



HCA Monthly Tribal Meeting

November 7, 2017

Jessie Dean
Tribal Affairs Administrator
Office of the Director



Welcome, Blessing, Introductions

Agenda

- 9:00 AM Welcome, Blessing, Introductions
- 9:10 AM Announcement of Governor's Selection for HCA Director
- 9:15 AM Apple Health Core Connections (for Foster Care) by Coordinated Care
- 9:45 AM Upcoming 1115 Waiver Amendments
- 10:00 AM Health Information Technology Roadmap and Operational Plan
- 10:20 AM Medicaid Transformation Demonstration – Initiative 1
- Tribal Protocol
 - Indian Health Care Provider Planning Funds Plan
- 10:40 AM Updates on State Plan Amendments
- SPA 17-0027: DHAT
 - SPA 17-0042: IHS Encounter Rate
 - Awaiting CMS Guidance for Tribal FQHC
- 11:00 AM Integrated Managed Care – Update on Implementation Efforts
- 11:30 AM Open Forum
- Noon Closing

Announcement of Governor's Selection for HCA Director

Susan Birch, MBA, BSN, RN

Incoming HCA Director: Susan Birch



- Starts at HCA on January 1, 2018
- Since January 2011, Executive Director of Colorado Department of Health Care Policy and Financing
- Oversaw implementation of:
 - Medicaid expansion
 - Medicaid Buy-In for Working Adults with Disabilities
 - Physical/behavioral health integration under \$65 million SIM grant
- Previously CEO of Northwest Colorado Visiting Nurse Association
- MBA and BSN from University of Colorado

Apple Health Core Connections (for Foster Care)

Discussion with Coordinated Care on Partnering with Tribes



*The Additional Benefits of
Coordinated Care: A Presentation
for Tribal Partners and Community
Members*

11/6/2017

Why Apple Health Core Connections (AHCC)?



- One stop shop
- Remove barriers to healthcare
- Navigation assistance and support in accessing medical/behavioral health providers
- Teach and support youth in taking ownership of their healthcare
- 24/7 Nurse Advice Line. We are always here to help!
- Fully Integrated Health Care Management
 - Provides coaching and assistance to arrange for needed healthcare services and supplies

Indian Child Welfare



- We recognize that Native youth and families were divided by force for generations
- We also recognize the strength and resilience of tribal nations

Tribes and AHCC



Our goal is to partner with tribes to be the health plan of choice for native youth.

- Support their connection with tribal heritage
- Be aware of disproportionality and cultural needs
- Undo historical and current barriers to care

At the Heart of the Model



Health Care Coordination teams staffed by:

- Behavioral Health Care Managers
- Nurse Care Managers
- Health Care Social Workers
- Member Connections Representatives



The way we integrate care achieves great outcomes.

National Expertise



- 9 years of national expertise
- Currently responsible for 107,000+ members in 10 states
- Established first Managed Care program specifically for children in foster care in Texas
- Best source of health care for foster children and upon their return home

Making the Existing System Easier to Access



- Integrated model of physical and behavioral health
- Communication tools and technology that provide access to member's health information
- Access to specialists and community-based services
- Monitor progress and treatment compliance
- Promote best practice/evidenced-based services

Testimonials



“Coordinated Care staff set up WIC and transport for my child. Then we had a 3-way, hour-long call including the PCP for my 9-month-old.”

—The caregiver, who was legally blind, cried and thanked AHCC staff at the completion of the call.

“Where have you guys been his entire life.”—Caregiver was very happy to know that Coordinated Care is available to help the member, which in turn helps her.

Caregiver was very worried about the child’s safety. She was having trouble getting in to see a provider. Coordinated Care reached out to multiple providers. We got an appointment within the week for the child and helped put a plan in place. Caregiver was relieved and thrilled by the level of support and coordination to remove barriers to care, and meet this child’s urgent/unique needs.

Transitioning to AHCC



Priority: Getting kids the care they need and maintaining relationships with their current health care providers.

- AI/AN members can continue to see any Indian health care providers (tribal clinics, Indian Health Service facilities, Urban Indian providers).
- They can also use 13,000+ contracted physicians, specialists, pharmacies and hospitals across the state.
- The member keeps current prescriptions and care plans until we get a full picture of what the member needs.

Behavioral Health Benefits



- Behavioral health for low and moderate needs:
 - Office visits
 - Counseling
 - Outpatient treatment
- Help screen members for Behavioral Health Organization (BHO) Access to Care Standards
 - Inpatient behavioral health services
 - Intensive behavioral health services
 - Substance abuse treatment
- BHO services in Clark and Skamania Counties will be provided through Integrated Managed Care (IMC)

Extra Programs for All AHCC Members



Care Management & MemberConnections®

Receive personalized help managing your benefits, resources & various health conditions.



Health Library

Access more than 1,000 health topics on our website to guide your health decisions.



24-Hour Nurse Advice Line

Call anytime for medical & mental health support, & get help deciding if you should go to an ER or urgent care.



Healthy Kids' Club

Enroll your kids 12 years & under in this fun club that teaches them about nutrition & exercise.



Start Smart for Your Baby®

Get a new car seat, breast pump, & more through our program for pregnant & new moms.



Put your health first.

Get to know our programs & services & take full advantage of them.

Extra Programs for Alumni and Adoption Support



SafeLink® Cell Phone

Get a cell phone with 250 minutes & unlimited texting; calls to us won't count towards your minutes.



CentAccount® Healthy Rewards

Earn rewards for staying healthy. Buy baby care & personal care products, groceries & more.



Online Member Account

Access your benefits & claims 24/7 through your own account.

To protect the security of members in foster care, these programs are available only to adoption support and alumni members at this time.

AHCC Extra Programs



Transitioning Youth and a2A (adolescent to Adult)

Outreach and education starting at age 15, will partner with DSHS to support Shared Planning Meeting. All members outreached to the month of 18th birthday and invited to take part in a2A. a2A program for young adults age 18 to 26, provides transition education, no-cost cell phone and includes financial incentives for healthy behaviors through our CentAccount Rewards Program.

Adoption Success (*In Development*)

Specialized care management initiative staffed by Health Care Coordinators experienced in foster care adoption, BH, and family wrap-around services.

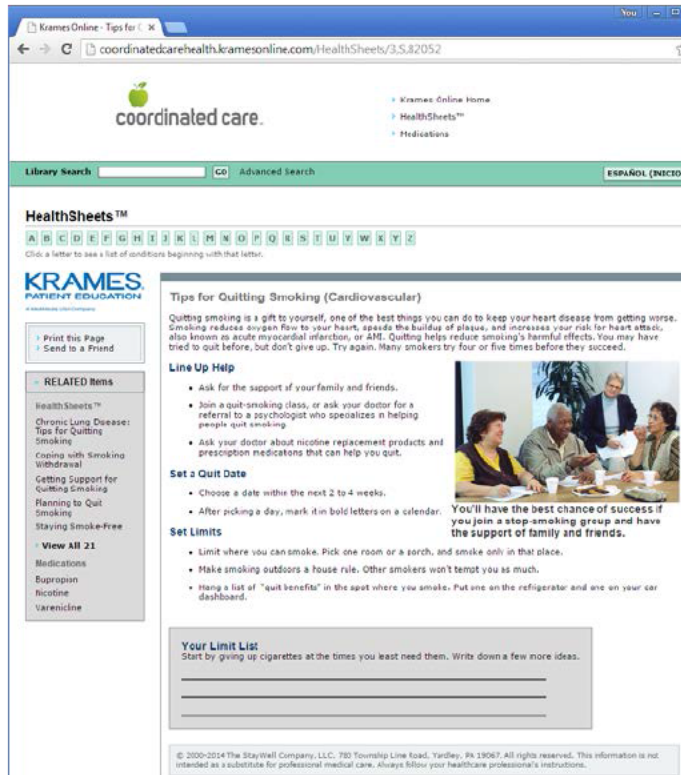
Foster Care EDU www.envolveu.com

Comprehensive educational training initiative endorsed by the National Foster Care Parents Association. Foster care EDU provides free interactive training online, featuring live teleconferencing with a facilitator. Examples include: Mental Health 101, Attachment in Foster Children, Substance Abuse 101, Promoting Placement Stability, and Childhood Traumatic Grief.

AHCC Community Educators

Located throughout the state to provide training for caregivers, adoptive parents, DSHS Social Workers, and providers on topics that relate to the needs of children in the child welfare system. Provide training opportunities on such topics as trauma, resiliency, and evidenced based treatment.

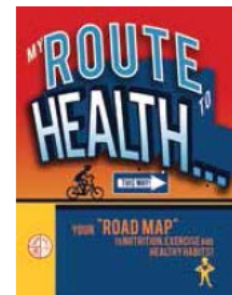
Our Health Library



The screenshot shows the KramesOnline website interface. At the top, there's a navigation bar with 'Krames Online: Tips for...' and a search bar. Below the search bar, there's a 'HealthSheets™' section with a list of topics: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z. The main content area is titled 'Tips for Quitting Smoking (Cardiovascular)' and includes a brief introduction about the benefits of quitting smoking. Below this, there's a 'Line Up Help' section with a list of steps to quit smoking, such as 'Ask for the support of your family and friends' and 'Join a quit-smoking class'. There's also a 'Set a Quit Date' section with a checklist and a 'Set Limits' section with a list of rules for quitting. At the bottom, there's a 'Your Limit List' section with a table for tracking progress.



Health books are available on a variety of topics.



Visit our Krames Health Library to access thousands of printable health sheets available in Spanish and English:
CoordinatedCareHealth.kramesonline.com

Healthy Kids' Club



- Complimentary children's health books with parent guide mailed to each member
- Quarterly health education mailing
- Member ID card
- Monthly e-newsletter for parents
- Health related coloring pages, word searches, mazes and crossword puzzles



www.CoordinatedCareHealth.com/healthykidsclub

AHCC Liaisons



- **DSHS Region 1: Joey Charlton**
509-317-1064 JoCharlton@coordinatedcarehealth.com
- **DSHS Region 2: Jen Estroff**
206-492-9019 JEstroff@coordinatedcarehealth.com
- **DSHS Region 3: Julie Lowery**
253-278-9279 Julie.M.Lowery@coordinatedcarehealth.com

How To Enroll:



- For individual youth:
 - Contact your DCFS or Tribal Social Worker and tell them you want your child in Apple Health Core Connections.
 - They work with FCMT to enroll your child in Apple Health Core Connections.
- For tribal ICW Departments:
 - Contact AHCC or FCMT. We will work with you to enroll your members with one process.

Eligibility and Enrollment questions:



Contact the HCA Foster Care Medical Team:

- 1-800-562-3022 ext. 15480
- FCMT@hca.wa.gov

Need more information?



Apple Health Core Connections dedicated line:

1-844-354-9876

Please save this number in your phone.

fostercaremgmt@coordinatedcarehealth.com

Thank You!

Upcoming 1115 Waiver Amendment Proposals

1115 Waiver Amendments

Three potential amendments for the 1115 waiver to:

- Use Medicaid funds for mental health services in Institutions for Mental Disease (IMDs)
- Use Medicaid funds for substance use disorder services in IMDs
- Update the list of Designated State Health Programs for which non-federal funding will be used as the state match for the Medicaid Transformation Demonstration

1115 Waiver Amendments

Upcoming schedule:

- Roundtable #1: December 6, 10:00 – noon
 - During Monthly Tribal Meeting
 - <https://attendee.gotowebinar.com/register/4001657562264399363>
- Roundtable #2: January 8, 2018, 1:00 – 3:00 pm
 - <https://attendee.gotowebinar.com/register/3709015944847816449>
- Consultation: January 22, 2018: 1:00 – 3:00 pm
 - <https://attendee.gotowebinar.com/register/5664138934671123971>

Tribal notification to be sent shortly.

Roadmap and Operational Plan

Health Information Technology



Health Information Technology Roadmap and Operational Plan

Dylan Oxford, HIT Section Manager



Agenda Topics

- Background
- Strategic Plan
- Operational Roadmap
- Next Steps

Background

- The Medicaid Transformation Demonstration (Demonstration) is a five-year agreement between the Health Care Authority and the federal Centers for Medicare and Medicaid Services (CMS) to invest in and transform healthcare at the regional level
- Health Information Technology (HIT) Goals for the Demonstration:
 - Coordinate and align HIT activities currently underway
 - Link services and core providers across the continuum of care to the greatest extent possible
 - Pursue improved coordination and integration between BH, PH, HCBS Providers and community-level collaborators

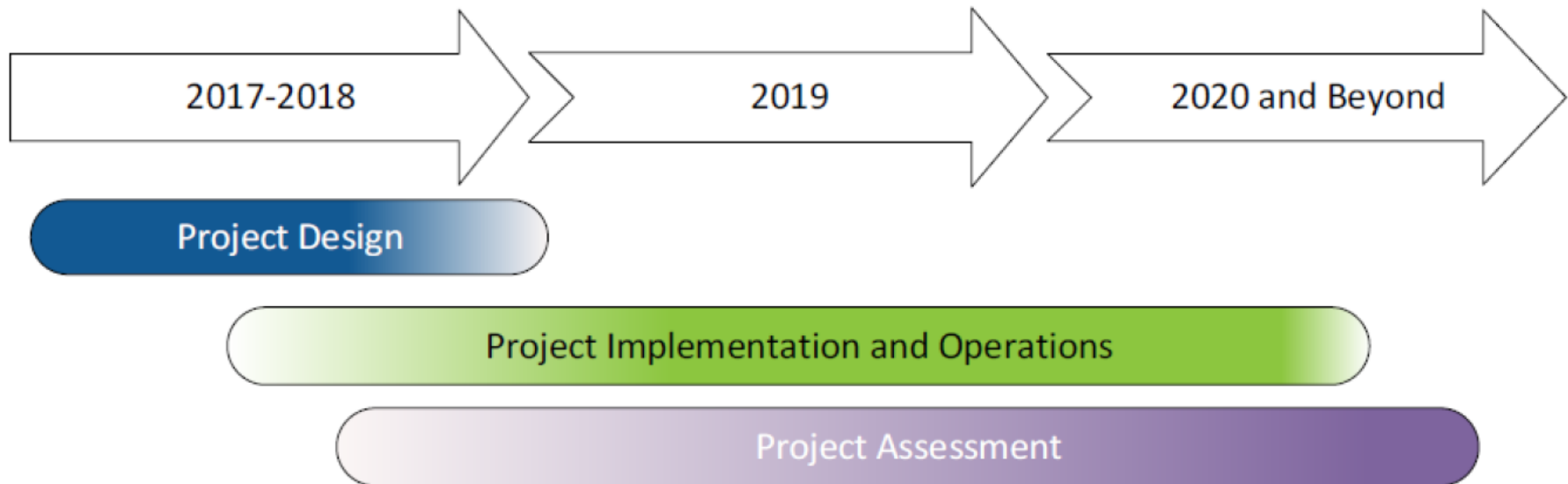
Coordinate HIT Activities

- The Demonstration will coordinate Health IT activities through an overarching Health IT Roadmap and Operational Plan
- Health IT activities requiring alignment and coordination include the:
 - State Medicaid Health IT Plan (SMHP)
 - Healthier Washington Health IT Plan
 - Advanced Planning Documents
- Coordinate with State Agencies, Tribal Governments, Managed Care Organization, Accountable Communities of Health, Jails, and Community Providers

Health IT Strategic Roadmap

- Found at: <https://www.hca.wa.gov/assets/program/health-information-technology-strategic-roadmap.pdf>
- Identifies the broad activities to advance the use of interoperable Health IT and health information exchange to support the demonstration
- Submitted to CMS September 1, 2017
- The Health IT Operational Plan is a required component of the Roadmap and details the activities and timelines needed to execute the Strategic Roadmap

Roadmap Overview

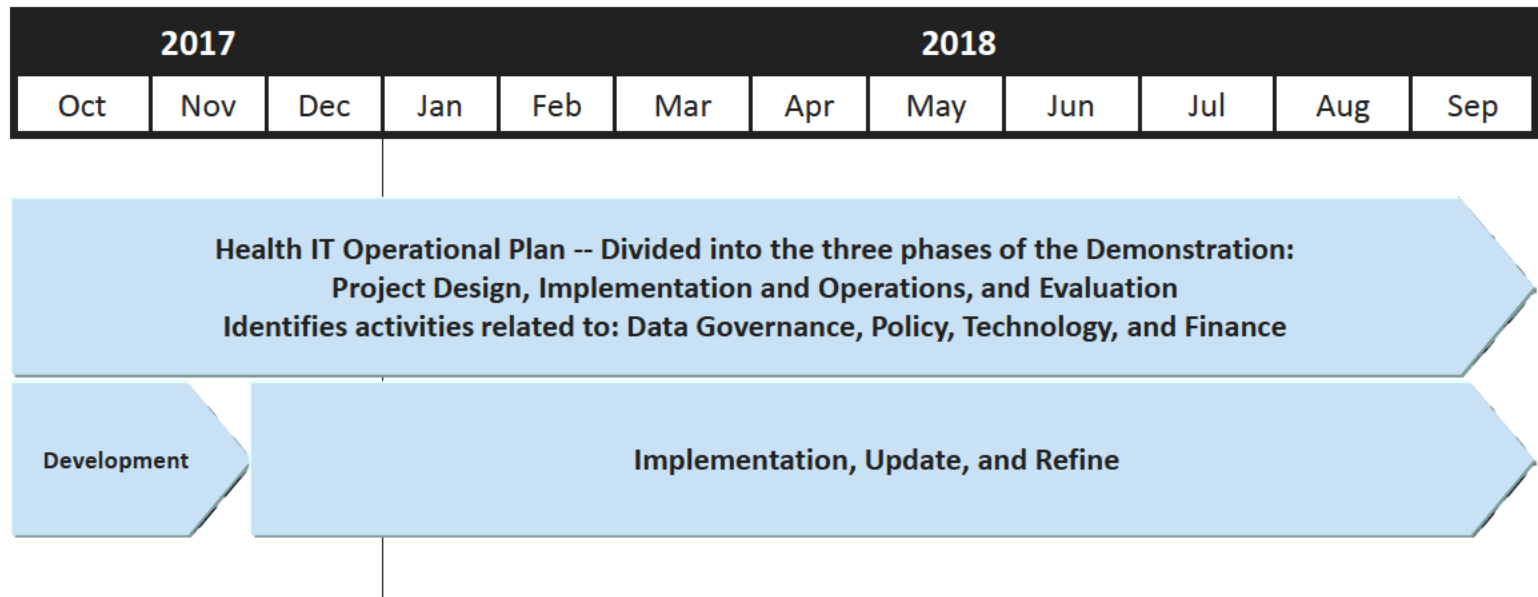


Categories: Governance, Policy, Technology, Finance

Health IT Operational Plan

- Identifies activities, owners, and timelines to support Health IT related to the Demonstration
- Currently identifies activities and needs through December 2018
- Due to CMS December 1, 2017
- Will be revised quarterly and updated annually
- **Today:**
 - Sharing DRAFT of the Health IT Operational Plan; and
 - Requesting your input before submitting the Health IT Operational Plan to CMS

Operational Plan Overview



Medicaid Health
IT Operational
Plan

Operational Plan Topic Areas

Data	Data Governance	Data Sharing Agreements
Health Information Exchange	Telehealth	Privacy and Consent
Finance	Provider Directory	Behavioral Health

Operational Plan Performance

- HCA will support meetings to discuss and report out on activities/topics included in the Health IT Operational Plan
- To the maximum extent possible, HCA will seek to use existing venues to undertake the activities in the Operational Plan
- Responsibility for leading and participating in activities will vary by topic
- Will use individuals with expertise in specific topic areas to lead discussions

Requested Feedback

- HCA is requesting your assistance in identifying Health IT and Health Information Sharing needs in your communities
 - What are the information sharing needs and capacities of Indian Health Care Providers?
 - Have any needed solutions for care quality and care coordination been identified within your communities?
 - What information sharing needs are there with external health care providers?
 - What barriers are there for the acquisition and use of Health IT and health information sharing technologies in your communities?

Next Steps

- Your input will help us revise the HIT Operational Plan and include the needs of Indian Health Care Providers and the persons they serve
- Operational Plan will be submitted to CMS on December 1st, 2017, for currently identified activities through December 31st, 2018
- HCA would like to know more about:
 - How to consult with Tribal Governments on Operational Plan activities and accomplishments?
 - How to continue consulting with Tribal Governments for feedback, integration, and other Health IT opportunities?

Questions and Feedback

- Please submit questions, comments, and feedback on the Draft Health IT Operational Plan to:
 - Jennie.Harvell@hca.wa.gov
 - Adam.Aaseby@hca.wa.gov

- Indian Health Care Provider (IHCP)/Tribal Protocol and
- IHCP Planning Funds

Medicaid Transformation Demonstration – Initiative 1

IHCP/Tribal Protocol

Tribal/IHCP Protocol submitted to CMS on November 6.
CMS response by: December 3.

[Go to Draft IHCP/Tribal Protocol]

IHCP Planning Funds

Next Steps:

- Tribes/UIHPs to provide:
 - Tribal and UIHP profiles,
 - Epidemiological reports from NPAIHB and UIHI, and
 - Tribal and UIHP investments to date into the Medicaid Transformation Demonstration and precursors.
- Who will prepare IHCP Planning Funds Plan?

Medicaid State Plan Amendments - Updates

Medicaid State Plan Amendments

SPA 17-0027: Dental Health Aide Therapists

- Submitted on August 22, 2017
- Expecting formal response from CMS
 - By September 22, 2017

Medicaid State Plan Amendments

SPA 17-0042: Update of All-Inclusive Rate

- Submitted to CMS on September 28, 2017
- Anticipated effective date: September 29, 2017
 - According to CMS guidance, this is the earliest possible effective date.

[Go to Draft SPA 17-0042]

Medicaid State Plan Amendments

SPA 17-0028: Tribal FQHC

- Seeking guidance from CMS on various technical questions
 1. Scope of Service: May the State Plan reimburse FQHCs and Tribal FQHCs for different provider services?
 2. Pharmacy: May the State Plan reimburse Tribal FQHCs for pharmacy dispensing at the encounter rate if FQHCs are not eligible for reimbursement of pharmacy dispensing at the encounter rate?

Medicaid State Plan Amendments

SPA 17-0028: Tribal FQHC

- Seeking guidance from CMS on various technical questions
 3. Different Facilities: May a tribal health program have both an tribal clinic and an FQHC at the same address?
 4. HRSA-Funded Tribal FQHCs: May a HRSA-funded FQHC operated by a tribe choose to be designated and reimbursed at the Tribal FQHC encounter rate?

Medicaid State Plan Amendments

SPA 17-0028: Tribal FQHC

- Seeking guidance from CMS on various technical questions
 5. Encounter Rate for Any Health Care Professional:
May the State Plan authorize the encounter rate for any health care professional (see SPA 17-0042)?
 6. Encounter Rate for Services Under Supervision:
If the answer to Question 5 is “No”, may the State Plan authorize the encounter rate for services “under the supervision”.

Medicaid State Plan Amendments

SPA: Pharmacy Reimbursement at Encounter Rate

- HCA conducting analysis

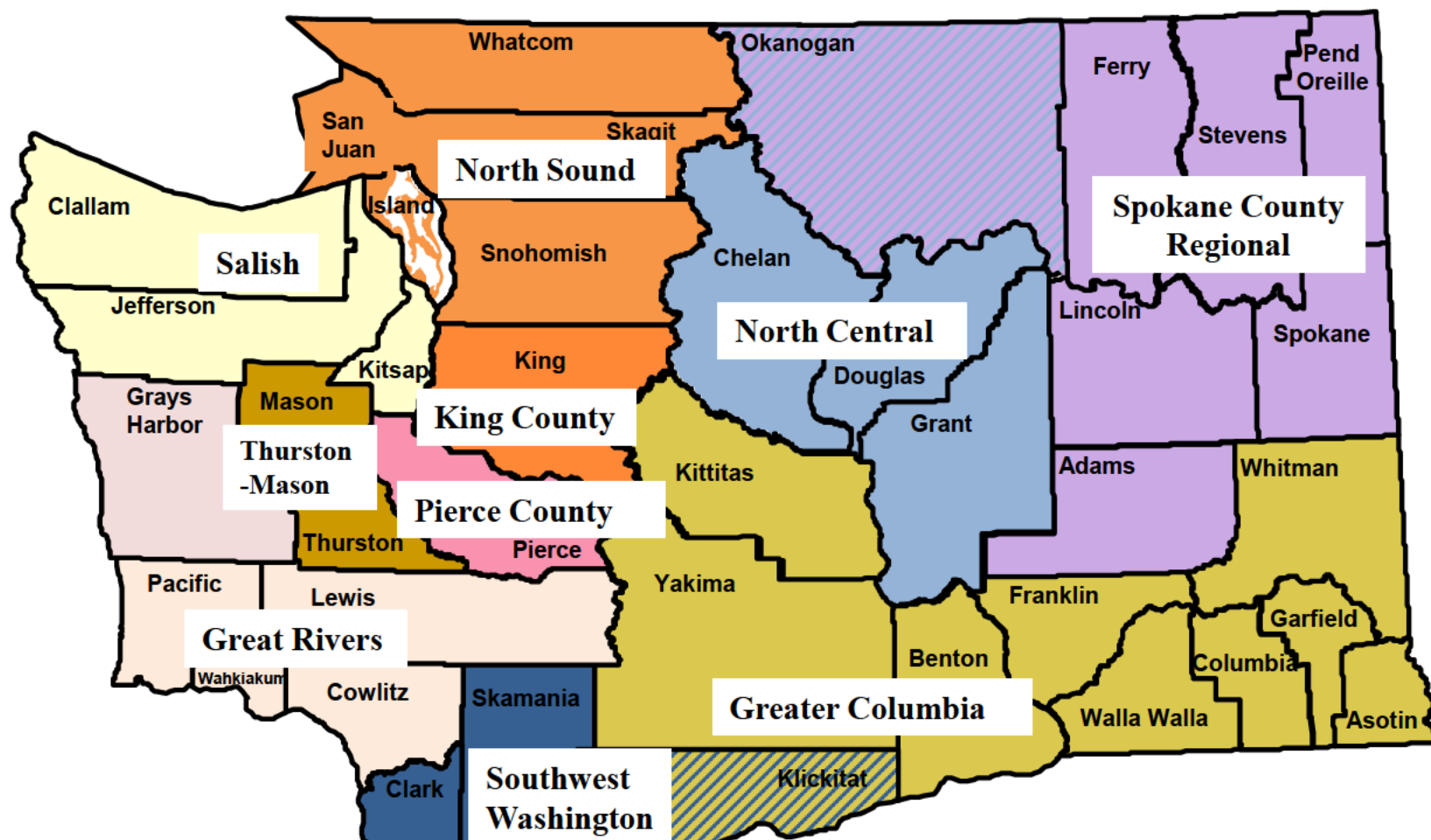
Process for Requests for Proposals (RFPs)

Integrated Managed Care

Update on Implementation Efforts: Integrated Managed Care

Alice Lind
Health Care Authority
November 7, 2017

Update on Integration Status



2018	2019	2019 w/ transition	2020
North Central	Pierce	North Sound	Salish
	Spokane	King	Thurston/ Mason
	Okanogan and Klickitat	Greater Columbia	Great Rivers

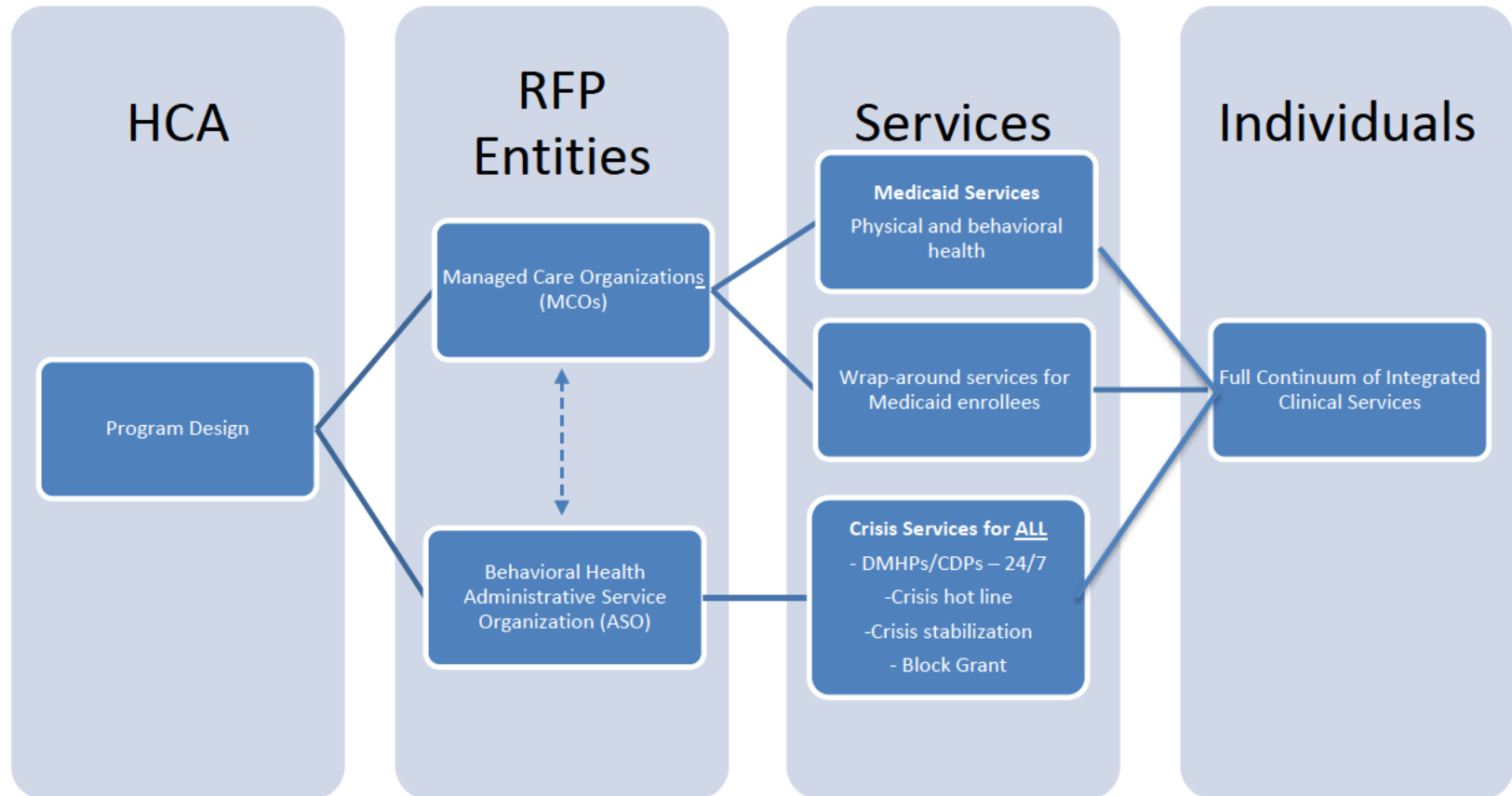
Transition Year- Still in Development

Executive Directive 17-11*:

- Establishes the Health Sub-Cabinet (HCA, DSHS, DOH and others) with tasks of developing a strategic plan, advancing behavioral health integration, and forming an interlocal leadership structure.
- Interlocal Leadership:
 - Includes “representation from physical and behavioral health care providers, Tribes, and other entities serving the regional service area as necessary.”
 - “Must design and implement the fully integrated managed care model for that regional service area to assure clients are at the center of care delivery and support integrated delivery of physical and behavioral health care at the provider level.”
 - May address contracting, administration, monitoring, capacity building, regional accountability measures, MCO subcontracts with county-based or other administrative service organizations, and value-add services for bidirectional care.
 - Allows for mid-adopters to use a “transition period of up to one year during which the interlocal leadership structure develops and implements a local plan, including measurable milestones, to transition to fully integrated managed care. The transition plan may include provisions for the counties’ organization to maintain existing contracts during some or all of the transition period if the managed care design begins during 2017 to 2018, with the mid-adopter transition year occurring in 2019.”

* Found at <http://governor.wa.gov/sites/default/files/directive/17-11HealthSubCabinet.pdf>

Integrated Managed Care Model



Procurement Assumptions and Next Steps

- MCO Procurement Design:
 - 3-5 health plans will be selected for each region
 - MCO procurement open only to Apple Health Plans
 - Final MCO procurement for all remaining regions with 2 parts:
 - Statewide Questions
 - Region Specific Questions
 - Procurement is focused on addition of BH services
- Next Steps:
 - Beginning in Nov 2017: Development and Release of RFP for MCO Selection (in all 2019 and 2020 Regions)
 - Beginning in Jan 2017: Development and Release of RFP for BH-ASO Selection (in regions that select to procure)

Medicaid Integration Timeline

2017

2018

2019

Mid-Adopter



Key Acronyms

RSA – Regional Service Areas

MCO – Managed Care Organization

BHO – Behavioral Health Organization

AH – Apple Health (medical managed care)

ACH – Accountable Community of Health

BH-ASO – Behavioral Health Administrative Services Organization

FIMC – Fully-Integrated Managed Care

HCA – Health Care Authority

NC – North Central

Mid-Adopter Regions: Regions pursuing fully-integrated managed care before 2020

Soliciting Feedback and Input

Request for Proposals: MCOs

Structure of the RFP:

- The Bidders must respond to questions related to various sections and topics.
- Questions are either pass/fail or scored.
- Bidders also must submit their network of providers.
- Not every question is weighted equally; additional weight is given to the questions that are deemed high priority.

Topics include:

- Management and Administration
- Behavioral Health Network and Access
- Quality and Utilization Management
- Care Coordination
- Region-Specific (up to 10 questions)

Discussion

- How best to solicit and receive input from Tribes and Indian Health Care Providers?
- Input would be helpful as to:
 - How much weight a question should be assigned
 - What needs to be strengthened?
 - Has anything been left out?
 - Are there any questions that don't make sense?
 - Priorities for tribal communities/enrollees
- Participants in the local RFP design (e.g. through Interlocal Leadership) must sign conflict-of-interest statements.



HCA Contacts

Isabel Jones

360-725-0862

Isabel.Jones@hca.wa.gov

Alice Lind

360-725-2053

alice.lind@hca.wa.gov

Jessica Diaz

360-725-1015

Jessica.diaz@hca.wa.gov

Rena Carlson

360-725-0763

Rena.Carlson@hca.wa.gov

For January's HCA MTM, what would you like a Social Security presentation on:

- **General Overview?**
- **Retirement?**
- **Survivors?**
- **Disability?**
- **Medicare Enrollment?**
- **Representative Payee Program?**

Quick Planning Query

Open Forum

Washington State
Health Care Authority

Office of Tribal Affairs & Analysis

Web: [http://www.hca.wa.gov/
tribal/Pages/index.aspx](http://www.hca.wa.gov/tribal/Pages/index.aspx)

Jessie Dean

Administrator

Phone: 360.725.1649

Email: jessie.dean@hca.wa.gov

Mike Longnecker

Operations & Compliance Manager

Phone: 360.725.1315

Email: michael.longnecker@hca.wa.gov

Thank you!