Children and Youth Behavioral Health Work Group (CYBHWG)

Wednesday, August 18
10:00 am – Noon

Agenda Items	Notes
HCA implementation update • House Bill 1504 • Background checks	**Steve Perry (HCA)** Brief review – HB 1504 – 2 programs: • Funding for pilot sites at $440,000 for two years 3 pilot sites at Behavioral Health agencies (BHA)s serving children and youth one in east Washington and one in west. They will specialize in Medicaid Children Youth and Families (CYF) and one specialize in Substance Use Disorder (SUD), the goal is incentive pay for clinical supervisors. • Training supports grant gives $60,000 a year for two years. This is flex funding for training and guides on funding for BHAs with a focus on EBP, quality monitoring, and continuing education. • Leg. report due 9/2021 • Work with Accountable Communities of Health (ACH) and Behavioral Health Integration (BHI) – both groups are interested and agreed ACHs are the correct sites for pilots. Greater Columbia for pilot; North central and North sound combined app for pilot. SouthWest for training support grants. • Contract development underway Proviso 40 – criminal background checks • Reduce barriers to workforce development while maintaining client safety. • List of reps required – still need more of: • Inviting providers to that workgroup. • Inviting those with lived experience into the workgroup. • Reports are due November of this year with the recommendations from this group. • First meeting is tomorrow 8/19/2021 • The Department Of Health (DoH) is willing to meet with folks to help adjust the application process for being a provider, and Steve will coordinate meetings for conversation with DOH. • For a change to happen BHA rules will need to be rewritten, the previous Washington Administrative Codes (WAC)s are the best revamp to date. **Discussion/Q&A** • HB 1504: How does money get to administrators and providers? Contracts between organization and HCA. Understanding is these are flexible dollars, that can be spent on innovations to meet provider needs. • Provisio 40: Working with workforce board? *They are not involved in this group.* • Are there rules that are restricting BH Agency side? Make sure to capture this as well. • WAC's are very much improved, licensing issue: 7 providers can't be credentialed due to lack of internships and hours so they can qualify for MHP. BA level folks are going back to school in Master's programs online and it works well.
State plan and billing requirements by profession	Teresa Claycamp (HCA) *See page 5 for slides.* • Service Encounter Reporting Instructions (SERI) provides a direct crosswalk, for inclusion and exclusion on what is allowable and what isn't for below level clinicians. • BHA can have a contract under physical health side.

	• General discussion themes: • To broaden the provider types under the physical benefit a state plan amendment would be required. • Care coordination is not a standalone state plan service. **Discussion/Q&A** • In the physical benefits side to include Community MH workers that are Bachelors and below, would there need to be an amendment? *Yes, to allow broader provider type there would need to be an amendment and the WAC's need to be adjusted.* • How would that be received? HCA is very aware of workforce shortage, low hanging fruit to add associates level counselors. When adding below that it gets difficult. Would be easy to BHA side, physical health side would involve more risk. Open to ideas around adjusting workforce. • What about other non-clinician roles, example being BH navigator, would that require amendments and WAC? On the BHA side, case management and care coordination is not a standalone service. Medicaid does not consider navigation a service. Twofold questions, clinician credentialing and BH navigator. • CMS is not amenable to have care coordination billable? My impression is that care coordination is built in. • What services would we like to see billed? • Navigation and care coordination CAN be Medicaid reimbursed based on program and eligibility. There's a huge need for universal funding of these "gap services" that do not require eligibility or specific program enrollment. • We should be looking at the functions we need to have paid for in the system, "outreach." that can be filled by Community Health Worker, peer specialists, case managers, etc. rather than the particular title. **Action items:** • Consider a joint conversation and recommendation between the two subcommittees (W&R and BHI). • Also, consider another meeting to discuss further. • Send out survey to gather what services folks are interested in funding. • Laurie Lippold and Hugh Ewart request a list of billable items.
Brief updates: • Behavioral Health Institute • Washington Council • Access survey	**Behavioral Health Institute** • Attending an upcoming SUPD advisory council meeting and upcoming rule making meetings; hired primary recruitment position; also will share position announcement for the project lead. https://uwhires.admin.washington.edu/ENG/Candidates/default.cfm?szCategory=jobprofile&szOrderID=193676 ; started attending P5 subgroup **Washington Council** • had teaching clinical kick off meeting and identified who was missing, started crafting a vision statement, fiscal staff from HCA attended the meeting, meeting every other Thursday, will provide regular updates. Just closed the latest workforce survey. **Access Survey** • Working with Rachel on two surveys, one for providers and one for families. Next week will likely have info.
Review priorities to date	• All of the entities have requirements that all affect the frontline, BHA's need to comply with all of these regulations, which puts a strain on the system. The regulatory requirements are effective with minimal consequences. • When looking at all the requirement it is astounding to keep up.

	• Before managed care it was Fee For Service services run by psychiatrist. Then we moved to Managed care and RSN, MHP is now responsible. • Work to reduce regulator burden, can lead to acceleratory drain.
To date *Identify who will be point person on each of these priority items*	• Rate increase for CBHAs, primary care settings, private practitioners • Certified Community Behavioral Health Clinics • Profession-agnostic services • Credentialing/certification/ reciprocity issues
Discuss a process for supporting recommendations from other groups (e.g., the Workforce Board)	**Discussion** • New topic: Educating children and youth for long term workforce procurement and security? SCH has mobile science adventure labs, provides hands on science instruction. • Lack of coordinated effort for recruitment of students for the MH field. • Worth having a conversation around integrated recruitment with other agencies such as: OSPI and DoH.

Chat Log

HCA implementation update

- Are all pilots going through ACH's?

State plan and billing requirements by profession

- I think we need to guard against unintended consequences. If unlicensed (by state) behavioral health settings can bill for multiple positions below licensure, and Licensed Behavioral Health Agencies must remain in compliance with multiple regulatory requirements, we will see an exodus in Licensed BHAs. Many clinicians leave once licensed to reduce documentation or regulatory burdens. If they did not need to be licensed, Community BHAs may lose the last of their staff.
- MCOs have raised increasing the use of care coordination (and payment for that) as part of 1115 renewal conversations. We see this as valuable and would like to see it more widely utilized. Meaning - if individuals do not need to be licensed, they are less likely to work initially in state licensed BHAs.
- Navigation would not be therapy - and licensed BHAs could play dual roles with navigation and therapy; it would not replace psychotherapy codes.
- Also curious if provision of mindfulness training to new parents to help support new parent mental and behavioral health would or could be an eligible and reimbursable service and if possible what steps would be required to advance?
- @Sarah Walker - what you described may be the same sort of service or support that families could benefit from at a point in time when they reach out seeking BH services and are told they will need to wait. This dynamic comes up all of the time including with Bob Hilt's referral assist team. This relates to Access and a question on this will appear in our forthcoming Access survey.
- @hugh, yes to some extent. although I believe that issue largely pertains to capacity, I think, and we see navigation being really more about engagement and meeting complex needs as part of behavioral health treatment.

Updates: Behavioral Health Institute

- https://uwhires.admin.washington.edu/ENG/Candidates/default.cfm?szCategory=jobprofile&szOrderID=193676
  If anyone knows of a good candidate for the listing above that would be fantastic!!

Attendees

Tina Burrell, Health Care Authority (HCA)
Theresa Claycamp, HCA
Diana Cockrell, HCA
Christine Cole, HCA
Hugh Ewart, Seattle Children's
Kiki Fabian, HCA
Barbara Gilchrist, Legislative staff
Megan Gillis, Molina Healthcare
Marissa Ingalls, Coordinated Care
Avreayl Jacobson, King County Behavioral Health & Recovery
Allyson Kauffman
Joe LeRoy, HopeSparks
Laurie Lippold, Partners for Our Children
Melody L McKee, University of Washington (UW)
Joan Miller, Washington Council
Cindy Myers, Children's Village
Steve Perry, HCA
Sarah Rafton, Washington Chapter of the American Academy of Pediatrics)
Melanie Smith
Lucas Springstead, HCA
Sarah Stewart, Washington State Mental Health Counselors Association
Mary Stone-Smith, Catholic Community Services of Western Washington
Suzanne Swadener, HCA
Sarah Walker, UW
Mandy Weeks-Green, Office of the Insurance Commissioner

Foundational Understanding of State Plan and Allowable Provider Types

Behavioral Health Workforce and Rates Subgroup

August 18, 2021

Washington State Health Care Authority

A Foundational Understanding of the Washington State Plan

- Official agreement with CMS, describing the nature and scope of Washington's Medicaid physical and behavioral health benefit.

- Scope of care and types of services: https://www.hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf

A Foundational Understanding of the Washington State Plan

- **Behavioral health benefit - Behavioral Health Agency (BHA) side (historically called higher acuity)**
  - Mental health and substance use disorder services described in 13d. Rehabilitative Services section
  - Can only be provided by licensed BHAs
  - Provider types are diverse, ranging from fully licensed clinicians to agency affiliated counselors (i.e. peer counselors, below MA level mental health care providers)
  - Under managed care, services correspond to the Service Encounter Reporting Instruction (SERI) Guide
  - Under fee for service and tribal providers, services correspond to the HCA MH Billing Guide Part 2 and SUD Billing Guide.

A Foundational Understanding of the Washington State Plan

- **Physical health benefit – mental health services (historically called lower acuity or mild/moderate)**
  - Includes mental health outpatient services described in "6. Other Practitioners' Services"
  - Practitioners need to be independently licensed with DOH
  - Benefit corresponds to the HCA MH Billing Guide, Part I

A Foundational Understanding of the Washington State Plan

- **Physical health benefit – collaborative care codes**
  - Provider types described in "6d. Other Practitioners' Services", section 8
  - Allowable provider types listed are somewhat broad to include independently licensed clinicians, as well as associate level counselors, SUDPs and SUDPts. Peer counselors and below MA level counselors are not listed.
  - Benefit corresponds to the HCA Physicians-related Services Billing Guide, starting on page 63

References

- Medicaid State Plan

https://www.hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf

- Service Encounter Reporting Instructions (SERI)

https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri

- HCA Billing Guides

https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules

Discussion

Washington State Health Care Authority

Thank you

Teresa Claycamp, MA LMHC

Program Manager,

Integrated Managed Care

Teresa.Claycamp@hca.wa.gov

Washington State Health Care Authority