

# Children and Youth Behavioral Health Work Group – Behavioral Health Integration (BHI) Subgroup

November 14, 2023

## Glossary of Terms

BHI: Behavioral Health Integration

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

CYBHWG: Children and Youth Behavioral Health Work Group

HCA: Washington State Health Care Authority

WCAAP: Washington Chapter, American Academy of Pediatrics

## Meeting Topics

- Presentation: *Behavioral Health Integration Learning Network*, Leslie Graham & Mary Ann Woodruff, WCAAP
- Review screening protocols
- Planning for advocacy during session

## Discussion Summary

1. Behavioral Health Integration Learning Network (WCAAP) presentation
  - a. The Network provides the following:
    - i. The ability to collaborate and learn from established professionals that are familiar with the Behavioral Health system
    - ii. To learn of best practices from other professionals and clinics
    - iii. The ability to offer education, resources, and team coaching to behavioral health professionals
  - b. Goals and strategies for the Network:
    - i. Use Integrated Care assessment to determine clinic needs and goals
    - ii. Gather information via survey form each clinic to use as a reference
    - iii. Provide learning network cohort meetings
    - iv. Provide coaching opportunities, education, and resources for professionals and clinics
    - v. Enhance advocacy and develop relationships with professionals in Washington state
  - c. Key learnings
    - i. Behavioral health needs differ between urban and rural areas
    - ii. Establishing behavioral health integration for family medicine and in pediatric services would be helpful.

- iii. Screening is an important tool for early identification of behavioral health needs.
  - iv. More funding is needed for the sustainability of care coordination.
  - v. The current system is not working; behavioral health professionals are invested in improving systems and developing efficient programs
  - vi. The collaborative care model is an effective model; could be used for systematic change
  - vii. We need to look at how we can care for families who do not fit in current service models, those that need long term services, crisis services, and psychoeducation.
2. Review screening protocols
- a. It would be beneficial to build a team of people in primary care where their job is to have the knowledge base to help families with screening and then the time to follow up.
  - b. Providers were not trained in screening, and they may not have the right skills, resources, or knowledge for this service.
  - c. There are screening tools from Bright Features Standard of Care related to mental health, developmental needs, behavioral health, social health related to social needs, and developmental autism screens.
  - d. Screening rates for post-partum, behavioral health and developmental and autism screening are being increased by Health care Authority in January 2024. This increase is believed to be high enough for developmental and autism screening to do the follow-through needed for patients and families screened in need of help. Rates for post-partum, behavioral health and SDoH/Health Related Social needs are insufficient to provide follow up and support patients and families screened in need.
3. Items for Further Discussion
- a. Opening up billing code 99484. HCA is currently working to understand the full breadth of possibilities under 99484 to compensate for care coordination activities.
  - b. Building sustainability for community health workers (CHWs)
  - c. Social determinants of health billing codes
  - d. National guidance from the American Academy of Pediatrics (AAP) has directed providers to use billing code 96160 for social determinants of health screens. However, this is not in alignment with Washington's Medicaid billing guidance, which only allows for one screen to be billed per year, making BH screens and SDoH screens billable under 96160 an either/or.
    - i. *\*HCA now reports that SDoH screens should not be funded under 96160 for WA Medicaid, despite CMS guidance that this code can be used for SDoH.*
  - e. HCA billing guidance does not include anything specific to social determinants of health screening.
  - f. HCA billing guidance indicates there are 4 codes turned on and those codes are for developmental screening, behavioral health screening and caregiver depression screening.
  - g. Billing code 96127 allows for up to three screens per claim, per federal coding guidance.
    - i. HCA staff to follow-up with more technical guidance

*\*post-meeting update and addition*

**Next Steps**

- Statements of support will be voted on by CYBHWG on 11/17.
- Meeting: December 12<sup>th</sup>