

April 28, 2023 | 9:00-11:00am

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Apple Health Medicaid

Advisory Committee (AHMAC)

(formerly the Title XIX Advisory Committee)

One-touch call-in: [+1 564-999-2000,,741169039#](#)

Closed Captioning provided during meeting

Committee Members:

<input type="checkbox"/>	CHAIR: Marsalli, Bob (WACH) <i>Health Association Rep (cat. 2)</i>	<input type="checkbox"/>	Ewart, Hugh (SEA Children's) <i>Health Association Rep (cat. 2)</i>	<input type="checkbox"/>	Safford, Caitlin (Amerigroup) <i>Health Association Rep (cat. 2)</i>
<input type="checkbox"/>	EXEC SPONSOR: Fotinos, Charissa <i>Medicaid Director</i>	<input type="checkbox"/>	Herrin, Bradley (Pediatrician, Swedish) <i>Board certified physician (cat. 2)-</i>	<input type="checkbox"/>	Sawycky, Kristina (Consumer Advocate) <i>Consumer Advocate (cat. 1)</i>
<input type="checkbox"/>	Burke, Monica (DOH) <i>DOH representative (cat. 3)</i>	<input type="checkbox"/>	Johnson, Laura (UnitedHealthcare) <i>Health Association Rep (cat. 2)</i>	<input type="checkbox"/>	Shepard, Jeb (WSMA) <i>Health Association Rep (cat. 2)</i>
<input type="checkbox"/>	Busz, Andrew (WSHA) <i>Health Association Rep (cat. 2)</i>	<input type="checkbox"/>	Linares, Adriana (Physician, Peacehealth SW) <i>Board certified physician (cat. 2)</i>	<input type="checkbox"/>	Turner, Maren (DSHS) <i>DSHS representative (cat. 3)</i>
<input type="checkbox"/>	Christian, Ann (WA Council for BH) <i>Health Association Rep (cat. 2)</i>	<input type="checkbox"/>	Lovell, Emily (WSDA) <i>Health Association Rep (cat. 2)</i>	<input type="checkbox"/>	Vacant
<input type="checkbox"/>	Elias, Hawa (CHPW) <i>Health Association Rep (cat. 2)</i>	<input type="checkbox"/>	Madigan, Richelle (Patient Advocate) <i>Medicaid Advocate (cat. 1)</i>	<input type="checkbox"/>	Vacant

Stakeholders, Guests & HCA Staff:

<input type="checkbox"/>	Bergman, DorothyAnne (HCA, notes)	<input type="checkbox"/>	McGill, Jason (HCA)	<input type="checkbox"/>	
<input type="checkbox"/>	Klein, Evan (HCA)	<input type="checkbox"/>	Rafton, Sarah (DOHi)	<input type="checkbox"/>	
<input type="checkbox"/>	Kramer, Karin (HCA)	<input type="checkbox"/>		<input type="checkbox"/>	

#	Agenda Items	Time	Lead	Notes/Handouts
1.	Transition Time into Meeting	9:00 am (5 min)		
2.	Roll Call	9:05 am (5 min)	Bob Marsalli	
	<ul style="list-style-type: none"> Quorum achieved. 			
3.	Approval of October 28, 2022 Meeting Minutes and January 27, 2023 Meeting Minutes	9:10 am (10 min)	Bob Marsalli	Please see attached draft minutes in the meeting invitation.
	<ul style="list-style-type: none"> October 28, 2022 minutes approved January 27, 2023 minutes approved 			
4.	Committee Housekeeping Items	9:20 am (15 min)	Bob Marsalli	
	<ul style="list-style-type: none"> Higher-level minutes were agreed upon moving forward. Inviting Quyen Huynh, HCA's Health Equity Director, to upcoming meeting. Unavailable July 28, will plan to attend October 27, 2023 			



5.	Medicaid Legislative and Programs Updates	9:35 am (30min)	Jason McGill	
<ul style="list-style-type: none"> • For people who cannot qualify for Medicaid, the legislature made some significant investments for a new program. • It will incorporate emergency medical, services like ER use, that Medicaid does pay for regardless of qualification status. • Legislature is funded here for July 2024. • New acronym, Health Related Social Need (HRSN) services. • HSRN services are nontraditional healthcare services that Medicaid traditionally hasn't funded. • Supportive Housing and Supportive Employment that were funded starting in the last waiver and based on that performance and based on other ideas from other states, New York, Massachusetts, California, Oregon, etc., there is now a much more substantive suite of services that CMS is interested in allowing states to offer in addition to Supportive Housing and Supportive Employment. • Respite services that are not medically necessary but appropriate for that individual. We're also asking for the first 6-months rent paid for a certain subset of individuals, particularly those discharging from hospitals who need that more intensive care. • Managed-care is intricately involved which is important for integration – making sure we are treating the whole person. Not only the behavioral health, physical health but the wraparound support for the individual. • CMS has clear intention that everyone who is covered by Medicaid have access to the same set of services, and that we don't vary by region or type of coverage. • WA is a big state that has urban, rural, and frontier areas, and we want to figure out how to have folks be able to access services. We are very committed to ensuring that people have access to the services, and CMS has been very clear about their expectation on that. • 1115 Waiver – this is the law that allows state to propose to CMS, a demonstration that the state may pursue, in negotiation with CMS, outside of the normal bound of rules and laws that CMS must follow. • Reentry – will allow up to 90-days prior to release of services that are mandatorily included, sort of care management. • SUD related services; particularly, opioid related treatment services. Upon release, a 30-day supply in hand of the pharmaceutical drugs necessary. • Secondary set of services that we are also pursuing; includes lab and radiology. It also includes other chronic disease services, and behavioral health consultation and screening services and screening services. In addition, a full suite of pharmacy services in jail, not just upon release. • Working now in three areas; state-run prisons, jails and juvenile detention and rehabilitation facilities. • Renewals – clients are receiving a postcard a month prior to renewal just recommending that they update their contact information. The next month, they get their renewal notice. • Radio ads to start 5/15. Lots of social media, promoted ads, etc. With all materials being available in the top 15 languages. • Legislative Updates • 15% managed-care behavioral health increase and a 22% increase for service healthcare. • \$46 million for the Apple Health Expansion program • \$24 million investment to continue the work of implementing the 988 crisis and suicide hotline. • \$252,000 in staff support for the Healthcare Cost Transparency Board. • HB 1357 did pass, there is also a joint legislature executive committee on behavioral health. • \$8 million that was put into the Distress Hospital grant program. • \$1 million in the budget that backfilled a grant application for the CCP HC model. We applied for a federal grant and were not successful in getting that. • HB 1515 provided some framework on managed care procurement, especially in the behavioral health space. • HB 1134, which also continues the 988 work and creates the framework for the mobile rapid crisis response component of the 988 system. 				
6.	Wrap-up <ul style="list-style-type: none"> • Next meeting: July 28, 2023 • Agenda items for next meeting 	10:05 am (20 min)	Charissa Fotinos	

