



# HCA Monthly Tribal Meeting for May

April 30, 2018

Jessie Dean  
Tribal Affairs Administrator  
Office of the Director



# Welcome, Blessing, Introductions

# Agenda

- 9:00 AM Welcome, Blessing, Introductions
- 9:10 AM Collaborative Care Model (CoCM)  
and Bi-directional Behavioral Health Update
- 9:30 AM Medicaid Transformation
- 9:55 AM Close for Transition to  
Tribal Consultation on Implementation of House Bill 1388

# **Collaborative Care Model (CoCM) and Bi-directional Behavioral Health Update**

# Discussion Items

- Collaborative Care Code Model (CoCM) Implementation
- Screening for depression
- Coverage of select codes
- Other work

# CoCM Implementation

- Purpose: To create a structure that pays a Primary Care Physician to have a team approach to managing their patients who need behavioral support.
- Implementation:
  - Guidelines
  - Summary of the billing codes to use
  - Attestation Form
  - Next Steps

# Screening Tools

- Purpose: To pay providers to screen for depression and anxiety with the hope that more children needing services will be identified
- Implementation:
  - Two new codes effective January 1, 2018
  - Billed during a well-child or medical visit
  - Documentation in the medical record must include name of screening tool and the score
  - Link to suggested tools found in the Apple Health provider guides

# Code Review (SSB5779)

- Purpose: To remove unnecessary restrictions to behavioral health codes
- Implementation:
  - Reviewed codes associated with behavior impacting management of chronic conditions, tobacco cessation, psychotherapy...
  - Developed a financial model that included revising the use of the codes, increasing compensation and cost off-sets
  - Will develop a decision package for the next session
  - Link can be found at: <https://www.hca.wa.gov/billers-providers/programs-and-services/behavioral-health#ssb5779>.



## Other Work

- HCA/DBHR Integration July 1, 2018
- Integrated Managed Care Contracts in all regions except Thurston/Mason, Great Rivers and Salish by January 1, 2019
- Regional based projects developed through the state's Accountable Communities of Health
- Training on Behavioral Health Integration through Nuka Consulting

# Questions and Comments?

Mary Fliss

Deputy of Clinical Strategy and Operations

[Mary.Fliss@hca.wa.gov](mailto:Mary.Fliss@hca.wa.gov)

360.725.0822

# **Medicaid Transformation and Indian Health Care Provider Specific Projects**

# History

- Washington State applied for a Section 1115 waiver from CMS in August 2015
- In January 2017, Washington received approval for up to \$1.5 billion
- This \$1.5 billion is spread across three “initiatives”
  - Transformation through ACHs
  - Long-term Services and Supports
  - Supportive Housing and Supportive Employment

# Three Initiatives

- Transformation through ACHs
  - Delivery System Reform Incentive Payment (DSRIP) structure
- Long-term Services and Supports
  - New Medicaid benefit to support family caregivers
  - Intention is to stop people from impoverishing themselves to qualify for more intensive services
- Supportive Housing and Supportive Employment
  - New Medicaid benefit to support individuals with need for supportive housing and employment
  - Also referred to as “Foundational Community Supports”

# IHCPs

- Under Initiative 1, IHCPs are eligible to earn approximately \$20 million
  - These funds have been approved through the IHCP Protocol, Appendix H of the Special Terms and Conditions
- The amount is based on percentage of Medicaid beneficiaries identified as AI/AN
- This is specifically for IHCPs and separate/different than ACH money
- IHCPs may receive \$\$ from both ACH project funds and IHCP-specific funds

## \$\$ Available to IHCPs

- IHCP-specific dollars are intended to focus on work not covered or understood by ACHs, such as:
  - CHAP Board
  - Traditional services and healers
- ACH dollars are constrained by the Medicaid Transformation Toolkit
  - Tends towards more clinically-driven work and each ACH has two required projects:
    - Integration of physical and behavioral services
    - Opioid response

## IHCP-specific Funds Flow

- IHCP specific incentive payment funds must be paid in accordance with the instructions received from the tribes and other IHCPs.
- Tribes and urban Indian health programs agreed that decisions regarding payment of IHCP specific funds will be made by majority vote of tribes and UIHPs, with each having one vote to be held by the AIHC delegate from the tribe or UIHP unless the tribe or UIHP directs that vote to be held by someone else.



# MTP Year 1: Planning Funds Plan

- For the first year of Medicaid Transformation (2017), IHCPs earned \$5.4 million with the MTP IHCP Planning Funds Plan, submitted 12/29/2017
- Tribal and UIHP delegates to AIHC decided that \$550,000 would go to the Northwest Portland Area Indian Health Board for establishment of a CHAP Board and the remaining would be distributed equally amongst Tribes and UIHPs (\$156,451 each)

## MTP Years 2-5: IHCP Projects Plan

- Tribal and UIHP delegates to AIHC will review and vote on the Projects Plan, due October 1, which covers the additional four years of MTP (2018-2021)
- The Projects Plan will describe who is doing what for what amount of money
- HCA, with the assistance of AIHC, will work with each tribe and UIHP to develop that tribe's or UIHP's individual Project, which will be part of the Projects Plan

## \$\$ for IHCP Projects Plan

- There is limited funding
- Eligible Funds
  - 2018: \$5.579 million
  - 2019: \$3.725 million
  - 2020: \$3.320 million
  - 2021: \$1.879 million
- Total: \$14.503 million

# Receiving IHCP-specific Funds

- Two phase process which covers all of Medicaid Transformation
  - First: Submit the Medicaid Transformation Information Setup Form to Lena Nachand at HCA
    - She will input the information into the Financial Executor Portal
    - Then, the contract person identified on the form will receive an email to complete the registration in the portal
      - This includes bank account information and W-9 information
      - The initial contact person can identify others to have access to the Portal and those people will have read-only access to bank information and W-9
  - Second: Submit contract information to Holly Jones at HCA
    - She will populate your contract with the information
    - You will then receive the contract to be electronically signed via DocuSign

# How can the planning funds and projects funds be used?

- Only one restriction
  - Cannot be used for federal matching opportunities
  - Otherwise, these funds may be used for any purpose
- HCA encourages capacity building/systems change
  - Participation in AIHC and development of the IHCP Projects Plan and/or ACHs
  - Electronic Health Records
  - Physical – Behavioral Health Integration

## ACH Funds Flow

- If you have a relationship with the ACH that shares your region, you could be eligible to receive funds from them
- This would mean working with them to understand their model and system, which HCA can help with
- We (HCA and AIHC) will be traveling to meet with each individual tribe and UIHP, which could include a meeting with the ACH if you would like

## Roles of IHCPs, AIHC, HCA and ACHs

- Tribes and other IHCPs - Receive funds and serve people
- AIHC - Tribal Coordinating Entity providing technical assistance and support throughout this process
- HCA - Establish contracts, distribute funds and provide technical assistance
- ACH - Distribute funds (if contracted) and be a potential resource for regional coordination or items that would benefit from economy of scale

Washington State  
Health Care Authority

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

**Jessie Dean**

Tribal Affairs Administrator

Phone: 360.725.1649

Email: [jessie.dean@hca.wa.gov](mailto:jessie.dean@hca.wa.gov)

**Mike Longnecker**

Tribal Operations & Compliance Manager

Phone: 360.725.1315

Email: [michael.longnecker@hca.wa.gov](mailto:michael.longnecker@hca.wa.gov)

**Lena Nachand**

Tribal Liaison – Medicaid Transformation

Phone: 360.725.1386

Email: [lena.nachand@hca.wa.gov](mailto:lena.nachand@hca.wa.gov)

**Thank you!**