




HCA-BHA Monthly Tribal Meeting

May 22, 2017

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** Medicaid Administrative Claiming
- 9:15 AM** Maternity Support Services/Infant Case Management Listening Tour
- 9:30 AM** 1915(b) Waiver – Update
- 9:40 AM** Mental Health Fee-for-Service Implementation – Update
- 9:50 AM** Upcoming Consultation on SAMHSA Block Grant Plan – Update
- 10:00 AM** Tribal Centric Behavioral Health Conference – Update
- 10:10 AM** Merger of DBHR and HCA - Update
- 10:30 AM** Medicaid Transformation Demonstration Tribal Protocols – Update
- 11:00 AM** Fully Integrated Managed Care – Update + State-Tribal Engagement
- 11:30 AM** Brief Announcements + Open Forum
- Noon** Closing

Welcome, Blessing, Introductions

Medicaid Administrative Claiming

Goal: Information sharing



Medicaid Administrative Claiming (MAC)

Tyron Nixon

Program Manager, Tribal Medicaid Administrative Claiming

Division: Medicaid Program Operations and Integrity

What is Medicaid Administrative Claiming?

A federal reimbursement program that allows eligible governmental entities the opportunity to receive partial reimbursement for the expenses incurred when staff perform allowable “administrative” activities.

Examples of MAC Activities

- A community health representative explains to a family how Apple Health could help their son get better access to a specialty doctor.
- A tribal assister (who is not supported by funding from the Health Benefit Exchange) helps a tribal member and her family apply for Apple Health.
- A contract health worker refers a tribal member to a specialty health care provider.

Tribal Staff Eligible to Participate

- Billings and Benefits Specialist
- Case Manager/Caseworker/Clinic Coordinator
- Chemical Dependency Professional
- Family Support Specialist
- Program Manager/Coordinator
- Recovery Specialist

Reimbursement/Claiming Process

- Participating tribes use a web-based time study/ claiming system
- At the end of the fiscal quarter, the time study determines what percentage of staff time for each tribe was spent performing reimbursable activities, and a claim is generated through the system.

Potential Quarterly Reimbursement

Number of Tribal Participating Staff	Average Reimbursement*/ Quarter
1 – 10	\$8,000
10 – 20	\$17,000
20 – 30	\$28,000
30 or more	\$56,000
*Reimbursement amounts are approximate.	

Questions?

More Information:

Tyron Nixon, Program Specialist

Medicaid, Program Operations and Integrity

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First Steps Maternity Support Services & Infant Case Management

Goal: Information sharing



First Steps Maternity Support Services (MSS) & Infant Case Management (ICM)

Heather Weiher
First Steps Program Manager
MPOI

Jamie Teuteberg
Program Manager Infant Case Management
MPOI

April 2017

What is MSS?

- Preventive health and education services
- Help a woman have a healthy pregnancy and a healthy baby
- The program is for pregnant women receiving Apple Health
- Offered in addition to medical and prenatal care

MSS Covered Services

- In-person screening(s) for risk factors
- Brief counseling
- Education related to improving pregnancy and infant health outcomes
- Interventions for risk factors
- Basic health messages
- Referral to community resources
- Case management and care coordination

Staffing Exception for Tribes and Indian Health Programs

- Only one of the following is required:
 - Behavioral health specialist (BHS)
 - Registered dietitian (RD)
 - Community health nurse (RN)
 - Optional:
 - Community Health Representatives (CHR)
- *All staff types are eligible to for reimbursement

Reimbursement Details

Site	Staff Type	Reimbursement
Office	RN, RD, BHS	\$25*
	CHR	\$14*
Home or alternate site	RN, RD, BHS	\$35*
	CHR	\$18*
Group Session	RN, RD, BHS	\$25/client/session
*reimbursement per unit, a unit is = 15 minutes of face to face service		

- Total maximum reimbursement for each pregnant woman could be up to \$1,050.
- Plus medical encounter rate when service is provided by BHS.

You are invited!

- Please join us for our First Steps Maternity Support Services & Infant Case Management Program Improvement Listening Tour!
- Program managers will be traveling around the state to hear from local providers, past providers, partners, and others.
- See the attached flyer for details; register as soon as possible.

Questions?

Heather Weiher | Jamie Teuteberg

Heather.Weiher@hca.wa.gov | Jamie.Teuteberg@hca.wa.gov

First Steps Maternity Support Services & Infant Case Management Team

Heather Phone: 360-725-1293 | Jamie Phone: 360-725-2010

Update:

1915(b) Waiver

Goal: Information sharing

Update: 1915(b) Waiver

Actions to Date

- March 29: State submitted the waiver to CMS
- April 25: State submitted draft STCs to CMS

Next Steps

- AIHC/Tribes will send letters to CMS regarding STCs
- State and AIHC/Tribes will work on Letter of Agreement

Update:

Mental Health Fee-for-Service Implementation

Goal: Information sharing

Update: MH FFS Implementation

- First and second mailings to clients were mailed out.
- Letter of interest for non-tribal providers were mailed out.
- Rates have been emailed and posted—see DBHR website.
- Communications Workgroup (with tribal reps) are working on webinar trainings.
- Provider Entry Portal for provider registration is being tested.
- A FAQ document for clients and Tribes to be completed soon.
- A Provider Letter of Interest will be sent to SUD providers in Clark and Skamania Counties by end of May 2017.

Update: SUD FFS **Non-Tribal** Providers

- Email sent out 5/18 to notify of a data system change
- For **non-tribal operated SUD providers** that serve AI/AN Medicaid FFS clients only
 - Use TARGET through June 30, 2017, then use the BH Data Store beginning July 1, 2017
 - *Exception: Also applies to NWITC, SIHB, Native Project*
- **No change for Tribally operated SUD providers!**

Update:
**AIHC Tribal Behavioral Health
Conference**

Goal: Information sharing

AIHC Tribal Behavioral Health Conference

- Date: Friday, June 23, 2017
- Time: 9:00a.m.-3:00p.m.
- Location: Emerald Queen Casino, Fife, WA
- Planning Committee meetings every Tuesday at 8 a.m.—contact Vicki Lowe to join.
- Registration has been sent out!
- Draft agenda in the works (next slide)

AIHC Tribal Behavioral Health Conference

- 9:00a.m.—Opening
- 9:10a.m.—Medicaid MH FFS Implementation
- 9:30a.m.—Sharing Tribal Best Practices (Chehalis)
- 10:00a.m.—Breakout (Providers, Administrators, and Billers)
- 12:00a.m.—Lunch
- 12:30p.m.—Sharing Tribal Best Practices (Port Gamble)
- 1:00p.m.—U of WA and NUKA Presentations
- 1:40p.m.—Breakout (Providers, Administrators, and Billers)
- 2:45p.m.—Closing/Next Steps

AIHC Tribal Behavioral Health Conference

Nuka System of Care

- Trainers from the Southcentral Foundation in Alaska will provide two presentations on the Nuka System of Care.
- Michelle Baker is a senior director of behavioral health, KJ Worbey is a clinical director of learning circles.
- The Nuka System of Care focuses on AIAN culturally designed, whole person care using a customer-centered approach to care.

Update: Upcoming Consultation on SAMHSA Block Grant Biennial Plan

*Goals: Overview of consultation request,
finalize consultation date*

Update: Consultation on SAMHSA Block Grant Biennial Plan

- DBHR must submit a biennial plan update to SAMHSA by September 1, 2017.
- The Biennial Plan describes how DBHR uses the SAMHSA Block Grant federal funding to address SUD and MH needs within WA.
- Requesting formal input from Tribes.
- Last tribal consultation on the plan: July 15, 2016

Update: Tribal Consultation on SAMHSA Block Grant Biennial Plan

- Dates for Roundtables and Consultation need to be rescheduled due to DBHR Leadership scheduling conflicts.
- Potential dates; please give feedback:
 - 1st Roundtable: Friday, July 28, 2017; 9am-11am
 - 2nd Roundtable: Monday, August 7, 2017; 9am-12pm
 - Consultation: Friday, August 18, 2019; 9am-12pm

Update:

Merger of DBHR and HCA

Goal: Information sharing and tribal engagement plan

Merger of DBHR and HCA

If passed, SB 5259 directs the transfer of the State Behavioral Health Authority and behavioral health programs from DSHS/DBHR to HCA

- DSHS and HCA have begun planning for the transfer; the Office of Financial Management has been working with DSHS and HCA to identify which staff will be transferred from DSHS to HCA
- July 1, 2017: HCA becomes the Behavioral Health Authority: MOU between HCA and DSHS to continue DBHR programs until staff are moved from DBHR to HCA
- January 1, 2018: Staff moves from DBHR to HCA

Merger of DBHR and HCA

DSHS Tribal Consolidated Contracts - DSHS and HCA have identified Consolidated Contracting as a key program that will require transitioning. DSHS and HCA plan to do the following:

- HCA will enable DSHS to continue to fund tribes for behavioral health programs under the Consolidated Contracts
- HCA will contract with DSHS for the Office of Indian Policy to continue administrative support for the Tribal Consolidated Contracts
- HCA will create administrative capacity at HCA to support consolidated contracting with Tribes and related reporting

Merger of DBHR and HCA

7.01 Plans

- In the MOU, HCA will enable DSHS to continue preparing and following 7.01 Plans.
- HCA will work to amend its Tribal Consultation Policy to incorporate the 7.01 Planning concept

Tribal Consultation Policy

- In the MOU, HCA and DSHS will apply both agencies' policies to all DBHR-related tribal consultations from July 1 through December 31, 2017
- Beginning on January 1, 2017, HCA's policy will apply
- HCA will work to amend its Tribal Consultation Policy

Merger of DBHR and HCA

Tribal Engagement and Collaboration

- In the MOU, HCA will establish a tribal workgroup to solicit tribal advice on the merger
 - ***Add as an agenda item to the Monthly Tribal Meetings?***
- If and when SB 5259 is enacted, HCA will send a Dear Tribal Leader Letter:
 - Explaining the changes that will take place July 1 – December 31, 2017 and the provisions in the MOU, and
 - Soliciting advice from tribal and Indian Health Care Provider leadership
- ***What else should HCA do?***

Update:

Medicaid Transformation Demonstration – Tribal Protocol

Goal: Information sharing

Medicaid Transformation Project Update

- The Medicaid Transformation Project aka the Transformation Project
- Manatt has been contracted to provide technical assistance for the Transformation Project
- Financial update regarding funds flow described on the following slides created by Manatt

FOCUS OF TOPIC

Source: CMS, Washington State Health Care Authority
[Topics/Waivers/1115/](#)

*pool (2/3 of
remaining) and MC
pool (1/3 of remain*

Source: Working DSRIP
Subject to Change



** Note that though*

Source: Working DSRIP
Subject to Change

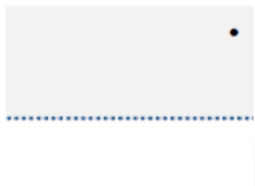
**Incentives
Pool**

* Pending DSHP cl

Source: Working DSRI
Subject to Chang



* Pending DSHP claim
Source: Working DSRIP


* Pending DSHP claim
Source: Working DSRIP

STATEWIDE PR

** Estimated Medica
as of November 201
Plan score or projec*

Source: Working DSRIP F
Subject to Change

HCA Estimates of Medicaid Covered Lives Attributable to IHCPs



Nooksack	71
Port Gamble	81
S'Klallam	
Puyallup	4,4
Quileute	81
Quinault	1,1

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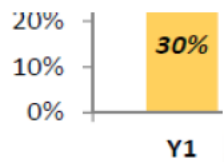


Source: Working DSRIP
Subject to Change

- HCA anticipa

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Source: Working DSRIP
Subject to Change.



Source: Working DSRIP
Subject to Change

Medicaid Fully Integrated Managed Care Implementation

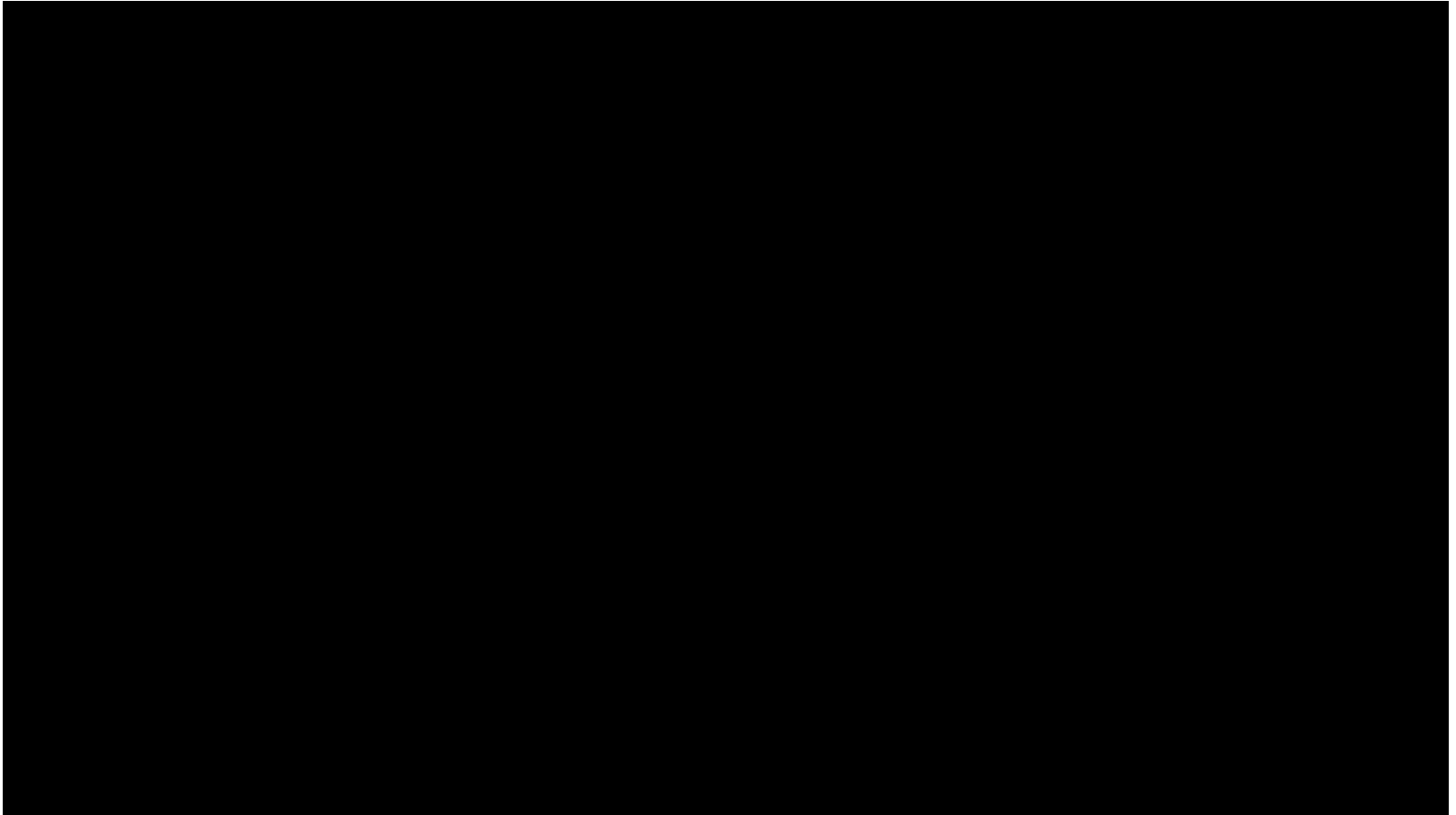
*Goal: Information sharing and tribal
engagement plan*

System Integration Efforts: Behavioral Health and Medical Care

Jessica Diaz
Health Care Authority
May 22, 2017



Video: Integrated Managed Care

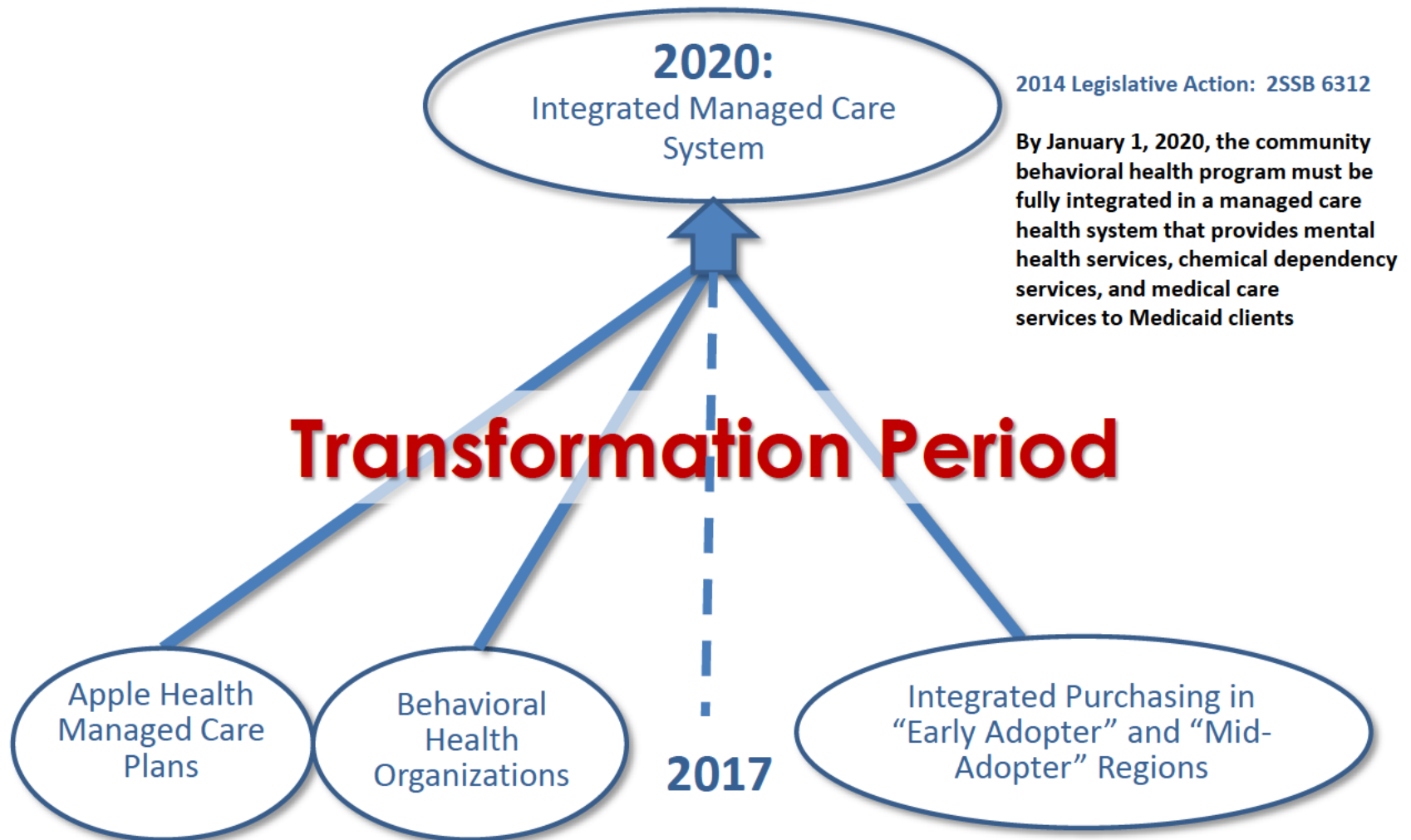


Governors Direction & Legislative Context

Senate Bill 6312 passed in 2014:

- Changed how the state purchases mental health and substance use disorder services in the Medicaid program
- Regional Services Areas – 10
- Directs state to integrate the financing and delivery of physical health, mental health and substance use disorder services in the Medicaid program **via managed care by 2020**
- Directs the State to integrate mental health and substance use disorder services through Behavioral Health Organizations (BHOS) as an **interim step to 2020, by 2016**
- Created a pathway for regions to fully integrate early, starting in April 2016

Parallel Paths to Purchasing Transformation



New System: Whole-Person Care

- For Apple Health clients, physical health, mental health and substance use disorder services will be managed by one managed care plan that is responsible for keeping them well – both mind and body.
- Access to Care standards no longer apply; care is provided based on level of care guidelines and medical necessity.
- MCO contracts require coordination with county-managed programs, criminal justice, long-term supports and services, tribal entities, etc. via an Allied System Coordination Plan.

Basics about Full Integration

County Authority

- It is the decision of the county authority(s) in a Regional Service Area to move to an integrated model before 2020. In January 2020, each region in the State will transition per E2SSB 6312.
- In a multi-county region, all counties must agree.

Consumer Choice

- Each region will have a minimum of 2 Managed Care Plans, which will be selected through a competitive procurement process.
- No region will have more than 5 plans.

Collaboration

- No matter when a region goes forward, the implementation process will require a high degree of collaboration between providers, MCOs, county/BHO staff, and the State. **We welcome ways to include tribes in the planning and implementation of integrated managed care within each region.**

County/ BHO Role

- All regions will have the first right of refusal to keep their BHO in the role of BH-ASO, which is an entity that manages the crisis system regionally as well as certain non-Medicaid funds.
- If desired, the county(s) can form a Interlocal Leadership Structure that that will lead the design & implementation from the local level. **In proposed legislation, tribes are identified as key representatives.**

Where We Are

Today...

- Physical and behavioral health integration for Medicaid in its second year in Southwest Washington

Moving forward...

- *North Central region will become a mid-adopter of integration in January 2018.*
- *Additional regions can select to become mid-adopters in 2019.*
- *Physical and behavioral health integration throughout the state by 2020.*

Medicaid Transformation Demonstration Opportunities related to Integration

- All ACH's are required to and will receive funding for clinical integration projects (see toolkit);
- All regions with implementation dates prior to 2020 will receive incentives to support provider transition:
 - First incentive on receipt of binding letter: by 9/15/17
 - Second incentive on implementation date: 1/1/2019
- The first incentive payment will be distributed upon approval of the ACH project plan – expected early 2018

Integration Incentive Funds: Potential Uses

- Can be used to assist providers in the region with the process of transitioning to a integrated managed care business model, such as:
 - Implementing new billing technology
 - Technical assistance to learn new billing/encounter submission/claims reconciliation methods and train staff on medical billing
 - Technical assistance in moving to value-based purchasing payment methods
 - Technical assistance to implement a new EHR
 - Technical assistance to implement an integrated clinical model
- Funds can also be used to further support implementation of transformation projects

FIMC Implementation Dates

- ❖ April 1, 2016: Clark and Skamania counties
- ❖ September 15, 2017: Deadline for Mid-Adopter LOI
- ❖ January 1, 2018: Chelan, Douglas, and Grant counties
- ❖ January 1, 2019: Last Mid-Adopter implementation date
 - Full implementation – No transition; or
 - Transitional implementation - MCOs assume risk
- ❖ January 1, 2020: Remaining implementation statewide – No Medicaid Transformation Demonstration incentives

FIMC Implementation Collaboration

- ❖ Ideas for how HCA could engage with tribes/Indian health care providers:
 - July MTM: Presentation on what HCA learned from the Early Adopter implementation in Clark and Skamania counties
 - Statewide tribal workgroup on FIMC implementation
 - Regional tribal workgroups as each area implements FIMC



Resources

- **HCA Contacts**

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Brief Announcements

Goal: Information sharing

Wisdom Warriors Master Training

- The Yellowhawk Tribal Health Center is hosting a Wisdom Warriors Master Training in Pendleton, OR.
- The training is for chronic disease self-management training, scheduled for June 12-16, 2017.
- Recommended as a tribal project for participation in the Medicaid Transformation Project.
- Registration fee of \$500.00 is waived for WA, OR and ID tribes.
- Contact Dionne Bronson at 541-429-4922 or via e-mail at dionnebronson@Yellowhawk.org to register.

Quarterly MCO-Tribal Meeting

- June 14, 2017, 9:30 a.m. to Noon
 - Immediately follows shorter Tribal Compliance and Operations Workgroup (TCOW) meeting
- Agenda will include MCO description of their Utilization Management programs
- Meeting will take place at Cherry Street Plaza
- Register for webinar or dial-in at:

<https://attendee.gotowebinar.com/register/2083214274261795075>

Open Forum

Goal: Discuss any pressing issues that are not on today's agenda

Questions?

Issues?

Concerns?

**Division of Policy, Planning & Performance
Office of Tribal Affairs & Analysis**

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

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Washington State
Department of Social
& Health Services

Transforming lives

Behavioral Health Administration

Division of Behavioral Health & Recovery

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