



# HCA Monthly Tribal Meeting

December 6, 2017

Jessie Dean  
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Office of the Director

# Welcome, Blessing, Introductions

# Agenda

- 9:00 AM Welcome, Blessing, Introductions
- 9:10 AM Wraparound with Intensive Services (WISe) in Fee-for-Service Program
- 9:25 AM Collaborative Care Model
- 9:35 AM Children's Health Insurance Program: Update
- 9:45 AM State Plan Amendment Updates
- 17-0027: Medicaid Reimbursement of Dental Health Aide Therapist
  - 17-0042: Change to All-Inclusive Rate
  - Requested guidance from CMS for Tribal FQHC State Plan Amendment
- 10:00 AM Roundtable #1 on 1115/1915(b) Waiver Amendments
- 11:30 AM Open Forum
- Noon Closing

Fee-for-Service Program

# **Wraparound with Intensive Services**

Upcoming Medicaid State Plan Amendment

# **Psychiatric Collaborative Care Services**

Update

# Children's Health Insurance Program

Updates

# Medicaid State Plan Amendments

# Medicaid State Plan Amendments

## SPA 17-0027: Dental Health Aide Therapists

- Submitted on August 22, 2017
- Received Request for Additional Information from CMS
  - Free choice of provider requirement
  - Other licensed practitioner benefit requirement



# Medicaid State Plan Amendments

SPA 17-0027: Dental Health Aide Therapists

[CMS Request for Additional Information]

# Medicaid State Plan Amendments

## SPA 17-0042: Update of All-Inclusive Rate

- Submitted to CMS on September 28, 2017
- CMS Deadline to Respond: December 27, 2017
- Anticipated effective date: September 29, 2017
  - According to CMS guidance, this is the earliest possible effective date

# Medicaid State Plan Amendments

## Request for Guidance from CMS: Tribal FQHC

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

## Request for Guidance from CMS: Tribal FQHC

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

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

1115/1915(b) Waiver Amendments

# **Tribal Roundtable #1**



# Tribal Roundtable #1 1115/1915(b) Waiver Amendments

December 6, 2017





# 1115/1915(b) Waiver Amendments

The state intends to submit waiver amendments to authorize:

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



# 1915(b) Waiver Amendment

One request in the amendment:

- Use of Medicaid funds for mental health treatment services in IMDs



# 1115 Waiver Amendment

Two requests in the amendment:

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



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.



## Background

- Prior to the rule change, Washington State was able to utilize FFP for services in IMD facilities in lieu of providing those services in non-IMD settings.
- This authority was included in the state's 1915b Waiver and deemed a cost effective alternative to State Plan services.



## Direction from the Legislature

- Substitute Senate Bill 5883:
  - Directed HCA 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



## 1915(b) Mental Health IMD Request

- Washington State has 514 mental health beds in eight facilities that meet the definition of an IMD.
- FFP prohibited for IMD stays of over 15 days in a calendar month for Medicaid beneficiaries aged 21-64, including capitated payments to managed care entities.
- Amendment will allow the state to maintain and expand access to inpatient and residential treatment.





# 1115 SUD IMD Request

- Washington State has 1,742 beds across 21 SUD facilities that meet the definition of an IMD. Of those beds, 264 are in facilities that treat youth, and another 45 are dedicated to pregnant and parenting women.
- FFP currently prohibited for IMD stays of over 15 days in a calendar month for Medicaid beneficiaries aged 21-64, including capitated payments to managed care entities.
- Amendment will allow the state to maintain and expand access to inpatient and residential treatment.



# 1115 Technical Corrections Request

- Washington State requested several technical corrections to the Medicaid Transformation Project's Special Terms and Conditions (STCs). Some were incorporated by CMS.
- Through this 1115 amendment request, Washington State is requesting an update to the STCs with a number of revisions.
- Corrections intended to ensure the STCs accurately reflect the agreement between the state and CMS.

Amendment draft language



# 1915(b) Mental Health IMD Request

The following language will be added to the Program History section of the 1915(b) waiver:

“Services provided in lieu of acute psychiatric care in institutes for Mental Disease (IMD) are provided by the BHO or MCO. The costs are recognized to the extent that they are equal or less than the costs for an equivalent psychiatric inpatient stay in a general hospital. The IMD costs for persons aged 22 - 64 are reflected in the rate development if the BHO or MCO reports these services in their encounter data. BHOs and MCOs are not required to provide services in IMD settings. These services are substituted only for covered acute inpatient days and do not represent long-term care IMD services.”



# 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 will be developed with CMS.

# 1115 Technical Corrections Request

STC	Correction
30	Remove language in part (d) that stipulates the use of a common platform among providers of care coordination.
36	Change language to state the DSRIP Planning Protocol will provide an overview of the structured format ACHs must use in developing Project Plan submission for approval.
39	Add language to part (c)(1) to reflect the state must seek a state match for leveraged federal Medicaid funds that could use a standard referenced in 45 CFR §170.
49	Add language to mirror STC 47 regarding the prevention of duplicated services offered under the TSOA benefits package.
54	Add and edit language to reflect the state's development of a Quality Improvement System (QIS) that includes performance measurement and quarterly/annual reports.
56	Edit language to align this STC with STC 48, mirroring the standards for full and presumptive eligibility for TSOA.
79	Remove sentence: "Pharmacy rebates are excluded from the determination of budget neutrality."
80	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	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.

# Upcoming Tribal engagement



## Upcoming schedule

- Tribal notification letter sent November 21, 2017
- 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>





# 1115 Waiver Amendment Contacts

IMD-Related Amendment Requests	Richard VanCleave, Federal Programs Manager (360) 725-3703 <a href="mailto:vancrl@dshs.wa.gov">vancrl@dshs.wa.gov</a>
Technical Corrections Amendment Request	Kali Klein, Medicaid Transformation Manager (360) 725-1240 <a href="mailto:kali.klein@hca.wa.gov">kali.klein@hca.wa.gov</a>
Tribal Affairs	Jessie Dean, Tribal Affairs and Analysis (360) 725-1649 <a href="mailto:jessie.dean@hca.wa.gov">jessie.dean@hca.wa.gov</a>

# Open Forum

Washington State  
Health Care Authority

**Office of Tribal Affairs & Analysis**

**Web:** [http://www.hca.wa.gov/  
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**Thank you!**