



STATE OF WASHINGTON  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Health and Recovery Services Administration

626 8<sup>th</sup> Avenue, SE • P.O. Box 45502

Olympia, Washington 98504-5502

November 2, 2009

Dear Tribal Leader:

In accordance with Department of Social and Health Services (DSHS) communication protocol, I am writing this letter as a reminder of the consultation to be held on the State's 1915(b) Freedom of Choice Waiver, more commonly known as the Regional Support Network (RSN) Waiver on:

December 3, 2009, 8:00 a.m.-12:00 p.m.  
Office Building 2 (OB2), Lookout Conference Room  
(Please see enclosed map)

The meeting is scheduled as required by Centers for Medicare/Medicaid Services (CMS) and administration policy for consultation with tribes prior to the waiver submission. In addition, we would like to place the issue of access to mental health services for American Indian/Alaskan Native (AI/AN) Medicaid clients on the agenda.

Mental Health/Medicaid services in Washington State are provided through a capitated managed care system. By Washington Administrative Code (WAC), all mental health services for Medicaid recipients are provided through the RSN network. Tribal members have been allowed to opt out of this network and use tribal facilities for outpatient services, due to their access to full federal funding.

In a meeting held with tribal representatives on September 10, 2009, at the Great Wolf Lodge, it was made clear that the service gaps and variability for access to RSN services by tribal members across the state were huge. Adding to the complexity for tribes is the need to work with a county RSN structure. This negates the direct government to government relationship between the state and tribes. I would like to use these meetings to plan for the future of Medicaid mental health services with tribes and for AI/AN Medicaid clients in Washington State.

A planning meeting was held on October 22, 2009 with tribal representatives. We have scheduled a second planning meeting for:

**Tuesday, November 17, 2009**

1:00 p.m.-4:00 p.m. - OB2, Room SL-04

For those wishing to participate by phone, please call (360) 407-3780  
and use pin code 251724#

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The PowerPoint shared at the October 22, 2009 meeting is enclosed. To review the current proposal for the Section 1915(b) RSN Waiver please go to:

[http://www.dshs.wa.gov/pdf/hrsa/mh/Waiver\\_2008\\_2010\\_PiHP\\_NEW\\_%200408\\_with\\_final\\_revisions.pdf](http://www.dshs.wa.gov/pdf/hrsa/mh/Waiver_2008_2010_PiHP_NEW_%200408_with_final_revisions.pdf)

If you have any questions or need further information on the Section 1915(b) RSN Waiver, please contact Gregg Twiddy at 360-725-1874, [Gregory.Twiddy@dshs.wa.gov](mailto:Gregory.Twiddy@dshs.wa.gov). If you have questions regarding the meetings please contact Deb Sosa at 360-725-1649 or [Deborah.Sosa@dshs.wa.gov](mailto:Deborah.Sosa@dshs.wa.gov).

We wish to affirm our commitment to partner with the tribes on health issues for our AI/AN Medicaid clients.

Sincerely,



Doug Porter  
Assistant Secretary

Enclosures

cc: Colleen Cawston, Director, Office of Indian Policy  
David Dickinson, Director, DBHR  
Roger Gantz, Director, LPA  
MaryAnne Lindeblad, Director, DHS  
Shirley Munkberg, DHS  
David Reed, DBHR  
Deb Sosa, LPA  
Greg Twiddy, DBHR

## **Tribal Mental Health Transformation**

**October 22<sup>nd</sup> & November 17<sup>th</sup>  
Workgroup Discussion**

Department of Social and Health Services  
HRSA Redesign Team

- Roger Gantz
- David Reed
- Alison Robbins
- Deborah Sosa
- Greg Twiddy



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## **Agenda**

- Mental health transformation and Regional Support Network (RSN) carve-out for American Indian (AI) and Alaskan Native (AN) Medicaid clients.
- April 2010 RSN waiver renewal.
- Consultation and workgroup meeting schedule.
- Background – Existing tribal facility FFS system.
- Background – Existing RSN system.
- AI/AN MH FFS – General Ideas.
- Next Steps & Discussion.



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## Introduction

- September 10th– Transforming Mental Health Conference, Doug Porter met with tribal representatives to discuss tribal relations with RSNs and NAPIHB Report on RSNs.
- Spoke of the RSN waiver renewal and long-term goal to develop a person centered health home that integrates behavioral health and primary care.
- Asked if there would be an interest in a RSN carve-out for AI/AN Medicaid clients that would:
  - Be based on the Department's government-to-government relationship with each of the 29 federally recognized tribes;
  - Allow for the development of a tribal centric system that better integrates medical and behavioral health.
  - Use a fee-for-service (FFS) delivery system based on the Department's existing tribal facility delivery system and Federally Qualified Health Center (FQHC) system with urban tribal service system.
  - Employ community referrals for other MH services.
- Asked if tribal representatives would identify critical issues that should be in the December 2009 waiver renewal until the new system was designed and implemented.



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## RSN Waiver Renewal

- 1915(b) waiver that requires Medicaid clients to receive most of their outpatient and all inpatient services through the RSN system.
- Waiver also allows RSNs to offer additional services, including employment and resident services.
- Waiver renewal would be for 2-year period, April 2010 through March 2012.
- The December 2009 waiver renewal submittal would be "place-hold."
  - Department will work with RSNs, local government and others to develop a person centered health home that integrates behavioral health services with primary care.
  - Waiver would be amended to incorporate new design and possible carve-out of certain Medicaid populations.
  - Waiver amendment would include changes directed by 2010 Legislature.



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## Consultation & Workgroup Meetings

- September 30, 2009 - Letter to Tribal Chairs.
- October 9, 2009 - American Indian Health Commission (AIHC) briefing.
- October 22, 2009 – Tribal Workgroup meeting to discuss RSN carve-out and issues that would need to be addressed in new system.
- November 17, 2009 – Continuation of October 22<sup>nd</sup> tribal workgroup meeting.
- December 3, 2009 – Tribal waiver consultation.



## Background – AI/AN Enrollment in DSHS Medical Programs

DSHS Medical Programs American Indian & Alaskan Natives June 2009 Enrollment		
	Number	%Total
<b>Medicaid (RSN)</b>		
- Families (TANF Related)	11,206	36%
- Pregnant Women	687	2%
- Children	9,661	31%
- Elderly	1,461	5%
- Persons With Disabilities	5,102	17%
- Subtotal	28,117	91%
<b>Children's Health Insurance Program (RSN)</b>	456	1%
<b>Total AI/AN RSN Population</b>	<b>28,573</b>	<b>93%</b>
<b>Medical Care Services</b>		
- GAU	741	2%
- ADATSA	382	1%
- Subtotal	1,123	4%
<b>Family Planning</b>	1,105	4%
<b>Total</b>	<b>30,801</b>	<b>100%</b>



## Background – Existing Tribal Facility FFS System

Tribal Facility Providers	
Program Type	Number of Clinics
Medical	36
Dental	21
Pharmacy	12
Mental Health	32
Chemical Dependency	24
Other	7

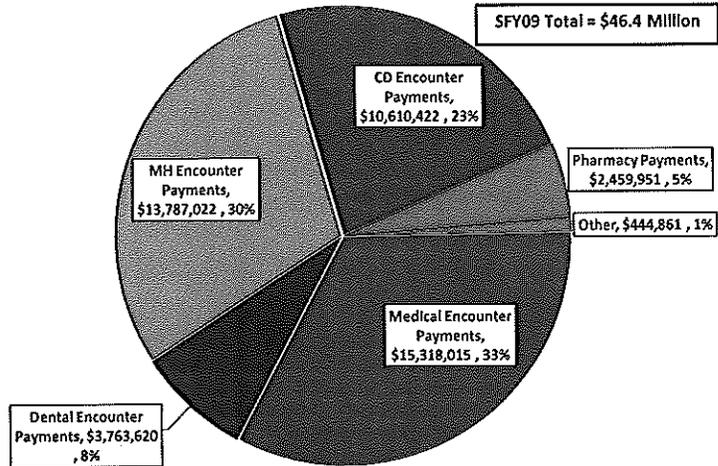
In addition to tribal facilities, there are two urban tribal Federally Qualified Health Centers (FQHC), Seattle Indian Health Board and Native Health of Spokane.



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## Background – Existing Tribal Facility FFS System

SFY09 DSHS Medical & Behavioral Health Tribal Payments



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## Background – Existing Tribal Facility Mental Health FFS System

- Tribes have 32 MH program sites and 2 tribal urban FQHCs.
- Medicaid MH Services –
  - **Rehabilitative Services** - Brief Intervention Treatment; Crisis Services; Day Support; Family Treatment; Freestanding Evaluation and Treatment; Group Treatment Services; High Intensity Treatment; Individual Treatment Services; Intake Evaluation; Medication Management; Medication Monitoring; Mental Health Services provided in Residential Settings; Peer Support; Psychological Assessment; Rehabilitation Case Management; Special Population Evaluation; Stabilization Services; and Therapeutic Psycho Education.
  - **Children's mental health services** - 20 visits per year. Provided by licensed mental health professional.
  - **Adult mental health services** – 12 visits per year. Provided by psychiatrist.
- Tribal facilities paid IHS encounter rate (\$ 268.00). FQHCs paid facility specific encounter rate.
- Crisis services, inpatient psychiatric services and involuntary treatment services provided by RSN.



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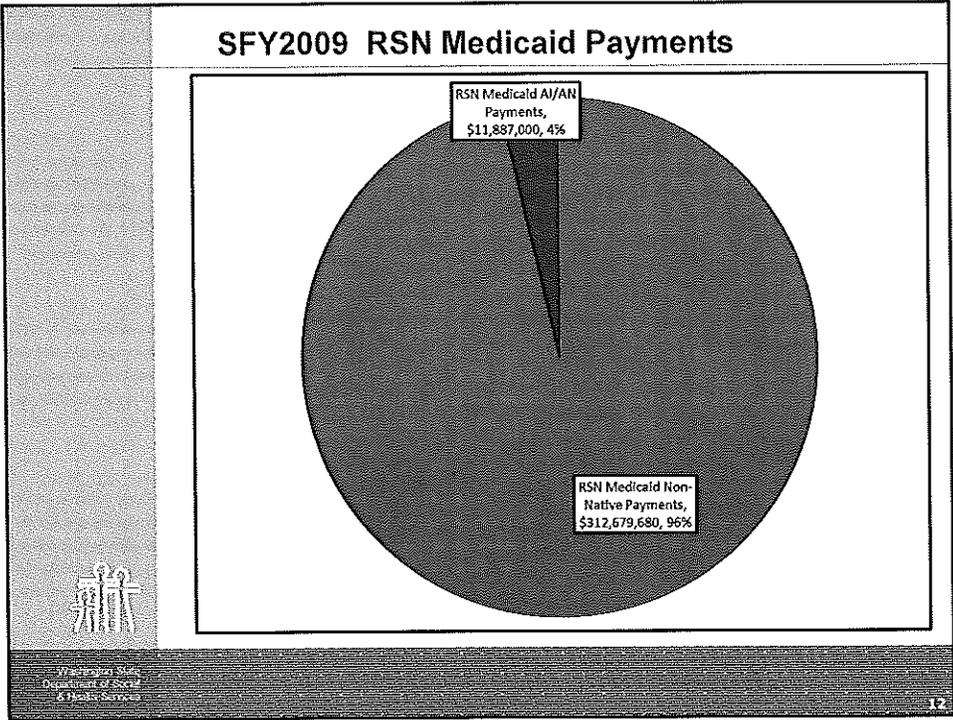
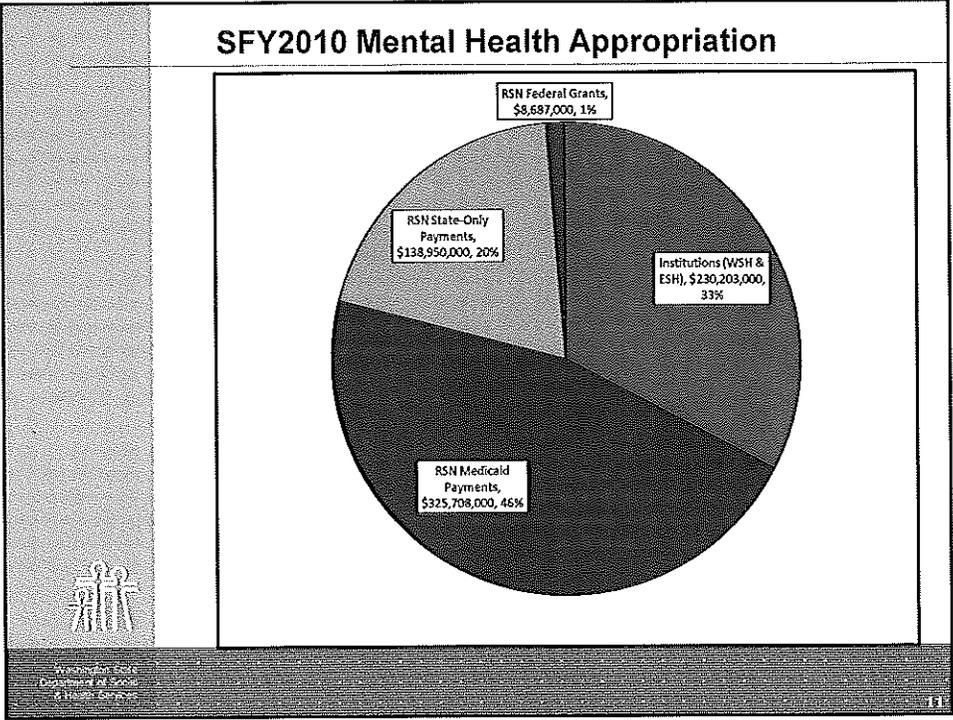
## Background – Existing RSN System

- 1915(b) waiver that requires Medicaid clients to receive most of their outpatient and all inpatient services through the RSN system.
- 13 RSN county-based contractors in 38 counties and 1 private contractor in 1 county.
- 13 community hospitals have distinct part inpatient psychiatric services, 3 freestanding psychiatric hospitals and 3 state hospitals provide involuntary treatment services.
- RSN waiver services – 18 MH Rehabilitative Services and 3 Waiver Services.
  - **Outpatient Rehabilitative Services** - Brief Intervention Treatment; Crisis Services; Day Support; Family Treatment; Freestanding Evaluation and Treatment; Group Treatment Services; High Intensity Treatment; Individual Treatment Services; Intake Evaluation; Medication Management; Medication Monitoring; Mental Health Services provided in Residential Settings; Peer Support; Psychological Assessment; Rehabilitation Case Management; Special Population Evaluation; Stabilization Services; and Therapeutic Psycho Education.
  - **Waiver Services** – Clubhouses, Supported Employment, and Respite Care.
  - **Inpatient Psychiatric Services** - There are 286 community hospital beds, 516 evaluation and treatment facility beds and 1,325 state hospital beds.
- Outpatient MH service access is based on "medical necessity" and "access to care" standards. Inpatient psychiatric service access is based on "medical necessity."
- RSN paid on a capitation basis – 4 tier monthly rate.



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## AI/AN MH Fee-For-Service System – General Idea

- AI/AN Medicaid clients would receive their mental health services through FFS system, or could choose to receive care through RSN system (same policy as medical coverage).
- DSHS would continue to pay tribal facilities for outpatient mental health services provided to AI/AN Medicaid clients and other Medicaid eligible family members.
- Tribe or other contracted entity would be responsible for 24-hour/7-day crisis services.
- Other licensed mental health providers and FQHCs would provide mental health services to AI/AN clients not residing on the reservations or not having access to tribal facility mental health services.
- Other licensed mental health providers would be reimbursed to provide outpatient mental health services for tribal AI/AN referred clients.
- DSHS would pay hospitals for inpatient psychiatric services. There would need to be an entity that prior-authorized the hospital service.
- Tribal courts would have authority for involuntary treatment commitments.



## Enrollment Information Needed for New Tribal MH FFS System

- Identification of Medicaid AI/AN clients.
  - Current Medicaid AI/AN eligibility status relies on self-declaration.
- Tribal membership.
- Identification of non-AI/AN Medicaid clients who are members of household with AI/AN Medicaid clients.
- Department's Research and Data Analysis Division (RDAD) will conduct a geographic analysis of where AI/AN Medicaid clients are residing. Also attempt to identify non-AI/AN Medicaid clients residing in household with AI/AN Medicaid members.



## Next Steps

- November 17, 2009 – Continuation of October 22<sup>nd</sup> tribal workgroup meeting.
- November 2009 – Draft work plan for system design.
- December 3, 2009 – Tribal waiver consultation.
- January/February 2010 - Tribal design report financed by Mental Health Transformation Grant and others.
- January - June 2010 – Design new system.



## Discussion

- Critical issues that should be in the December 2009 waiver renewal until the new system is designed and implemented.
- Design issues and policies for new AI/AN mental health system.





## Directions to Office Building Two (OB2):

### Southbound:

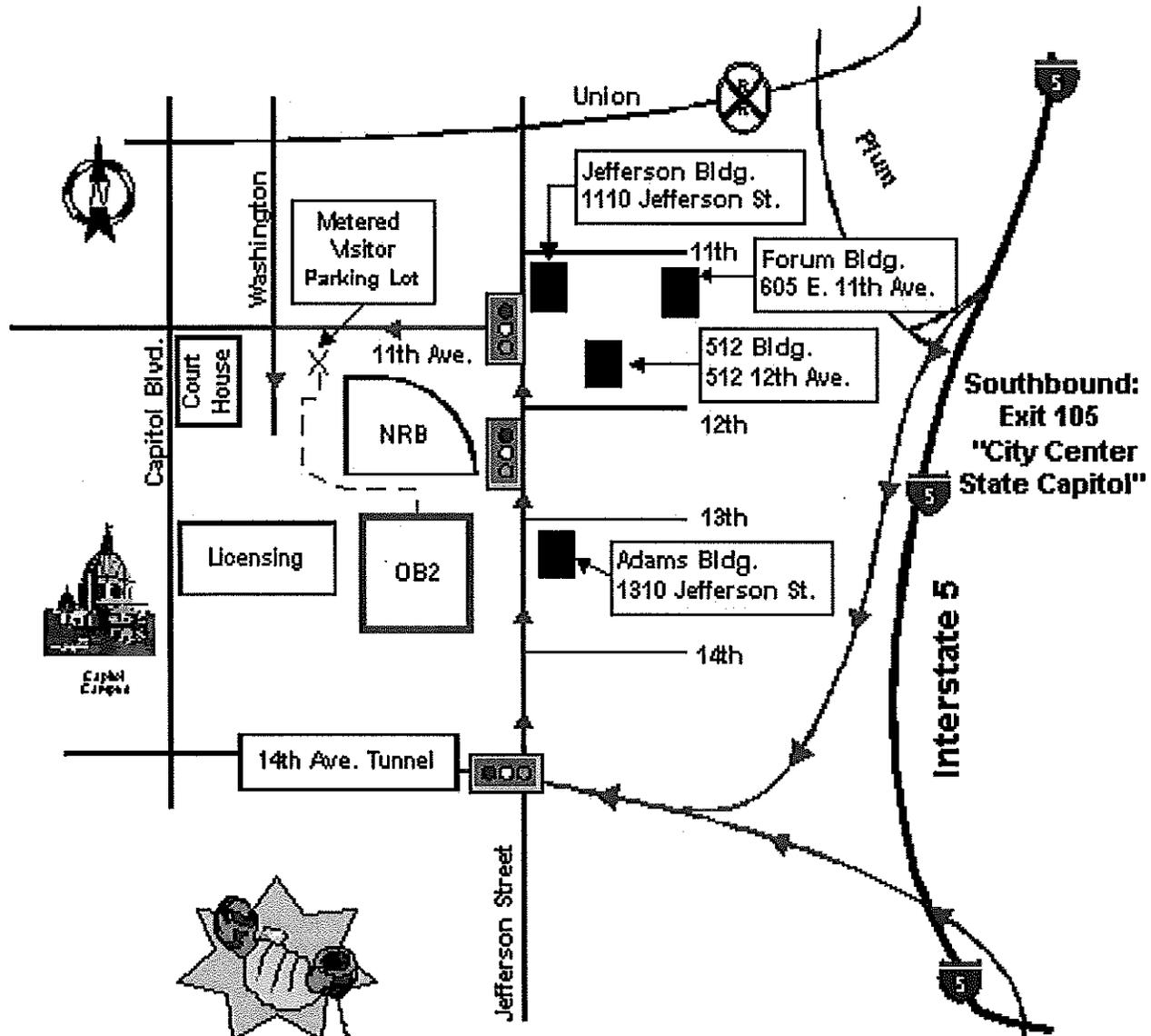
Take I-5 Exit 105, follow "State Capitol" lane which parallels the freeway for 1/4 mile.



### Northbound:

Take I-5 Exit 105, keep to the left, following "State Capitol" lane.

At the first traffic light (Jefferson Street), turn right. Turn left on 11th Ave., then turn left on Washington Street. The visitor parking lot is on the left side of the street. Walk, or take the elevator to the main level and follow the signs to OB2. DIS is on the lower level, near the auditorium. You must wear a security badge to enter DIS work areas. Please check in at the security office.



Receptionist: #902-3254

Northbound:  
Exit 105  
"State Capitol"