

Meeting Title: Title XIX Advisory Committee	
Minutes	Meeting Date: 11/16/18 Meeting Time: 8:30 am – 12:00
Meeting Location:	Emerald Queen Conference Center   5580 Pacific Hwy E Fife, WA 98424   Chinook Ballroom
Meeting Called By:	Claudia St. Clair, Chair
Minutes:	Catherine Georg   Meetings may be recorded for transcription <a href="#">RCW 9.73.040 (3)</a>

**Title XIX Advisory Committee Online:**

<https://www.hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-advisory-committee>

**Attendees:**

Members:			
<input checked="" type="checkbox"/>	Christian, Ann	1	<input type="checkbox"/>
<input type="checkbox"/>	Delecki, Chris	2	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Gil, Sylvia (Remove)	3	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Hannemann, Barbara	4	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Hendrickson, Wes	5	<input type="checkbox"/>
<input type="checkbox"/>	Lester, Litonya	6	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Marsalli, Bob	7	<input type="checkbox"/>
<input type="checkbox"/>	Milliren, Heather	8	<input type="checkbox"/>
<input type="checkbox"/>	Morrison, Cynthia	9	<input type="checkbox"/>
<input checked="" type="checkbox"/>	St. Clair, Claudia	10	<input type="checkbox"/>
<input type="checkbox"/>	Tufte, Janice	11	<input type="checkbox"/>
<input type="checkbox"/>	Yorioka, Gerald 'Gerry'	12	<input type="checkbox"/>
<input type="checkbox"/>	Sawycky, Kristina (Prospective)	13	<input type="checkbox"/>
<input type="checkbox"/>	Shirley Prasad (Prospective replacing Sylvia Gil)	14	<input type="checkbox"/>
<input type="checkbox"/>		15	<input type="checkbox"/>
<input type="checkbox"/>		16	<input type="checkbox"/>
<input type="checkbox"/>		17	<input type="checkbox"/>
<input type="checkbox"/>		18	<input type="checkbox"/>
HCA Staff:			
<input checked="" type="checkbox"/>	Georg, Catherine	<input checked="" type="checkbox"/>	Needham, Mich'l
<input checked="" type="checkbox"/>	Kramer, Karin	<input checked="" type="checkbox"/>	Wood, Mary
<input type="checkbox"/>	Lindeblad, MaryAnne	<input checked="" type="checkbox"/>	Fuchs, Tom
<input type="checkbox"/>	Linke, Taylor	<input checked="" type="checkbox"/>	Brumbach, Jon
Please Review & Bring			
Please Review/discuss:	<input checked="" type="checkbox"/> Current agenda and minutes from 9/21/18 meeting <input checked="" type="checkbox"/> Please email any changes on the minutes to: <a href="mailto:catherine.georg@hca.wa.gov">catherine.georg@hca.wa.gov</a>		

This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.

*RCW 9.73.030 (3) Intercepting, recording, or divulging private communication (3) Where consent by all parties is needed... consent shall be considered obtained whenever one party has announced to all other parties engaged in the communication or conversation, in any reasonably effective manner, that such communication or conversation is about to be recorded or transmitted: PROVIDED, That if the conversation is to be recorded that said announcement shall also be recorded.*

2018 Dates	Time	Call or In-Person	
January 19, 2018	8:30-9:30 am	Conference Call	Telephone
March 23, 2018	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
May 18, 2018	8:30-9:30 am	Conference Call	Telephone
July 27, 2018	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
September 21, 2018	8:30-9:30 am	Conference Call	Telephone
November 16, 2018	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife

## AGENDA

Allotted Time	Agenda Items	Lead	Approach
8:30-8:45 15 min	1. Call to Order 2. Announcement <i>This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.</i> 3. Introductions 4. Approval of Agenda - Action Items (Members Only) 5. Approval of Minutes - Action Items (Members Only) 6. Review Action Items	Claudia St. Clair	Informational
8:45-9:15 30 min	7. Healthcare for the Homeless	Jon Brumbach	Informational
9:15-9:45 30 min	8. Opioid Update	Tom Fuchs	Informational
9:45-10:15 30 min	9. Children's Mental Health Workgroup - Early Onset Psychosis	Ann Christian	Informational
10:15-10:25 10 min	10. Take Charge - Family Planning -Notification [Amended/Removed]	Mich'l Needham	Informational
10:25-10:40 15 min	11. Break		
10:40-10:55 15 min	12. 1115 Waiver Update	Mich'l Needham	Informational
10:55-11:05 10 min	13. Legislative Update	Mich'l Needham	Informational
11:05-11:20 15 min	14. Integrated Managed Care Update	Taylor Linke	Informational
11:20-11:30 10 min	15. Organizational Update	Mary Wood	Informational
11:30-11:40 10 min	16. Future 2019 Dates	Cat Georg	Decision
11:40-11:50 10 min	17. Potential Future Agenda Items	All	Decision
11:50-12:00 10 min	18. Closing	Claudia St. Clair	

## ACTION ITEMS & DECISIONS

Item	Action Items / Decisions	Completed
1.	<p><b>Eligibility:</b> Is there a mechanism where HCA could send something to last known primary care provider (PCP)? Check with operations folks to see if possible. [Preston Cody – lead]</p> <p>Note: Kim Robbins states the PIP workgroup is working with MCO on add/drop list; let's see where that goes before launching another work group [3/20/18 Keep or remove; discussion/decision/status 3/23/18] [3/23/18 Get update; Complicated, no progress; future item; check in July for update] [9/21/18] Get update from Preston [11/16/18] Preston Cody new position; Re-visit with Taylor Linke or remove</p>	Complete: <input type="checkbox"/> Date:

2.	<b>Accountable Communities of Health</b> - Infographic [Bob Perna] – looking for playbook or visual that clarify respective roles and responsibilities and relation to providers; Preston will see what MaryAnne and Sue may be working on, what roles are, how they intertwine. [5/18/18 Cat G review with MaryAnne] [7/27/18 Ongoing] [11/16/18] Well documented on <a href="http://hca.wa.gov">hca.wa.gov</a> ; recommend removal <a href="https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation">https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation</a>	Complete: <input checked="" type="checkbox"/> Date:
3.	<b>DBHR org charts to group, once finalized.</b> [7/27/18 MaryAnn to send out] [9/19/18 – In progress; check into putting org chart(s) under 7/27/17 materials] [11/16/18] In packet	Complete: <input checked="" type="checkbox"/> Date:
4.	<b>Medicaid non-citizens</b> document put together by Govs office to group [5/18/18 Mary Wood] [7/27/18 Mary Wood to get a copy to the group] [11/16/18] In packet – Public Charge document	Complete: <input checked="" type="checkbox"/> Date:
5.	There is a new web page for providers on <b>prior auth</b> ; we can send instructions for services that are not part of this [5/18/18 Mary Wood] [7/27/18 Karin Kramer to send] [11/16/18] Well documented on <a href="http://hca.wa.gov">hca.wa.gov</a> ; recommend removal <a href="https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing">https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing</a>	Complete: <input checked="" type="checkbox"/> Date:
6.	[7/27/18] Vanessa Schuler will send a link to tutorial for Accessibility 101. [11/16/18] In packet	Complete: <input checked="" type="checkbox"/> Date:

Potential Future Agenda Items - Telephone	
1.	[9/2/18] Rural Multi-Payer; how do we help keep hospitals remain viable
2.	
3.	
4.	
5.	

Potential Future Agenda Items - In-Person	
1.	Access to Applied Behavior Analysis (ABA) services [Gail Kreiger] [7/19/18 –Unable to attend 7/27/18; invite to future date] [11/16/18 Date – Gail on A/L]
2.	Director Sue Birch [7/19/18 –Unable to attend 7/27/18; invite to future date] [11/16/18 Date – Sue at conference – not attending]
3.	[7/27/18] Core Measurements Adult/Child Medicaid - there is a work group through the Governor’s office that oversees the measures and suggested that <b>Laura Pennington attend a future in-person meeting to discuss the common set of measures, process and structure. [Potential Future Agenda Item]</b> [11/16/18 Date - Laura Pennington – conference]
4.	Tele-medicine – Dr. Fotinos or Dr. Transue [11/16/18 Date Dr. Fotinos/Transue at conference]

**PROPOSED 2019 DATES** - In-Person Dates Based on Emerald Queen Availability

Date	Time	Call or In-Person	
January 18, 2019	8:30-9:30 am	Conference Call	Telephone
March 22, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
May 17, 2019	8:30-9:30 am	Conference Call	Telephone
July 12, 2019 (19 & 26 N/A)	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
September 20, 2019	8:30-9:30 am	Conference Call	Telephone
November 15, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife

Allotted Time	Agenda Items	Lead	Approach
8:30-8:45 15 min	<ol style="list-style-type: none"> <li>1. Call to Order</li> <li>2. Announcement <i>This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.</i></li> <li>3. Introductions</li> <li>4. Approval of Agenda - Action Items (Members Only)</li> <li>5. Approval of Minutes - Action Items (Members Only)</li> <li>6. Review Action Items</li> </ol>	Claudia St. Clair	Informational
	Agenda, one change, Take Charge Motion to approve – Ann, second, heather Page		
8:45-9:15 30 min	<ol style="list-style-type: none"> <li>7. Healthcare for the Homeless</li> </ol>	Jon Brumbach	Informational
<ul style="list-style-type: none"> <li>• Will walk through the slides briefly and am happy to answer questions along the way (4 Handouts)</li> <li>• Will provide 1) Context, 2) Overview, 3) Initial impact, and 4) Next steps</li> <li>• The Center for Outcomes Research and Education (CORE) evaluated the impact of affordable housing on health care costs and utilization by analyzing the Medicaid claims data for 145 housing properties. The chart illustrates the outcomes of the supportive housing properties that were included in the analysis</li> <li>• Chart shows the average percent change in health care utilization per member, per year between the year prior to and the year after moving into supportive housing</li> <li>• Total Medicaid expenditures -14% (significant), PC utilization +23%, ED visits -37%, Inpatient utilization -30%, inpatient behavioral health utilization -100% (inpatient sample sizes too small to show statistical significance)</li> <li>• Take away: supportive housing helps people access appropriate health care services and reduce avoidable emergency department visits and hospitalizations; this in turn results in Medicaid savings</li> <li>• Supportive employment; have seen in pilots results, a significant reduction in unemployment, reduction in emergency department visits, hospital stays; most intensive costs are significantly reduced</li> <li>• Under Medicaid Transformation, serving those with most significant needs, evidence basis will be demonstrated (outcomes)</li> <li>• Foundational Community Supports (FCS) help ensure Healthier Washington’s commitment to whole-person care, which includes permanent, stable and safe housing and employment.</li> <li>• It extends Medicaid benefits to include wraparound services for housing and employment.</li> <li>• Unlike regular health benefits under Medicaid, FCS is not an entitlement; rather, support is targeted to those with the greatest and most immediate needs.</li> <li>• FCS does not provide ongoing payments for housing/rent/room &amp; board, wages or wage enhancements, or funding for development of housing</li> <li>• Page 4 slides; supportive housing; pays for items like interview clothing, etc.</li> </ul>			

- Under 1115 authority, work in partnerships with DSHS to deliver services; authorize services, provide reimbursement; transmit data
- FCS is a collaborative effort between CMS, HCA, DSHS (DBHR, ALTSA), Amerigroup and service providers; HCA holds the contract with the third party administrator (TPA), while DBHR and ALTSA will lead network development and provider support.
- Geri Yorioka: When say providers, on broadest of terms, from community base, to long term services and supports, clinical supports, FQHCs, found WA has strong support capacity; remains outside Medicaid system;
- Harborview, community health centers; similarly, those on the health care side have not participated broadly; are building pathways between clinical world
- Geri Yorioka: Housing support is already there to some extent, but not necessarily under HCA; what is different than what is out there?
- HUD, funding handled between services; by introducing a benefit, as a system providing housing supports
- Geri Yorioka: Health issues become part of that?
- We provide both, because the outcomes demonstrate there is a correlation, provides stability; more flexible dollars
- Ann Christian: Licensed agencies have been including both for years; pair housing with treatment; then with a social service or housing authority separately; it's critical that we distinguish support services from levels of treatment (BH) paired with BH, treatment, and housing (really three pronged);
- Amina Suchoski: Are you actively meeting with FQs, at what portion of funding can be included?
- Considering engaging, so that can partner with providers in their community; Yakima most successful
- Ann Christian: they're licensed both ways, which allows for complexities
- Jon Brumbach: B first year is establishing the structure; when we start to show successes, we hope in the next year, those good examples will help bring others into
- Jon Brumbach: Services themselves helps individual who doesn't have housing or work, engage quickly, critical elements in overall treatment of individual; engaging in housing/employment search, helps with stability to engage in other areas; helps navigate complex systems; will match systems/placement; services and support helps them succeed, some haven't been housed in decades; includes independent living skills; landlord communications; individual communications; rapid engagement in employment processes; match skills with preferences; helps customize experience to help succeed in employment.; not time limited; services continue beyond that point, until no longer needed; some prior auths required
- Medicaid side – qualifications (see demographics, ages); includes teens, BH, complex BH; targets have to demonstrate healthy (risk factors); focusing on certain homeless criteria (federal criteria); looking at complex high services utilizers; complex long term care populations, (etc.)
- (Old GAU) Incapacitated pops, try to bridge that gap and engage those pops; looking at complex long term care pops (i.e. TBI, those with SUD, DBHR pops, serious mental illness, others); focusing on where we can do the most good
- Always a question we get with providers; for supportive employment have billing in 15 minute increments; no limit to the number of times can re-authorize; individual can engage/dis-engage in services
- Those with complex needs , can submit extension for additional billable time
- Supportive housing is a per diem code; cap of 30 paid units over the course of 6 month billing period
- Best practice is to keep 20 individuals to 1 FTE case manager
- Not every provider will have a steady caseload; case fluctuates based on engagement; it is financially viable (rates designed after 1953 waiver housing; supportive employment balanced between treatment supports rate and peer supports rate
- Bob Perna: What measures of success do you have; how do you ensure quality
- Jon Brumbach: Still working on evaluation with CMS; intensive service utilization, other intensive costly service settings; trying to work with evaluator how those interventions impacting
- Terms of quality; models are based on evidence based models (SAMSA, etc.); training DBHR with providers to update training and (high fidelity services); providing model to pursue
- Geri Yorioka: Do have a method to (engage) Tribes?

- Jon Brumbach: Working with our tribal health systems, on contracts and services; some but not all – prioritizing where able to partner and transition to services, its dependent on tribal capacity and needs
- Implemented in Jan 2018; recently broke threshold of 2k; there has been a drop due to the 6 month preauthorization period; that reflected by decrease in enrollment; little bit under our projections; less sophistication on housing providers; lack of housing stock; key piece in keeping people engaged
- Melissa in terms of enrollment; how do they pursue? Walk in, or?
- Jon Brumbach: MH approach, can self-refer to Amerigroup; walk into FCS provider can assess them on the spot, document diagnosis; submit to Amerigroup; services once approved dated to date of assessment; Amerigroup will make referral (single state administrator); want to make sure pathways are as broad as possible
- Bob Perna: Is there a goal?
- J Jon Brumbach: Caseload projection supported housing maximum 4k individuals; supported employment 3.5K; we will start to see enrollments cycle (due to 6 month enrollment period)
- We did inform our budget based on that projection; not seeing utilization; can adjust to ensure services are not interrupted; projection is not a ceiling
- Looking at provider network development, translates to 250 service locations across the state; want to make sure people eligible to both, have access to services
- Geri Yorioka: If somebody appears to be eligible, do they become ineligible
- Jon Brumbach: For example - veterans – cannot supplant or duplicate services; if they are already receiving services, that would be a disqualifying factor; there are services that, if not actively receiving services, they can apply
- Most complex populations receiving services; significant sections in SUD; high penetration in housing for special needs program
- Is there a demographic breakdown?
- As numbers grow, can provide greater breakdown (numbers in packet)
- Bob Perna: Providers (referenced here) not “traditional” clinical providers; (Amerigroup web site – WSMA website – adjunct to another HW document; reduces down)

(4 Handouts)

9:15-9:45 30 min	8. Opioid Update	Tom Fuchs	Informational
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- 9:30
- Opioid State Plan – Focus of all work (3 Handouts)
    - Goal 1: Prevent opioid misuse and abuse through prevention and improving prescribing practices
    - Goal 2: Treat opioid use disorder; expand access to treatment
    - Goal 3: Reduce morbidity and mortality; distribute naloxone (NARCAN) to heroin users
    - Goal 4: Use data to monitor and evaluate; optimize and expand data sources
    - 99% of the work is substance use disorder; consume 82% of opioids in the world, while we represent 2% of the world; WA is a national model (see outline handout with four goals; also above)
  - Current DBHR SAMHSA Grants:
    - WA-PDO Washington State Project to Prevent Prescription Drug/Opioid Drug Overdose
    - Distribution and education about Naloxone (NARCAN)
    - Distributed 8900 kits (August 2017-May 2018)
    - Syringe services programs (SSPs), law enforcement officers, emergency medical personnel, drug treatment agencies, federally recognized tribes, jails, local health jurisdictions, homeless/housing and social service providers, outreach workers, peer organizations
    - Development of the overdose education and Naloxone distribution program 2019-2023 Plan
  - WA-STR Washington State Targeted Response (Handout 2)
    - Allocation \$11,790,256 per year/two year grant; actual amounts subject to change pending SAMHSA grant approval
    - Administrative/Infrastructure \$589,513

- Primary and Secondary Prevention \$2,155,768
- Treatment/Recovery Expansion \$9,044,975
- Trying to figure out what the FEDs will do beyond 2019
- Team worked on 17 different projects (Department of Corrections (DOC), et al); some states give \$ they get to programs; some create projects which WA did; support UW (project); public educations
- WA-SOR Washington State Opioid Response (Handout 3)
  - Total award \$21,260,403
  - Prevention Projects \$4,068
  - Treatment Projects \$11,964,000
  - Recovery Support Services Projects \$3,850,00
  - Hub and spoke does not work in small environments; there is data we will need to continue to collect
  - Have done some work for training and support; OTNs oversight and Hub and spokes; T456
  - Included tobacco cessation with SUD
  - R123 – Recovery Cafes –an organization set up as a support environment; rather than a TX center, provide a location to introduce informal environment
- Geri Yorioka: Are we tracking drugs in prison?
- Tom Fuchs: DOC is tracking; it's not a Medicaid benefit; MAT is about stabilization; DOC is doing initialization of Medication assisted treatment in jail environment; DOC regulation is so set, the issue has been re-addiction to new substances
- Tom Fuchs: Have never seen a legislature as supportive as WA – funding supports:
  - Nine Nurse Care Managers to support (OBOT) Primary Care
  - Five additional new Hub and Spokes; total of 11 hub and spoke structures
  - Nine Nurse Care Managers to support syringe Services program and FQHCs
  - Recovery Helpline MAP Treatment locator
  - Grant to Tribes for opioid prevention, treatment and Naloxone distribution
  - Expansion of Pregnant and parenting Women's (PPW) program
  - MAP Treatment Increase
  - Drug Take-Back
  - Youth Prevention Services
- Geri Yorioka: With the rising use of Fentanyl, have there been issues with NARCAN not lasting long enough?
- Tom Fuchs: Have had some hot spots show up; had a few series of ODs in the last few weeks; we try to make it available without questions; have to move to a different model; cannot imagine how federal grants will continue, or how much they will be; will build models and save lives

(3 Handouts)

9:45-10:15 30 min	9. Children's Mental Health Workgroup - Early Onset Psychosis	Ann Christian	Informational
<ul style="list-style-type: none"> <li>● Overview of Children's Mental Health Workgroup (CMHWG) presentation 11/1/19; ongoing workgroup; MaryAnne Lindeblad and Representative Noel Frame are co-chairs (4 Handouts)</li> <li>● We are quite a few years into the project with three agencies participating in demonstration; hope is to bring programs to scale across the state</li> <li>● Screening for and early identification of psychosis among adolescents and transition-age youth will become a universal health practice and evidence-based health and recovery support interventions will be available to those in need.</li> <li>● We have a vision for Washington State and it really stems from the fact that half of mental health conditions begin by age 14, and 75% of mental health conditions develop by age 24. We envision that all of these youth and young adults are identified and supported with evidence-based care as early as possible.</li> <li>● Stories are that the mental health system is "broken"; don't think its broken, but it does not have the capacity; there is a lack of inpatient beds, both short and long-term (PPD Slide 3)</li> <li>● Our state has also spent millions of dollars on fines related to the <i>Trueblood</i> federal lawsuit because we were not meeting our constitutional duty in ensuring timely competency evaluations and restoration; civil</li> </ul>			

rights issues need addressed by our state; we don't get treatment to people soon enough; don't know how to find them; don't do outreach; typically doesn't occur until end up in hospital or jail

- Most do not receive treatment until they reach Stage 4, after a psychotic break has already occurred and sometimes more than once; we want to reach people earlier; early intervention
- Patients are isolated, traumatized; often by the time help arrives, have already been stigmatized, quit school, leave home, become homeless
- Common experiences without early intervention
  - Obstacles, delays, trauma, isolation
  - Involuntary entry, lack of evidence-based care
  - Families are isolated
  - Lack of supported employment or education
  - High doses of medicine
  - Stigma and discrimination
  - Institutionalized poverty
- Negative consequences of inaction
  - The duration of untreated psychosis (DUP) in the United States is a little over 2 years
  - Psychosis can be profoundly disabling
  - People who experience psychosis have a shortened life expectancy of 28.5 years
  - 1 in 10 individuals with psychosis will take their own lives
- World Health Organization ranks psychosis as the 3rd most disabling condition in the world, and this is among all health conditions, not just psychiatric disorders.
- WA was being used as a control state; continues to be so; has not had early intervention for psychosis; have potential to avert life of tragedy
- Coordinated Specialty Care (CSC) is an evidence-based model for first episode psychosis that has decades of research from around the world; program has ability to pay for itself in approximately 2 years
  - Based on early intervention models originally implemented in other countries
  - Multidisciplinary
  - Multi-component
  - Person-centered
  - Applies shared decision-making
  - Some degree of collaboration with primary care
- Through evidence based care; biggest component active engagement peds, phys, school officials, pub health officials; this is what you look for, this is who you call, here is the number, early intervention; youth are more likely to stay in school, stay at home, etc.
- What is hard for them, is keeping up in school, staying employed, keeping them engaged as much of normal life, slows down progressive symptoms
- Built in peer support; person is living in recovery with diagnosis
- WA - New journeys network – pilots –state has not contributed funds into these services
- Some gaps in health plans: Don't pay for outreach, education, employment or supportive housing
- Bob Perna: How does map intersect with 9 ACHs
- Ann Christian: Exactly the same; not sure the ACHs have responsibility beyond acknowledging (ACHs aren't funding)
- Bob Perna: Want to understand how/what ACHs will/won't do
- Amina Suchoski– Perhaps look at providers, are they active in ACHs (funding is not going to flow that from ACHs)
- Ann Christian: General question about ACHs – health plans – (IMC issue- possible expansion- Isabel?)
- Geri Yorioka: Suggests partnering with OSPI
- Ann Christian: If look at the slide, will see an FTE will be building that out; to contribute to mental first aid; help them identify for self, friend, adult, when something doesn't seem right; seems like a good thing ACHs could do in terms of education

- How do we get to where we would like to be (quote slide) – how do we get specialty care programs
- Will be working during leg session to conduct study, to show what should be included in coverages (Medicaid, insurance coverage) what would it take, etc.
- Been having conversation with MaryAnne Lindeblad for 4/5 years, to make this an opportunity across the state
- Other handouts treatment model map
- Before stage four – graph on back – Portland ME, since late 90’s have been able to demonstrate net reduction across entire community 34% (see graphic); it is encouraging and motivating; want to make that becomes our story in WA state
- There is a draft proviso, Harborview Institute (Dr. Davita) WA Council as provider association; will hire someone to help map that out; did get encouragement with CMHWG, said to ask for the money, but not sure it’s doable with the money; first stage has to be the planning
- Bob Perna –that’s what I was going to say; not sure study is the answer; is it a study (language sounds like a pilot)?
- Ann Christian: Will make note of that
- Bob Perna: WSMA does have a workgroup; let’s talk off-line
- Michelle: Work with a lot of autistic children; adults have expressed concerns about differential diagnosis; don’t have access to services; criterial limits access; high (suicide), get passed back and forth between DDA; what is the solution for that
- Ann Christian: Son is on the spectrum, so am familiar with what you describe; hope is that when we do purchasing, that those barriers will go away; if person is Medicaid eligible, don’t have to meet previous BHO standards; hope on Medicaid side, integrated side based on need, not arbitrary diagnosis
- Amina Suchoski: United with commercial footprint; how do pull them across to employer based; to create broader insurance
- Ann Christian: How can this be integrated in commercial plan; help them sooner than the Medicaid stage?
- Bob Perna: Trying to ramp up own understanding on how ACHs and IMC all fit together; lots of moving parts; understand BHI part of that; looking for something that shows how it all fits together; think we can do a better job of showing how it all fits together
- Claudia St. Clair- Access to standards go away, cover all services; going to move on now in the agenda (IMC care update)

(4 Handouts)

10:15-10:25 <i>10 min</i>	10. Take Charge - Family Planning - Notification	Mich’l Needham	Informational
Amended/Removed			
10:25-10:40 <i>15 min</i>	11. Break		
10:40-10:55 <i>15 min</i>	12. 1115 Waiver Update	Mich’l Needham	Informational

- Initiative 1: ACH - Key activities – implementation plans have been submitted by ACHs, - overview of what framework the ACHs selected; implementation goes live in January; going through scrubbing with evaluator; tribal plans have their own implementation through AHIC – will be reviewing in early December;
- SUD amendment – (monitoring protocol) due; PDMD RX drug database
- Initiative 2: Long Term Care Services and Support
- Initiative 3 Housing – 2400 people enrolled in program this month
- Initiative 4 SUD Amendment – allows us to pay for
- Summary of support impacts – SUD Components
- Looking at updating formal evaluation – contracting with OHSU for that work – work needs revised to include SUD; work continues without (additional) money

- Money distribution – \$65M DSHP – \$5.5M to Indian health plan provider
- Released pay for performance – pay for reporting – incentive vs. measurement for performance
- Interactive tool (dashboard) online to drill in high level summary (filepath) HW MTP DATA MEASUREMENT > (Action)
- Will continue to measure Integration; committed to achievements and integration by 2020
- Michelle Hoffman: Are there barriers; some BHOs have not been interested in integrating
- Ann Christian: BHOs different from BHAs – have been questions and have been confused; describes difference
- Bob Perna: WSMA document; referenced payment roadmap, trying to make that a living document and update as changes occur; trying to put actionable things in there; from lens of WSMA
- Geri Yorioka: Wondered about where things are in the national perspective; are others having pay for performance, can give national perspective
- Mich’l Needham: Waiver has moving parts; ACHs are not all waiver funded projects; some are coordinated through community partners; our ACHs started with SIM funded project; questions have been asked around how we sustain some of the services because BHI built into waiver and Medicaid program; some states are not going with philosophy of doing that, and not at all interested in expanding Medicaid; we want to sustain BH in our care model; foundational community supports are unique; we had opportunity to access the DSRP dollars, we can match some fed dollars with state/county/local dollars; feds have shut down that funding model; as such we cannot help model that for others
- Bob Perna: Sense that NY has modeled for WA; WA has huge land mass, with few dense areas; NY more densely population areas and WA has adapted
- Ann Christian: In opportunities for transformation, NY could dramatically decrease beds and still provide adequate care; WA could not reduce beds and sustain care

10:55-11:05 10 min	13. Legislative Update	Mich’l Needham	Informational
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- There are a number of reports submitted to the legislature; there are 5 different presentations in the Senate this week; WSMA, DOH, HCA
- Hepatitis C: Joining project with DOH on Hepatitis C purchasing and eradication; intent to put out RFP by January for Hepatitis C products
- Others not Medicaid specific; Ways and Means; benefits have not been funded
- Energy and Utilities Committee; need infrastructure for bringing on SEB employees
- Decision packages for BH; beds to close some WSH beds, in addition to lawsuits, etc.
- IT system supports PEB/SEB; PEB system is over 40 years old; don’t teach that in programming anymore
- HBE to build on modular system
- Budget asks: Don’t expect we will get all of what ask for; Medicaid caseload adjustment; utilization changes; drug costs; changes with restoration with HW savings; restoration preferred drug list achieved more savings than they asked for; peer funding that Tom talked about; youth services; Trueblood; suicide prevention with DOH at Govs directive; vaccines; BH by directional health increases; Tribal affairs and engagement; newborn screening (mandatory); external quality review; placeholder for MH disease; may be able to apply for IMD services for MH
- Cut list in half by what we turned in; can find HCA reports to the legislature online
- Mandate to do the Medicaid managed care dental; briefing to joint select committee at the end of October; implementation is on hold; going around with actuaries on what that will cost; trying to certify rates to fund program; under review; will be legislative debate; on hold until July
- ABC Dental – did not get permission from CMS to do that as outlined in legislation; it is on appeal to modify statute to implement program; cannot select who provides services
- DHAT - Denied by CMS; too targeted to tribal clinics; appealed; hearing in December
- MH – ABC When we did the fiscal note, we sized it in a certain way; CMS said we had to do all children; being looked at budget wise

<ul style="list-style-type: none"> <li>Dec 4 House Health Care hearing; asked to provide update on Waiver, BHI, Hep C during house assembly week</li> </ul>			
11:05-11:20 15 min	14. Integrated Managed Care Update	Taylor Linke	Informational
<ul style="list-style-type: none"> <li>HCA is on track to implement IMC in King, Pierce, Greater Columbia and Spokane on 1/1/19</li> <li>HCA has conducted a readiness review of all the MCOs and the BH-ASO's in those regions and they have all passed</li> <li>We have verified that they have an adequate provider network; most MCOs and ASO's are contracting with all of the same BH providers as we're contracted in the BHO system</li> <li>In late September, HCA sent the first letter to clients to let them know that in January their BH coverage would transition from their BHO to a health plan</li> <li>On 11/20/18, enrollment will process in the ProviderOne system and clients will be "enrolled" in their integrated managed care plan effective 1/1/19; the system will auto-generate a letter that will go to each client, letting them know which MCO they are assigned to and how they can choose a new plan if they want to switch; the majority of clients will stay in the same MCO, they will have a package of mental health and substance use disorder benefits added to their existing coverage</li> <li>For the last 6 months HCA has been working with the local Accountable Communities of Health to stand up 3 key workgroups at the local level. These are:             <ol style="list-style-type: none"> <li>1. Communications: This workgroup brings together impacted stakeholders across the region and develops a communication plan to ensure that providers and social service agencies are ready to answer client questions when letters hit the street.</li> <li>2. Provider Readiness: This workgroup brings together all BH providers, MCOs and HCA to answer provider questions and prepare for readiness, such as provider credentialing, authorization processes, and helping providers learn how to bill claims to MCOs.</li> <li>3. Early Warning System: These workgroups identify key metrics to track for the first 6 months of implementation, to help us know if there are any issues we need to rapidly address</li> </ol> </li> <li>We are optimistic about the 1/1/19 transition and appreciate the incredible work that has happened at the local level between MCOs, providers, counties and ACH's to prepare for this significant transition</li> <li>The MCOS have contingency plans in place to ensure providers get paid and clients get served; HCA has rapid response calls set for the first month of implementation, so that we are touching base proactively with providers and MCOs in each region every other day to resolve issues – including the weekends</li> <li>We would ask that people have patience during these initial months and be solution-focused; this is a very significant change for our system and so we all need to work together to get through the initial transition period.</li> </ul>			
11:20-11:30 10 min	15. Organizational Update	Mary Wood	Informational
<p>Clinical Quality and Care Transformation</p> <ul style="list-style-type: none"> <li>Dr. Charissa Fotinos – has served as our Deputy Chief Medical Officer for nearly 5 years; will step into an expanded role as director of Behavioral health integration and evidenced based policy; Charissa has led our state's national recognized response to the opioid public health crisis and is key to the state's efforts to integrate physical and behavioral health</li> </ul> <p>Policy</p> <ul style="list-style-type: none"> <li>Marc Provence - Retired</li> <li>Laura Zaichkin – Departed state service and working the private sector</li> </ul> <p>Medicaid Services Administration</p> <ul style="list-style-type: none"> <li>Preston Cody has taken a new position within DSHS – Special assistant with the Behavioral Health Administration team, working on transformation goals</li> <li>Taylor Linke has been placed in Preston's vacated position as 'acting' assistant director while HCA conducts a national recruitment</li> </ul>			

Communications

- Deputy Communications Director – Kennedy Soileau has been hired; Kennedy will manage agency’s media relations, working to build media relations strategy

Behavioral Health & Recovery

- Michael Langer continues as ‘acting’ assistant director for Behavioral Health & Recovery, while HCA continues with the recruitment to replace Chris Imhoff
- Melodie Pazolt is in the role of ‘acting’ deputy, previously Michael Langer
- Both will return to their respective positions when position is filled
- Recruitment is ongoing to fill Chris Imhoff’s position; goal was to fill and start by December; with the holidays this will likely occur after the first of the year

Tribal

- Jessie Dean Administrator of Tribal Affairs and Analysis, was moved to the agency’s Executive Leadership Team in September; he reports directly to the agency director; he facilitates our government-to-government relationships with the 29 federally recognized tribes in Washington and the four tribes in Oregon and Idaho that serve Apple Health (Medicaid) clients; helps support the work of the urban Indian health programs and the Indian Health Service

11:30-11:40 10 min	16. Future 2019 Dates	Cat Georg	Decision
<p>Approved without changes</p> <ul style="list-style-type: none"> <li>• January 18, 2019</li> <li>• March 22, 2019</li> <li>• May 17, 2019</li> <li>• July 12, 2019</li> <li>• September 20, 2019</li> <li>• November 15, 2019</li> </ul>			
11:40-11:50 10 min	17. Potential Future Agenda Items	All	Decision
<ul style="list-style-type: none"> <li>• Tribal Update [Jessie Dean]</li> <li>• Integrated Managed Care [Alice Lind]</li> <li>• Governor’s Budget</li> </ul>			
11:50-12:00 10 min	18. Closing	Claudia St. Clair	