CYBHWG – Behavioral Health Integration (BHI) Subgroup

July 25, 2023

Meeting Context

- **Care Coordination**
    - Covering costs through a more robust reimbursement model for the assessment process, increasing pay levels that allow for more positive assessments & follow-up.
    - Expanding care coordination code coverage.
    - Advancing care coordination in WA state.
- **Key takeaways**
    - Holistic care coordination, expanding the health worker workforce, opening codes, and providing adequate reimbursement are all essential priorities, but funding is limited. It may be an either/or strategy when bringing it to the legislature.
    - HCA was able to increase reimbursement rates, effective Jan. 2024, but funding still needs to be attained to provide full coverage.
    - Research and outreach need to be conducted to clarify core competencies and roles covered by the codes, as well as on other states' cost coverage models.

Ideas surfaced in the meeting:

Ideas Surfaced	Description
Build upon Health Worker Pilot (2022)	Prioritizing the development and support of pediatric community health workers, expanding providers' capacity for service provision and seeking sustainable funding for new roles
Promote Closed Loop Services	Use existing fee for service codes for screening but adequately fund screening, interpreting results, and closed loop referral processes
Meet Unmet Needs	Ensure community health workers have the support and funding to carry out referrals and follow-through services for the 10-15% of families who present need post-screening
Holistic Services for Families	Universally integrate post-partum depression, mood disorder, and social, emotional, and behavioral health screenings and referrals with multiple touch points
Universal Developmental Screenings	Standard of care including 5+ screens in first 3 years of life
Screening Reimbursement	Bring average reimbursement from 33% to full coverage
Multi-State Collaboration	Investigate other states' costs, experience funding care coordination, and code use outside and under Medicaid
Expanding the Workforce	Expanding the definition of clinical staff re: Code 9948 to include community health workers and seeking

	reimbursement coverage for various levels of behavioral health support specialists
Opening the codes	Request that the care codes be opened and/or adopted by the state with adequate funds appropriated to cover the codes
Defining Scope of Practice & Core Competencies for Community Health Workers (CHW)	Collaborate with Department of Health Community Worker Leadership Committee

Discussion Summary

Accomplishments with pediatric community health worker pilot (2022)

- Prioritization of pediatric community health workers for behavioral health through the life course, supporting early childhood needs, developmental needs, relational health, the needs of older kids to access mental health care, and the supports while they await mental health care.
- In the 2022 session, the state funded 40 pediatric community health workers and directed the Health Care Authority (HCA) to seek sustainable funding for this from CMS. Today, the HCA has elected not to apply to CMS to fund these roles. The budget proviso indicates that they may have another year to make applications, but there is concern that the application is not going forward.
- The program to date: Currently 38 pediatric community health workers, 20 of whom are focused on early relational health and development needs, and 17 of whom are focused on mental health access for older kids, with 1 individual servicing holistically. The 38 are in place at 24 sites across the state, including 12 independent clinics and 8 federally qualified health clinics, primarily across western and central Washington. The funding for these roles end at the end of next year.

Challenges and need with care coordination

- Children and teens who have mental health conditions have significant need for care coordination which is largely unmet. Unmet needs are amplified by socioeconomic factors and disorder type.

Ways to fund care coordination

- Washington state has the funding for screening in primary care and needs to become universal developmental screening. Five screens need to occur in the first three years of life in order to understand if a child is developing as they should and trigger early intervention to help the child to overcome or ameliorate those identified gaps, if needed.
- Making postpartum depression or mood disorder treatment a standard of care.
- Implementing emotional, social, and behavioral health screening for children as they develop, as a standard of care.
- Screening and Care Coordination Process:
    - Stage 1 (funded): Developmental screening, post-partum depression screening; emotional, social, and behavioral health screening. All following Bright Futures schedule and using validated screening tools.

- Stage 2 (funded): All screening reviewed by clinical personnel, positive screening referred to appropriate subject matter expert in clinic for more comprehensive assessments and acuity determination.

**Generally 10-15% of families require stages 3 & 4*

- Stage 3: Referral(s) to appropriate internal and external services provided; assist in making connection to services, scheduling clinical intakes, etc.
- Stage 4: Track all referrals to ensure connection(s) established and reassess as clinically indicated.

*Current screening reimbursement is just a third of what it needs to be for the standard of care. The ideal allocation would be $11 reimbursement to ensure follow-up and follow-through, but the current rate is about $3 reimbursement.

Codes to fund care coordination

What do we need to know about national codes not currently open in WA Medicaid Program?

- Do not think EPSDT is a viable avenue to broaden funding.
- Investigating other states' costs and what the cost experience has been with funding care coordination, mitigating across whether a state provides holistic screening through referral loop services, or just reimburses based on screenings.
- HCA submitted decision last session to increase rates for screenings, to go in effect January 2024, with a 100% increase to double the current rate.
- Last session, getting funding for care coordination codes that have not been adopted by Washington state, but which would fund activities of care coordination, was discussed but withdrawn. Reevaluation being considered in the burgeoning workforce crisis.
- Code 9948: CMS guide allows for revision to what is defined as clinical staff and care coordination activities, and relevant reimbursement models to include community health workers.
    - Ex. UW program funded by The Ballmer Group to run a training program for various levels of behavioral health support specialists, with potential to be expanded to other state colleges. Increase of access and expanding workforce.
    - Understanding by CMS that roles need not be as rigid and need to be opened so that qualified people can be reimbursed for vital care.

Next Steps

- **Determine Priorities**
    - Decide if the collective intent is to either 1) build the primary care team to have care coordination as part of their core service provision, or 2) build the pediatric community health worker workforce as part of that care team.
    - Decide if the most immediate need is to either 1) build out the workforce and expand reimbursement for current and future care providers, or 2) pursue funding for opening codes.

- **Research and Outreach**
    - Research other states' reimbursement and code practices.
    - Collaborate with leadership committee on clarifying care coordination roles.
- **Next Meetings: August 8 & 29.**
    - Keep working through the four-part screening discussion and/or the code discussion. Decide to toggle back to early childhood funding or continue with care coordination & developmental relational timespan.