



Washington State
Health Care Authority



Tribal Consultation on Implementation of House Bill 1388 (DBHR Merger into HCA and DOH)

April 30, 2018

11:00 a.m. – 1:00 p.m.



Welcome, Blessing, and Introductions

Background on HB 1388

- Enacted during 2018 legislative session.
- Integrates and consolidates oversight and purchasing of state behavioral health care into a single state agency at the Health Care Authority to align core operations and provide better, coordinated, and more cost-effective services, with the ultimate goal of achieving whole person care.
- Consolidates the licensing and certification of behavioral health providers and facilities into a single state agency at the Department of Health.
- Designates the Health Care Authority as the state's Behavioral Health Authority.

2ESHB 1388 Transfers – At A Glance

State Behavioral Health Authority	Tribal Prevention & Treatment Programs	State Hospital Administration	Involuntary Treatment Act	Tribal Mental Health Attestation	State Opioid Treatment Authority
Criminal Justice Treatment Account	Problem Gambling Program	Behavioral Health Advisory Committee	Treatment Services For Adults	Behavioral Health Organizations	Program for Mental Health Assertive Community Treatment
Licensing & Certification	Firearm Background Checks	Single Bed Certification	Forensic Mental Health Services	SUD Related Grants	Crisis Services
Medication Assisted Treatment	Offender Reentry Community Safety Program	Recovery Support Services	Mental Health Related Grants	Dedicated Marijuana Account	Diversion Programs
Community Prevention & Wellness Initiative	Research, Analytics, & Surveying	Children's Behavioral Health: CLIP & WISE	Services for Pregnant & Parenting Women	Washington Recovery Help Line	Fee-for-Service Behavioral Health Program

 HCA

 DSHS

 DOH

 DSHS & HCA

Consultation Agenda

For HCA, the proposed terms are in four key areas:

- Consultation and Communications Protocols
- Government-to-Government Planning
- Consolidated Contract with Tribes
- Intergovernmental Transfer for Medicaid Substance Use Disorder Services

For DOH, the proposed terms are in five key areas:

- Communication and Consultation Process
- Training
- Interview Process
- Licensing
- Inspections – Inpatient Facilities and Outpatient Programs

Consultation and Communication Protocols

Consultation and Communication Protocols: Differences

DSHS	HCA
7.01 planning meetings with each tribe	No similar requirement, no staffing
Tribal representatives on interview panels for key positions	No similar requirement
7.01 training for key staff	Gov-to-gov training with AIHC input for all staff
Consultation request may come from DSHS, IPAC, individual tribe(s) by tribal council resolution	Consultation request may come from HCA, AIHC, or individual tribal chairs
Written notices of tribal consultation: First notice 45-60 days prior, second notice 15-30 days prior	Written notices of tribal consultation: One notice 60 days prior (7 days for expedited circumstances)
Consultations and IPAC meetings in person	All meetings in person and by webinar/phone call
Quarterly meetings with Indian Policy Advisory Committee (IPAC)	Quarterly meetings with American Indian Health Commission (AIHC) Executive Committee/staff
Monthly IPAC subcommittee meetings	Monthly HCA-AIHC workgroup
IPAC membership extended to Recognized American Indian Organizations	Federal law requires solicitation of advice from Urban Indian Health Programs and IHS

Consultation and Communication Policy

Proposed Terms:

*Refer to Proposed Terms for
State Agency Implementation of House Bill 1388*

Government-to-Government Planning

Government-to-Government Planning

DSHS 7.01 policy requires (a) a program manager, (b) the applicable administration tribal liaison, and (c) the Office of Indian Policy regional staff person to meet in person with every tribe's program staff every year to complete the tribe's 7.01 plan.

HCA policy has no equivalent; HCA does not have regional staff. HCA will honor the 2018-19 7.01 plans that have been adopted.

Government-to-Government Planning

Proposed Terms:

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Consolidated Contracting with Tribes

Consolidated Contracting with Tribes

- **Single form contract** with each tribe, with statement of work for each program
- **Funding** upfront to tribe (state general fund dollars); then state is reimbursed with federal funds when tribe satisfies reporting requirements
- **Reporting** requirements on annual cycle; if tribe does not complete reporting by deadline, state stops all future funding until tribe completes reporting
- **Contract administration** by state staff who understand tribal programs

Consolidated Contracting with Tribes

Total 2017 DBHR consolidated contract budget:

Program	Amount
<p>Substance Abuse Prevention and Treatment <i>Amount to each tribe varies based on funding algorithm; tribe submits plan to use funds for prevention, treatment, or both</i></p> <ul style="list-style-type: none"> • SAMHSA block grant = \$1,268,133 • State general funds = \$110,272 	\$1,378,405
<p>Dedicated Marijuana Account <i>Up to \$20,000; tribe submits application to use funds for youth cannabis use prevention, treatment, or both</i></p>	\$386,000
<p>Mental Health Promotion Projects <i>Up to \$10,000; tribe submits application for mental health promotion projects</i></p>	\$290,000
Total	\$2,054,405

Consolidated Contracting with Tribes

Current DSHS Process for Program Planning

1. Tribe submits program plan to OIP
2. Agency reviews and responds to program plan within 20 calendar days of tribal submission
3. Tribe responds to agency comments within mutually agreed timeframe
4. Agency completes administrative approval within 15 calendar days
5. Agency completes final approval within 90 days after administrative approval

Unexpended funds can reduce future funding amounts.

Consolidated Contracting with Tribes

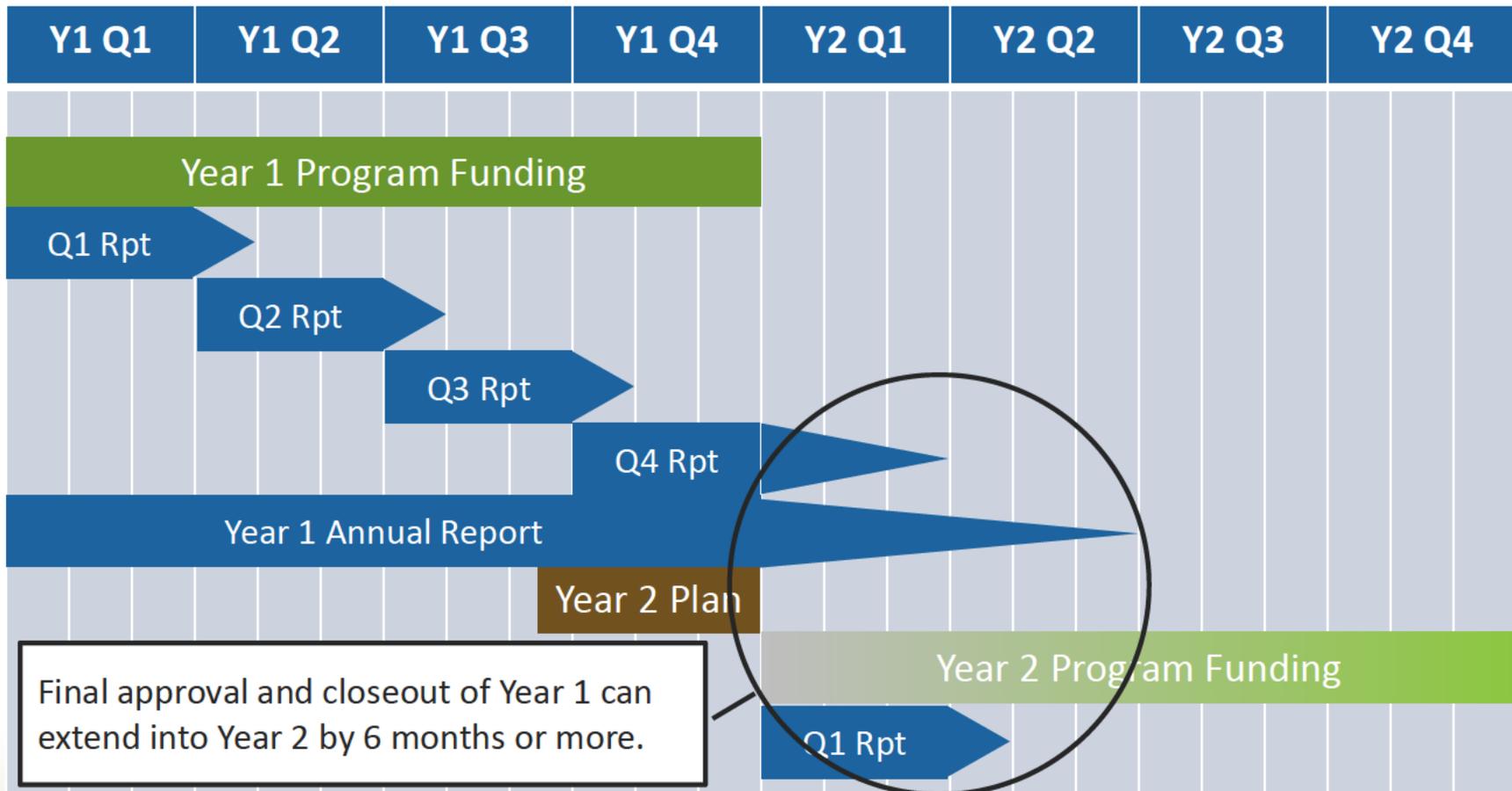
Current DSHS Contract Administration

Office of Indian Policy Contract Manager:

- Receives reports and coordinates with program staff for approval of reports
- Provides technical assistance to DBHR staff on culturally appropriate communication and services, contract or program issue mitigation, and scheduling of all meetings between DBHR staff and tribal staff
- Provides technical assistance to tribal staff on completing required reports
- Serves as ombuds on behalf of each tribe when issues arise

Consolidated Contracting with Tribes

DSHS Contracting Timelines/Potential Dependencies



Consolidated Contracting with Tribes

	Consolidated Contracting	Separate Contracting
Pros	<ul style="list-style-type: none"> • Upfront funding. Tribes receive program funds upfront instead of after program costs are paid • Reduced administrative burden with coordinated reporting requirements • Tribal relations contract manager (OIP): <ul style="list-style-type: none"> ○ Provides technical support to DBHR ○ Provides technical support to tribes 	<ul style="list-style-type: none"> • Separate programs with separate contracts are not dependent on compliance by all programs • No reconciliation of upfront payments or after-the-fact amendments • Less complex accounting and contract amendments
Cons	<ul style="list-style-type: none"> • Program dependencies. Missed requirements for any individual program in one year delay funding start dates for all programs in next year • Need to reconcile upfront payments to permitted program expenses, with after-the-fact amendments • Complex contract amendments needed to keep program plans current 	<ul style="list-style-type: none"> • Requires working capital. Tribes must spend tribal dollars upfront and then be reimbursed by the state • Greater administrative burden from uncoordinated reporting requirements • Potentially inadequate technical support if contract manager is not familiar with Indian health care

Consolidated Contracting with Tribes

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Intergovernmental Transfer for Medicaid Substance Use Disorder Services

Intergovernmental Transfer for Medicaid SUD

Currently, DSHS receives tribes' intergovernmental transfer (IGT) payments for substance use disorder (SUD) treatments that are covered by Medicaid.

Effective July 1, 2018, HCA will be responsible for this process.

Intergovernmental Transfer for Medicaid SUD

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Mental Health Licensing/Certification and Tribal Attestation

CONSULTATION AND COMMUNICATION PROTOCOLS: Comparison

DSHS	DOH
7.01 planning meetings with each Tribe	No similar requirement - Consultations may be subject matter based
Tribal representatives on interview panels for key positions	Tribal representative on recruitment and selection process for DOH Tribal Liaison
7.01 training for key staff	No similar requirement
Consultation request may come from DSHS, IPAC, individual tribe(s) by council resolution	Consultation request may come from DOH leadership, tribe(s) from tribal leadership or authorized representative, AIHC, NPAIHB, urban Indian organization, or recognized organizations named in DOH Consultation and Collaboration Procedure
Written notice of tribal consultation: First notice 45-60 days prior; second notice 15-30 days prior	DOH: Written request 15-30 days prior to scheduled consultation. Tribe/Organizations: Written request; DOH to respond within 15 days; Consultation within 45 days.
Consultations and Indian Policy Advisory Committee (IPAC) meetings in person	In-person consultation preferred, or request alternate forum within 10 days of receiving consultation request
Quarterly meetings with IPAC	Quarterly DOH-AIHC leadership calls; DOH participation at AIHC meetings; Consultation at Leaders Health Summit
Monthly IPAC subcommittee meetings	No similar requirement
IPAC membership extended to Recognized American Indian Organizations	Recognized American Indian Organizations included as parties to DOH Consultation and Collaboration Procedure

Mental Health Licensing/Certification and Tribal Attestation

- Tribal Attestation is entered into a recognition of tribal sovereignty and in accordance with Section 408(a) of the Indian Health Care Improvement Act and 42.C.F.R 4331.110.
- DSHS Secretary recognizes tribes that attest to meeting the applicable requirements of the Washington Administrative Code (WAC) governing behavioral health agency licensing requirements standing to provide Medicaid outpatient mental health services to American Indians/Alaska Natives and their clinical family members.
- Required behavioral health agency standards - WAC 388-877 ([New Rules Effective April 1, 2018](#)):
 - Agency Administration
 - Personnel
 - Clinical
 - Outpatient Standards
 - Involuntary Court Ordered
 - Crisis Mental Health Services
 - MH Inpatient Services

Mental Health Licensing/Certification and Tribal Attestation

- All tribal attestations will remain in effect
 - New attestations signed this year for the next 3 years.
- DOH will maintain tribal attestation process
 - Licensing and certification staff moving to Department of Health.
- Some tribes chose state licensure; other tribes chose mental health attestation

Licensing, Certification, Field Operations: Differences Current State

DSHS	DOH
Attestation Process for MH Services	Attestation Process for MH Services
Attestation process in place; 3 year renewal cycle	No attestation process; will adopt DSHS process
Residential Treatment Facilities Initial Certification	Residential Treatment Facilities Initial Licensing
Complete application for certification; include priorities, procedures & WATCH report for Administrator	Complete application for licensure; including policies, procedures & WATCH report and disclosure statement for Administrator
Collect licensing fee	Collect licensing fee
Receive DOH verification that facility meets licensing requirements	Construction Review Services approval of facility plan
	Verification from State Fire Marshall of approved inspection
Policy and procedure review at DSHS office	Policy and procedure review at DOH office
Residential Treatment Facility Certification Renewal	Residential Treatment Facility Licensing Renewal
Complete renewal application	Complete renewal application; WATCH report & disclosure statement for Administrator
Submit renewal fee	Submit renewal fee
No late renewal fee	Late renewal fee assigned if renewal application and fee are late

Mental Health Licensing/Certification and Tribal Attestation

Proposed Terms:

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Thank you!

Health Care Authority

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