



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Health and Recovery Services Administration

626 8th Avenue, SE • P.O. Box 45502

Olympia, Washington 98504-5502

November 19, 2009

Dear Tribal Leader:

On September 30, 2009, I sent tribal chairs across Washington a letter requesting attendance at a December 3, 2009, consultation on our Department's Regional Support Network (RSN) Waiver. The State intends to submit a waiver renewal for the years 2010–2012 to the Centers for Medicare and Medicaid Services (CMS). In that submission we will notify CMS of our commitment to work with Washington's tribes to develop a new "tribal centric" mental health system for Medicaid eligible American Indians (AI) and Alaska Natives (AN) residing in Washington. The December 3 consultation is also intended to hear from tribal leaders on critical changes they would like the Administration to address with the current RSN system until a new system is implemented.

The new tribal centric system will be based on removing AI/AN clients from the RSN delivery system. AI/AN clients would still be able to receive services through the RSN system if they enroll in that system. This is same policy that we have for our Healthy Options managed care medical system.

To prepare for the December 3 consultation, we held meetings on October 20 and November 17 with tribal representatives to begin discussions on what a tribal centric mental health delivery system will look like. We also discussed developing a work plan that would involve working in a government-to-government partnership with tribes to design this new system. Enclosed is a draft of issues that we would propose for consideration. Given that we will need to design and implement a new system for AI/AN clients living on the reservations, non-tribal lands and urban areas, we are proposing that a new system would begin in July 2011.

From a federal/state contract perspective, removing Medicaid AI/AN clients from the RSN system can be accomplished by a simple amendment to the RSN waiver. We believe that CMS will not challenge us in development of a delivery system for AI/ANs. Our CMS waiver renewal will include a transmittal letter that notifies CMS of our intent to remove Medicaid AI/AN clients from the RSN system. Enclosed is a draft of the letter that we shared with tribal representatives at our November 17 workgroup meeting.

As described above, the December 3 consultation will also be an opportunity to hear from tribal leaders on critical issues your tribe feels should be addressed until implementation of a new service delivery system for AI/AN clients. Specifically, are there recommendations from the tribes as to the critical issues to be addressed in the current RSN system. If you would like to provide official written comments or would like more information, please contact one of the people listed below:

Alison Robbins, Section Manager
Office of Quality and Care Management
P.O. Box 45320
Olympia, Washington 98504
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Alison.Robbins@dshs.wa.gov

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Greg Twiddy, MH Program Administrator
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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

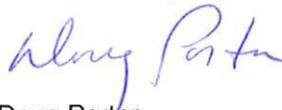
As a reminder the Consultation is:

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

If you have any questions or need further information on the Section 1915(b) RSN waiver, please contact Alison Robbins or Deb Sosa at 360.725.1649 or Deborah.Sosa@dshs.wa.gov.

We wish to thank you for the commitment of your staff and time on partnering on the development of better services for Medicaid clients.

Sincerely,



Doug Porter
Assistant Secretary

Enclosures

cc: Colleen Cawston, Director, Office of Indian Policy, DSHS
David Dickinson, Director, Division of Behavioral Health and Recovery, HRSA
Roger Gantz, Director, Legislative and Policy Analysis, HRSA
MaryAnne Lindeblad, Director, Division of Healthcare Services, HRSA
Shirley Munkberg, Office Chief, Division of Healthcare Services, HRSA
David Reed, Supervisor, Adult and Older Adult Services, DBHR
Alison Robbins, Section Manager, Division of Healthcare Services
Deb Sosa, Indian Health Program Manager, HRSA
Greg Twiddy, MH Program Administrator, DBHR

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December 31, 2009

TO: CMS Region X

Barbara Richards

Dear Ms Richards:

The State of Washington, Department of Social and Health Services, Health and Recovery Services Administration (HRSA) is pleased to submit this renewal document for the Department's 1915(b) capitated managed care waiver for the Washington State Integrated Community Mental Health Program. The purpose of this waiver renewal is to accomplish the following:

- Renew the waiver for two years, from April 1, 2010 until March 31, 2012;
- Update information about the changes in Pierce County from a fee for service system to a new Regional Support Network contract with OptumHealth;
- Update and make a technical clarification to the definition of "evaluation and treatment center"; and
- Update certification requirements for the Peer Support Program, as DOH is doing away with their Registered Counselor credentialing program.

HRSA anticipates proposing substantive changes to the waiver in the next year as a separate amendment. These changes will be based on suggested changes to the program to improve the integration of behavioral and physical health programs.

Predominant among these changes will be removing American Indian/Alaska Natives (AI/AN) from the population the RSN system serves, and reintegrating behavioral health services into the tribal healthcare system. However, like our Healthy Options medical managed care program, AI/AN clients will be allowed to voluntarily enroll in the RSN system to receive mental health services.

Considerable work is needed to develop a system to implement these changes in a thoughtful manner. Much thought and planning will go into developing a system to provide services to children and AI/AN clients. We anticipate that we would not integrate the children and AI/AN client exemptions before July 2011.

We look forward to discussing these changes with you over the next several months, as these are not modifications we take lightly, and we must proceed carefully and thoughtfully to ensure the changes improve access to mental health services for all populations.



Tribal-Centric Mental Health System Work Plan

Draft

Tribal-Centric Mental Health System

To develop an integrated
Medical and Behavioral
health system to address
the needs of Medicaid
eligible clients for
Rehabilitative Services.

- Create an integrated, cohesive system of care
- Address Health Equity Issues
- Reduce the drain of administrative re-sources to obtain services
- Improve clinical care for all clients

Provider Network

- Identify existing tribal provider agencies
- Resolve practitioner questions
- Resolve agency accreditation questions for existing tribal providers
- Explore potential of existing CMHAs becoming part of provider network for urban consumers
- Develop contract template for existing CMHAs
- Identify eligible practitioners and rate structure for CMHA practitioners
- Determine cultural competency requirements for CMHA practitioners
- Establish access/timeframe rules
- Grievance procedure and Ombuds

Outpatient Rehab Services

- Review modalities/services
- Review medical necessity implications
- Develop fee structure for tribal facilities and CMHAs
- Develop authorization process/levels of care
- Explore concept of benefit packages
- Review bundled services and determine whether or not to maintain bundling
- Explore possibility of preventive services

Crisis and ITA Services

- Determine scope of services
- Address provider network and geographical coverage
- Address response parameters and timelines
- Explore designating tribal DMHPs
- Explore courts and jurisdiction
- Explore change of venue
- Address funding for courts
- Develop written procedures and guidelines
- Train on DMHP Protocols

Voluntary and Involuntary Inpatient

- Develop inpatient provider network
- Explore transport to inpatient facilities for both voluntary and involuntary patients
- Review/develop authorization process for voluntary inpatient: include extensions and re-auths
- Develop discharge planning
- Review role of hospital liaisons
- Agreeing to location for hearings for involuntaries
- Explore possibility of regional tribal E&Ts
- Discuss state hospitals and bed allocations

Utilization Management & Physical Health Integration

- Identify eligibles
- Opt-in and Opt-out process
- Determine data set for service utilization data and reviewing trends
- Explore access tools such as LOCUS and CALOCUS
- Explore UM oversight of network
- Explore QA process/potential
- Identify expectations for integrating behavioral and physical health services
- Identify resources for integration

Directions to DSHS Headquarters, Office Building Two (OB-2)

14th and Jefferson Street, Olympia, WA 98504 ■ 360-902-8400

From the North

Take I-5 Exit 105. Follow "State Capitol" lane, which parallels the freeway for 1/4 mile. Turn right at the first traffic light (Jefferson St.). Turn left on 11th Ave., then left on Washington St. Park in the visitor parking lot, on the left side of the street. Follow the signs to OB-2.

From the South

Take I-5 Exit 105. Keep to the left, following "State Capitol" lane. Turn right at the first traffic light (Jefferson St.). Turn left on 11th Ave., then left on Washington St. Park in the visitor parking lot, on the left side of the street. Follow the signs to OB-2.

