



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: November 16, 2018

TIME: 1:34 PM

WSR 18-23-069

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 Repealed: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, 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 (SSB) 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. This emergency filing continues the previous filing under WSR 18-16-007 which expires on November 17, 2018. Since the last emergency filing, the agency has completed an external stakeholder review and is preparing to file a CR102 Proposed Rule Making and schedule a Public Hearing. The text of this draft does not differ from the previous filing.

**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Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____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	____

Date Adopted: November 16, 2018	Signature: 
Name: Wendy Barcus	
Title: 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 clients receiving behavioral health treatment; and

(ii) Regular psychiatric consultation with the primary care team, particularly for 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) Advanced registered nurses;

(ii) Chemical dependency professionals;

(iii) Chemical dependency professional trainees under the supervision of a certified chemical dependency professional;

(iv) Marriage and family therapists;

(v) Marriage and family therapist associates under the supervision of a licensed marriage and family therapist or equally qualified mental health practitioner;

(vi) Mental health counselors;

(vii) Mental health counselor associates under the supervision of a licensed mental health counselor, psychiatrist, or physician;

(viii) Physicians;

(ix) Physician assistants under the supervision of a licensed physician;

(x) Psychiatrists;

(xi) Psychiatric advanced registered nurses;

(xii) Psychologists;

(xiii) Registered nurses;

(xiv) Social workers;

(xv) Social worker associate-independent clinical, under the supervision of a licensed independent clinical social worker or equally qualified mental health practitioner; and

(xvi) Social worker associate-advanced, under the supervision of a licensed independent clinical social worker, advanced social worker, or equally qualified mental health practitioner.

(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, form 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 client's 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, form 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, form HCA 13-0017.