CYBHWG Youth & Young Adult Continuum of Care (YYACC) subgroup

Tuesday, November 30, 2021
1:00 – 2:30 p.m.

Leads: Representative Lauren Davis, Representative Carolyn Eslick, Michelle Karnath (parent), and Lillian Williamson (young adult)

Agenda Items	Notes
Introduction FYSPRT issue	FYSPRT issues: • There are limited providers that will take Medicare for coverage of services; • Some patients are waiting over 6 mo. for services; and • Neuropsych testing is not always available for patients *See page 4 for FYSPRT briefing*

Overview	**Dr. David Breiger**, Seattle Children's
	
	Highlights:
	• Neuropsychologists are clinical psychologist who then spend 2 more years of fellowship specializing in neuropsychology
	• Neuropsychologists will serve very specific populations typically at hospitals
	• State reimbursements are low for this service, which exasperates the workforce shortage for this profession
	• Child clinical psychologists can often answer some or all the questions that sometimes people think a neuropsychologist is needed to answer
	  ○ There needs to be better communication for cases when a Neuropsychologist is truly needed
	• Referrals to neuropsychologists can be complicated by wording used when asking insurance companies (i.e., insurance companies will not reimburse if the question is "Is there a learning disorder")
	  ○ National Guideline: the referral must show how it would help and benefit the child
	  ○ Private practice will charge $3-4k for an evaluation with a neuropsychologist
	• School district psychologists are a good resource BUT have their own rules through School District and can't provide diagnoses
	  ○ School psychologists often lack the experience or expertise to recognize and deal with more complex cases
	• We have been able to do tele-evals, which has provided extra resources, so this would be a recommendation to do telework for evals to enhance accessibility for the evaluations
	
	Discussion Q / A
	• Why are we not using the school district Psychologist?
	  ○ School district has own rules for evaluation. Families might approach the school for evaluation, but school may not be able to evaluate. Also, school psychologists may not have the expertise to evaluate for complex needs.
	• What does medical necessity look like for neuro?
	  ○ Emphasis needs to be on the cognitive evaluation that will aid in influencing direct treatment and for prognosis

	• What happens when you can't see the disorder, learning ADHD, dyslexia. How would you measure if not measurable? Dyslexia can be observed. ○ ADHD good example that it depends on the insurance company for reimbursement

Network capacity/Medicaid reimbursements	**Dr. Naudia Pickens & Dr. Sasha Waring,** Molina Healthcare
	Highlights:
	• Molina's capacity includes coverage of all counties, except for 2 in WA. (Will work on)
	• Molina recognizes that the wait is very long, unfortunately that is a problem faced nationwide
	• Molina agrees that early identification and appropriate treatments will save money
	• After searching submitted claims, Molina found:
	  ○ There were about 4,000 claims in Washington
	  ○ 4 appeals for the denial of psych evals in one month
	  ○ When there is a denial, Molina will talk to the provider and work to resolve issues
	  ○ Biggest barrier for approval is when the need or benefit from the service is not defined or the detail is not included
	  ○ There will be no reluctance from Molina to approve as long it meets the National Guideline of:
	  ▪ The referral must show how it would help and benefit the child
	  ▪ For example: need to see that the child has a neurological condition (i.e., brain tumor, chemo, genetic disorder, etc.)
	• Option to start with psychological testing, 8 hours of time without referral then the psychologists will refer as needed based on results
	• Molina has single case agreements:
	  ○ Can approve and pay for any other service that is not available in our network, if service type is not available
	  ○ Contracted provider must accept the reimbursement rate, which is often the problem
	  ○ Single case agreements are done often for a range of behavioral health services when needed services are unable to be provided
	• Other limitations faced are:
	  ○ There are network capacity and Medicaid reimbursement issues
	  ▪ Many private practice neuropsychologists do not accept insurance, others take higher paying commercial plans but don't take Medicaid
	  ▪ Medicaid is not taken due to low reimbursement rates; providers can make more by being part of the private network
	• Nurse care coordinators should be looked for through Molina, but the work force shortage also affects them, so they are in high demand
	• If you face issues with acquiring a simple referral, contact the insurance company directly and connect with a case manager (specifically for Molina)
	Chat:
	• Being in inpatient doesn't really cover how in depth the person's issues are. Very top-level assessments. They also don't often work one on one with the individual. You are a patient for a week or so and haven't really talked about your issues. You just have group therapies that don't really address the particular needs of those on an individualized basis.

Updates	Updates around YYACC priorities
	• Youth engagement plans:
	  ○ Putting together group listening sessions for youth. Hoping to create a space ran by and for youth; Lilliam working on the plan.
	• Next meeting will be in Spring to discuss session re-cap
	• In the interim an update will be provided on youth engagement
	
	Discussion Q / A
	• How can we provide housing vouchers; need to mitigate the discharge to homelessness?
	  ○ Idea is that the 7 recommendations should hopefully do all the things needed, including youth requirement restructure so they qualify for housing.

Attendees:

Kashi Arora, Seattle Children's
David Breiger, Seattle Children's
Tina Burrell, Health Care Authority (HCA)
Representative Lisa Callan, Washington State Legislator
Erica Chang
Diana Cockrell, HCA
Alice Coil, Department of Children Youth and Families (DCYF)
Cronin, Thalia, Community Health Plan of Washington (CHPW)
Becky Daughtry, HCA
Kaila Epperly, Lutheran Community Services NW
Jessie Friedmann, YouthCare
Maranda Heckler
Libby Hein, Molina Healthcare
Charlotte Janovyak, Legislative Staff
Patricia King, HCA
Maya Kraft
Taku Mineshita, DCYF
Miracle Negron, Youth/Young Advocate
Naudia Pickens, Molina Healthcare
Kristen Prentice, Sea Mar Clinic
Penny Quist, Parent Advocate
Ted Ryle, DCYF
Janice Schutz, Washington State Community Connectors
Wendy Skarra, DCYF
Anne Stone, DSHS
Liz Venuto, HCA
Sasha Waring, Molina Healthcare
Cynthia Wiek, HCA
Roberta Young
Cesar Zatarain, HCA

FYSPRT: Challenge and Solution Submission Form

Date:02-08-2021	
To: Statewide FYSPRT (i.e. *Statewide, Executive Leadership Team*)	
From: NE FYSPRT (i.e. *Regional, Statewide. Also, please include contact name, email and phone number)*	
Subject: Regional issue identified at November 2020, December 2020 and January 2021 NE FYSPRT meetings with high probability this is actually a Statewide issue	
Category (check all that apply**):** ☒Services and Supports (access and quality); ☐Child and Family Team Meeting (process); ☐Roles/Responsibilities (follow-through)**;** ☐Legal Mandates**;** ☐Policies and Procedures (laws, rules)**;** ☐Cultural & Linguistic Considerations; ☐Unknown; ☐Other:_____	

Description (including solution, best practice, success story, or challenge/barrier):
At the November 2020 meeting of the NE FYSPRT, a WISe clinician in the Spokane area made a query of the NE FYSPRT group regarding inadequate capacity and long wait times (up to 6 months reported by some clinicians at the meeting) for neuropsychological evaluations for complex children and youth. Issues noted by both parents and providers in attendance were local providers with the capacity to conduct the evaluations who refuse to accept the Medicaid reimbursement rate or who due to the low rate of Medicaid reimbursement, prohibit Medicaid enrollees to very few appointments each month.

In between the November and the December NE FYSPRT meeting, a clinical representative from a Managed Care Organization that serves the NE FYSPRT region needed help understanding why a Master's level Mental Health Professional (MHP) at an outpatient clinic would not be able to conduct a neuropsychological evaluation and the representative also needed help understanding the criteria that would prompt a MHP at an outpatient clinic to make this type of referral. This query may be indicative of a gap between funders' knowledge of the provider base needed for comprehensive children's behavioral health and best practices.

At the December 2020 meeting of the NE FYSPRT the issue of capacity and neuropsychological evaluations was placed on the agenda for further review and a parent shared that they "paid out of pocket" for their Medicaid enrolled child's neuropsychological exam due to frustration with the reluctance of their child's MCO to assist with finding a provider in the area that would take their MCO insurance. A WISe provider at this meeting shared that the wait for a youth they were serving was six months.

At the January meeting of the NE FYSPRT, it was noted that a local Medicaid funded outpatient behavioral health agency that is contracted with the MCO's for neuropsychological evaluations had reduced capacity due to the COVID pandemic. MCO's in attendance did not offer any information regarding providing additional providers to increase capacity for neuropsychological exams. The NE FYSPRT acknowledges there is a behavioral workforce shortage.

Solutions Tried: The members of the NE FYSPRT think this capacity issue is most likely an issue across Washington and that remediation would start with the Division of Behavioral Health & Recovery/HCA and the Managed Care Organizations.

Desired outcome(s):
The Healthcare Authority and the Managed Care Organizations work toward network adequacy along the full continuum of providers needed to meet the needs of children and families in publicly funded mental health. \