HCA-BHA Monthly Tribal Meeting

Jessie Dean
Administrator, Tribal Affairs and Analysis
Office of Tribal Affairs

Loni Greninger
Tribal Affairs Administrator
Division of Behavioral Health & Recovery
Agenda

9:00 AM  Welcome, Blessing, Introductions
9:10 AM  Update from MH FFS Project Planning Workgroup
9:30 AM  Update from BHO-Tribal-State Convening and AIHC Biennial Health Summit Workgroup
9:45 AM  Consultation Request on BHO/MCO Contracts and Indian Addenda -Discussion of purpose, potential dates
9:55 AM  Follow Up: DBHR 7.01 Plan vs. BHO Coordination Plan
10:00 AM  Review Tribal Issues Grid
10:25 AM  Job Opening: HCA Tribal Liaison
10:30 AM  Medicaid Transformation (1115) Waiver: Update and Discussion
Noon  Closing
Welcome, Blessing, Introductions
Update: MH FFS Project planning workgroup
Update: MH FFS Project Planning

• Meetings occurred 08/31, 09/12, and 09/19

• Tasks completed so far:
  – Established meeting dates
  – Agreed upon a tentative timeline
  – Agreed upon draft finalized Waiver language

• Tasks to be completed
  – Submit 1915(b) Waiver Renewal Application to CMS by September 30, 2016
  – Today: review Waiver language with larger HCA-BHA MTM group
Update: MH FFS Project Planning

Tribal Carve-out of MH Services Draft Timeline Target Date of July 1, 2017

Waiver Activity Dates, State Plan Amendment, Budget, and Network Adequacy

- 1/1/2017 Tribal Notification for Waiver Amendment
- 2/1/2017 Release of Provider Readiness Criteria
- 3/31/2017 Enrollee Notice of Change to Benefits
- 3/31/2017 Tribal Notification for SPA (FFS Rates)
- 3/31/2017 Rates Adopted for FFS
- 3/31/2017 Network Provider Confirmation
- 4/1/2017 Waiver Submission in CMS Portal
- 4/1/2017 FY18 Budget Implementation
- 7/1/2017 Waiver Effective Date
- 7/1/2017 SPA Effective Date
Update: MH FFS Project Planning

• Review Waiver language
Update: BHO-Tribal-state convening and aihc biennial health summit workgroup
**Update: BHO-Tribal-State Convening/ AIHC Biennial Health Summit**

<table>
<thead>
<tr>
<th>AIHC Biennial Health Summit</th>
<th>BHO–State–Tribal Convening</th>
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<tbody>
<tr>
<td>Meetings occurred 08/10, 08/24, 09/14 (meet every two weeks)</td>
<td>First meeting occurred 09/14 (meet every two weeks)</td>
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<tr>
<td>Date: November 1–2</td>
<td>Date: TBD</td>
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<tr>
<td>Location: Emerald Queen Casino, Fife</td>
<td>Location: TBD</td>
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<tr>
<td>Tasks to be completed: finalize agenda</td>
<td>Tasks to be completed: finalize date, location, agenda</td>
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</table>
Consultation: BHO/ MCO Contracts and Indian Addenda
Consultation: BHO/ MCO Contracts, Indian Addenda

• Do the Tribes want to consult on the BHO and MCO contracts, and Indian Addenda?

• If so, it will help the State to understand the purpose of the consultation in order to prepare appropriate materials and staff.
Follow Up:

DBHR 7.01 Plan vs. BHO Coordination Plan
## Comparison of DBHR 7.01 vs. BHO Coord. Plan

<table>
<thead>
<tr>
<th>DBHR 7.01 Plan</th>
<th>BHO Coordination Plan</th>
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<tbody>
<tr>
<td>Parties: DBHR and Tribe/RAIO</td>
<td>Parties: Local BHO and Tribe/RAIO</td>
</tr>
<tr>
<td>Authority: DSHS Admin. Policy 7.01</td>
<td>Authority: DBHR–BHO Contracts</td>
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<tr>
<td>Oversight: Office of Indian Policy</td>
<td>Oversight: DBHR Tribal Admin.</td>
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<tr>
<td>Plan elements: Defined in 7.01 Policy</td>
<td>Plan elements: Defined in DBHR–BHO Contracts</td>
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<tr>
<td></td>
<td><em>According to 7.01 Policy, the DBHR Tribal Administrator must include, “…the planning and delivery of contracted services by incorporating the appropriate language into the contracts.”</em></td>
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## Comparison of DBHR 7.01 vs. BHO Coord. Plan

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<thead>
<tr>
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<tr>
<td>Plan Elements</td>
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</tr>
<tr>
<td>• Goals/Objectives</td>
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<tr>
<td>• Activities</td>
<td>• Activities</td>
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<tr>
<td>• Expected Outcomes</td>
<td>• Expected Outcomes</td>
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<tr>
<td>• Lead Staff/Target Date</td>
<td>• Lead Staff/Target Date</td>
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<tr>
<td>• Progress Report</td>
<td>• Progress Report</td>
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</tbody>
</table>
Comparison of DBHR 7.01 vs. BHO Coord. Plan

• Who has authority over BHO Coordination Plans?
  – DBHR is the authority over BHO contracts, which include Coordination Plans.
  – DBHR is responsible for putting language in the contracts that includes the elements of the 7.01 policy.
  – Tribal sections of BHO contracts describe the elements of the Coordination Plans between BHOs and tribes (looks very similar to 7.01 Plan elements).
  – DBHR staff person managing Plans: Loni Greninger

• Office of Indian Policy involvement?
  – OIP is not the contracting authority over BHOs, thus does not have authority over BHO Coordination Plans.
Follow Up: DBHR and BHOs

• If a tribe or RAIO has a concern about a BHO or the BHO Coordination Plan:
  – Concerns or issues regarding a BHO will be handled between DBHR and a tribe or RAIO. This is because the BHOs are a contracted service of DBHR.
  • For concerns or issues, contact Loni Greninger: loni.greninger@dshs.wa.gov, 360-725-3475

  – A tribe, RAIO, or BHO can invite DBHR Tribal Administrator to attend a BHO Coordination planning meeting
Review Tribal Issues Grid
Job Opening: HCA Tribal Liaison
HCA Tribal Liaison Position Posted

Description of Work:

- Develop Healthier Washington-related policies and analyses that support government-to-government relations between state agencies and tribal governments and that address health disparities in AI/AN communities, and

- Facilitate effective communication and dialogue between tribal and non-tribal entities and policy makers, with respect to AI/AN health care delivery and health care needs, in order to inform the various initiatives of the Healthier Washington project.
HCA Tribal Liaison Position Posted

- Supports the Healthier Washington project, including ACHs, HCA’s data analytics unit, practice transformation support, shared decision making, performance measures, and pay for value initiatives
- Project Position: Ends January 2019
- Washington Management Service – Band 2
- Salary: $60,672 – $84,936
- Reports to Jessie Dean, HCA Administrator of Tribal Affairs and Analysis
HCA Tribal Liaison Position Posted

Required Qualifications:

• Either:
  o Bachelor’s degree and 1 year experience working in a health care related field, including state or tribal agency or program work related to public health or health care policy, oversight, delivery, or finance, or
  o 7 years experience working in a health care related field, including state or tribal agency or program work related to public health or health care policy, oversight, delivery, or finance

• 1 year experience working with Tribes or American Indians/Alaska Natives

• Ability to travel extensively in-state
HCA Tribal Liaison Position Posted

Preferred/Desired Qualifications:

• Master's degree from an accredited university.
• Experience facilitating meetings.
• Experience analyzing laws and regulations.
• Experience working in or with an Indian Health Service (IHS)-funded program, including Direct Service IHS, Title I Tribal health programs, Title V Tribal health programs, and urban Indian health programs.
HCA Tribal Liaison Position Posted

For more information or to apply:

Medicaid Transformation Waiver (1115 Waiver): Update & Discussion
Medicaid Transformation Waiver
Tribal Roundtable
September 26, 2016
Medicaid transformation—taking the vision to scale...
Today’s presenters

- Kali Klein
  *Health Policy Project Manager, Health Care Authority*

- Marc Provence
  *Medicaid Transformation Manager, Health Care Authority*

- Kelli Emans
  *Program Manager, Division of Home and Community Services, Department of Social and Health Services*

- Jon Brumbach
  *Senior Health Policy Analyst, Health Care Authority*
Today’s topics

• Medicaid Transformation Overview
  – Long-Term Services and Supports
  – Supportive Housing & Supported Employment
  – Transformation through ACHs
• CMS Negotiations
• Questions and answers
Where to find more information

http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx

Sample resources available:

• Stakeholder and tribal input – waiver application & specific ideas for transformation projects
• Fact Sheets
• Waiver Application
• Previous webinar presentations (slides & recordings)
• Updates on workgroup activities

Send questions and comments to:
Medicaidtransformation@hca.wa.gov
Update on Medicaid Transformation Waiver
Washington’s Medicaid Transformation Goals

Achieving the Triple Aim

• Reduce avoidable use of intensive services and settings

• Improve population health

• Accelerate the transition to value-based payment

• Ensure that Medicaid per-capita cost growth is below national trends
Waiver Initiatives

**Initiative 1**
Transformation through Accountable Communities of Health

- Delivery System Reform
  - Each region, through its Accountable Community of Health, will be able to pursue projects that will transform the Medicaid delivery system to serve the whole person and use resources more wisely.

**Initiative 2**
Enable Older Adults to Stay at Home; Delay or Avoid the Need for More Intensive Care

- **Benefit: Medicaid Alternative Care (MAC)**
  - Community based option for Medicaid clients and their families
  - Services to support unpaid family caregivers

- **Benefit: Tailored Supports for Older Adults (TSOA)**
  - For individuals “at risk” of future Medicaid LTSS not currently meeting Medicaid financial eligibility criteria
  - Primarily services to support unpaid family caregivers

**Initiative 3**
Targeted Foundational Community Supports

- **Benefit: Supportive Housing**
  - Individualized, critical services and supports that will assist Medicaid clients to obtain and maintain housing. The housing-related services do **not** include Medicaid payment for room and board.

- **Benefit: Supported Employment**
  - Services such as individualized job coaching and training, employer relations, and assistance with job placement.
Medicaid Transformation Waiver: *Negotiations with CMS*

- Budget neutrality remains central focus
- Goal: Principled agreement this summer
  - Budget neutrality terms and agreement
- Goal: Final agreement this fall
  - Including Special Terms and Conditions (STCs)
Medicaid Transformation Waiver: Timeline

Medicaid Transformation Waiver Development Process

- State-Federal Discussions
- Draft Concept Paper
- Stakeholder Conversations

- Public comment on draft application
- Stakeholder review and public forums
- Tribal Consultation
- Application submission
- Federal comment period

- State-Federal negotiations
- Statewide outreach and education
- Identify transformation project ideas; develop project toolkit framework
- Develop implementation strategy
- Federal drafting of Special Terms and Conditions

- Public comment on Special Terms & Conditions
- Develop and complete project toolkit and guidance; release for public comment
- ACH technical assistance and planning dollars
- Define performance expectations and project milestones (process and outcome)
- Develop project funding dynamics

Phase 1: Pre-Concept Release
Phase 2: Application Development
Phase 3: Negotiation & Outreach
Phase 4: Implementation Design

We are here.
Initiative 2: Long-term services and supports
Initiative 2: Services Designed to Delay & Divert Need for More Intensive Interventions

• Medicaid Alternative Care (MAC)
  – A new choice designed to support unpaid caregivers in continuing to provide quality care

• Tailored Supports for Older Adults (TSOA)
  – A new eligibility group to support individuals who need Long-Term Services and Supports and are at risk of spending down to impoverishment
Why focus on Family Caregivers?

• Approximately 80% of the care is provided by family members and other unpaid caregivers.

• Caregiving has an economic and health impact on families.

• We need to strengthen the supports available to caregivers so they can continue their role while maintaining their mental and physical health.

• If 1/5\textsuperscript{th} of unpaid caregivers stopped providing care, it would double the cost of long-term services and supports in Washington.
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<tr>
<th><strong>Final Proposal</strong></th>
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<tbody>
<tr>
<td><strong>Age limit</strong></td>
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<tr>
<td>55+</td>
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<tr>
<td><strong>Estate Recovery</strong></td>
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<tr>
<td>Waived for services provided under the MAC benefit.</td>
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<tr>
<td><strong>Cost sharing</strong></td>
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<tr>
<td>No</td>
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<tr>
<td><strong>Resources</strong></td>
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<tr>
<td>No specific asset level. Must meet Medicaid program requirements. Spousal impoverishment protections will apply to this population so potentially higher resource limits for married couples.</td>
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<tr>
<td><strong>Income</strong></td>
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<tr>
<td>Medicaid Eligible</td>
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<tr>
<td>No specific income level. Applicant must be eligible for CN (categorically needy) or ABP (alternate benefit plan).</td>
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## Tailored Services for Older Adults (TSOA)

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<td><strong>Post-eligibility cost sharing</strong></td>
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<td><strong>Estate recovery</strong></td>
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<td><strong>Resources</strong></td>
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Note: Spousal impoverishment protections apply to this program.
Application for MAC & TSOA

• Extensive work being done to make application simple and accessible.
• Ways an individual can apply:
  – on-line through WA Connections -adding new information about the new programs
  – Paper application (TSOA)
  – contacting a local Area Agency on Aging(AAA)
  – contacting DSHS
Eligibility: MAC & TSOA

- Working to simplify processes & create least burden to client.
  - TSOA: will have continuous 12 month eligibility, regardless if a service is received every month.
  - Financial eligibility will be reviewed every 12 months, as will functional eligibility for services.
Preparing for implementation

• Continuing work to make the application process simple and accessible.
• Completed:
  – on-line through WA Connections –adding information about the new programs
  – Paper application (TSOA) & rights and responsibilities
  – Eligibility system change request and design work
Preparing for implementation

• Presumptive eligibility allows us to authorize services prior to a full financial and functional eligibility determination, for a period of 90 days.
  – Allows us to have a ‘no wrong door’ approach to service.
  – Provides service quickly to meet a need.

• Exploring ways to expand our successful wellness education program to MAC & TSOA recipients.
Operationalizing a new Medicaid service

• Continue work with stakeholders to keep fidelity of existing program and align with Medicaid requirements:
  – System design work
  – WAC
  – Developing benefit scope
  – Hand-off protocols – case management and options counseling
  – Staff training
  – Outreach to and engagement of existing state family caregiver program clients
Initiative 3: Supportive housing and supported employment
Initiative 3: Supported Employment

*Individual Placement and Support (IPS) Model*

- An evidence-based approach to supported employment for individuals with significant barriers to employment
  - 23 randomized controlled trials *(Dartmouth, 2015)*

- **Principles of Supported Employment:**
  - Open to anyone who wants to work
  - Focus on competitive employment
  - Rapid job search
  - Systematic job development
  - Client preferences guide decisions
  - Individualized long-term supports
  - Integrated with treatment
  - Benefits counseling included
Supported Employment Target Population

• Aged, Blind, Disabled (ABD)/Housing and Essential Needs (HEN)

• Individuals with severe and persistent mental illness, individuals with multiple episodes of inpatient substance use treatment and/or co-occurring

• Working age youth with behavioral health conditions

• Individuals eligible for long-term care services who have a traumatic brain injury
Initiative 3: Supportive Housing—Eligible Services

- Housing transition services that provide direct support to help individuals obtain housing, including:
  - Housing assessment and development of a plan to address barriers.
  - Assistance with applications, community resources, and outreach to landlords.

- Housing tenancy sustaining services that help individuals maintain their housing, including:
  - Education, training, coaching, resolving disputes, and advocacy.

- Activities that help providers identify and secure housing resources.

Supportive housing services do not include funds for room and board or the development of housing.
Supportive Housing Target Population

- Chronically Homeless (HUD Definition)
- Frequent/Lengthy Institutional Contact
- Frequent/Lengthy Adult Residential Care Stays
- Frequent turnover of in-home caregivers (LTSS)
- PRISM Score 1.5+
Initiative 3: Medicaid Funds Flow

Medicaid

- HCA
- BHA
- ALTSA
- Tribes

- MCOs
- BHOs
- HCS/AAAs
- SH/SE – LTSS
- SH/SE – Tribal Members

Purchaser
Payer
Provider

SH/SE – Physical Health Conditions
SH/SE – Behavioral Health Conditions
SH/SE – LTSS

Data
Preparing for Implementation

Refining critical policy design elements:

- Continuous Quality Improvement planning strategies
- Draft SE & SH Service encounter definitions
- Information Technology preparation
- Planning strategies between Medicaid benefit and other federally funded programs (DVR)
- Defining outcome measurements (SB5732-HB1519 measurements)
- Cross system/agency collaborations
Preparing for Implementation

*Education, Training and Capacity Building*

- Partnership with WLIHA – ‘Medicaid Academies’
  - Webinar Series - [http://wliha.org/medicaid-benefit-resources](http://wliha.org/medicaid-benefit-resources)
  - Training Events
  - Cross-system Events
- Co-Occurring Disorders Conference: October 3rd-4th
- SH & SE Webinars for ACHs featuring nationally recognized experts
- Conference presentations (State, Regional and Local)
- Ongoing monthly topical webinars on SE & SH
Initiative 1: Transformation through Accountable Communities of Health
Transformation Framework

High-level overview of the Medicaid Transformation investment areas.

<table>
<thead>
<tr>
<th>Health Systems Capacity Building</th>
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<tbody>
<tr>
<td>• Workforce and non-conventional service sites</td>
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<tr>
<td>• Primary care models</td>
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<tr>
<td>• Data collection and analytic capacity</td>
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<tr>
<th>Care Delivery Redesign</th>
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<tr>
<td>• Bi-directional integration of care</td>
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<tr>
<td>• Care coordination</td>
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<tr>
<td>• Care transitions</td>
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<tr>
<th>Prevention and Health Promotion</th>
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<tbody>
<tr>
<td>• Chronic disease prevention and/or management</td>
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<tr>
<td>• Maternal and child health</td>
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Project Toolkit Elements

- **Project**: Includes key strategies and activities.
- **Rationale** for the proposed project includes evidence base and reasoning behind the project.
- **Objectives and outcomes** of the project includes the project-specific goals and expected project outcomes.
- **Core components**, or key project elements, to guide development and implementation.
- **Metrics** required for the project; participating providers will earn incentive payments based on performance on the project metrics.
Domain: Care Delivery Redesign

Focus: Bi-Directional Integration of Care

Objectives:
• Address needs of clients not easily engaged in primary care settings
• Improve clients’ adherence to treatment regimens
• Reduce avoidable intensive services and settings

Core components:
• Establish behavioral health screenings in primary care settings
• Implement patient-centered behavioral health in primary care

Metrics:
• Consistency with statewide common measures

To be specified in final toolkit
Transition to Value-Based Payment

- The movement toward value-based payment is critical to the success and sustainability of Medicaid transformation.

- Consistent with the Healthier Washington goal of having 80% of state payments tied to value by 2020, as well as CMS expectations for the Medicare and Medicaid programs, Medicaid transformation efforts must contribute meaningfully to moving Washington forward on value-based payment.
Tribal Specific Projects

• Current framework has a placeholder for Tribal specific projects.
  – Need to better understand how Tribes and I/T/Us wish to engage in Medicaid Transformation
Tribal Roundtables and Consultation

• Roundtables
  – October 7, 9am-11am, HCA (tentative)
  – October 28, 1pm-3pm, HCA (tentative)

• Tribal Consultation
  – November 9, 2:30-4:30pm, HCA
Discussion
Join the Healthier Washington Feedback Network:
healthierwa@hca.wa.gov

Learn more:
www.hca.wa.gov/hw

Questions:
medicaidtransformation@hca.wa.gov
Questions?

Issues?

Concerns?
Thank you.

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