Agenda: School-based Behavioral Health and Suicide Prevention Subcommittee

April 2, 2021, 9:00 a.m. to Noon

Members					
☒	Representative My-Linh Thai, Co-Chair (41st Legislative District)	☒	David Crump (Spokane Public Schools)	☒	Jeannie Nist (Communities in Schools of Washington)
☒	Lee Collyer [alternate for Camille Gold] (Office of the Superintendent of Public Instruction)	☐	Myra Hernandez (WA Commission on Hispanic Affairs)	☒	Jill Patnode (Kaiser Permanente)
☒	Tawni Barlow (Medical Lake School District)	☒	Avreayl Jacobson (King County Behavioral Health and Recovery)	☒	Elise Petosa (WA Association of School Social Workers)
☒	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	☐	Vacant	☒	Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]
☐	Antonette Blythe (Parent, Family Youth System Partner Roundtable)	☒	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	☒	Susan Solstig (Parent, Family Youth System Partner Roundtable)
☒	Harry Brown (Mercer Island Youth & Family Services (Forefront) [Alternate: Jennifer Stuber]	☒	Sandy Lennon (WA School-based Health Alliance)	☐	Jason Steege (Parent)
☐	Brooklyn Brunette (Youth)	☒	Molly Merkle (Parent)	☐	Katrice Thabet Chapin (Vancouver Public Schools)
☒	William (Bill) Cheney (Mount Vernon School District)	☒	Robert (RJ) Monton (Snoqualmie School District)	☒	Erin Wick (AESD) [Alternate: Mick Miller]
☒	Jerri Clark (Washington PAVE)	☒	Joe Neigel (Monroe School District)	☐	Kathryn Yates (Chief Leschi School District)

Staff: Mark McKechnie and Justyn Poulos (OSPI); Rachel Burke and Kimberly Harris (HCA)

No.	Agenda Item	Notes
1.	Part II: Medicaid coverage and School-Based Services *Enos A. Mbajah, Shana Muirhead, Katherine Tillman & Michelle Alger, HCA*	*See page 18.* Highlights - Challenges: • Lower reimbursement rates on IEPs for students in special ed – FFS rates – may be different rates if CBAs are contracting with MCOs. *Action item: Shanna will connect with Lee to see if there are specific codes that could be added.* • The Healthy School Campaign Washington is looking at examples from other states and will complete an inventory of strategies from across the nation, along with recommendations. The inventory will be available in June. • Billing codes that are not currently covered : Case management services, family therapy. • How do we do actually do what's right vs trying to leverage all these sytems to try to do what's right?

2.	Overview of Governor's Executive Order on Behavioral Health Crisis and HCA's activities in response *Diana Cockrell, Section Manager, Prenatal to 25 Lifespan Behavioral Health Mental Health and Substance Use, DBHR, HCA*	Highlights: • Governor's Proclamation – directive for DOH and HCA to immediately work on recommendations to address children and youth immediate behavioral health needs. • DOH – COVID-response team (meeting before the directive) has been looking at coverage-blind 1st level triage for mental health supports. All-hands-on-desk first response to crisis (including Sonoma model). • Sonoma model: ○ Offer of screening for disaster-related trauma (not full behavioral health assessment) to all families. ○ Triage into levels of support needed – 1st level (preventative; Tier 1), 2nd level (need some, likely short-term, supports;Tier 2, 3rd level – acute needs; Tier 3). ○ Train staff in Trauma Focused (TF)-CBT. ○ Specialty trained clinicians would engage with youth and families for first 4-5 sessions; then rescreen and move individual into Tier 2 supports. Then complete full series of 10-12 sessions of TF-CBT.
3.	Legislative perspectives and updates *Rep. Lisa Callan*	Highlights: *See page 41.* • Most funds are already allocated in budgets. • Some details haven't been worked out and will be handled through the budget conference, once the House and Seate pass their budgets. • Legislators will bring forward a package of proposals – generated from the DOH COVID response team, and the ideas and feedback shared at the March CYBHWG meeting and this meeting. • Package to focus on how we can address children and youth needs in schools and in primary care (and how to link them), including the acute needs of kids in Tier 3. *Action item: Rep. Callan will debrief on meeting results with Lee and Mark.*
4.	Context	Recommendations: • The recommendations under consideration today are meant to address the immediate crisis and are separate from the school-based recommendations the CYBHWG submitted last fall – OSPI's MTSS decision package and Staffing decision package.
5.	Potential recommendations for behavioral health responses *Lee Collyer, Justyn Poulos, & Mark McKechnie, OSPI; Kelcey Schmitz, UW SMART Center*	*See page 49.*
7.	Identify top priorities	1. Insurance-blind reimbursement (12 votes) 2. Universal screening (9 votes) 3. Support social-emotional needs and learning recovery (6 votes) Behavioral health services on IEPs (6 votes)

8.	Overview of group insurance plans and behavioral health benefits *Mandy Weeks-Green, Office of the Insurance Commissioner*	*See page 51.* Highlights: • More Washingtonians are covered by self-insured employer coverage, which are regulated by the U.S. Dept. of Labor, than by group/individual plans that are regulated by OIC • New rule requires carriers to actually assist families who cannot find a provider. • If you have a problem getting a provider, contact the OIC. • Private health insurance carriers will share information at the June School-based Behavioral Health & Suicide Prevention meeting.
9.	Closing	*See page 74 for edited Chat transcript.*

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

April 2, 2021

Vision

All students prepared for post-secondary pathways, careers, and civic engagement.

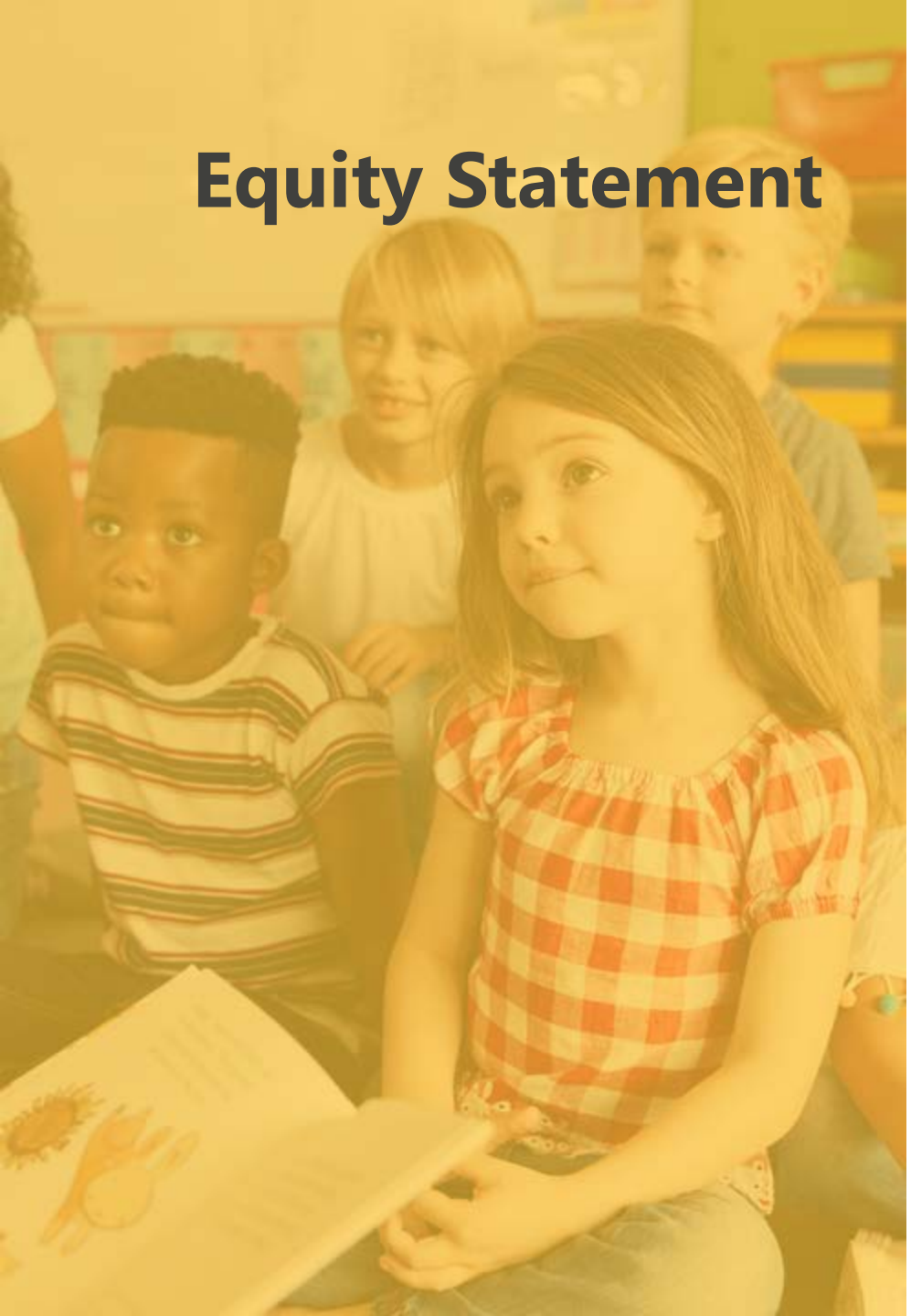
Mission

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

Values

- Ensuring Equity
- Collaboration and Service
- Achieving Excellence through Continuous Improvement
- Focus on the Whole Child

Washington Office of Superintendent of
PUBLIC INSTRUCTION



Equity Statement

Each student, family, and community possesses strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Agenda: April 2, 2021

Agenda Item	Leads	Time
Introductions, Group Agreements, and Housekeeping	Lee Collyer	9:00-9:15
Part II: Medicaid coverage and School-Based Services	Enos A. Mbajah, Shana Muirhead, & Katherine Tillman, HCA	9:15-9:40
Overview of Governor's Executive Order on Behavioral Health Crisis and HCA's activities in response	Diana Cockrell, Section Manager, Prenatal to 25 Lifespan Behavioral Health Mental Health and Substance Use, DBHR, HCA	9:40-9:50
Break		9:50-10:00
Legislative perspectives and updates	Rep. Lisa Callan	10:00 – 10:10
Potential recommendations for behavioral health responses	Lee Collyer, Justyn Poulos, & Mark McKechnie, OSPI; Kelcey Schmitz, UW SMART Center	10:10 – 10:25
Breakout 1: Discuss and prioritize	Members	10:25 – 10:50
Break		10:50-10:55
Identify top priorities	Large Group	10:55-11:10
Breakout 2: confirm top 3-5	Members	11:10-11:25
Overview of group insurance plans and behavioral health benefits	Mandy Weeks-Green, Office of the Insurance Commissioner	11:25-11:55
Close	Co-chair	Noon

Welcome Members and Guests

Members

Co-Chairs: Rep. My-Linh Thai and Lee Collyer (for Camille Goldy)

Voices of Families and Young People:
Brooklyn Brunette
Jason Steege
Kathryn Yates
Katrice Thabet-Chapin
Molly Merkle
Susan Stolsig

Members: Education and Behavioral Health Professionals and Advocates

Antonette Blythe, Family Tri Leader, Family YOUTH System Partners Round Table

Avanti Bergquist, Washington State Council of Child and Adolescent Psychiatry; Washington State Psychiatric Association; Eating Recovery Center/Insight Behavioral Health

Avreayl Jacobson, Children's Mental Health Planner, King County Behavioral Health and Recovery

David Crump, Clinical Director, Spokane Public Schools

Elise Petosa, Member/past president, WASSW

Erin Wick, Director of Behavioral Health and Student Support, ESD 113 (AESD Representative) [Designated alternate: Mick Miller, ESD 101]

Harry Brown, MIYFS - School Based Mental Health Counselor, Forefront in the Schools, consultant/trainer, Mercer Island Youth & Family Services, Forefront Suicide Prevention [alternate: Jennifer Stuber, Center Director, Forefront Suicide Prevention, UW School of Social Work]

Jeannie Larberg, Director: Whole Child, Sumner-Bonney Lake School District

Jeannie Nist, Associate Director, Communities In Schools of Washington

Jerri Clark, Parent Resource Coordinator, WA PAVE

Jill Patnode, Thriving Schools Program Manager, Kaiser Permanente

Joe Neigel, Prevention Services Manager, Monroe School District & Monroe Community Coalition

Kelcey Schmitz, MTSS/School Mental Health Training and TA Specialist [Alternate: Eric Bruns, Director of Training and Technical Assistance], UW SMART Ctr.

Myra Hernandez, Operations and Special Projects Manager, Commission on Hispanic Affairs

Robert Monton, Associate Director of Behavioral Health, Snoqualmie Valley School District

Sandy Lennon, Executive Director, Washington School-Based Health Alliance

Tawni Barlow, Director of Student Services, Medical Lake School District

William (Bill) Cheney, Director of Student Support and Prevention Systems, Mount Vernon School District

OSPI and HCA Staff Supporting the Subcommittee

OSPI Center for the Improvement of Student Learning:

Justyn Poulos

Mark McKechnie

OSPI Special Education:

Lee Collyer

Healthcare Authority:

Rachel Burke

Kimberly Harris

Endalkachew Abebaw

Group Agreements

Group Agreements

- Share airtime; make sure all voices have the opportunity to be heard
- Stay engaged
- Speak your truth
- Expect and accept non-closure
- Listen with the intent to learn and understand
- Assume positive intentions
- Disagree respectfully
- Clarify and define acronyms
- Develop a definition for BH for the purpose of this group
- Take care of yourself and take care of others
- Ask for clarification
- Listen harder when you disagree
- Avoid using the phrase “committed suicide,” instead refer to it as a cause of death
- Person first language

Facilitator Requests

Audience/guests: please offer your comments during public testimony only.

Members: Please indicate that you want to speak by using the Chat to let us know. The chair or facilitator will recognize you to speak.

Everyone: please bear with us. Communication is more difficult via Zoom, but together we can use it productively.

Medicaid and School-Based Services: Enos A. Mbajah, Shana Muirhead, & Katherine Tillman, HCA:

Washington State Health Care Authority

Medicaid School Based Programs

Washington State Health Care Authority

Topics to be covered

- School-Based Health Care Services (SBHS)
- Medicaid Administrative Claiming (MAC)
- Meeting Student Behavioral Health needs with Medicaid funding
- Collaboration between schools and Behavioral Health providers
- Overview of recommendations for Behavioral Health supports for school age youth

School-Based Health Care Services (SBHS)
and
Medicaid Administrative Claiming (MAC)

Washington State Health Care Authority

What is the SBHS Program?

The School-Based Health Care Services (SBHS) program is an optional Medicaid program which reimburses contracted school districts, ESDs, charter schools, and tribal schools for providing Medicaid covered health-related services to Medicaid-eligible students with Individualized Education Programs (IEP) or Individualized Family Service Plans (IFSP).

School districts are allowed to receive Medicaid reimbursement per section 1903(c) and 1905(a) of the Social Security Act and the Individuals with Disabilities Education Act (IDEA).

Washington State Health Care Authority

SBHS Overview

- **Services are reimbursed fee-for-service (FFS) per SBHS fee schedule**
  - Rates are the same as FFS rates paid to community providers
- **SBHS program only pays for services that are included in an IEP/IFSP**
  - Most common services billed are speech therapy, occupational and physical therapy, and nursing services
  - Mental health services (i.e. counseling) that are included in an IEP/IFSP are reimbursable through this program
- **Currently 182 districts and five (5) ESDs contract with the SBHS program**
  - ESD 112 bills for 28 districts within their ESA
  - ESD 101 bills for 1 district with plans to bill for additional districts

SBHS Covered Mental Health Services

SBHS-covered mental health services are diagnostic and treatment services involving mental, emotional, or behavioral problems or dysfunctions and include:

- Evaluations and reevaluations performed by a licensed mental health provider to determine if a student requires mental health services per an IEP or IFSP
- IEP/IFSP mental health services provided by or under the supervision of a licensed mental health provider
- Services must be prescribed or recommended by a Department of Health licensed provider

SBHS Eligible Mental Health Providers

In order for a school district to receive Medicaid reimbursement, services must be provided by or under the supervision of Department of Health licensed providers. The following providers can bill for services through the SBHS program:

- Licensed mental health counselor (LMHC)
- Licensed social worker
- Licensed psychologist
- The following individuals may also provide services under the supervision of a licensed mental health provider:
  - Licensed mental health counselor associate (LMHCA)
  - Nonlicensed school staff (e.g. school counselor, school psychologist, school social worker)

Washington State Health Care Authority

Benefits of SBHS Program

The SBHS program allows districts to recover a portion of the cost incurred for providing health related services to Medicaid eligible students. Funding can be used in a variety of ways:

- Hiring additional staff
- Assistive technology
- Professional development
- Special education program development

School district	Eligible students	Eligible providers	Typical annual reimbursement
School district A	10–20	1–3	$3,100
School district B	100–200	20	$140,000
School district C	500–600	50–70	$300,000
School district D	900–1000	50–70	$450,000

How to Participate in SBHS?

In order to participate in the SBHS program, the district or ESD must:

- Enter into a contract with the SBHS program and set up a ProviderOne account
- Enroll licensed providers under the district's or ESD's ProviderOne account
- Assign an SBHS coordinator
- Comply with SBHS Billing Guide, SBHS WAC 182-537 and the SBHS contract
- Interested districts/ESDs may download the SBHS Checklist for New School Districts

SBHS Resources

Resources available on the SBHS webpage:

- SBHS 101 training video
- SBHS billing guide
- SBHS contracted school districts
- Provider trainings
- Annual planning materials
- SBHS sample contract

Shanna Muirhead
SBHS program manager
Tel: (360) 725-1153
Email: Shanna.Muirhead@hca.wa.gov

SBHS webpage: https://www.hca.wa.gov/sbhs

Medicaid Administrative Claiming (MAC)

Overview of the MAC Program

The Medicaid Administrative Claiming (MAC) Program is an optional program which reimburses schools for the time their staff spend performing administrative activities on behalf the HCA's Medicaid program. Examples of administrative activities include:

- Applying for and renewing Washington Apple Health (Medicaid) coverage
- Explaining and linking individuals and their families to Medicaid services
- Arranging and coordinating transportation or translation/interpretation for Medicaid services
- Development, planning, and creation of programs related to Medicaid
- Attending or presenting training tied to Medicaid services
- Referral to, or assistance in accessing, Medicaid services

How to Participate in MAC?

- Be a governmental entity
- Contract with the Health Care Authority
- Participate in a time study designed to identify the percent of time you spend performing the Medicaid administrative activities

The Random Moment Time Study (RMTS)

- Participants respond to a few moments over the quarter
  - What's a moment? An online survey consisting of four questions and a brief narrative
  - Questions ask what activity a participant was performing during a given one-minute interval of time
  - Participants select from pre-defined options or manually type in a response
- Notified via email when selected for a moment
- Responding to a moment is fast—it takes about one to two minutes
- Moments should be answered within five working days
- Email reminders are generated
- Participants can self certify moments (responses are accurate and correct)

Washington State Health Care Authority

Why Participate in MAC?

- Promotes whole body student health (medical, dental, vision, mental health, family planning, and substance abuse)
- Reimbursement for tasks staff already perform and for expenses already incurred.
- Additional funding source for school's general fund (not a grant)
- Reimbursement can be used for any purpose (not tracked or required to be spent on specific item(s))

School	Student Population	Participating Staff	Medicaid Eligibility Rate	Quarterly Reimbursement
School A	216	33	48.15%	$2,088.08
School B	1,114	95	48.03%	$6,956.68
School C	7,359	294	14.01%	$11,996.84
School D	10,577	449	24.01%	$45,792.39

MAC Resources

Resources available on the SD MAC webpage:

- Coordinator's Manual
- Coordinator trainings
- Participant trainings
- Tip sheets
- Annual planning resources
- SD MAC Contract template
- Other resources

Katherine Tillman
Interim SD MAC Program Manager
Email:
Katherine.Tillman@hca.wa.gov

https://www.hca.wa.gov/billers-providers-partners/programs-and-services/public-school-districts

Challenges

- Meeting Student Behavioral Health needs with Medicaid funding
  - Medicaid requirements vs low reimbursement rates
  - Upfront time and effort to become qualified as a Medicaid provider
  - A way to bill for consultation, care coordination or other similar activities under Medicaid
  - Lower reimbursement rates for behavioral health services on IEPs for students in special education
- Identifying appropriate providers to refer students to
- Collaboration between schools and Behavioral Health providers

Behavioral Health Connection

- Behavioral Health Navigators
  - School Employee Benefits Board (SEBB)
  - Public Employee Benefits Board (PEBB)
  - Managed Care Organization (MCO) “Adolescent Administrator”
  - Family Youth System Partners Round Tables (FYSPRTs)
  - Connection to the Anchor communities through the Office of Homeless Youth
  - Juvenile Rehabilitation Community Reentry

Questions?

School-Based Health Care Services (SBHS)
Shanna Muirhead, SBHS Program Manager
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https://www.hca.wa.gov/sbhs

Medicaid Administrative Claiming (MAC)
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Medicaid Compliance Review and Analytics
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Prenatal to 25 Lifespan Behavioral Health Section
Diana Cockrell, Section Manager
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Enos A. Mbajah, Supervisor (school age focus)
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Tel: 360-725-9974

Time for Questions

Behavioral Health update on Executive Order: Diana Cockrell, HCA

Break (mute/cameras off)

Legislative Perspective and Updates: Rep. Lisa Callan

Two recommendations are still in play

- The House budget includes funding for MTSS implementation (2 FTE)
- Proposal is to increase to 3 FTE: two regional implementation specialists and 1 OSPI staff
- No MTSS funding included in Senate budget as of 4/1/21

- Senate and House budgets include increase for school counselor positions in high-poverty schools, but the allocation approach is different between the two chambers' budgets as of 4/1/21

Potential recommendations

Access the Padlet

https://padlet.com/justynpoulos/cvyg0hdukw7z4fxz

Breakouts

- Consider possible recommendations in the Padlet
- It is possible to add new recommendations
- Select your three top choices by liking the item (click on heart)
- Add comments, details, or questions

Quick Break (mute/cameras off)

Identify top priorities

Breakout 2: Top 3

School-Based Subcommittee

Recommendations for CBHWG

JUSTYN POULOS APR 01, 2021 04:01PM

Expand PAL for Schools Consultation 5 votes

MARK MCKECHNIE APR 02, 2021 03:30AM

Tier 1 and Tier 2

1. Mental Health Promotion for school staff
2. Telehealth consultation with school staff about student needs

Reimburse behavioral health providers for non-reimbursable activities 2 votes

MARK MCKECHNIE APR 01, 2021 10:45PM

Payment for activities including

consultation, coordination, training, travel, technical assistance and skill building for school staff

This is a huge barrier to community BH providers being able to provide services in school settings. — ANONYMOUS

Universal Screening and Assessment 9 votes

MARK MCKECHNIE APR 02, 2021 03:29AM

Purchasing tools and training staff

From my lens, We would be identifying students we cannot serve — ANONYMOUS

King County Best Starts for Kids would have great information to share on the effectiveness of this and how many tiered referrals it is generating. Margaret.Soukup@kingcounty.gov — JILLXPATNODE

I am not supporting this as this adds a lot more tasks that is not explained. I also think there are other areas of higher priority — ANONYMOUS

SEL Implementation 4 votes

MARK MCKECHNIE APR 01, 2021 10:47PM

Training for school staff on use of tools

Requiring SEL by all districts, accountability to it and coaching to implement. — JILLXPATNODE

Providing basic competency training for all SD staff in all of these topic areas. Clarifying the differences between SEL, MH, BH. — LEE COLLYER

Support for student social emotional needs and learning recovery 6 votes

MARK MCKECHNIE APR 01, 2021 10:48PM

Training for staff

Training is often a comment that is listed. We know that many of training approaches are not that effective. I worry that this would just be sending money to do more of the same and not really impact. I think there are other areas that can and will impact to a higher degree — ANONYMOUS

Master contracting 1 vote

MARK MCKECHNIE APR 01, 2021 10:48PM

ESDs and MCOs

A master contract template, rather than ESDs having to contract with each MCO individually

Capacity building for districts or ESDs to become BH providers

1 vote

MARK MCKECHNIE APR 01, 2021 10:49PM

Funding

Up front funds to become providers, set up data/billing systems, etc.

Coverage-blind reimbursement

12 votes

MARK MCKECHNIE APR 01, 2021 10:51PM

General funds

Funds to cover behavioral health services to students, regardless of insurance coverage or provider network to reduce barriers due to pandemic/crisis. Services delivered by school staff or any other licensed or qualified provider.

If we initiate this, what type of data/lessons learned could we collect from this approach that could inform more sustainable funding frameworks in the future? — JILLXPATNODE

Care Coordination

5 votes

MARK MCKECHNIE APR 01, 2021 10:53PM

Funding

Provide funds to incentivize the provision of care coordination, particularly at Tier 3 (community providers reimbursed to participate in tier 3 team meetings)

Behavioral Health Services on IEPs

6 votes

MARK MCKECHNIE APR 01, 2021 10:54PM

Reimbursement rate

Reimburse districts at 100% for behavioral health services delivered to students on IEPs.

Including parent training on opportunities for behavioral health as related service. — JUSTYN POULOS

training to staff on this as well. — JUSTYN POULOS

If you do not reimburse at 100% you are discouraging this service. We need to do this so we can get this to our students — ANONYMOUS

Seed Money for School-Based Health Clinics

0 votes

MARK MCKECHNIE APR 02, 2021 03:31AM

Start-up costs

Funds available for initial costs of establishing a school-based health center.

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Group Insurance Plans and Behavioral Health Benefits, Mandy Weeks-Green, OIC

The School-Based Behavioral Health and Suicide Prevention Subcommittee

Mandy Weeks-Green, Senior Health Policy Analyst

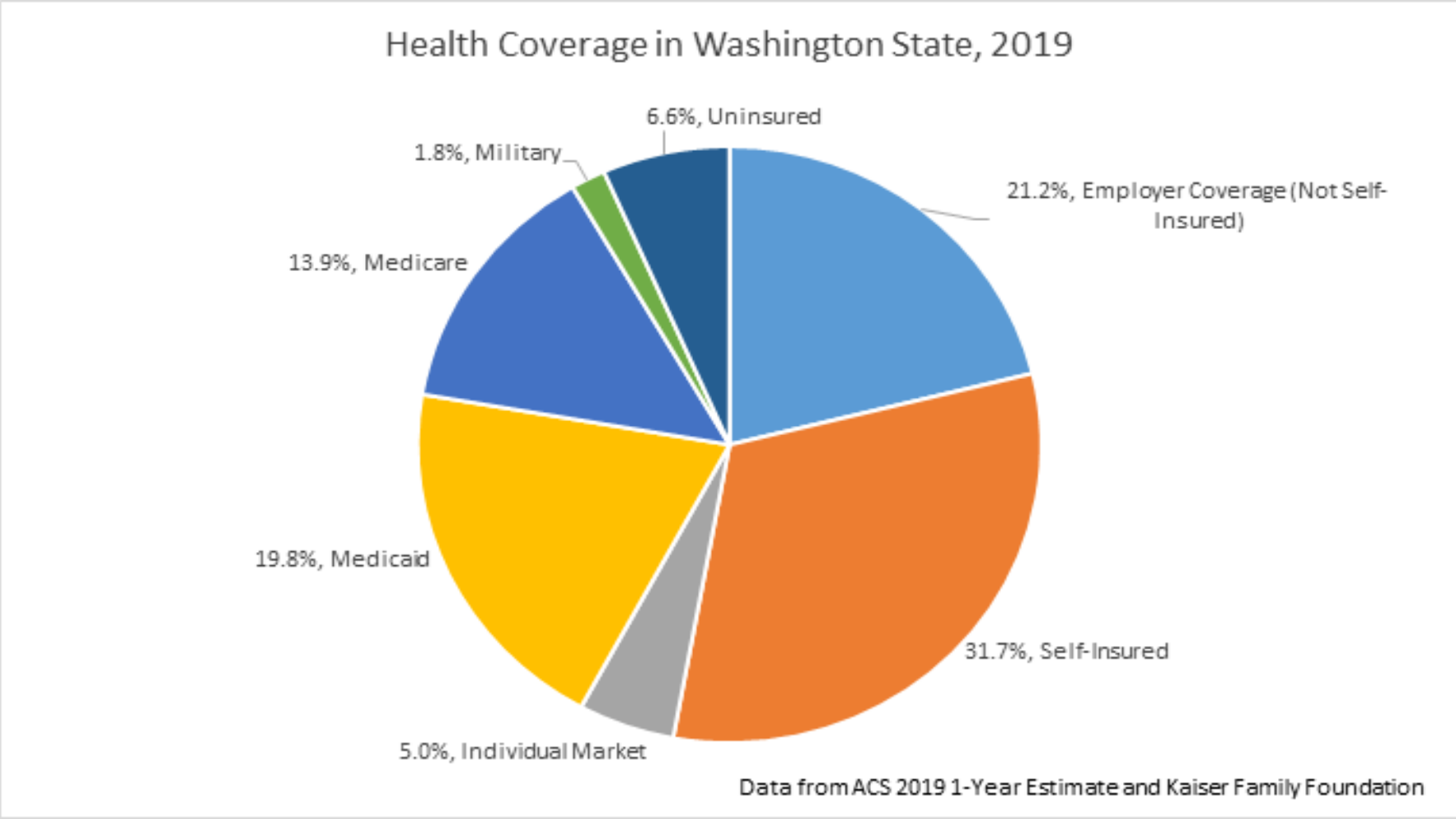
April 2, 2021

OFFICE of the INSURANCE COMMISSIONER
WASHINGTON STATE

What health plans does OIC regulate?

- OIC regulates commercial health plans issued by health insurance carriers
  - Disability insurers, e.g. Cigna, Aetna
  - Health Care Service Contractors, e.g. Premera, Regence
  - Health Maintenance Organizations, e.g. Kaiser Permanente, Molina
- Individual, small group, large group and association health plan markets
- OIC cannot regulate self-funded group health plans - employer coverage in which the employer bears financial risk for their own health benefit plan.

Washington Covered Lives



Washington Covered Lives

Estimated

Of the 7.65 million people in WA, the OIC regulates plans for approximately :

- 1.5 million to 2 million people

- *These numbers vary regularly due to changes in plan types throughout the year.*

Laws Related To Provider Access

OIC's Network Access Rules

- Chapter 284-170 WAC
- Establishes uniform standards for all health insurers to follow when establishing their networks of medical providers.
- Must demonstrate a comprehensive range of primary, specialty, institutional, and ancillary services.
- Maintain each provider network.

Laws Related To Provider Access

OIC's Network Access Rules

- Requires continuing monitoring of the network.
- Provides requirements and procedures to follow if network access is not met to ensures that enrollees still have access to care.

Laws Related To Provider Access

OIC's Network Access Rules: Specific to Behavioral Health

- Networks must adequately provide for mental health and substance use disorder treatment, including behavioral health therapy.
- Establish a reasonable standard for access to mental health providers who can treat serious mental illness or disturbances of adults and children.
- Emergency mental health services and substance use disorder services, including crisis intervention and stabilization services, must be included in networks.

Laws Related To Provider Access

OIC's Network Access Rules: Network Oversight:

- Network submission before offering the plan.
- Monthly network access reporting to the OIC.
  - Includes provider directory certification
- Must submit an AADR, if the network access is not met.
- Ensures that enrollees obtain all covered services at no greater cost to the enrollee than if the service was obtained from network providers or facilities or must make other arrangements acceptable to the OIC.

Laws Related To Provider Access

WAC 284-170-260: Provider directories rule

- Must have an easily accessible and searchable online provider directory.
- In the directory, identify providers that offer mental health and substance use disorder treatment services.
- Include a notation of any primary care, chiropractor, women's health care provider, mental health provider, substance use disorder provider, or pediatric provider whose practice is closed to new patients.

Federal & State Health Parity Laws

Generally prevents health plans from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

- Includes QTLs and NQTLs

Access to Behavioral Health Services Grant

- Federal grant from the Centers for Medicare and Medicaid Services (CMS/CCIIO) to examine access to behavioral health services in commercial fully-insured individual, small group and large group health plans

- Period of the grant: 2018 to 2021.

Access to Behavioral Health Services Grant

Goals of the grant:

- Uncover any gaps in access to behavioral health services
- Review carriers' implementation of and compliance with state and federal behavioral health statutes and rules
- Develop recommendations and define actions needed to address any identified issues.

Access to Behavioral Health Services Grant

Our legal framework:

- State mandated benefits for mental health and substance use disorder (SUD) treatment services
- OIC provider network access rules
- Federal Affordable Care Act and Essential Health Benefits requirements
- Federal Mental Health Parity and Addiction Equity Act

Behavioral Health Services Access Grant

- Through grant activities, determine whether mandated, comprehensive and affordable behavioral health services are covered and accessed by examining:
  - health benefit plan design
  - health carriers' policies and procedures
  - claims data related to access to mental health and substance use disorder treatment services

Behavioral Health Services Access Grant

Initial phase:

- Issued the first market scan to identify any access barriers to mental health and substance use disorder treatment services.
- Interagency agreement with UW to assist with the first market scan.
- Issued the second market scan.

Behavioral Health Services Access Grant

The next phase:

- Conducting detailed claims analysis, informed by the results of the market scans and the consultant's findings

- Issue a final report detailing the actions and recommendations for the OIC.

Access to Behavioral Health Services Grant

Advisory Committee established before undertaking the grant activities:

- The advisory committee includes consumers, providers and insurers with a focus on behavioral health.
- Committee members share their expertise, thoughts and advice into each of the key grant activities.

More information about the grant:

- Advisory Committee e-mail box: BHP_GrantAdvisoryCmte@oic.wa.gov

- Grant website at Behavioral health services federal grant | Washington State Office of the Insurance Commissioner

Questions from Members

Question: What can be done to change the “fail-first” reimbursement policy for psychiatric medications?

- WAC 284-43-2020: Drug utilization review: general information
- WAC 284-43-2021: Prescription drug utilization management exception and substitution process.
- WAC 284-43-2022: Time frame for exception and substitution request determinations.
- RCW 48.43.420 (2019: Engrossed Substitute House Bll 1879)

Questions from Members

How can the Insurance Commissioner hold carriers accountable for more consistent reimbursement for treatment?

- Access regulations and ongoing work of the grant.
- Consumer & Provider complaints.
  - Online: https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status
  - Phone: 1-800-562-6900.

Questions from Members

Can the insurance commissioner create a pot of money for school-based services for ALL students, regardless of insurance coverage?

- Legislation likely needed.
- Can insurance carriers be required to contribute to these services based on a head-count instead of individual insurance plans?
- Possibly.

Questions from Members

What needs to change so school-based providers can bill for their full hours, including travel, if their program includes serving more than one physical location?

- More to come, hopefully at an upcoming Subcommittee's meeting!

- My contact information:
  - Mandy Weeks-Green
  - Email: mandyw@oic.gov
  - Phone: 360-724-7041

Chat log – School-based Behavioral Health & Suicide Prevention (4-2-21)

Medicaid coverage and school-base services

- There are 41 School Districts and 6 ESD's participating in the MAC program
- Curious why the reimbursement rate is lower for BH services provider to students in special ed on an IEP. Also, lower in comparison to what?
- So these services require educational AND medical necessity? From my lens it seems that schools are able to "opt out" by using data to show that services aren't "needed" or simply claiming that BH services are outside their scope even if the student is struggling to access school. and BH is a predominant feature. IDEA's "rules" are very loosely interpreted and IEP teams rarely go there in their conversations.
- Just wanted to clarify--there are other ways that schools can have Medicaid billable behavioral health services in their buildings outside of the SBHS program that is specific to students with special needs, correct? As in the model where a school partners with a community behavioral health provider and offers space in the school building where the provider sets up shop and serves students who are Medicaid eligible, regardless of whether they are enrolled in special ed services?
    - *Shanna Muirhead:* yes! HCA has been having conversations with schools and OSPI on how districts/ESDs can become contracted with MCOs in order to bill for behavioral health services since the SBHS program is pretty limited as to what it can cover. And/or partnering with a community provider, as you mention.
- There is a need for systemic support including families and family therapists.
- To clarify--those codes referenced (case management, family therapy) are billable to general Medicaid, correct? It's just they aren't specifically billable codes under SBHS?
- Definitely want to explore in response to current crisis, what insurance blind response would look like and mean
- Parents are anxious and confused about why they're asked to sign Medicaid reimbursement documents as part of am IEP.

Overview of Governor's Executive Order on Behavioral Health Crisis and HCA's activities in response

- I'm curious what the total capacity of the model allows, i.e. # of students that can be helped by how many volunteers.
    - *Great question, we'll know more in the next week about impact and scalability ...*

Recommendations

- Just want to make sure we have a common understanding. We absolutely need to lower School Counselor caseloads. This is vital. But Counselors do not provide behavioral health treatment, and this is what is so badly needed in schools.

- We need to provide time for schools to do this work- school counselors have many responsibilities or MTSS teams in the building is not required or staff are not provided extra stipend to participate outside of the school day.
- School social workers are not included in the decision package because of how the funding model has been designed for the past few years.
    - The function of a school counselor is different. They are required to develop a proactive comprehensive program.
    - As a school social worker I also provide a comprehensive school program
    - This is EXACTLY why we need to focus on INTEGRATION, and not preserving traditional silos.
- From my lens as a person who supports families in districts throughout the state, the roles of counselors, psychologists, social workers... vary TREMENDOUSLY district to district. Families are frequently confused about who does what and whom to ask for more support for their children with BH concerns. Ultimately children and families reach out to PEOPLE, not roles, and the relationships matter more to them than the title or role.
    - That's why its so incredibly important to have integrated behavioral health staff in the schools so that no matter who that student or parent reach out to for support that staff know what services are available in their school building and the staff providing them. BH providers are attending the MTSS meetings and are established in the school. They are able to do a much softer handoff to the appropriate staff.
- HB 1225 creates a grant program for schools to develop SBHCs: http://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bill%20Reports/Senate/1225-S%20SBR%20WM%20TA%2021.pdf?q=20210402103722
- I also do not want to undervalue the training and expertise needed to support students dealing with suicidality and/or complex trauma.
- Universal Screening is an error that the BH system makes over and over again. By evaluating everyone, the easiest to serve get the resources. Those who need help most get pushed further and further from resources. As a parent who has lost a child to suicide, I see how that happens and urge against it. By paying attention, school staff and families KNOW who needs help. Let's spend our resources helping them, not looking for others and diverting resources and attention to those who are easier to help.
- I also believe that a screening can cause trauma for students who DO have issues, and then they are left with their own recognition they need help but no access to that help.
- Any screening program needs to be backed by the resources to provide supports for those who are identified. This comes back to having enough MH/BH resources and training- which is a systems level issue.
    - "If you screen, you have to intervene."
    - Absolutely, follow up to effective intervention is essential.
- The Healthy Youth surveys have identified huge needs, still underserved.

- SBLSD does a behavior universal screener for internalizing and externalizing behaviors- but we don’t have enough support in the building to help all the students.
- I am 99% certain that Margaret Soukup, King County Best Starts for Kids SBIRT, would be willing to share outcomes with this group.... Margaret.Soukup@kingcounty.gov
- Thank you everyone, this is very encouraging AND we are listing priorities, so resources are coming in BEHIND screening on our votes...?

Overview of group insurance plans and behavioral health benefits

- Additional questions: mandyw@oic.gov
- Is there currently any way for OIC to collect funds from Commercial Carriers to fund the public BH crisis response system whose covered members receive services from that publicly funded system, separate from outpatient services?
- I appreciate you raising this question initially and doing the work to pursue this aspect of funding. It's an example of a gap for individually contracted providers [in this case both MCOs and Commercial market] to provide the total health care costs of their members. They can only provide information on the services they provide which doesn't include all of the other health care services work they don't fund.

Next meeting

Friday, June 4, 2021

9:00 am - Noon