



HCA-BHA Monthly Tribal Meeting

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

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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

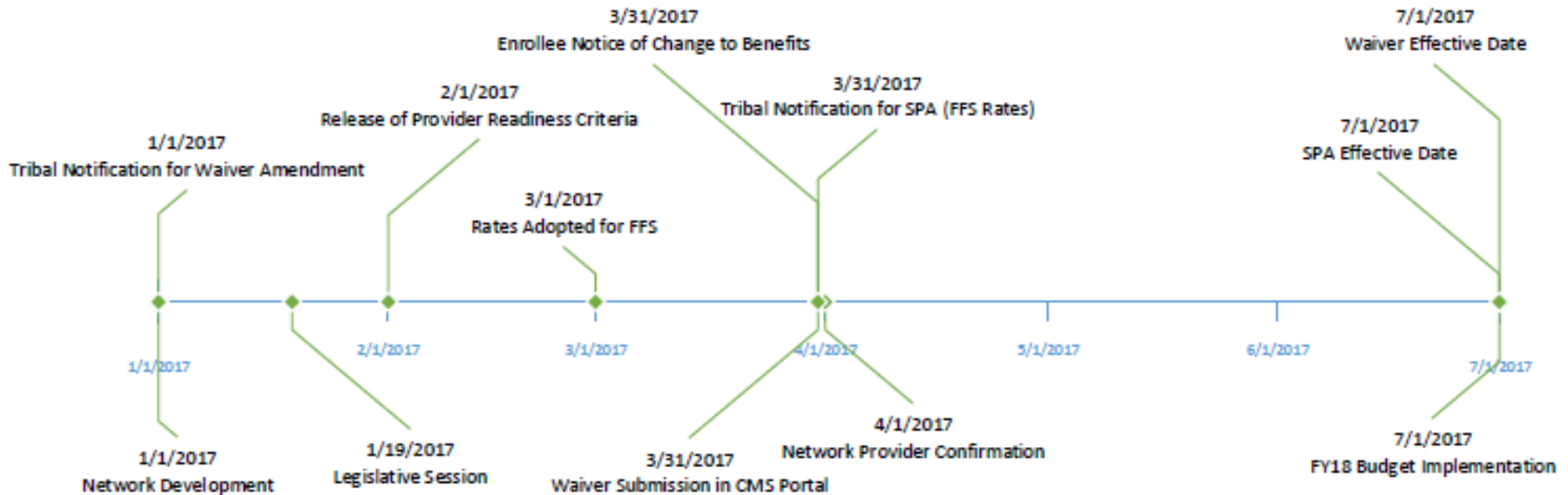
- Meetings occurred 08/31, 09/12, and 09/19
- Tasks completed so far:
 - Established meeting dates
 - Agreed upon a tentative timeline
 - Agreed upon draft finalized Waiver language
- Tasks to be completed
 - Submit 1915(b) Waiver Renewal Application to CMS by September 30, 2016
 - Today: review Waiver 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



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

AIHC Biennial Health Summit	BHO–State–Tribal Convening
Meetings occurred 08/10, 08/24, 09/14 (meet every two weeks)	First meeting occurred 09/14 (meet every two weeks)
Date: November 1–2	Date: TBD
Location: Emerald Queen Casino, Fife	Location: TBD
Tasks to be completed: finalize agenda	Tasks to be completed: finalize date, location, agenda

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

DBHR 7.01 Plan	BHO Coordination Plan
Parties: DBHR and Tribe/RAIO	Parties: Local BHO and Tribe/RAIO
Authority: DSHS Admin. Policy 7.01	Authority: DBHR-BHO Contracts
Oversight: Office of Indian Policy	Oversight: DBHR Tribal Admin.
Plan elements: Defined in 7.01 Policy	Plan elements: Defined in DBHR-BHO Contracts *According to 7.01 Policy, the DBHR Tribal Administrator must include, “... <i>the planning and delivery of contracted services by incorporating the appropriate language into the contracts.</i> ”

Comparison of DBHR 7.01 vs. BHO Coord. Plan

DBHR 7.01 Plan	BHO Coordination Plan
Plan Elements	Plan Elements
<ul style="list-style-type: none">• Goals/Objectives• Activities• Expected Outcomes• Lead Staff/Target Date• Progress Report	<ul style="list-style-type: none">• Goals/Objectives• Activities• Expected Outcomes• Lead Staff/Target Date• Progress Report

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:
 - 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
 - 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:

- <https://www.governmentjobs.com/careers/washington/jobs/1538732/tribal-liaison-71045641>



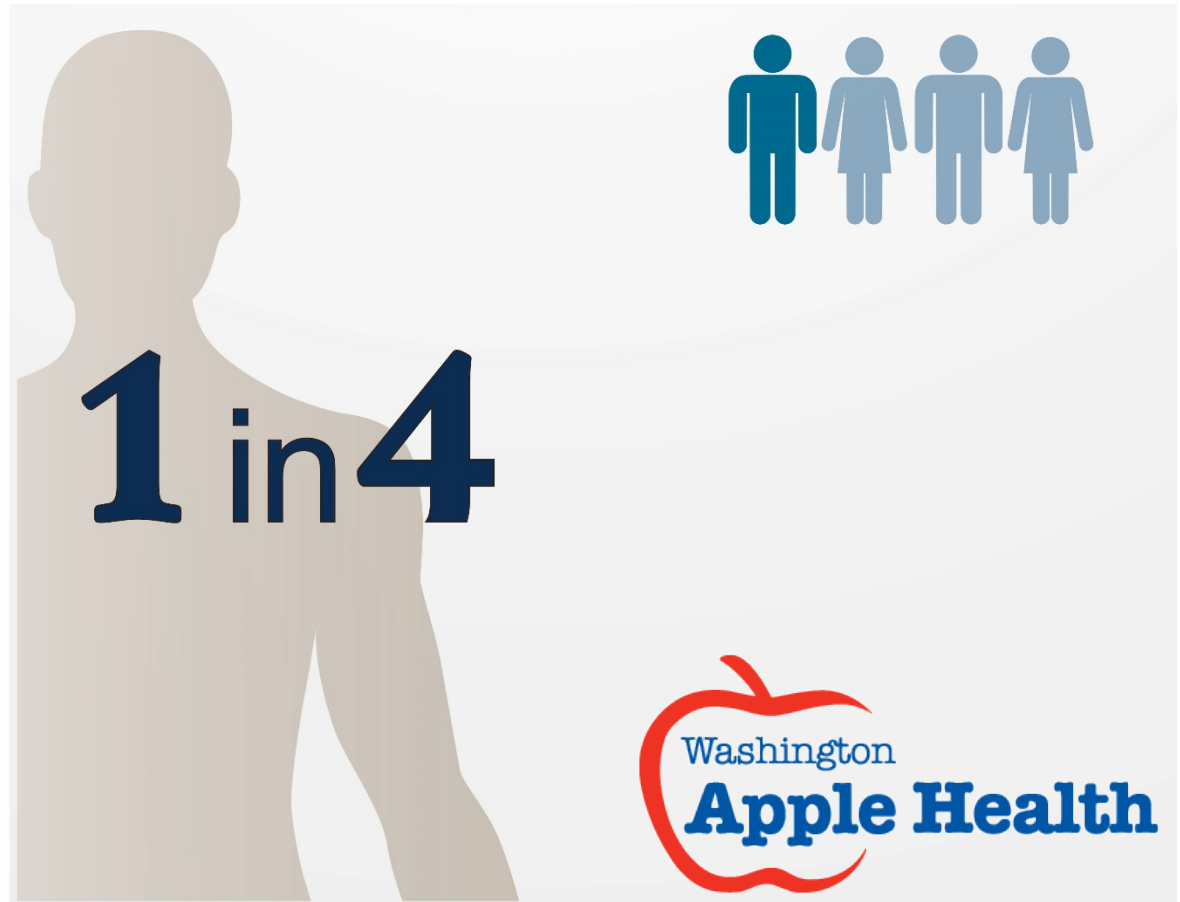
Medicaid Transformation Waiver (1115 Waiver): Update & Discussion



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.

Transformation Projects

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

Medicaid Benefits/Services

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

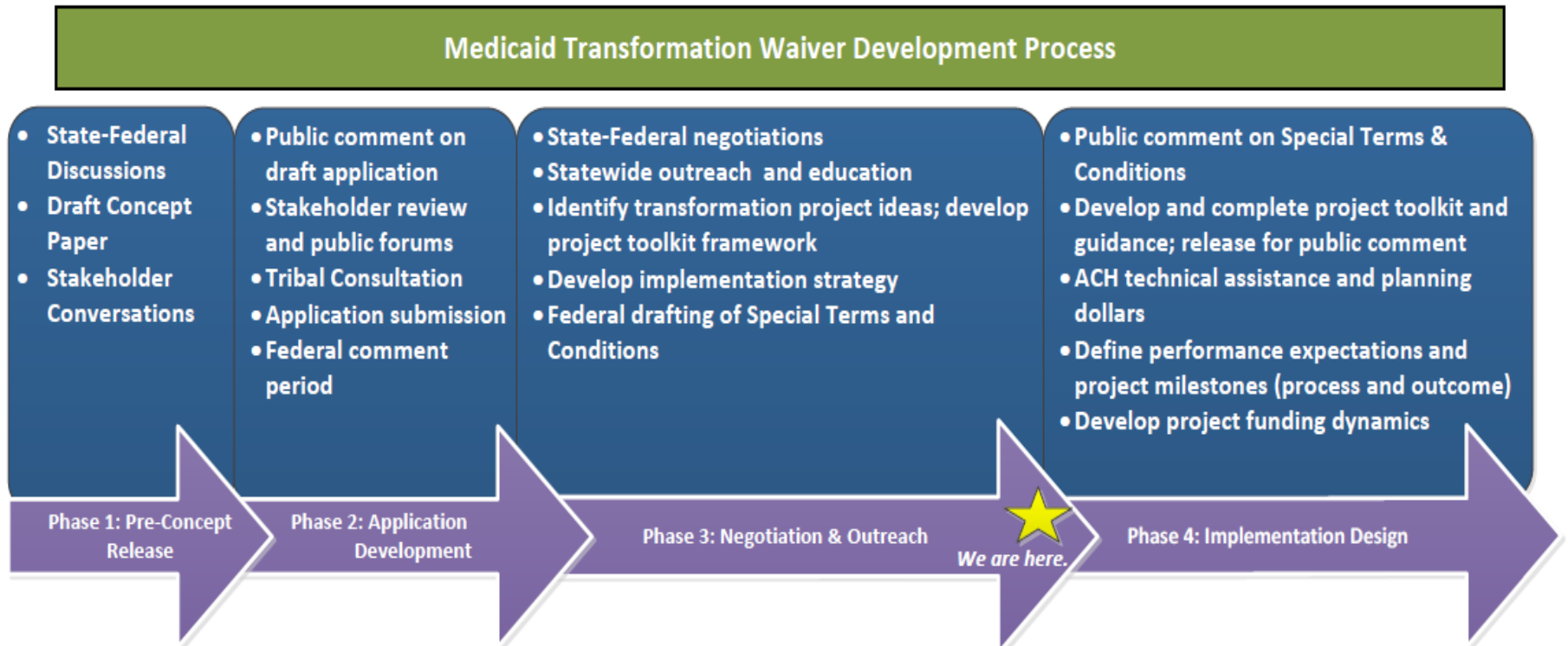
- Services such as individualized job coaching and training, employer relations, and assistance with job placement.



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*



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 1/5th of unpaid caregivers stopped providing care, it would double the cost of long-term services and supports in Washington.

Medicaid Alternative Care (MAC)

Final Proposal	
Age limit	55+
Estate Recovery	Waived for services provided under the MAC benefit.
Cost sharing	No
Resources	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.
Income	Medicaid Eligible
	No specific income level. Applicant must be eligible for CN (categorically needy) or ABP (alternate benefit plan).

Tailored Services for Older Adults (TSOA)

Final Proposal	
Age limit	55+
Income	300% Federal Benefit Rate (\$2,199 based on 2016 standards) will use community income rule for married applicants.
Post-eligibility cost sharing	No cost sharing or 'participation' for TSOA recipients.
Estate recovery	Waived for services provided under the MAC benefit.
Resources	Asset limit of: - \$53,100 for a single individual - \$53,100 plus \$54,726 for a spouse not receiving services

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.

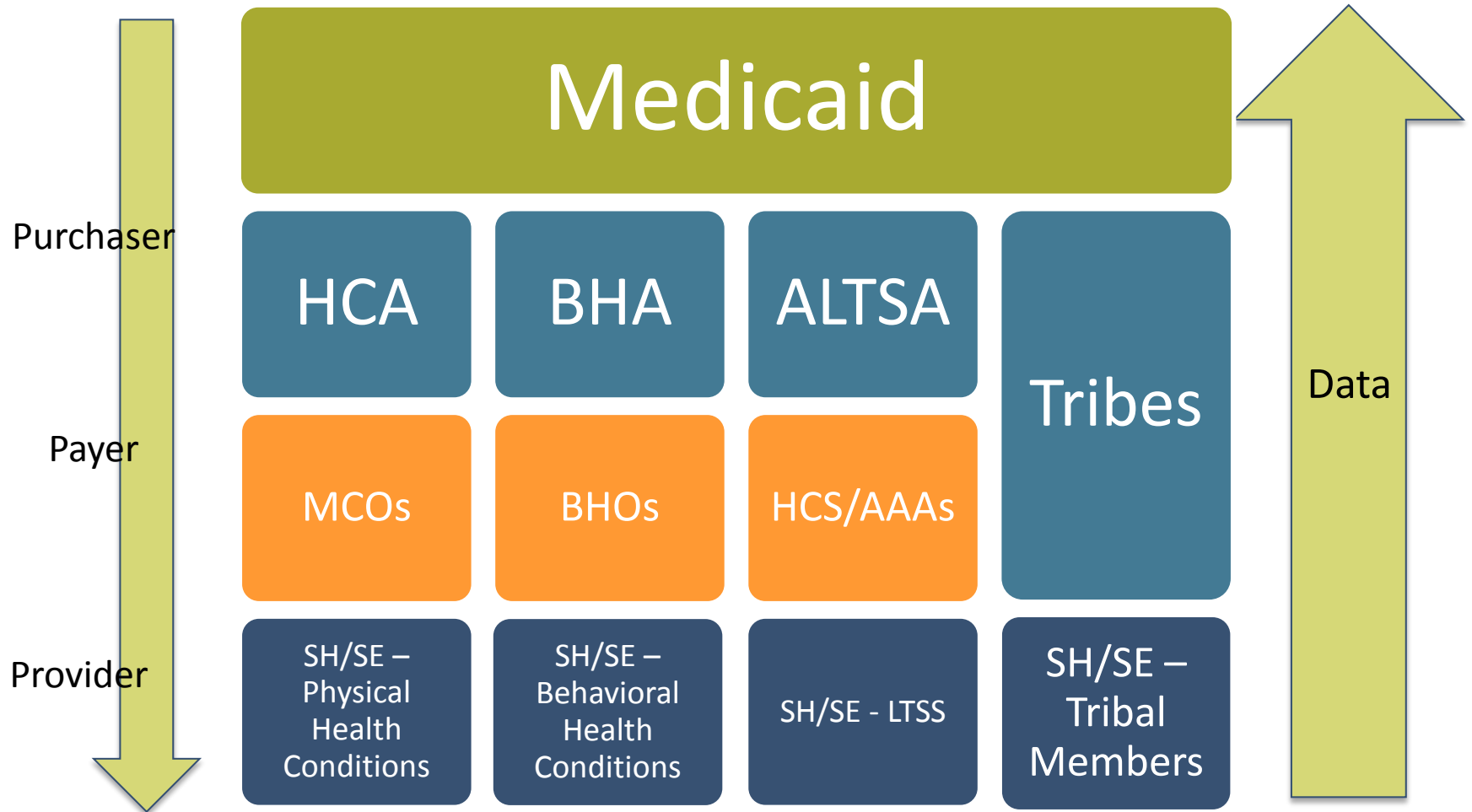
*Supportive housing services **do not** include funds for room and board or the development of housing.*



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





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>
 - 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.

Health Systems Capacity Building

- Workforce and non-conventional service sites
- Primary care models
- Data collection and analytic capacity

Care Delivery Redesign

- Bi-directional integration of care
- Care coordination
- Care transitions

Prevention and Health Promotion

- Chronic disease prevention and/or management
- Maternal and child health



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.

Transformation Toolkit Example

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

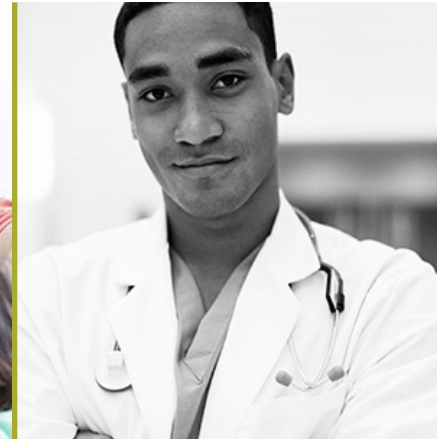
- Roundtables
 - October 7, 9am-11am, HCA (*tentative*)
 - October 28, 1pm-3pm, HCA (*tentative*)
- Tribal Consultation
 - November 9, 2:30-4:30pm, HCA

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.

HCA

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