

BHC Meeting

August 11, 2022, 3pm

Jefferson County's Behavioral Health Consortium (BHC) is funded by HRSA's RCORP-Implementation Grant through August 2023

Agenda – 08/11/22 BHC Meeting

- Introductions & Updates 15 Minutes
- Communications and Engagement Update 5 minutes
 - Anya Callahan
- 1115 Renewal Waiver Overview 25 minutes
 - Siobhan Brown, Health Systems Innovation, Community Health Plan of Washington
- Milestone Data Reports Due 9/30 10 minutes
 - Apple Martine, JCPH Director
- Next Meeting: September 8th, 3pm Zoom
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Education and Engagement Update



- Naloxone Distribution
 efforts undertaken by
 Anya Callahan and
 Believe In Recovery
- Upcoming Education
 and Engagement
 opportunities for
 BHC Members



- Use of BHC Logoto representBHC Members
- Protocol for BHC
 members to
 participate in the
 BHC's communication
 and engagement
 efforts



Medicaid Transformation Project 1115 Waiver update

Jefferson County Behavioral Health
Consortium

August 11, 2022





Acronyms

Acronym	Definition	Acronym	Definition
ACH	Accountable Community of Health	IHCP	Indian Health Care Provider
ALTSA	Aging and Long-Term Care Support Administration	IMD	Institution for Mental Diseases
СВО	Community-Based Organization	→ ILS	In Lieu of Services
CIE	Community Information Exchange	MAC	Medicaid Alternative Care
CMS	Centers for Medicare and Medicaid Services	MTP/ 1115 Waiver	Medicaid Transformation Project 1115 Waiver
HCA	Health Care Authority	SUD	Substance Use Disorder
HRS	Health Related Services	TSOA	Tailored Supports for Older Adults



Background

Medicaid provides health coverage for eligible low-income adults and children. It is administered by the states, according to federal requirements. It is jointly funded by the federal government and the states. In Washington, Medicaid is called Apple Health.

Apple Health Enrollment Demographics (HCA Apple Health Client Enrollment Dashboard)

Enrollment* (May 2022)	Jefferson County	Salish Region (Clallam, Jefferson, Kitsap)	Washington State		
Managed Care	7,271	78,316	1,868,405		
Fee-for-Service	1,580	18,055	335,941		
Total	8,851	96,371	2,204,346		

Age (May 2022)	Jefferson County	Salish Region	Washington State	
Children	27.61%	35.60%	40.96%	
Adults (19 – 64)	61.72%	57.11%	52.30%	
Adults (65+)	10.67%	7.28%	6.74%	

^{*}Current Apple Health enrollment is 15 – 17% higher than pre-COVID.

Race and Ethnicity (May 2022)	White	American Indian/ Alaska Native	Other	Asian	Multi- Racial	Native Hawaiian/ Pacific Islander	Black	Not Provided	Hispanic (ethnicity)
Jefferson	82.35%	3.94%	3.57%	1.14%	1.14%	1.10%	1.04%	5.71%	6.86%
Salish Region	69.32%	7.72%	5.56%	1.49%	2.09%	3.90%	3.56%	6.35%	11.31%
Statewide	57.20%	4.37%	13.02%	4.95%	1.73%	3.54%	7.70%	7.49%	22.51%





What is an 1115 Waiver?

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program.

Washington's 1115 Waiver: allows the state to waive certain requirements of Medicaid to test new methods of services and supports that will improve population health and reduce growth rate of overall care costs. Must be budget neutral.

January 2017: Washington State received approval from the Centers for Medicare and Medicaid Services (CMS) for the Medicaid Transformation Demonstration Section 1115 Waiver for 2017 – 2021.

One year extension granted (2022) due to COVID-related delays

July 15, 2022: Washington State submitted a Renewal application to CMS (2023 – 2027).





Medicaid Transformation 1115 Waiver Renewal Update (MTP 2.0)

Washington State Health Care Authority (HCA) submitted the Waiver Renewal application to CMS on July 15, 2022.

Next Steps:

- Federal Public comment period and CMS review of application (late Summer 2022)
- Negotiations between HCA and CMS (Fall/Winter 2022)
 - The negotiations may change some of what has been proposed

Expected Waiver timeframe: January 2023 - December 2027

- CMS may not approve everything at the same time.
- HCA would like a few of the new programs/services to launch during 2023.





Goals: Waivers 1.0 and 2.0

Waiver 1.0 (2017 – 2022)

- Building healthier communities with local and regional partners.
- Implementing projects to improve health equity.
- Supporting older adults and caregivers.
- Helping most vulnerable populations get and keep stable housing and employment.
- Improving access to SUD treatment and treatment facilities and access to mental health inpatient care and treatment options.
- Whole Person Care in one network of providers.
- Paying for health and value.

Waiver 2.0 (2023 - 2027)

Aims:

- Ensure equitable access to whole-person care, empowering people to achieve their optimal health and wellbeing in the setting of their choice
- Build healthier, equitable communities, with communities
- Pay for integrated health and equitable, valuebased care

Goals:

- 1: Expanding coverage and access to care, ensuring people can get the care they need.
- 2: Advancing whole-person primary, preventative, and home- and community-based care.
- 3: Accelerating care delivery and payment innovation focused on health-related social needs.





MTP Waiver 1.0 (2017 – 2022)

- Initiative 1: Transformation through Accountable Communities of Health (ACHs) and Indian Health Care Providers (IHCPs)
- Initiative 2: Long-Term Supports and Services (LTSS):
 - Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)
 - This initiative is managed by ALTSA/DSHS
- Initiative 3: Foundational Community Supports
- Initiative 4: SUD IMD
- Initiative 5: MH IMD





MTP Waiver 2.0 (2023 - 2027)

PROPOSED Programs

Goal 1: Expanding coverage and access to care, ensuring people can get the care they need.

- 1.1 Continuous enrollment for children (ages 0 6)
- 1.2 Re-entry support (waiver of the federal inmate exclusion)
 - 1.3 Expanded postpartum coverage
 - 1.4 SUD and MH IMD [previously Initiatives 4 and 5]

Goal 2: Advancing whole-person primary, preventative, and home- and community-based care.

- 2.1 MAC and TSOA (managed by ALTSA) [previously Initiative 2]
- 2.2 Program Innovations for LTSS (managed by ALTSA)
- 2.3 WA Integrated Care Assessment ______

Goal 3: Accelerating care delivery and payment innovation focused on health-related social needs.

3.1 Taking Action for Healthier Communities

-ACHs and IHCPs

- ---- 3.1.1 Community Hub and Native Hub
 - 3.1.2 Health Related Services (Fee for Service) / In Lieu of Services (Managed Care)
 - 3.1.3 Regional equity investments
 - 3.1.4 Community-based workforce [peers, community health workers, doulas, pt. navigators, and others]
- 3.2 Foundational Community Supports [previously Initiative 3]





Proposed List of Health-Related Services/In Lieu of Services (Goal 3.1.2)

- Medically tailored meals and medically supportive foods
- Medical respite (physical or behavioral health)
- Housing transition navigation services
- Housing tenancy and sustaining services
- Housing deposits
- Nursing facility transition/diversion to assisted living facilities
- Community transition services/nursing facility transition to a home
- Stabilization centers [sobering centers]
- Day habilitation programs
- Caregiver respite services
- Personal care and homemaker services
- Environmental accessibility and remediation adaptations (home modifications)





Waiver 2.0 programs with specific BH Focus or Component

- Re-entry
- SUD and MH IMD
- Integrated Care Assessment
- In-Lieu of Services / Health-Related Services (some supports/services and eligibility criteria)
- Community-based workforce (includes peers)
- Foundational Community Supports





Community Information Exchange

- State-wide strategy to address gaps such as communities without CIE functionality, linkages between CIEs, lack of community resources to invest in CIE.
- CIE is an underpinning of certain Waiver activities (i.e. community hub)
 - Timing for CIE infrastructure appears to be later than the Waiver components it supports.
- HCA is not requesting funding through Waiver as there are other more appropriate funding sources
- Legislature requires HCA to do a landscape assessment of CIE (Summer/Fall 2022).



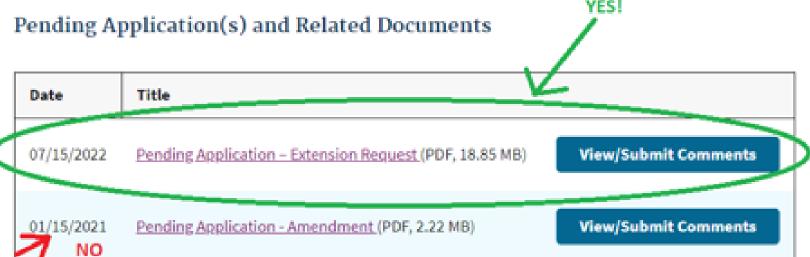


How can you engage?

 Review the application and provide comments to CMS during the federal public comment period.

Supporting Documents

- Application
- Federal Public Comment
 (public comment: August 1 31)



 Engage with the Olympic Community of Health (ACH) regarding the Integrated Care Assessment (Goal 2.3) and Taking Action for Healthier Communities (Goal 3.1) activities.





QUESTIONS?





Next BHC Meeting

Thursday, September 8th, 2022

@3pm



Acronym Sheet

BH – Behavioral Health **MH** – Mental Health **BHC** – Behavioral Health Consortium **MOUD** – Medications for Opioid Use Disorder **CAP** – Communication Action Plan **OUD** – Opioid Use Disorder **CHA** – Community Health Assessment **PTPD** – Port Townsend Police Department **CHIP** – Community Health Improvement Plan **PWUD** – People Who Use Drugs **DCR** – Designated Crisis Responder RHNDP-P - Rural Health Network Development Program -**DUI** – Driving Under the Influence Planning (HRSA Grant Awarded 2018-2019) **ED** – Emergency Department RCORP-P - Rural Community Opioid Response Program -**EJFR** – East Jefferson Fire Rescue Planning (HRSA Grant Awarded 2019-2020) **EMS** – Emergency Medical Services RCORP-I – Rural Community Opioid Response Program – JCPH – Jefferson County Public Health Implementation (HRSA Grant Awarded 2020-2023) **JeffCo** – **Jefferson County** R.E.A.L. – Recovery, Empowerment, Advocacy, Linkage JHC – Jefferson Healthcare **SUD** – Substance Use Disorder **HFPD** – Health Facilities Planning & Development Consultants **TBH** – To Be Hired **HRSA** – Health Resources and Services Administration **VOA** – Volunteers of America – Crisis Line **ITA** – Involuntary Treatment Assessment **Vol - Voluntary** MAT – Medically Assisted Treatment **Invol** – Involuntary



Upcoming Meetings

Weekly Tuesdays and Thursdays - BH Therapeutic Court and Therapeutic Drug Court respectively

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