

HCA-DOH Monthly Tribal Meeting

Tuesday, April 2, 2019

9:00 AM – 1:00 PM

Location: Sue Crystal Conference Center, Cherry Street Plaza, 626 8th Avenue SE, Olympia, WA

Webinar: <https://attendee.gotowebinar.com/register/1170705395525345027>



Agenda

- 9:00 AM Webinar Check, Welcome, Blessing, Introductions
Department of Health
- 9:15 AM Updates – Tamara Fulwyler
Health Care Authority
- 9:30 AM Community Behavioral Health Data/Reporting Standardization – Cathie Ott
- 9:50 AM WISE Curriculum Adaptation Workgroup – Tina Burrell
- 10:10 AM Tribal Opioid Solution Media Campaign: Developed Materials – Tina Anderson
- 10:30 AM Upcoming Conferences/Trainings – Lucilla Mendoza
- 10:40 AM *Break*
- 11:00 AM Dental Managed Care – Rebecca Carrell
- 11:20 AM Tribal 638 FQHC – Jessie Dean
- 11:40 AM Tribal Contracting – Jessie Dean
- Noon Open Session
- Adjourn



Webinar Check, Welcome, Blessing, Introductions

Opening



Tamara Fulwyler

DOH Tribal Relations Director

Department of Health Updates



EPI ROAD SHOWS



Join us for a full day of presentations, networking, and more

Epidemiology in Action
Come together with professionals from across the state to exchange ideas and knowledge around current disease topics and trends

In-Person or via Webinar
To register: [2019 Epi Road Show Registration](#)

WESTERN WASHINGTON

May 14, 2019
Tacoma-Pierce County
Health Department



EASTERN WASHINGTON

June 19, 2019
Enduris Training Facility
Spokane, WA

Questions or suggestions?
Amanda Dodd
(206) 418-5500



- ▶ Travel Scholarships Available for transportation and meals
- ▶ Contact Amanda.Dodd@doh.wa.gov
- ▶ Register for in-person or webinar: <https://fortress.wa.gov/doh/opinio/s?s=2019EpiRoadShowRegistration>



Cathie Ott
Division Director
HCA Division of ProviderOne Operations and Services

Community Behavioral Health Data/Reporting Standardization (BRADS)



BRADS Project Goals

- ▶ Infrastructure to collect/submit data for federal SAMHSA reporting was not developed for Integrated MC, creating a data gap
- ▶ BRADS Project Goals:
 - ▶ Meet SAMHSA block grant reporting requirements and state BH data analysis needs
 - ▶ Standardize data elements/formats to minimize provider burden at the point of care
 - ▶ Establish data submission and quality review processes to ensure accurate and timely submission
 - ▶ Utilize existing data sources and collection mechanisms to the maximum extent possible
- ▶ BRADS Project does not include analysis of TARGET system

BRADS Project Status

- ▶ Milliman is providing consulting assistance
- ▶ Completed interviews & provider forums to gather information about how native transaction data are gathered and used
 - ▶ Conducted surveys and interviews with all MCOs, BHOs and BH-ASOs
 - ▶ Hosted 2 Community Behavioral Health provider forums
- Milliman compiled key findings from surveys, interviews and forums into a comprehensive report
- ▶ Standard data definitions/formats will be formalized in a Transaction Data Guide
- ▶ Currently considering options for system implementation

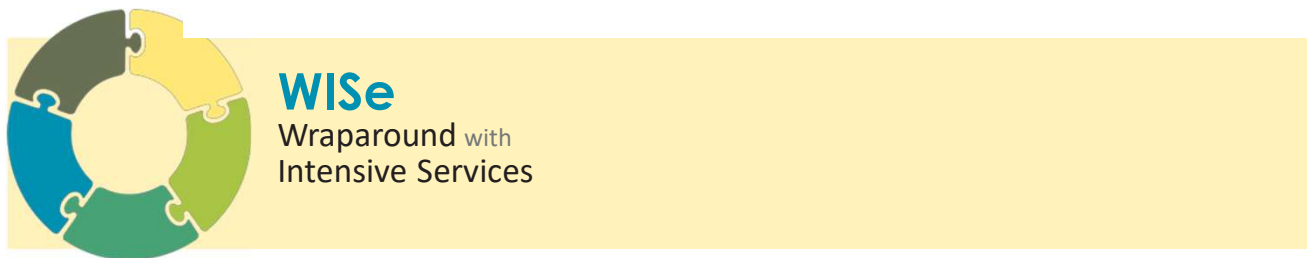
Tina Burrell
Children's Behavioral Health Administrator
HCA Division of Behavioral Health and Recovery

Wraparound with Intensive Services (WISe)



WISe discussion points

- ▶ Introductions
- ▶ Brief overview of the WISe delivery Model
- ▶ Invite to participate in the WISe adaptation session
 - ▶ May 10th in Spokane, WA
- ▶ Questions



WISe Delivery Model

- ▶ Offers a higher level of care than other outpatient mental health services through these core components:
 - ▶ The time and location of services: WISe is not office-based. Services are provided in locations and at times that work best for the youth and family, such as in the family home and on evenings and weekends.
 - ▶ Team-based approach: WISe relies on a team approach to meet the youth and family's needs. Intensive care coordination between all partners and team members is essential in achieving positive outcomes.
 - ▶ Help during a crisis: Youth and families have access to crisis services any time of the day, 365 days a year. Youth receive services from an individual who is familiar with the family and their individualized safety plan.

WISe Highlights

- ▶ Builds on the strengths of the youth and their family.
- ▶ Focuses on increasing and strengthening natural supports for the youth and their family.
- ▶ Uses a Child and Family Team (CFT) approach to address the needs of the youth and their family.
- ▶ Provides Peer Support to Youth and Families with Certified Peer Counselor(s).
- ▶ Maintain an average caseload size of 10 for each WISe Care Coordinator.

WISe Implementation Status

- ▶ In February 2019, **2434 youth received WISe**
- ▶ Goal: 3150 youth and families in WISe each month
 - ▶ At 77% of meeting monthly caseload goal
- ▶ All regions continuing to recruit workforce to increase the number of WISe teams.

WISe Adaptation Project

▶ WISe Manual highlights include:

- ▶ Cross-System Collaboration
- ▶ WISe Team Meeting Facilitation Components and Team Structure
- ▶ Child Adolescent Needs and Strengths Assessments
- ▶ Involvement of Family Partners and Youth Partners (Certified Peer Counselors)
- ▶ Providing Intensive Care Coordination and Services Using a Wraparound Approach
- ▶ Service Array
- ▶ Cross System Care Plan
- ▶ Transition

WISe Curriculum Adaptation Project

- ▶ December 2017: Initial project discussion
- ▶ April 2018: Upper Skagit Tribe hosted a WISe training discussion and debrief with leaders (10 attendees total)
- ▶ August 2018: Presented an update and invite
- ▶ November 2018: Presented an update and invite
- ▶ Today: Invite to participate in a work session May 10 in Spokane, WA

Invite: WISe Adaptation Project

- ▶ May 10, 2019 in Spokane, location TBD.
- ▶ This is the morning following the quarterly American Indian Health Commission Board meeting.
- ▶ The WISe Workforce Collaborative will facilitate meeting:
 - ▶ provide an overview of the current WISe training material;
 - ▶ gather feedback provided; and
 - ▶ produce an updated draft WISe training materials for review.
- ▶ Need about 8-10 Tribal representatives to participate on the workgroup.
- ▶ Workgroup will take place bi-weekly (at least monthly) for 3 months.
- ▶ Most meetings will take place by webinar.

Comments and questions

Contacts:

Jeanette Barnes, WISe Workforce Collaborative

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En Route

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Tina Burrell, Children's Behavioral Health Administrator- WISe

Health Care Authority (HCA)

Division of Behavioral Health and Recovery (DBHR)

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Tina Anderson, Program Manager, HCA Opioid State Targeted Response (STR)
Michelle Hege, CEO, DH

Tribal Opioid Solution Media Campaign



Lucilla Mendoza
Tribal Behavioral Health Administrator
HCA Office of Tribal Affairs

Upcoming Conferences/Trainings



Upcoming Conferences

- ▶ Tribal Behavioral Health Conference
 - ▶ April 3-4, Tulalip Resort, Tulalip, WA
- ▶ 18th Annual Saying It Out Loud Conference
 - ▶ Save the date – April 29, Tacoma, WA
 - ▶ Online registration open February
 - ▶ Updates at SayingItOutLoud.org

Save *the* Date

18th Annual 2019 North Sound Tribal Behavioral Health Conference and Opioid Symposium

THE POWER TO HEAL:
CULTURAL TRADITION IN WELLNESS

April 3rd & 4th, 2019
Tulalip Resort, Tulalip, WA

Featuring
Special
Keynote
Theda
New
Breast

Keynotes, workshops, and panels exploring Tribal traditional strengths that support behavioral health treatment and recovery in Tribal communities.

Opioid Crisis • Suicide Prevention
Youth Outreach • Historical Trauma

For registration and scholarship forms:
tc2019@northsoundbho.org or
www.northsoundbho.org/tribal

Presented by the North Sound Behavioral Health Organization, North Sound Tribes, and Washington State Health Care Authority



Join our featured speaker
Dr. Leticia Nieto
Psy.D., LMFT



Upcoming Conferences

▶ Spring Youth Forum – Prevention Peer to Peer Conference

- ▶ Save the date – May 22, Grand Mound, WA
- ▶ Scholarship application opened February 18
- ▶ Registration and application - <http://springyouthforum.org/>



▶ 2019 Student Support Conference – Better Together

- ▶ Save the date – May 22-24, Wenatchee, WA
- ▶ Registration - bit.ly/StudentSupport2019



American Indian/Alaskan Native Opioid Response Workgroup (AI/AN ORW)

- ▶ Upcoming meetings focus on needs and resources assessment
 - ▶ Tuesday April 9 from 2-4pm
 - ▶ Location: Health Care Authority, Town Square Building, Chinook 242, 626 8th Ave SE, Olympia, WA
 - ▶ Webinar Registration: <https://attendee.gotowebinar.com/register/1562852822593784321>
 - ▶ Tuesday May 7 from 2-4pm
 - ▶ Location: Health Care Authority, Cherry Street Plaza, Sandpiper 535, 626 8th Ave SE, Olympia, WA
 - ▶ Webinar Registration: <https://attendee.gotowebinar.com/register/6704717850377139203>
 - ▶ Please share Dear Tribal Leader Letter that was mailed November 2018 (attached)

American Indian/Alaskan Native Opioid Response Workgroup (AI/AN ORW)

▶ **Tribes and Tribal Organizations (23 Total)**

- ▶ American Indian Health Commission
- ▶ American Indian Community Center
- ▶ Chehalis Tribe
- ▶ Colville Tribes
- ▶ Cowlitz Tribe
- ▶ Hoh Tribe
- ▶ Jamestown S’Klallam Tribe
- ▶ Lower Elwha
- ▶ Klallam Tribe
- ▶ Lummi Nation
- ▶ Makah Tribe
- ▶ Nisqually Tribe
- ▶ Nooksack Tribe
- ▶ Port Gamble S’Klallam Tribe
- ▶ Samish Tribe
- ▶ Shoalwater Bay Tribe
- ▶ Seattle Indian Health Board
- ▶ Skokomish Tribe
- ▶ Spokane Tribe of Indians
- ▶ Stillaguamish

- ▶ Tribe
- ▶ Yakama Nation
- ▶ Tulalip Tribes
- ▶ Yakama Nation
- ▶ Yakama Nation HIS

▶ **State, National, Partners and Organizations (12 Total)**

- ▶ DOH
- ▶ DSHS - OIP
- ▶ HCA
- ▶ HRSA
- ▶ IHS
- ▶ NPAIHB
- ▶ Oregon Health Authority
- ▶ Community Health Plan of Washington
- ▶ Coordinated Care
- ▶ Molina
- ▶ WA Community Health
- ▶ Amerigroup

Tribal Prevention Gathering Update

- ▶ Planning for 3rd Annual Tribal Prevention Gathering for dates in May.
- ▶ For more information, contact – Lizzie Callender at Elizabeth.callender@hca.wa.gov
- ▶ Focus on substance use prevention and mental health promotion in tribal communities.



PTTC - FOR MORE INFORMATION

- ▶ If you would like to receive our electronic newsletter, please join our email list by signing up here: <http://bit.ly/NWPTTCemail>
- ▶ Our website is here: <https://pttcnetwork.org/>
- ▶ If you have a request for specific information, you can complete our online form here: <http://bit.ly/NWPTTCrequest>



Northwest (HHS Region 10)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Washington State
Health Care Authority

Break



Rebecca Carrell
Business Operations Manager
HCA Division of Medicaid Program Operations and Integrity

Dental Managed Care

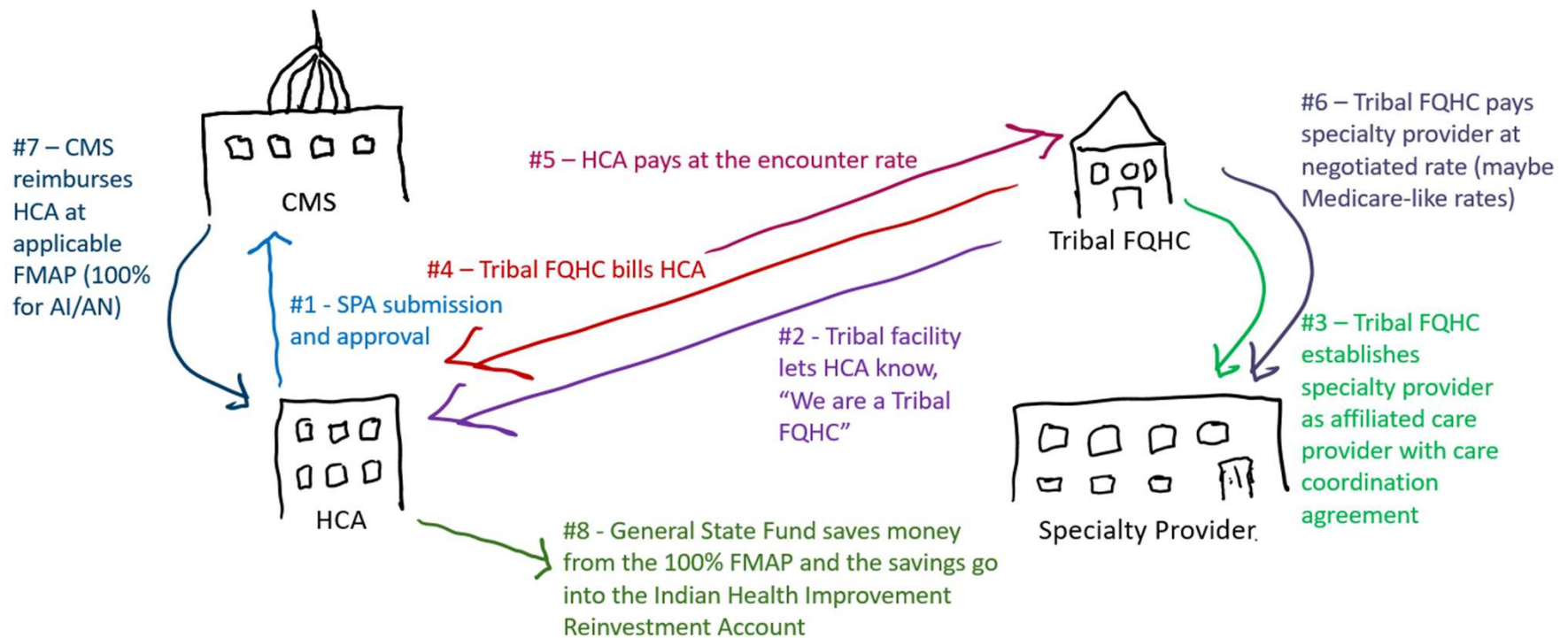


Jessie Dean
Tribal Affairs Administrator
HCA Office of Tribal Affairs

Tribal 638 FQHC



Tribal 638 FQHC Process



Primary Benefits of Tribal 638 FQHC

1. Eligible to receive the encounter rate for FQHC services outside the four-walls
 - ▶ Tribe can receive encounter rate for Tribal services in clinically appropriate settings
 - ▶ Tribe can receive encounter rate for non-Tribal services that are provided under FQHC Affiliate Agreement
2. Eligible to receive the encounter rate for FQHC services to non-AI/AN
 - ▶ FQHCs have a one facility, one rate rule (see Social Security Act § 1902(bb))
 - Compare to Indian enrollee rate rule (see Social Security Act § 1932(h)(2)(C))
 - ▶ Exception: Substance Use Disorder – Tribal FQHC still responsible for state match

FQHC Affiliate Agreements

▶ What we know

- ▶ Tribal 638 FQHCs can use these agreements with other providers
- ▶ Agreement enables referral to non-Tribal provider with care coordination
- ▶ Tribal 638 FQHC negotiates with the non-Tribal provider the rate(s) and terms for providing care
- ▶ Tribal 638 FQHC pays the non-Tribal provider and bills either ProviderOne or the Apple Health plan for the service
- ▶ Tribal 638 FQHC receives the IHS encounter rate
- ▶ State receives 100% federal match for services provided to AI/AN clients
- ▶ Only for FQHC services (i.e., outpatient)

Care Coordination Agreements

▶ What we know

- ▶ Tribal clinic or Tribal 638 FQHC can use these agreements with non-tribal providers
- ▶ Agreement ensures care coordination
- ▶ Non-Tribal provider bills either ProviderOne or the Apple Health plan for the service
- ▶ Non-Tribal provider receives standard fee-for-service or managed care rate(s) for the service
- ▶ For all Medicaid services, including inpatient
- ▶ CMS requirement to exchange health information
- ▶ State receives 100% federal match for services provided to AI/AN clients

▶ What we think we know

- ▶ Potentially the majority of funds for the reinvestment account
 - ▶ Because of hospital stays/in-patient



Care Coordination Agreement vs. Affiliate Agreement

Similarities

- Standing agreements
- Both require sharing health records and coordinating care for the non-Tribal service be considered “received through” the Tribal facility (clinic or FQHC)

Differences

Care Coordination Agreement	FQHC Affiliate Agreement
<ul style="list-style-type: none">• Non-Tribal provider must be participating in Medicaid	<ul style="list-style-type: none">• Non-Tribal provider may choose not to participate in Medicaid directly but still needs to enroll as a non-billing provider
<ul style="list-style-type: none">• Who bills Medicaid?<ul style="list-style-type: none">• Non-Tribal provider bills Medicaid (ProviderOne or MCO) directly and receives standard Medicaid rate• Paid: \$50	<ul style="list-style-type: none">• Who bills Medicaid?<ul style="list-style-type: none">• Tribal 638 FQHC bills Medicaid for non-Tribal provider’s service; non-Tribal provider does not bill Medicaid• Paid: \$455

What We Don't Know

- ▶ Will our SPA be approved as written and intended?
 - ▶ Will CMS agree that Tribal 638 FQHC may receive the encounter rate for the same services as a Tribal 638 clinic?
 - ▶ If not, will the FQHC services be different than Tribal clinic services and will Tribal 638 FQHCs be required to bill under FQHC rules?

Update on Timing

March 20, 2019

SPA 19-0009 (Tribal 638 FQHC APM SPA) submitted

April 28, 2019

Regular legislative session ends, which means we know the official outcome of dental managed care and SB 5415 (pending session ending on time)

June 18, 2019

End of the 90 days for CMS to respond to HCA's SPA

July 1, 2019

Dental managed care implementation date (pending legislative direction)

Target date for Tribal FQHC Billing Guide



Jessie Dean
Tribal Affairs Administrator
HCA Office of Tribal Affairs

HCA Tribal Contracting



Open Session



Adjournment



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Web: [https://www.doh.wa.gov/
ForPublicHealthandHealthcareProviders/
TribalPublicHealth](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/TribalPublicHealth)

