the Budget Neutrality Agreement	Add language to reflect expenditures are subject to budget neutrality agreement, including those authorized in the Medicaid Sate Plan through section 1915(b) and 1915(c).
92	DSHP Claiming Protocol	Add language in part (b) regarding the state's reduction of each reported "County Levy" program costs by 3.6% to reflect the exclusion of coverage of services to undocumented individuals.

Questions?



1115 Waiver Amendment Contacts

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