



American Indian Health Commission for Washington State
“Improving Indian Health through Tribal –State Collaboration”

The Washington Indian Health Care Improvement Act (WIHCIA) was developed as the final step in addressing the Indian Health Care Provider (IHCP) issues and recommendations for the Medicaid system in Washington State identified through the 2013 Tribal Centric Behavioral Health Report to the Legislature and Tribal consultation for the 1915 b and 1115 Medicaid waivers that change the way Medicaid services are provided in this State.

Through this process, a Tribal Issues Grid was jointly developed by the state and tribal representatives to track resolution of issues. From fall of 2015 until July 1, 2017, issues identified as program or operational were addressed through workgroups, round tables and consultation. The remaining issues were identified as needing “a legislative fix.”

WIHCIA language was developed to resolve these legislative issues. This is also part of a three-year plan (insert link to 3-year plan) to improve the Medicaid Fee for Services system that has been adversely impacted by the changes made to the Washington State Medicaid Program through waivers and use of managed care entities and to enhance the 100% FMAP savings in the state

Proviso in the 2019 budget funds \$200,000 to the Washington State Health Care authority to further develop how these issues will be addressed. The proviso includes the convening of the Governor’s Indian Health Advisory Council. Council membership will consist of:

- Representation from each tribe in Washington state, designated by the tribal legislative body, who is either the Tribe’s American Indian health Commission (AIHC) delegate or the Tribes designee;
- Tribal Liaison from the Health Care Authority (HCA), Department of Children, Youth and Families (DCYF); Department of Commerce; Department of Corrections; Department of Health (DOH); Department of Social and Health Services (DSHS); Office of the Insurance Commissioner (OIC); Office of the Superintendent of Public Instruction (OSPI); and Washington Health Benefit Exchange (WAHBE);



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- CEO of the Indian Health Service Portland area office and each service unit in Washington state or his or her designee;
- CEO of each Urban Indian Health Program (UIHP) in Washington state or his or her designee who may be the urban Indian health program’s American Indian health commission for Washington state delegate;
- Executive Director of AIHC or his or her designee;
- Executive Director of the Northwest Portland Area Indian Health Board (NPAIHB) or his or her designee;
- One member from each of the two largest caucuses of both the House of representatives and Senate, appointed by the speaker of the House of Representatives or Senate, or his or her designee;
- Two individuals representing the governor’s office.

Between July 1 and December 12, 2018, this Council met four times to guide the development of the report to the legislature with recommendations for moving these solutions forward. The final report can be found here:

<https://www.hca.wa.gov/assets/report-essb-6032-governors-indian-health-council-12-21-18.pdf>