

Options for behavioral health services responsibility in integrated managed care

	Medicaid services/ Medicaid clients	Non-Medicaid services/ Medicaid clients	Non-Medicaid services/non- Medicaid clients	MHBG/SAPT	Crisis	Services Remaining with DSHS	County Oversight
Model 1: Procured ASO	MCOs assume responsibility for Medicaid services for Medicaid clients	MCOs assume responsibility for non-Medicaid services paid by state funds for Medicaid clients	Contracted out to Administrative Service Organization within available funds: Includes state funding, CJTA, jail transition services, block grant funds for substance use disorder treatment	Contracted out to Administrative Service Organization e.g.: Mobile crisis outreach team; substance use disorder peer support; crisis training for first responders; NAMI activities; some non-covered lab tests.	Contracted out to Administrative Service Organization (ASO), MCOs reimburse ASO for Medicaid client services	DSHS directly contracts for Children's Long-term Inpatient Program (CLIP), state hospital.	County staff convene elected officials quarterly; keep elected officials informed through Early Warning System reports; meet with providers regularly and convey issues of concern to HCA and MCOS. In all models, local funding stays under the authority of the county. Other oversight of programs TBD in local design: Family Youth System Partnership Round Table; Children's Long-term Inpatient Program (CLIP); Consumer behavioral Health Advisory Board
Model 2: County retains role as ASO	MCOs assume responsibility for Medicaid services for Medicaid clients	County retains responsibility for BHSC contract (room and board, state funded mandates) OR MCOs assume responsibility for non-	County retains responsibility for non-Medicaid clients using state-only funds, CJTA, proviso funds, etc.	County retains responsibility for block grant funded services	County retains responsibility for crisis services – MCOs reimburse County for	DSHS directly contracts with CLIP, state hospital	

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		Medicaid services paid by state funds for Medicaid clients			Medicaid crisis		
Model 3: Hybrid model, county assumes non-Medicaid responsibilities and can choose to subcontract some functions out or do in- house	MCOs assume responsibility for Medicaid services for Medicaid clients	County retains responsibility for BHSC contract (room and board, state funded mandates) OR MCOs assume responsibility for non-Medicaid services paid by state funds for Medicaid clients	County directly manages services for non-Medicaid clients or chooses to subcontract to third-party Administrative Service Organization. May choose to directly manage some funds such as CJTA, Designated Marijuana Account, jail transitions proviso, etc.	County directly contracts for block grant funded services or chooses to subcontract through third-party Administrative Service Organization	County directly manages crisis services or chooses to subcontract through third-party Administrative Service Organization. MCOs reimburse Medicaid crisis	DSHS directly contracts with CLIP, state hospital	