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

December 12, 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

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment

HCA: Washington State Health Care Authority

WCAAP: Washington Chapter, American Academy of Pediatrics

Meeting Topics

- Reflect on December 7 CYBHWG subgroup leads' retreat
- Updates on screening rates and billing codes
- Discussion on advocacy during session

Discussion Summary

1. 2023 CYBHWG subgroup leads' retreat action items
    a. Representative Callan will be the legislative champion in the House for BHI's recommendation
    b. Intentionally expanding subgroup membership
        i. Outreach: Creative ways to reach people with lived experience and those in rural communities and communities east of the mountains where the subgroup has less representation.
            1. Currently under-utilizing stipends that are available to people with lived experience who would like to participate in the subgroup.
        ii. Enhance inclusive participation by providing both a subgroup orientation at the beginning of each cycle to set expectations and call-in members, but also host new member orientations and information sharing to make people feel more comfortable participating.
    c. Engagement with HCA and other state agencies
        i. Think about ways to engage state agencies for technical expertise/input on developing recommendations earlier in the process
            1. Need more clarity on what is possible or realistic from their view so recommendations could be modified accordingly prior to submission

and/or adjust session advocacy with enough lead time for maximum impact.

d. Subgroup retreat
    i. Dedicate a meeting, or a central portion of a meeting, to reflection and reset on BHI past, present and future goals/strategies after session
    ii. Incorporating breakout groups
    iii. Setting of mission and vision

2. Social Determinants of Health (SDoH) screening
    a. HCA confirmed that screening code 96160 cannot be used to screen for social determinants
        i. Need to figure out if BHI will be advocating for clarity and inclusion in existing codes, or a new code altogether to perform SDoH screening
    b. Barriers to utilizing CPT code 96160
        i. 96160 is already used for other types of screening across various programs and billing guides.
        ii. Alternatively, if we ask for a separate code, the state can track data on children served more easily and efficiently
        iii. Action: Ask that HCA adequately reimburse SDoH screening, not linked to a specific code.
    c. Refine ask to perinatal through age 20.
        i. EPSDT federal mandate: children age 0-21.
    d. Fiscal note is anchored in well child visits
    e. 1:1 federal matching of state funds
        i. *CMS refers to SDoH as 'health related social needs'
    f. The model: by increasing the screening reimbursement rate, it supports the existing workforce of CHWs and improves the process allowing for follow-up and follow-through with children and families. It also creates sustainability for the state for clinics to integrate reimbursement to conduct follow through, as well as the ability to scale CHW service provision.
    g. The ask: BHI will be advocating for adequate funding to HCA to allow primary care clinics to conduct SDoH/health related social needs screening and follow-up for children and families, age prenatal through 20, as well as postnatal mood disorder screening for new parents at infant well visits, and behavioral health screening for children at well visits.
        i. This is an open-ended ask, with no mention of specific codes.

3. Behavioral Health Integration code 99484
    a. 99484 (collaborative care) allows for reimbursement for primary care providers and mental health professionals to collaborate and create and/or modify care plans.
        i. HCA clarified that CHWs are currently not qualified as care coordinators under 99484
    b. The consensus is that BHI should not pursue code 99484 this session if CHWs and other non-licensed care coordinators cannot be billed.

4. Things to think about for 2025

a. Higher reimbursement rates for positive screens.
b. Revisit how we define who 'clinical staff' are as a state, and as a subgroup, as well as clearly defining 'community health workers.
c. CHW Learning Collaborative is developing best practices for clinics across the state to help define the scope of CHWs' work in-clinic.
d. Consider how we can continue to advocate to pay for the care team we know addresses youth and families from a place of wellness and stages of prevention. Most codes focus on illness instead of supporting kids thriving.
e. Discuss the value-based care models in pediatric mental and behavioral health care report, as a subgroup
f. Educational webinars for CHWs
    i. DDA applications and waivers
    ii. Children in foster care and CPS mandated reporting
    iii. UW Medicine social determinants of health

5. Session advocacy
    a. Breakout rooms were facilitated so subgroup members could share stories with each other about the value and impact that CHWs have had in their lives.
    b. Participants connected and shared other avenues of outreach where they might connect with people with lived experiences.

Next Steps

- Meetings
    - February 6, 2024, 10A-11A