

Maintenance Level

PLACEHOLDER

M2-EL BH-Primary Care Integration

Agency Recommendation Summary Text

The Health Care Authority (HCA) requests an increase of \$393,000 (\$210,000 GF-State) for 1.0 FTE and one-time project management costs in the 2018 Supplemental to implement Substitute Senate Bill (SSB) 5779 as enacted in the 2017 legislative session.

Fiscal Summary

| Operating Expenditures | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
|---------------------------|------------------|------------------|------------------|------------------|
| Fund 001-1 GF-State | \$147,000 | \$63,000 | \$63,000 | \$63,000 |
| Fund 001-C GF-Medicaid | \$128,000 | \$55,000 | \$55,000 | \$55,000 |
| Total Cost | \$275,000 | \$118,000 | \$118,000 | \$118,000 |
| Staffing | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
| FTEs | 1.0 | 1.0 | 1.0 | 1.0 |
| Revenue | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
| Fund 001-C GF-Medicaid | \$128,000 | \$55,000 | \$55,000 | \$55,000 |
| Total Revenue | \$128,000 | \$55,000 | \$55,000 | \$55,000 |
| Object of Expenditure | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
| Obj. A – Salaries | \$73,000 | \$75,000 | \$75,000 | \$75,000 |
| Obj. B – Benefits | \$26,000 | \$26,000 | \$26,000 | \$26,000 |
| Obj. C – Contracts | \$150,000 | \$0 | \$0 | \$0 |
| Obj. E – Goods & Services | \$16,000 | \$16,000 | \$16,000 | \$16,000 |
| Obj. G – Travel | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Obj. j – Capital Outlays | \$9,000 | \$0 | \$0 | \$0 |

Package Description

Substitute Senate Bill 5779 promotes bidirectional integration of primary care and behavioral health, which would provide better care coordination for patients regardless of where they choose to receive care. SSB 5779 as enacted, requires HCA to engage in several large to medium scale projects simultaneously. Under the new law HCA must:

1. Complete a review of behavioral health related payment codes. The review must include adjustments to payment rules, if needed, to facilitate bidirectional integration of behavioral health into primary care and primary care into behavioral health. HCA is to create, stakeholder, and publish matrices containing these codes.
2. With the Department of Social and Health Services (DSHS) require managed care organizations (MCO) and behavioral health organizations (BHO) to develop and maintain adequate capacity for children's mental health.
3. Amend the annual reports from HCA and the DSHS to include the number of children's mental health providers available the previous year, the languages spoken by those providers, and the percentage of Children's mental health providers who were accepting new patients.
4. With the DSHS establish a performance measure within the Washington State Common Measure Set which tracks effective integration practices.
5. Develop a rate recommendation based on the results of the review captured in the matrices.

While the initial implementation work including developing matrices will be completed by July 1, 2018, program management support will be required both on a project basis and on-going. This work will be based on the funding made available and includes incorporating the changes made to provider type, place of service, service limitation into the Medicaid fee-for-service and MCO work-streams.

The work-streams include review and updates to the State Plan Amendment and WACs governing the program, revising and maintaining the billing guides, informing and revising the billing systems, communicating changes to the provider community, instructing and monitoring the MCOs, assuring any needed systems of provider certification are current and maintained, assuring systems of Prior Authorization and payment are appropriate. This role is also responsible to maintain the appropriate direction and communications regarding contracts, fee schedules, stakeholdering, change management, coordination of evidence review, modeling and assessment of value-based purchasing strategies, etc.

Additionally, we anticipate the need for Project Management support to organize, structure, vet and develop the system to assure ongoing sustainability of the review and monitoring of bi-directional behavioral health and physical health billing codes and rules. This will include creating and monitoring:

- milestones, tasks and progress to completion;
- risk identification and mitigation;
- early issue identification, escalation and response strategies;
- systems of progress documentation and dissemination;
- communication plans; and
- decision making.

The cost for the expansion of mental health services and the reimbursement rate increases are not included in this request. HCA is still determining the appropriate reimbursement rate for providers and the costs that would result from the reimbursement rate adjustment.

Decision Package Justification and Impacts

Performance Measure Detail:

Activity Inventory

H002 HCA Direct Operations
H005 HCA National Health Reform
H010 HCA Apple Health

What specific performance outcomes does the agency expect?

Better health outcomes as measured by the systems developed through RDA and the Statewide Common Measure Set.

What alternatives were explored by the agency and why was this option chosen?

No other alternatives were explored. This is a legislative directive.

What are the consequences of not funding this request?

A lack of proper resources will compromise the quality of the work products, the level of stakeholder engagement, the ability to appropriately communicate progress and updates, cross-agency coordination, and the ability to complete other needed work streams within the impacted units. It may also increase the time needed to complete the required work including maintaining needed updates.

How has or can the agency address the issue or need in its current appropriation level?

HCA did not publish all matrices by August 1, 2017 per the requirements of SSB 5779 and, at its current appropriation level, will continue having difficulty adequately creating and maintaining the required operations. The implementation of behavioral health-primary care integration will be compromised without adequate resources.

Provide references to any supporting literature or materials:

[SSB 5779 Session Law](#)

Base Budget

If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service.

HCA is not requesting an expansion or alteration to current program or service in this request. Although, Substitute Senate Bill 5779 expands access to mental health services and increases reimbursement rates for behavioral health to facilitate bidirectional integration. The cost for the expansion of mental health services and the reimbursement rate increases are not included in this request.

Expenditure, FTE and Revenue Assumptions, Calculations and Details:

This proposal requests funding to implement the Behavioral Health-Primary Care Integration. This amount is based on 1.0 FTE Medical Assistance Program Specialist 3 (MAPS3) on-going and a one-time cost for project management. SSB 5779 expands access to mental health services and increases reimbursement rates for behavioral health to facilitate bidirectional integration. The cost for the expansion of mental health services and the reimbursement rate increases are not included in this request.

HCA assumes a federal share of 46 percent.

Impacts to Communities and Other Agencies

Fully describe and quantify expected impacts on state residents and specific populations served.

Better health outcomes as measured by the systems developed through RDA and the Statewide Common Measure Set.

What are other important connections or impacts related to this proposal?

Does this request have:

| | | |
|---------------------------------|---|-----------------------------|
| Regional/county impacts? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other local government impacts? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Tribal government impacts? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other state agency impacts? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Does this request:

| | | |
|---|---|--|
| Have any connection to Puget Sound recovery? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Respond to specific task force, report, mandate or executive order? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Contain a compensation change? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Require a change to a collective bargaining agreement? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Create facility/workplace needs or impacts? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Contain capital budget impacts? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Require changes to existing statutes, rules or contracts? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Have any relationship to or result from litigation? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If “Yes” to any of the above, please provide a detailed discussion of connections/impacts.

The clients who will be served under the Behavioral Health-Primary Care Integration are expected to have better health outcomes as measured by the systems developed through RDA and the Statewide Common Measure Set.

Information Technology (IT)

Does this request include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

No



Yes

Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)