



**RULE-MAKING ORDER  
EMERGENCY RULE ONLY**

**CR-103E (December 2017)  
(Implements RCW 34.05.350  
and 34.05.360)**

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: March 23, 2018

TIME: 1:00 PM

WSR 18-08-017

**Agency:** Health Care Authority

**Effective date of rule:**

**Emergency Rules**

- Immediately upon filing.
- Later (specify) \_\_\_\_\_

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- Yes  No If Yes, explain:

**Purpose:** The agency is creating rules for coverage of a new model of care called Collaborative Care, which is part of the integration of mental health and physical health.

**Citation of rules affected by this order:**

New: 182-531-0425  
Repealed:  
Amended:  
Suspended:

**Statutory authority for adoption:** SSB 5779, SSB 5883, RCW 41.05.021 and 41.05.160

**Other authority:**

**EMERGENCY RULE**

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

**Reasons for this finding:** As directed by Substitute Senate Bill 5779 and funding authorized in SSB 5883, the agency is creating rules for the coverage of collaborative care which is part of the integration of mental health and physical health. Emergency rules are necessary to implement this requirement while the permanent rulemaking process is completed. The agency filed the Preproposal Statement of Inquiry under WSR 18-02-089 on January 2, 2018, to start the permanent rulemaking process.

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	<u>1</u>	Amended	___	Repealed	___

**The number of sections adopted at the request of a nongovernmental entity:**

New \_\_\_\_ Amended \_\_\_\_ Repealed \_\_\_\_

**The number of sections adopted on the agency's own initiative:**

New \_\_\_\_ Amended \_\_\_\_ Repealed \_\_\_\_

**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New \_\_\_\_ Amended \_\_\_\_ Repealed \_\_\_\_

**The number of sections adopted using:**

Negotiated rule making:	New	____	Amended	____	Repealed	____
Pilot rule making:	New	____	Amended	____	Repealed	____
Other alternative rule making:	New	<u>1</u>	Amended	____	Repealed	____

<b>Date Adopted:</b> March 23, 2018	<b>Signature:</b> 
<b>Name:</b> Wendy Barcus	
<b>Title:</b> HCA Rules Coordinator	

NEW SECTION

**WAC 182-531-0425 Collaborative care.** (1) Under the authority of RCW 74.09.497, and subject to available funds, the medicaid agency covers collaborative care provided in clinical care settings.

(2) For the purposes of this section:

(a) **Collaborative care** means a specific type of integrated care where medical providers and behavioral health providers work together to address behavioral health conditions, including mental health conditions and substance use disorders.

(b) **Collaborative care model** is a model of behavior health integration that enhances usual primary care by adding two key services:

(i) Care management support for patients receiving behavioral health treatment; and

(ii) Regular psychiatric consultation with the primary care team, particularly clients whose conditions are not improving.

(c) **Collaborative care team** means a team of licensed behavioral health professionals operating within their scope of practice who participate on the primary care team along with the primary billing provider to provide collaborative care to eligible clients. These professionals include, but are not limited to:

(i) Psychiatrists;

(ii) Psychologists;

(iii) Psychiatric advanced registered nursing professionals;

(iv) Physician assistants working with a supervising psychiatrist;

(v) Psychiatric nurses;

(vi) Mental health counselors;

(vii) Social workers;

(viii) Chemical dependency professionals;

(ix) Chemical dependency professional trainees;

(x) Marriage and family therapists; and

(xi) Mental health counselor associates under the supervision of a licensed clinician.

(3) The primary billing provider must meet all of the following:

(a) Be enrolled with the agency as one of the following:

(i) A physician licensed under Titles 18 RCW and 246 WAC;

(ii) An advanced registered nurse practitioner licensed under Titles 18 RCW and 246 WAC;

(iii) A clinic that is not a federally qualified health center (FQHC) or rural health clinic (RHC) that meets the requirements of Titles 70 RCW and 247 WAC;

(iv) An FQHC; or

(v) An RHC.

(b) Complete, sign, and return the Attestation for Collaborative Care Model, HCA 13-0017, to the agency; and

(c) Agree to follow the agency's guidelines for practicing a collaborative care model.

(4) Providers of collaborative care must:

(a) Use a registry to track the patients clinical outcomes;

(b) Use a validated clinical rating scale;

(c) Ensure the registry is used in conjunction with the practice's electronic health records (EHR);

(d) Include a plan of care; and

(e) Identify outcome goals of the treatments.

(5) If a provider no longer meets the agreed upon requirements in the agency's Attestation for Collaborative Care Model, HCA 13-0017, the provider must immediately notify the agency. The agency does not pay for collaborative care if a provider does not meet the agreed upon requirements.

(6) Providers are subject to post pay review by the agency. The agency may recoup payment if the provider is found to have not met the requirements for providing collaborative care as agreed to in the agency's Attestation for Collaborative Care Model, HCA 13-0017.