

**NORTH SOUND MENTAL HEALTH ADMINISTRATION  
ADVISORY BOARD MEETING**

**Agenda**

**November 5, 2013**

**1:00 PM**

1. Call to Order - Introductions, Chair (2 min)
  - a. Last month's Pre-Meeting: Tulalip Tribe Presentation
2. Revisions to the Agenda, Chair (1 Min)
3. Comments from the Public (5 min)
4. Approval of the October Meeting Minutes, Chair (1 min) TAB 1
5. Executive/Finance Committee Report (10 min)
6. Standing Board of Directors Committee Reports (5 min) TAB 2
  - a. Planning Committee
  - b. Quality Management Oversight Committee
7. Executive Director Report (10 min) TAB 3
  - a. 2014 NSMHA Budget (Available at meeting)
  - b. DSHS Mental Health Updates
8. Action Items Being Brought To The Board of Directors (5 min) TAB 4
  - a. Memorandum (Available at meeting)
9. New Business (3 min) TAB 5
  - a. 2012-2013 Pre-Meeting Review
  - b. 2014 Meeting Topics
10. Comments from County Advisory Board Representatives (5 min)
  - a. Island
  - b. San Juan
  - c. Skagit
  - d. Snohomish
  - e. Whatcom
11. Other Business (3 min)
12. Adjournment

NOTE: The next Advisory Board meeting will be **December 3rd**, in the NSMHA Conference Room.

**North Sound Mental Health Administration (NSMHA)  
MENTAL HEALTH ADVISORY BOARD**

**October 1, 2013**

**1:00 – 3:00pm**

<b>Present:</b>	<b>Island:</b> Candy Trautman <b>San Juan:</b> Peg Leblanc, (attending by phone) <b>Skagit:</b> <b>Snohomish:</b> Jennifer Yuen, Marie Jubie, Joan Bethel, Fred Plappert, Carolann Sullivan <b>Whatcom:</b> David Kincheloe, Mark McDonald, Larry Richardson
<b>Excused Absence:</b>	<b>Island:</b> <b>San Juan:</b> <b>Skagit:</b> <b>Snohomish:</b> Jeff Ross <b>Whatcom:</b> Russ Sapienza, Michael Massanari
<b>Absent:</b>	<b>Island:</b> <b>San Juan:</b> <b>Skagit:</b> Joan Lubbe <b>Snohomish:</b> Megan Anderson <b>Whatcom:</b>
<b>Staff:</b>	Joe Valentine, Margaret Rojas, Joanie Williams
<b>Guests:</b>	none

**MINUTES**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
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**CALL TO ORDER AND INTRODUCTIONS**

- The meeting began late due to a time miscommunication with the Pre-Meeting guests. The Pre-Meeting was presented by the Tulalip Tribes prior to the full board meeting. Candy asked Joanie to provide a thank you card to her for the presenters.
- The meeting was called to order at 1:28pm.
- Candy initiated introductions.
- Candy skipped ahead on the agenda to the Ombud's presentation, due to time constraints.
  - a. **Last month's Pre-Meeting with Snohomish County PACT (Program of Assertive Community Treatment)**  
Candy referenced the pre-meeting meeting and talked about upcoming meetings.
  - b. **2014 Pre-Meeting Topics- Remainder of 2013:** Joe will be presenting the budget in November and the Advisory Board will be having a potluck in December, in the place of the Pre-Meetings.
  - c. **2012/2013 Pre-Meeting review-** David requested this topic be discussed under new business at next month's meeting, Candy agreed.

**REVISIONS TO THE AGENDA**

Chair	Candy requested Comments From the Chair under tab 6; Joanie added it on the agenda.	Revision under Tab 6
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**COMMENTS FROM THE PUBLIC** none

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**OMBUDS SEMI-ANNUAL REPORT**

Chuck Davis	Chuck and Kim gave an overview of the OMBUD's activity from April 1 <sup>st</sup> through September 30 <sup>th</sup> 2013 and referenced the	Informational
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	handouts. Chuck pointed out studies, statistics and websites for the group to view. Discussion followed which included questions and answers. Chuck talked about the changes to the Complaint and Grievance Processes Systems. He said NSMHA (North Sound Mental Health Administration) will be re-writing their policy/processes due to the changes. He talked about state funding cuts and the programs effected.	
<b>APPROVAL OF MINUTES</b>		
Chair	A motion made to approve the September minutes, seconded, approved.	September minutes approved
<b>EXECUTIVE/FINANCE COMMITTEE</b>		
<ul style="list-style-type: none"> <li>➤ <b>Comments from the Chair:</b> Candy talked about the Executive and Finance Committee giving a report on bylaws revisions. She asked the group to read the Guiding Principles together. She emphasized key areas. She asked David to give a report on the major bylaw changes. David spoke to the changes, revisions and definitions under the identified articles.</li> <li>➤ <b>Budget and Expenditures:</b> Fred talked about the budget and expenditures; motion was made, seconded and approved. The 2014 budget was handed out which Bill prepared directly after the Executive Finance Committee, per Fred's request. Fred gave an overview of the proposed budget numbers. Candy pointed out the similarities to this year's budget. Fred stated there would be more conversation at the November meeting and voting will take place in December.</li> <li>➤ <b>Bylaws Revisions:</b> Margaret talked about the development process in revising the NSMHA Advisory Board bylaws. David gave an overview of the revisions and pointed out key changes under the referenced articles listed on the handouts provided to the members. Discussion followed.</li> </ul>		
<b>STANDING BOARD OF DIRECTORS COMMITTEE REPORTS</b>		
	<b>Planning Committee</b>	
	Candy referenced the hand out for the Board to read	Informational
	<b>Quality Management Oversight Committee (QMOC) Report</b>	
	Candy referenced the handout for the Board to read	Informational
<b>OLD BUSINESS</b>		
Chair	none	
<b>EXECUTIVE DIRECTOR'S REPORT</b>		
	<ul style="list-style-type: none"> <li>➤ Joe recognized Joanie Williams' NSMHA appointment to the vacant Administrative Assistant position, effective October 1, 2013.</li> <li>➤ He referenced the CMS (Centers for Medicare and Medicaid Services) letter from the Federal Government, saying the State requested an extension, which was granted. The State has until December 2<sup>nd</sup> to submit a corrective action plan to the Federal Government. The Governor has taken interest, he said, in addition; the Advisory Boards may want to weigh in with their own letters.</li> <li>➤ He talked about the Expansion of the Commitment Criteria which Chuck spoke about, saying the State has solicited proposals from NSMHA and other RSNs to address the increase. He talked about NSMHA's proposals.</li> <li>➤ He spoke on the State settlement of the TR Lawsuit and the comprehensive expansion of intensive children's</li> </ul>	Informational

	<p>mental health services. He talked about the Wraparound model and NSMHA’s Providers.</p> <ul style="list-style-type: none"> <li>➤ Joe spoke on the recent federal government shutdown and said Medicaid and its funding streams will not be affected, at this point. He talked about services which are being affected by state funding cuts and the outcome on NSMHA. He spoke to importance of getting people signed up for Medicaid expansion.</li> <li>➤ Joe talked about the review of the NSMHA Crisis Services System and elaborated on the steps taken while meeting with the groups. NSMHA is taking suggestions to strengthen the Crisis Services System. He said a web-based survey was sent out to all stake-holders.</li> </ul>	
<b>ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS</b>		
	<p><b>Action items</b> Joe and Margaret talked about the Action Items listed on the Memorandum. Discussion followed, including questions and answers. A motion was made to approve the action items, motion was seconded and approved.</p>	Motion approved
<b>NEW BUSINESS</b>		
Chair	<p><b>a. Co-Occurring Disorders Conference Report:</b> Candy asked Peg to speak about her experience at the conference. Peg referred to her personal professional experience with co-occurring disorders and the positive outcome from the conference. Candy asked Mark to speak on his experience, as well. Mark talked about topics which interested him, to include conversation with doctors and information about the Affordable Health Care Act.</p> <p><b>b. Bylaws Revisions</b> ** (Candy asked the Board if they were interested in extending the meeting since the start time was delayed. The Board responded, most were able to stay). A motion was made to adopt the bylaw changes, the Board voted and bylaws revisions were approved.</p> <p><b>c. Nomination Committee</b> Candy talked about the election process and Mark will move from Vice Chair to Chair according to the current bylaws. Candy asked if the group was interested in forming a Nomination Committee for Vice Chair. Discussion followed. She said voting takes place in December. A motion was made to nominate David as Vice Chair for December voting. Fred nominated himself. No other nominations were mentioned. A motion was made for nominations to be closed, all were in favor.</p>	<p style="text-align: center;">Informational</p> <p style="text-align: center;">Motion approved for bylaw revisions</p> <p style="text-align: center;">Motion approved to close nominations</p>

	<p><b>d. Crisis Redesign</b> Joe covered this topic under the action items.</p>	
<p><b>COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES</b></p>		
Island	<p>Candy said she was asked to give a presentation with Jackie H. on CHAB. (County Health Advisory Board) She talked about changes with the county and the 1/10<sup>th</sup> of 1% programs, conveyed from a regional perspective. She talked about improving communications, goals and strategies. In addition, she talked about new positions opening as a result of the 1/10<sup>th</sup> of 1%.</p>	Informational
San Juan	No report	Informational
Skagit	No report	Informational
Snohomish	<p>Marie stated there are no shelters in front of Compass. She said herself and Joan went to Crisis Intervention training and she gave an overview her experience. She said all agreed more beds are needed. Marie and Jennifer talked about sending out a flyer on an upcoming Mental Health and Aging Forum presented by Snohomish County Aging and Disability Services. Marie is sending the information to the Board. Mark voiced interest in attending the forum, along with Jennifer and Marie. Joan B. stated the Snohomish County Mental Health Advisory Board disbanded.</p> <p>Joan B. talked about the Jail Transition Program and the changes. Fred requested Advisory Board members represent on PACT Committees since NSMHA is allocating monies to the program. Discussion followed on the PACT team’s Advisory Board bylaws and membership and appointee processes .</p>	Informational
Whatcom	<p>David talked about a NSMHA sponsored training he attended regarding children and adolescents. He gave details on the training, and disucussed it with the group.</p>	Informational
<p><b>OTHER BUSINESS</b></p> <p><b>a. Peer Employment Article</b> The chair brought the Board’s attention to the article included in the binders regarding the benefits of Peer Counselors potentially easing the mental health worker shortage under the Affordable Care Act.</p>		
Chair		Informational
<p><b>ADJOURNMENT : meeting was adjourned at 3:11pm</b></p>		

**2013 Advisory Board Budget  
January 1 - October 30,2013**

		1.)	2.)	3.)	4.)
		All Conferences	Board Development	Advisory Board Expenses	Consumer Transportation
	Total	Project # 1	Project # 2	Project # 3	Project # 4
Budget	\$ 28,590.00	\$ 14,197.00	\$ 1,565.67	\$ 12,227.33	\$ 600.00
Expense	(19,014.46)	(7,429.40)	(1,565.67)	(9,815.99)	(203.40)
Under / (Over) Budget	\$ 9,575.54	\$ 6,767.60	\$	\$ 2,411.34	\$ (396.60)



<ul style="list-style-type: none"> <li>➤ BHC</li> <li>➤ NAMI</li> <li>➤ COD</li> <li>➤ Other</li> </ul>	<ul style="list-style-type: none"> <li>➤ Board Summit (Retreat)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Travel Costs for Board Members               <ul style="list-style-type: none"> <li>▪ Food</li> <li>▪ Mileage</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Non-Advisory Board Members</li> </ul> <p>To attend AB meetings and special events</p>
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**North Sound Mental Health Administration**  
**Warrants Paid**  
**October 2013**

Type	Date	Num	Name	Memo	Amount
<b>Advisory Board</b>					
<b>Supplies</b>					
Bill	10/01/2013	278611	Lunch Box	Batch # 102295	20.50
Bill	10/29/2013	278625	Lunch Box	Batch # 102702	27.75
<b>Total Supplies</b>					<b>48.25</b>
<b>Travel</b>					
Bill	10/01/2013	September2013	Bilson, Dan G.	Batch # 102295	33.90
Bill	10/01/2013	261	Oxford Inn	Batch # 102295	525.72
Bill	10/08/2013	September2013	AA Dispatch	Batch # 102394	353.75
Bill	10/08/2013	Sept-Oct2013	Kincheloe, David	Batch # 102394	141.62
Bill	10/08/2013	September2013	Trautman, Candy	Batch # 102394	64.41
Bill	10/08/2013	October2013	Yuen, Jennifer	Batch # 102394	47.46
Bill	10/15/2013	September2013	Sapienza, Russ	Batch # 102508	64.95
Bill	10/23/2013	September2013	City Cab, Inc.	Batch # 102592	19.30
Bill	10/23/2013	September2013	US Bank Purchase Card	Batch # 102592	132.50
Bill	10/29/2013	October2013	Kincheloe, David	Batch # 102702	344.65
<b>Total Travel</b>					<b>1,728.26</b>
<b>Total Advisory Board</b>					<b>1,776.51</b>
					<b>1,776.51</b>
					<b>1,776.51</b>





# North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties  
*Improving the mental health and well being of individuals and families in our communities*

117 North First Street, Suite 8 • Mount Vernon, WA 98273

360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email [nsmha@nsmha.org](mailto:nsmha@nsmha.org) • Web Site <http://nsmha.org>

## **Planning Brief October 18, 2013**

### **Annual Housing Capacity Update**

NSMHA has a housing plan and as part of the plan NSMHA counts the number of housing units and housing support services the mental health system has available. Overall there is an increase in supports to keep individuals stable in their housing. Discussion centered around the lack of intensity in services available that is really needed for stability. NSMHA needs to look at Intensive Outpatient (IOP) as IOP often does not provide enough contacts per week for the depth of illness that is being seen.

### **NSMHA 2014 Operating Budget**

The proposed budget was presented to Planning for input on how the budget meets the Strategic Plan and its goals for the region. Some of the key areas to look in spending priorities are the children's TR lawsuit and crisis services, healthcare expansion, the Involuntary Treatment Act (ITA) expansion and workforce development. NSMHA is also looking to unfreeze an administrative position. With healthcare expansion Medicaid funding will increase and State funding will be reduced which will have a large impact in this region as state funding is used for a lot of items in this region.

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## QMOC Brief October 23, 2013

### **Retiring the Clinical Performance Improvement Project (PIP)**

NSMHA recommended dropping the PIP on reducing the time between the request for service to the medication appointment. This has been worked on for a few years and has not been highly successful. NSMHA will continue to work on this outside of this process and will pick a new Clinical PIP to replace it. Retiring this PIP was approved.

### **New Non-Clinical PIP - Improving the Quality of Care Coordination for High Risk Transition Age Youth (16-21 yrs.)**

This is a new PIP still in the design process that was developed by a workgroup to address the TR lawsuit. Some of the interventions being considered include workforce development and improving care coordination processes. The workgroup for this PIP starts in December.

There is a requirement by the State to have two PIPs in process at a time; both a clinical and non-clinical.

### **NSMHA Clinical Guidelines**

NSMHA reviews and revises the Clinical Guidelines periodically and 8 diagnoses have been added this year; along with child and adult suicidal behaviors guidelines. Adding the suicidal behaviors addresses the need identified by utilization reviews and the critical incident program at NSMHA. This would be a total of 27 clinical guidelines and 3 non-clinical guidelines; this was approved.

### **Adult & Child Diagnoses in Region – Report**

A report was presented that broke out the diagnoses of those served by adult (21 and up) and child/youth across the region for the period of April – June 2013. Two things noted were that the prevalence of different disorders is significantly different between children and adults and children receive a higher number of hours of service than adults.

### **Changes to the WACs in the State**

NSMHA and providers are working together to update procedures around the changes which is a challenge as some of the old and new WACs have an overlap of language or requirement. The state will need to continue to work on some of the revisions needed and providers will follow the new WAC when there is a question.



# **DSHS: Mental Health Updates**

House Appropriations Committee

October 10, 2013

Prepared by Andy Toulon (ext. 7178)  
Office of Program Research



## Updates Covered in This Presentation

House  
Appropriations  
Committee

1. RSN contracts and new federal government directive to change methodology for selecting or reimbursing RSNs.
2. Children's Mental Health Litigation Settlement.
3. RSN Actuarial Rate Setting and Changes for January 2014.



# Background

House  
Appropriations  
Committee



# Community Mental Health Services are Administered Through Regional Support Networks (RSNs)

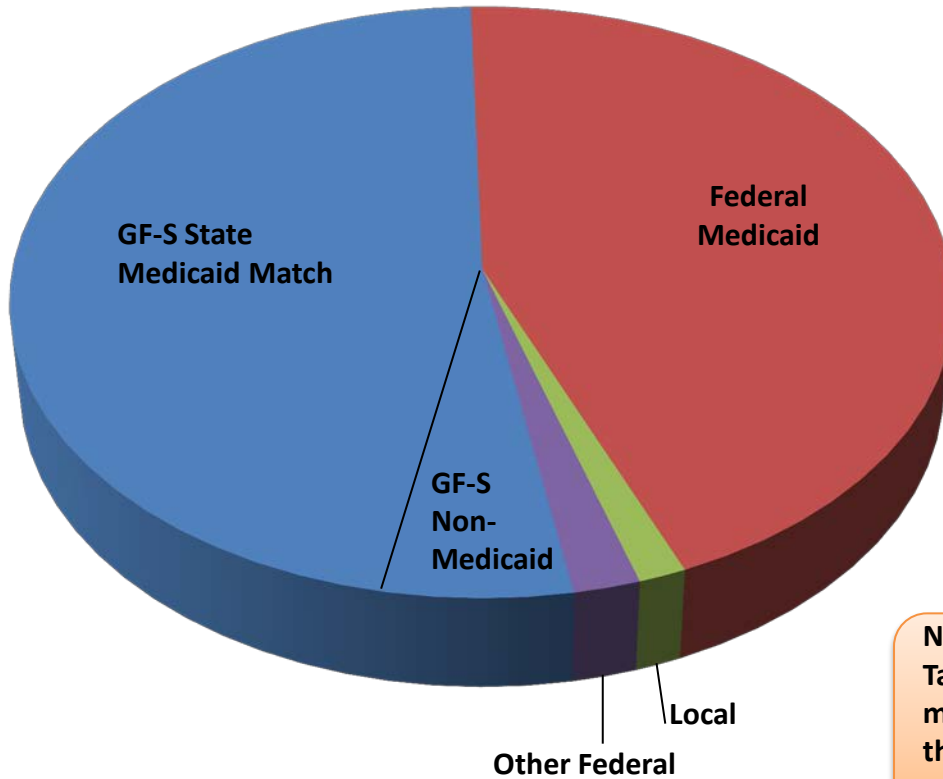
House  
Appropriations  
Committee

- **Medicaid Services**
  - RSNs administer the managed care mental health benefit for Medicaid enrollees who meet “access to care” standards.
  - RSNs paid on a capitation basis and funding is adjusted to reflect changes in caseload.
  - “At risk” for all medically necessary mental health services covered under federally approved 1915b waiver.
  - Continuum of care includes community inpatient, crisis, residential, and outpatient rehabilitative services.
  
- **Non-Medicaid Services**
  - RSNs receive a flexible grant for providing non-Medicaid Services.
  - Funds used to provide services to other low income clients not eligible for Medicaid and services to Medicaid clients that are not covered under Medicaid.
  - No entitlement to non-Medicaid services.
  - No automatic adjustments related to changing caseloads or utilization.
  - Local flexibility in accordance with priorities established by the Legislature.
  - Majority of non-Medicaid funds used for crisis and involuntary treatment- only 13% is used for regular outpatient care.



# \$1.2 billion is budgeted for Regional Support Networks in the FY 2013-15 biennium

House  
Appropriations  
Committee



Fund Source	\$ In Millions	%
GF-S	636	52%
Medicaid Fed	536	44%
Other Fed	25	2%
Local	18	2%
<b>Total</b>	<b>1,215</b>	

**Note:** Twenty counties and the city of Tacoma receive revenues from the local mental health tax option. For CY 2013, these revenues are likely to be close to or exceed \$90 million.

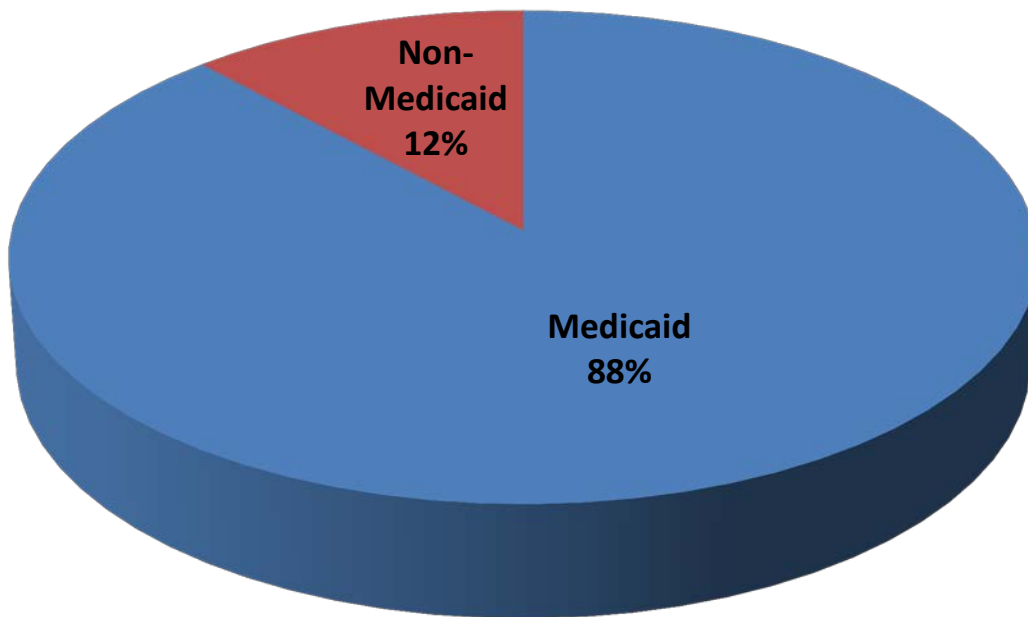


# RSNs Serve Approximately 41,000 adults and 18,000 Children Each Month

House  
Appropriations  
Committee

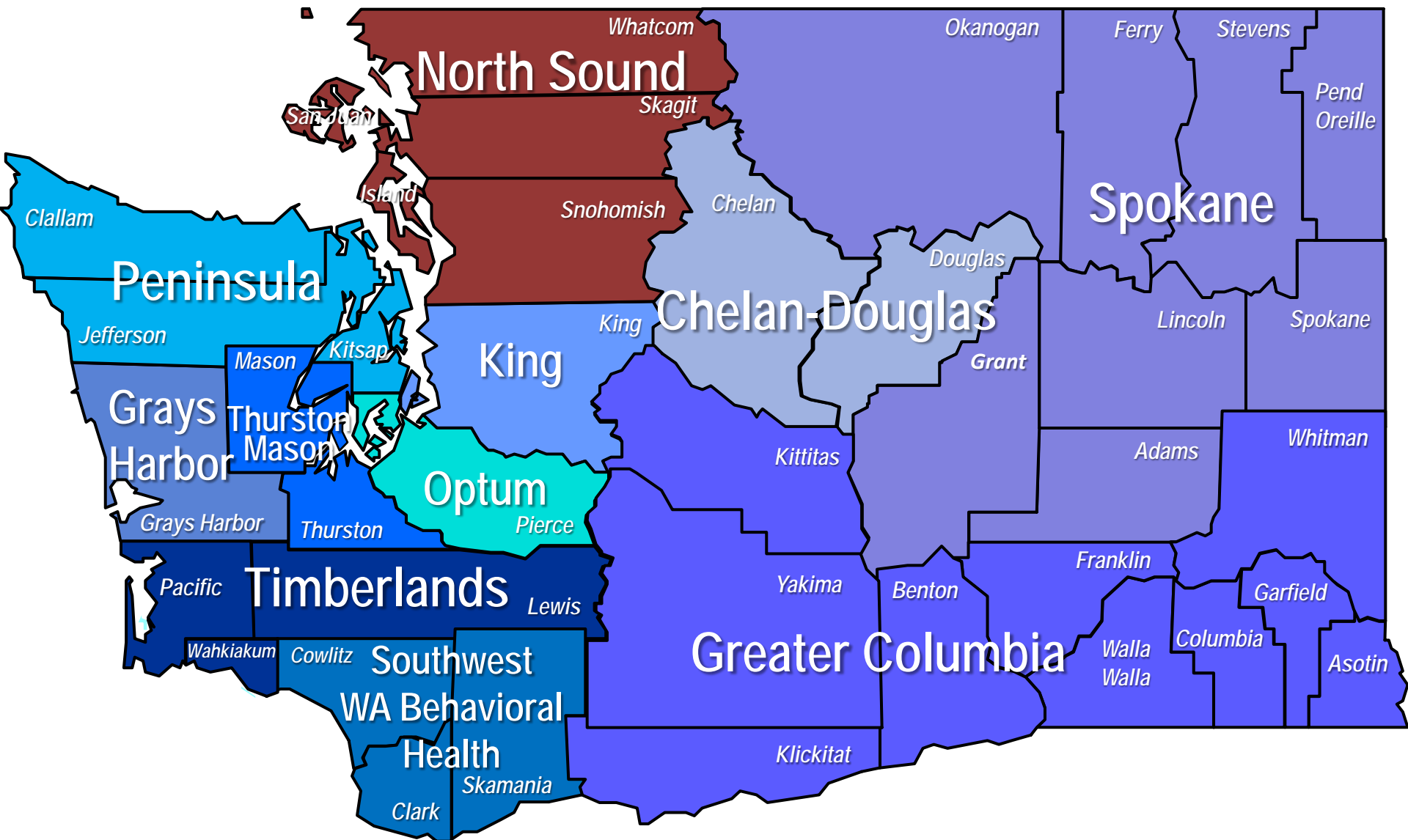
88% of individuals receiving community services through RSNs are on Medicaid

Community Services by Age Group	Average Clients Served Per Month
Children & Youth Under 18	18,000
Adults (Ages 18-59)	35,000
Older Adults (Ages 60+)	6,000
<b>Total</b>	<b>59,000</b>





# There are 11 RSNs, all County Based with the Exception of Pierce (Optum)





# Update #1

House  
Appropriations  
Committee

RSN contracts and new federal government directive to change methodology for selecting or reimbursing RSNs.



## History of RSN Contracts and Procurement

- RSN services are categorized as “client services” and therefore not automatically required to be competitively procured under state law.
- 1989 Legislation (2SSB 5400) created RSNs as county authority or group of county authorities recognized by the Secretary.
- Prior to 2005, there was no procurement requirement for RSN contracts.
- 2005 Legislation (E2SHB 1290) required DSHS to initiate a procurement process for RSNs in 2005.
  - Existing RSNs could maintain the contract by meeting standards in a RFQ process.
  - RSNs that failed the RFQ were required to be put out to bid.
  - This process resulted in the reduction of RSNs from 14 to 13, all still county based.
- In 2007, Pierce County terminated its RSN contract.
- 2008 legislation (SSB 6404) required DSHS to procure RSN services when an existing RSN notifies DSHS that it will no longer serve as an RSN.
  - DSHS received 4 bids from private managed care companies for Pierce.
  - OptumHealth was awarded the contract and began operations in July 2009.



## CMS Letter

- In July 2013, the Center for Medicaid and Medicare Services (CMS) sent a letter identifying concern over the nature of RSN contracts and applicability of federal cost-based accounting principles.
- This appears to be based on a reinterpretation of federal requirements and would require the state to change the system that has been in place, with prior CMS review and approval, for over 20 years.
- CMS invited agency to let them know if they disagreed with their analysis and identified options in the letter assuming the agency agrees:
  - Open procurement of RSN Medicaid services with RSNs competing on the same basis as commercial entities; or
  - Revision of the current payment methodology for RSNs – non risk-based contract with cost-based reimbursement.
- In September 2013, CMS reaffirmed its position in a response to an inquiry regarding points in the July letter and granted an extension to December 2<sup>nd</sup> for the corrective action plan.
- Pennsylvania received an almost identical letter in July and has submitted a formal letter arguing for maintaining its current system.



## Options for Responding to CMS Include:

- Contest CMS re-interpretation and argue for the right to preserve the current system.
- Negotiate a corrective action plan with an extended timeline that allows for vetting by the 2014 legislative task force on mental health and decisions in the 2015 session.
- Conduct an open procurement for RSN services- could provide scoring advantages in accordance with legislative priorities.
- Convert RSN Medicaid services to fee-for-service or cost-based reimbursement.
- Carve RSN Medicaid services into risk based contracts with existing Medicaid managed care health plans.
- Options identified above could be limited to mental health or could include substance abuse services.
- A key consideration for change options is where current non-Medicaid funded mental health services will reside.



## Some Policy Considerations in Designing a New System

- Access to and quality of services for consumers.
- Maintaining/maximizing federal participation.
- Financial risk and potential for cost shifting.
- Integration of mental health, chemical dependency and physical health care.
- Local control and local tax dollars for mental health and substance abuse services.
- Interactions with the criminal justice system.
- Other needs of mental health consumers (e.g. housing).
- Infrastructure and administrative complexity.
- Different strengths/challenges of for-profit entities and county based RSNs in administering services.



## Update #2

House  
Appropriations  
Committee

# Children's Mental Health Litigation Settlement.



## Background on the Litigation

- The litigation is a federal class action filed on behalf of all Medicaid-eligible youth requiring intensive mental health treatment.
- The lawsuit claims that Washington's Medicaid system is not providing sufficient intensive mental health services in the home and community, resulting in unnecessary institutionalization of youth.
- The lawsuit claims that Washington is not compliant with the Early Periodic Screening Diagnosis and Treatment (EPSDT) provision of the federal Medicaid statute as well as the Americans with Disabilities Act.
- The case was originally filed in November 2009
- In October 2010, the parties agreed to a planned mediation that resulted in an interim settlement, approved in March of 2012.
- A final settlement agreement was filed with the court in August 2013.





## Key Components of the Settlement Agreement

- Covers Medicaid youth in need of intensive mental health treatment who are in out-of-home placement or treatment, or who are at risk of needing such placement or treatment without access to intensive mental health treatment.
- Statewide adoption of a screening tool (“CANS”) to determine which children will benefit from intensive home and community-based services.
- Those found eligible through the screening will receive a package of services called “Wraparound with Intensive Services” that will include:
  - Intensive care coordination;
  - Intensive Home and community based services; and
  - Mobile Crisis Interventions and Stabilization services.
- Implementation phased-in across the state over a 5 year period.



## Fiscal Impact

- The Department has provided preliminary fiscal estimates and submitted a decision package as part of the 2014 supplemental budget process.
- DSHS estimates that it is initially going to cost approximately \$15.5 million in new total funds (\$8.2m GF-S) for Fiscal Year 2015 rising in increasing levels over a five year period through FY 2019.
- These figures include infrastructure and operating costs.
- There are expected offsets for services that would otherwise be provided that are factored into these estimates so the figures represent the net new costs.



## Update #3

House  
Appropriations  
Committee

# RSN Actuarial Rate Setting and Changes for January 2014.



## Federal Requirements for Capitated Rates

- In accordance with CMS Regulations for capitated risk based contracts, “rates must be actuarially sound” and developed by a credentialed actuary.
- DSHS is in the process of a major actuarial rate update that will impact rates paid to RSNs effective January 2014.
- Major drivers in these types of updates include:
  - Changes in utilization of services;
  - Changes in types of providers used for services;
  - Unit costs changes over time; and
  - Programmatic changes and efficiency adjustments.
- Last major rate update was done in 2010.



## RSN Rate Structure

- RSN rates are paid on a per member per month basis for the entire Medicaid population.
- The population is broken into the following 4 cohorts:
  - Disabled adults;
  - Non-Disabled Adults;
  - Disabled children; and
  - Non-disabled children.
- The actuaries establish rate ranges for each cohort for each RSN and the Department must pay the RSNs within these ranges.
- There is significant variation within RSNs related to the rate ranges and the current rates being paid.
- Some RSNs use local dollars to draw a higher rate and federal match than what is possible through their appropriated state funds.



## RSN Rate Variation Calendar Year 2013 PMPM Rates

	Highest RSN Rate	Lowest RSN Rate	Variation
Adult Disabled	\$148.62	\$102.49	45%
Adult Non-Disabled	\$21.62	\$11.22	93%
Child Disabled	\$107.84	\$31.76	240%
Child Non-Disabled	\$11.55	\$5.67	104%

Notes- Excludes Local Match.  
These reflect the actual rates being paid in the RSN with the highest and lowest rates for each of the 4 rate cells.



## Potential Impacts Expected of New Rate Study

- All RSNs will see some changes in their rate ranges.
- The Department will likely have to alter payments to some RSNs.
  - Some RSNs are expected to see the bottom of their rate ranges increase to a level above their current contracted rates and the Department must increase to at least this level.
  - Some RSNs are expected to see the top of their rate ranges decrease to a level below their current contracted rates and the Department must decrease to at least this level.
- It is unclear at this point if the net impact of these changes will result in an increased cost or a savings to the general fund.
- There are policy level choices the Department has that could be used to mitigate some of the fiscal impacts (e.g. smoothing) on impacted RSNs that would be considered actuarially sound.

<b>2012 Pre-Meetings</b>	
January	--
February	Mobile Outreach Team (MOT) Whatcom and Skagit Counties
March	--
April	Dignity and Respect
May	(CVAB) Consumer Voices are Born Skagit Reach Center
June	Novartis Pharmaceutical
July	--
August	--
September	--
October	(CVAB) Consumer Voices are Born Skagit REACH Peer Center
November	Opportunity Council
December	--



Advisory Board Pre-Meetings 2013

<b>Meeting</b>	<b>Presentation</b>	<b>Notes</b>
January 8th	Pioneer Human Services Skagit Co STEP Program Jail Transitions	DeAnn Gibbs & Josie Boggs
February 5th	Evidence Based Practices	Greg Long & David Kincheloe
March 5th	Sun Community Emergency Shelter with MHBG Funding	Denise Rosenstein
April 2nd	Evidence Based Practices	Greg Long & David Kincheloe
May 7 <sup>th</sup>	None	
June 3rd	None	
July 9 <sup>th</sup>	None	Retreat Burlington Library
August 6 <sup>th</sup>	Peer Specialists Compass Snohomish Bailey Center	Nicholas Carpenter and Maria Hong
September 3rd	Snohomish County PACT	Kay Tillema
October 1st	Tulalip MHBG Program	Tony Hatch
November 5th		
December 3rd		

Pre-Meeting Topics and Suggestions

<b>Topic</b>	<b>Contact/Notes</b>