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## **Tribal Consultation #2 on Medicaid 1915(b) Waiver Renewal**

**June 22, 2016**

# Agenda



9:00 AM Welcome, Blessing, Introductions

9:15 AM Opening Statements

9:30 AM Discussion

- State Request for 90 Day Extension
- Proposed 1915(b) Waiver Renewal Language
- Proposed BHO Contract Language for Tribal DMHPs
- Proposed BHO-Tribal Engagement Structure

11:30 AM Closing

# WELCOME, BLESSING, INTRODUCTIONS

# OPENING STATEMENTS

# DISCUSSION

# 1915(b) Waiver Renewal

Waiver expires September 30, 2016

## Current Waiver:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Stakeholder%20Notices/1915b%20Waiver.pdf>

HCA and DSHS will ask CMS for a 90-day extension of the current waiver:

- The State will use this extension to work with tribes to develop a project plan and timeline for implementing the mental health fee-for-service program (full AI/AN carve-out from BHOs).
- The State will include the implementation date in the waiver renewal request.

# 1915(b) Waiver Renewal

## Approach for Waiver Renewal:

- Keep AI/AN carve-out from BHO for all SUD services
  - Substance use disorder (SUD) fee-for-service system
- Work toward AI/AN carve-out from BHO for all MH services
  - Mental health (MH) fee-for-service system

With full AI/AN carve-out from the BHO system, the State's fee-for-service program will be available for all Medicaid State Plan benefits.

The State will also make system changes to support AI/AN opt-in to the BHO system.

# 1915(b) Waiver – Tribal Sections

## Tribal Engagement on Waiver Amendment and Waiver Renewal

### Tribal Consultation on Amendment

#### *–Description of consultations and meetings (joint BHA and HCA)*

- 1<sup>st</sup> Roundtable 10/30/2015
- 2<sup>nd</sup> Roundtable 11/10/2015
- Consultation 11/17/2015
- Consultation 03/09/2016
- Follow up meeting 03/25/2016
- Follow up meeting 03/28/2016

Meetings led to AI/AN carve out decision for BHO SUD services.

### Tribal Consultation Renewal

#### *–Description of consultations and meetings*

- Tribal Roundtable 05/23/2016
- 1<sup>st</sup> Consultation 06/03/2016
- 2<sup>nd</sup> Consultation 06/22/2016



# 1915(b) Waiver — Tribal Sections

## Last Paragraphs of Tribal Consultation Section

HCA and DSHS have participated in joint Tribal roundtable and Tribal Consultations to discuss the waiver renewal application and the issues identified by Tribes for the AI/AN population. The Tribes continue to express concerns similar to those previously identified for the waiver amendment. The state understands the concerns raised by Tribes to be:

- 1) Continued and equal access for tribal members to substance use disorder residential treatment;
- 2) Agreed upon crisis coordination plans between Tribes and the regions; and
- 3) Lack of representation of Tribes on Governing Bodies for the BHOs.

DSHS and HCA have continued to work with the Tribes through the roundtable and Consultations to address these concerns.

# 1915(b) Waiver — Tribal Sections

## Last Paragraphs of Tribal Consultation Section (continued)

DSHS and HCA will be working with the tribes to develop a FFS Behavioral Health Program for the AI/AN population as well as establishing an agreed upon timeline for implementation.

The State will submit a waiver amendment to carve the AI/AN population out of BHO regions for all behavioral health services when appropriate.

## Last Sentence of Excluded Populations (Section 16(E))

The AI/AN population is excluded from the Waiver for SUD services only, and in the BHO Regions only.

# 1915(b) Waiver — Tribal Sections

## Access: Coordination of Continuity of Care Standards (Section 32(C))

During the tribal consultation on June 3, 2016 and June 22, 2016, DSHS and HCA affirmed the State's commitment to the development of a tribal centric behavioral health system that better serves the needs of tribes and their members. To achieve this goal and address the issues raised during the tribal consultation process, HCA and DSHS and Tribal Representatives compiled a grid of the issues raised and presented at the November 17, 2015 and subsequent tribal consultations. Through joint monthly meetings with the parties identified on page 10 in Section 1.4 of the State Plan (TN#11-25), work has been done to populate the grid with proposed solutions and an analyses of how to achieve the proposed solutions. HCA and DSHS have identified and addressed mitigation strategies for the interim, where possible, and timeframes for achieving the proposed solutions have been developed. HCA and DSHS intend to share these strategies with the Tribes and solicit their input. This has all been done with the mutual understanding that some proposed solutions may require federal or state statutory changes.

# Proposed BHO Contract Language

## Section 15.6 Tribal Designated Mental Health Professionals

- 15.6.1 Upon request, the Contractor must designate one (1) person from each Tribe within the Contractor's Regional Service Area (RSA) as a Tribal Designated Mental Health Professional, subject to the following requirements:
- 15.6.1.1 The potential Tribal DMHP must meet all the requirements as a Designated Mental Health Professional in accordance with RCW 71.05.020, 71.24.025 and 71.34.020;
  - 15.6.1.2 The potential Tribal DMHP is subject to the Core Mental Health Services Sections 13.2.4 and 13.2.5;
  - 15.6.1.3 The request for designation of a potential Tribal DMHP person must be made in writing to the Contractor from the Tribal Authority;
  - 15.6.1.4 If the Contractor's RSA includes multiple Tribes, and upon written request from all the affected Tribes, Tribes may elect to share a Tribal DMHP;
  - 15.6.1.5 The decision-making authority of the DMHP must be independent of the BHO's administration and the Tribal Authority.

# Proposed BHO Contract Language

## Tribal DMHPs

- 15.6.2 The Department will provide scheduled trainings for persons identified by the Tribal Authority as potential Tribal DMHPs.
- 15.6.3 In the event the Contractor and Tribal Authority are unable to reach agreement on a methodology to designate a Tribal DMHP, including hiring, funding and operational processes, written documentation must be provided to the Department.
  - 15.6.3.1 Documentation must include names of those participating in the planning discussions from both parties and barriers or issues that remain unresolved.
  - 15.6.3.2 The Department will work with both parties to attempt to resolve issues and provide technical assistance where needed. This may include a facilitated meeting between both parties.

# History of Physical and Behavioral Health Tribal Meetings

1977

- DSHS IPAC created

1987

- DSHS and IPAC create DSHS Administrative Policy 7.01

1994

- SB 6408 creates Regional Support Networks

2007

- IPAC creates Aging and Disabilities Services (ADS) subcommittee: 1 hour/month
- Total monthly meeting time: 1 hour

2012

- HCA splits from DSHS, and Tribal Centric Behavioral Health (TCBH) workgroup created: 3 hours/month
- Total monthly meeting time: 4 hours

2013

- HCA creates Medicaid Monthly Meeting: 1 hour/month
- Total monthly meeting time: 5 hours

2016

- At tribal request, DSHS and HCA combine ADS behavioral health, TCBH, and HCA meetings
- Total monthly meeting time: 3 hours

# Proposal: BHO-Tribal Engagement Structure

**Government-to-Government State-Tribal Consultation – As Needed**



**HCA-BHA Monthly Tribal Meeting – Monthly**



**5 Regional BHO-Tribal Leadership Meetings (State-Facilitated) – Quarterly**

Peninsula BHO

Thurston-Mason BHO  
Timberlands BHO  
SW WA MCO + ASO

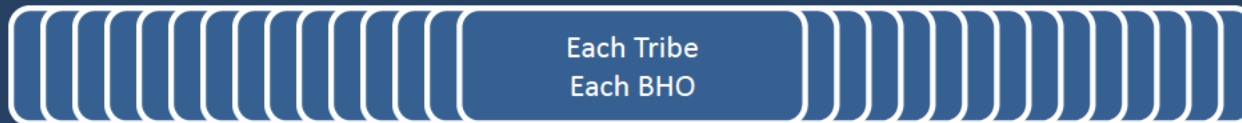
Pierce BHO

King BHO  
North Sound BHO

Greater Columbia BHO  
North Central BHO  
Spokane BHO



**29 BHO-Tribal Operational and State-Facilitated Leadership Meetings – As Needed**



# CLOSING



# Thank you!

## HCA

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