

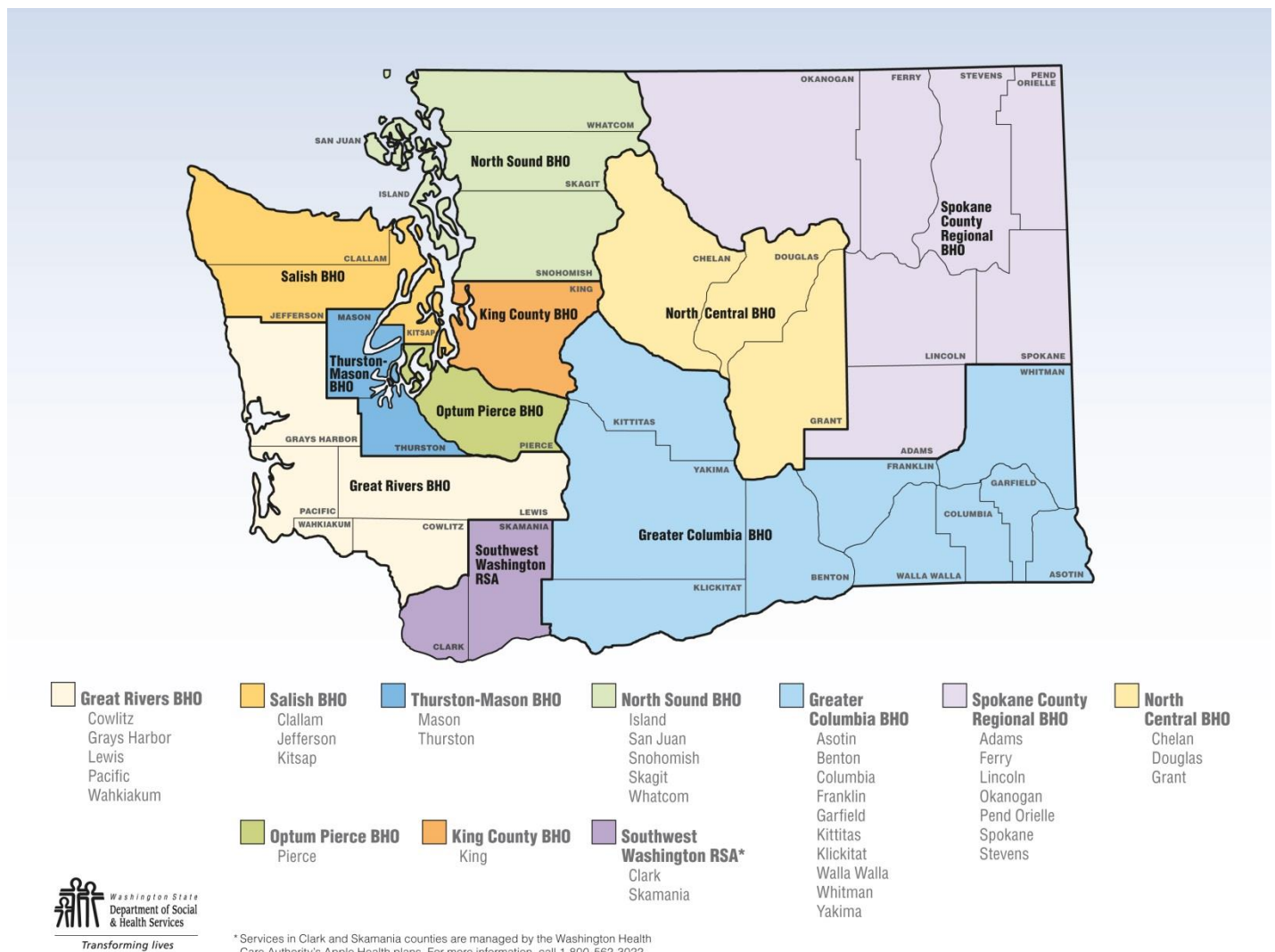
Overview: Integrating Washington State's Behavioral Health System

How is Washington integrating Medicaid-funded health services?

In 2015 the legislature authorized the state Department of Social and Health Services (DSHS) to create Behavioral Health Organizations (BHOs) to purchase and administer publicly-funded mental health and substance use treatment services under managed care. BHOs are single, local entities that assume responsibility for providing these services, previously managed by counties and Regional Support Networks (RSNs). These include inpatient and outpatient treatment, involuntary treatment and crisis services, jail proviso services, and services funded by the federal block grants. DSHS began the process of developing contacts with BHOs in 2015, with services starting in April 2016.

Where are BHOs located?

BHOs are located within newly formed Regional Service Areas (RSAs). There is one BHO per RSA, except for the Southwest Washington RSA, which has a contract with the Health Care Authority for managed care plans.



* Services in Clark and Skamania counties are managed by the Washington Health Care Authority's Apple Health plans. For more information, call 1-800-562-3022.

What are Regional Service Areas?

DSHS and the state Health Care Authority (HCA) jointly designated Regional Service Areas (RSAs) in June 2015, following legislative authorization in 2014. RSAs define new geographical boundaries for the state to purchase behavioral and physical health care through managed care contracts. They are not administrative authorities.

RSAs join and include contiguous counties, contain at least 60,000 people on Medicaid, possess an adequate number of health care providers, and reflect natural physical and behavioral health service referral patterns.

What improvements do DSHS and HCA anticipate with BHOs and RSAs?

- Youth and adults who receive Medicaid will have increased access in their community to appropriate and effective services for mental health and substance use disorders, due to a larger provider network.
- Behavioral and primary healthcare providers will be able to work together to meet all of their patients' needs. BHO care coordinators will help people find primary care providers, if needed.
- Financial resources will be more effectively managed.

Are there other ways the state may change how health care is delivered?

Yes. While in most RSAs behavioral health services are offered through BHOs, counties may also choose to have the state contract with managed care health plans to purchase and administer care for mental health, substance use, and physical health in a **combined** benefit. In these regions there is no BHO or RSN. HCA will hold the contracts with the managed care health plans, not DSHS. There is currently one area that has chosen this option, the Southwest Washington RSA.

How do American Indians and Alaska Natives access Medicaid-covered substance use treatment services?

For **substance use treatment services only**, American Indians and Alaskan Natives (AI/AN) will contact fee-for-service providers directly, from a list provided by DBHR. People who self-identify as AI/AN will be assigned to the fee-for-service program when they:

- Apply or recertify for Medicaid; or
- Submit a subsequent change on the HealthPlanFinder website; or
- Contact the HCA Medical Customer Service Center.

Where can I get more information?

- The DSHS BHO Development web page: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/developing-behavioral-health-organizations>
- The BHO Questions Mailbox: BHOtransition@dshs.wa.gov
- The HCA's Integrated Behavioral and Physical Health Purchasing web page: http://www.hca.wa.gov/hw/Pages/integrated_purchasing.aspx
- The HCA's Early Adopter Questions Mailbox: EarlyAdopterQuestion@hca.wa.gov