

# Apple Health (Medicaid) State Plan Amendment & ASAM Criteria Updates

February - March 2024

# Understanding the Foundational Elements of Medicaid

# What is the Medicaid State Plan?

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## HCA's Contract with the Federal Government

- ▶ As required under Section 1902 of the Social Security Act, a State Plan is the official description of the nature and scope of programs that use federal Medicaid funds.
- ▶ Without a State Plan, Washington would not be eligible for federal funding for providing services under those programs.
- ▶ Essentially, a State Plan is our state's agreement that it will conform to federal requirements and the official issuances of the United States Department of Health and Human Services (DHHS).

# Mandatory Medicaid services

Certified pediatric	Federally Qualified Health Center (FQHC)	Nurse midwife
Certified family nurse practitioner	Home health	Nursing facility
Early Periodic Screening, Diagnostic, & Treatment (EPSDT)	Hospital – inpatient & outpatient ser	Rural Health Center (RHC)
Family planning	Laboratory	Tobacco cessation counseling for pregnant individuals
Free-standing birth center	X-ray	Transportation to medical care

# Optional Medicaid services

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- ▶ Case management services
- ▶ Clinic services
- ▶ Chiropractic services
- ▶ Community First Choice services
- ▶ Dental services
- ▶ Dentures
- ▶ Eyeglasses
- ▶ Hospice services
- ▶ Health homes for enrollees with chronic conditions
- ▶ Inpatient psychiatric services for those under age 21
- ▶ Occupational & physical therapy services
- ▶ Optometry services
- ▶ Other diagnostic, screening, preventive, & **rehabilitative services**
- ▶ **Other practitioners**
- ▶ Other services provided by the Secretary
- ▶ Personal care services
- ▶ Podiatry services
- ▶ Prescription drugs
- ▶ Prosthetics
- ▶ Respiratory care services
- ▶ Self-directed personal assistance services
- ▶ Services in an intermediate care facility for individuals with intellectual disabilities
- ▶ Services for those over 65 in an institution for mental disease
- ▶ Tuberculosis-related services

# Key changes made by recent State Plan Amendments (SPA) 2023

# Rehabilitative services – Leveraged by our Behavioral Health Agencies (BHAs)

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## **Attachment 3, Section 13.d**

“Rehabilitative services” outlines how substance use disorder (SUD) and mental health (MH) services provided within a Behavioral Health Agency can be billed as Medicaid encounters.

## **Billing Guides Used**

Service Encounter Reporting Instructions (SERI)

Mental Health Billing Guide (part 2)

Substance Use Disorder Billing Guide

# Key SPA Change – SUD Treatment

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- ▶ Allowable provider types have expanded for all SUD assessment, treatment, and brief intervention services described in SERI to be in alignment with DOH scope of practice:
  - ▶ Effective 1/1/2024, allowable provider types includes (see full list in SERI):
    - ▶ Licensed Mental Health Counselor/Associate
    - ▶ Licensed Marriage and Family Therapist/Associate
    - ▶ Licensed Social Worker (Advanced, Independent Clinical, Associate)
    - ▶ Licensed Psychologist
  - ▶ This change would allow licensed Behavioral Health Agencies certified to provide SUD outpatient or residential treatment to utilize a wider array of staff.
  - ▶ This change pertains to BHAs contracting with MCOs, HCA, or BH-ASOs using the SERI or HCA SUD billing guide.

# Key SPA Change (cont.) – BH Care Coordination and Community Integration

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- ▶ “Rehabilitation case management” renamed as “behavioral health care coordination and community integration”
  - ▶ Historically, this service was used more by mental health providers to assist individuals to successfully transition from inpatient level of care. The new definition is broader, and may include transitions from SUD residential, as well as other transitions such as housing, etc.
  - ▶ Services may be provided prior to an intake assessment.
  - ▶ Allowable provider type has been expanded to include SUDPs and SUDPTs. Peer counselors have always been included.

# SUD Brief Intervention – Existing Benefit for BHA providers

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- ▶ A time limited, structured behavioral intervention designed to address risk factors that appear to be related to substance use, using screening tools and brief intervention techniques, such as evidence-based motivational interviewing and referral to additional treatment services when indicated.
- ▶ May be provided prior to an assessment.
- ▶ May include use of screening tools (i.e., AUDIT, DAST, ASSIST, etc.)

# Current State Plan Amendment (SPA) 2024

# Other Practitioners – Leveraged by non-BHA providers

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## **Attachment 3, Section 6.d**

Outlines allowable providers who are reimbursable by Medicaid for outpatient behavioral health services. Settings include non-BHA settings (primary care clinics, FQHCs, rural health clinics, tribal health clinics, group practices, sole proprietors, etc.)

## **Billing Guides Used:**

Mental Health Billing Guide  
(part 1)

# State Plan Amendment – Substance Use Disorder Professionals (SUDPs)

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- ▶ The State Plan Amendment (SPA) will add SUDPs to Attachment 3, section 6d of the state plan as a provider type.
- ▶ This will expand the settings in which SUDPs can provide services within their scope of practice, to include non-BHA settings, to include FQHCs, Rural Health Clinics, primary care clinics, and other settings.
- ▶ If SPA is approved by CMS, the SUD billing guide will include these changes (anticipated July 1, 2024).
- ▶ Public comment period now through end of March. Email [Yvonne.Keller@hca.wa.gov](mailto:Yvonne.Keller@hca.wa.gov)

# Resources

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- ▶ For Most Recent Version of SERI and all historical versions:

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

**SERI questions may be sent to:** [HCAmcprograms@hca.wa.gov](mailto:HCAmcprograms@hca.wa.gov)

- ▶ HCA billing guides and telehealth policies: <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>
- ▶ State Plan <https://www.hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-state-plan>
  - ▶ Attachment 3: <https://www.hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf>
  - ▶ Section 13D: Rehabilitative Services
  - ▶ Section 6d: Other Practitioners

# Assessments and the ASAM Criteria 4<sup>th</sup> Edition

# ASAM Criteria Changes - 4<sup>th</sup> Edition

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- ▶ American Society of Addiction Medicine (ASAM) Criteria, 4<sup>th</sup> edition volume 1 for adults has been released.
- ▶ The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of individuals with SUD and co-occurring conditions.
- ▶ ASAM Criteria for youth and transition age youth will be releasing end of 2024.

# ASAM Criteria Changes – What to Expect?

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- ▶ HCA, in partnership with Office of the Insurance Commissioner, will work with tribal partners and all stakeholders to have a planned transition to the updated ASAM Criteria.
- ▶ Anticipate the transition to the 4<sup>th</sup> edition will occur by January 2026.
- ▶ HCA is currently working on identifying a training plan for providers, MCOs, BH-ASOs, etc., that will be offered July 2024-December 2025.
- ▶ Sign up for gov delivery messaging to stay informed. [Washington State Health Care Authority \(govdelivery.com\)](https://www.govdelivery.com)

# Level Set on Terms

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- ▶ Screening
- ▶ Clinical Assessment (diagnosis)
- ▶ Clinical Assessment plus use of ASAM Criteria

# ASAM Criteria 4<sup>th</sup> Edition – Assessment Changes

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- ▶ Different components to the assessment:
  - ▶ Initial assessment, inclusive of a biopsychosocial evaluation and treatment planning assessment.
  - ▶ Level of Care (LOC) Assessment.
  - ▶ Treatment Plan Reviews.
- ▶ LOC assessment - May be an initial brief assessment, where the clinician gathers key information to recommend appropriate LOC and support initiation of treatment for immediate needs.
- ▶ Allows an option for a person to receive treatment services based on known or evident clinical data while the assessment is being completed.
- ▶ A full assessment may be done once the person is more stable. Assessment and treatment planning may be done over several sessions.

# Contact Information

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