



Behavioral Health Integration (BHI) Subgroup

March 19, 2024

Glossary of Terms

CHWs – Community Health Workers

CMS – Centers for Medicare & Medicaid Services

MCO – Managed Care Organizations

SDOH – Social Determinants of Health

Meeting Topics

- Session update and reflection
- Presentation – CMS Guidance on Social Determinants of Health screening
- April retreat – Group Discussion

Discussion Summary

Session Recap

Items with an ****asterisk** is the BHI-specific recommendation.

- **[PASSED] House Bill 2256** (ESHB 2256). (Overarching CYBHWG recommendation)
 - Ask: Update House Bill 1890 (2022) to reflect current work plan for the P-25 Behavioral Health Strategic Plan.
 - Legislation: ESHB 2256 Addressing children and youth behavioral health work group.
 - Extends development of the strategic plan through August 1, 2025;
 - Extends the mandate of the workgroup to 2029; and
 - Adjusts work group membership, introduces term limits, increases youth representation, and adds an Educational Service District (ESD) representative.
 - Budget: Senate Bill 5950 (**ESSB 5950**), Sec 215 (78), pg. 394. Funds are provided to extend strategic plan development through 2025.
- **[PASSED] **Continue to finance behavioral health care coordination as performed by community health workers (CHWs)**
 - Four elements:
 - CHW funding through June of 2025;
 - Work with CMS to bring Apple Health as part of the CHW program;
 - Screening reimbursement to increase existing postnatal mental health screens and child and adolescent mental health screens in primary care; and
 - Implement social needs screening and supports.
 - Senate Bill 5950 (**ESSB 5950**), Sec 215 (43)(a)(b), pg. 323



- **[DROPPED]** Ensure equitable access to and realize the intended outcomes of intensive programs serving youth and young adults with the most complex behavioral health needs.
 - Work Group Ask:
 - Allocate funds and direct a task force to recommend concrete solutions to current challenges with access and implementation by December 31, 2024;
 - Remove the substance-use disorder (SUD) eligibility requirement of HOST to expand access; and
 - Increase funding to achieve parity across these programs while creating accountability for program effectiveness and accessibility.
 - **[RELATED LEGISLATION]** This ask was dropped due to significant legislation called out for PACT via a proposal introduced outside of the CYBHWG. The related budget allocation is as follows:
 - Budget: Senate Bill 5950 (**ESSB 5950**), Sec 215 (5)(a)(b)(c)(d), pg. 358; Funds provided for the continuation of contracting for implementation of high-intensity programs for assertive community treatment (PACT) teams to:
 - Create two new programs;
 - Support current programs to increase and maintain average caseloads to no less than 80 percent of the maximum capacity for full and half teams as established in the WA-PACT program standards; o Establish a rate increase for existing PACT programs;
 - Address administrative costs related to PACT, including training, technical assistance, and assessment services; and
 - Contract for an assessment on the access of young adults to PACT team services
- **[DROPPED]** Reduce administrative complexities in the Wrap-around with Intensive Services (WISe) program.
 - Work Group ask: Direct the Health Care Authority (HCA) to create parity in clinical auditing practices between physical health and behavioral health providers. Process auditing is particularly burdensome for the Wraparound with Intensive Services (WISe) program. This burden is leading to a shortage of individuals willing to provide WISe services and to instability for youth engaged in this service.
 - *No legislation or budget request was pursued this session. HCA is engaging stakeholders from the Workforce & Rates subgroup to undertake a revision of the WISe reporting requirements, without requiring legislative action. HCA is also actively undergoing the WISe Quality Plan Review.
- **[PASSED]** Deliver and sustain approved funding for BH360 (formerly Parent Portal)
 - WG Ask: Fund development of BH360, previously known as the Parent Portal, by amending the 2023 budget proviso to use state funds for this purpose instead of the federal Mental Health Block Grant (MHBG) funds currently specified in the budget. Federal regulations



- prevent the use of MBHG funds for early intervention services like BH360, which are essential for preventing behavioral health conditions from escalating.
 - Budget: Senate Bill 5950 ([ESSB 5950](#)), Sec 215 (104), pg. 402
 - Funding is provided to continue work with the convener, Rprime Foundation, of the Washington State children's behavioral health statewide family network to develop a parent online resource platform, known as BH360.
- **[PASSED]** Accelerate the adoption of technological innovations across the behavioral health continuum of care
 - Budget: Senate Bill 5950 ([ESSB 5950](#)), Sec 215 (134), pg. 414
 - Funding provided for HCA to develop a request for information to identify and make recommendations on digital technologies that can be used for supporting youth and young adult behavioral health support services; and
 - HCA to convene a panel of experts to evaluate responses and submit a report recommending technologies and their associated costs by June 30, 2025.
- **[PASSED]** Amend Senate Bill 5120 to allow youth services in 23-hour crisis relief centers.
 - Legislation: Senate Bill 5853 ([SB 5853](#))– Extending the crisis relief model to provide behavioral health crisis services for minors.
 - Budget: Senate Bill 5950 ([ESSB 5950](#)) Sec 222 (167), pg. 493
 - Funding provided to DOH, in consolidation with HCA and DCYF, to create licensure certification rules for Crisis Relief Centers (CRCs) that provide services to children by March 31, 2025, to implement SB 5853.
- **[PASSED]** Fund The Bridge Residential *proposal by NorthStar Advocates*
 - Legislation: House Bill 1929 ([SSHB 1929](#)) – Supporting young adults following inpatient behavioral health treatment.
 - Establishes the Post-Inpatient Housing Program for Young Adults to provide supportive transitional housing with behavioral health supports for young adults ages 18 to 24 who are exiting inpatient behavioral health treatment.
 - Directs the HCA to administer the program by providing funding to community-based organizations to operate at least two residential programs (one in western WA and one in eastern WA) with six to ten beds each to serve eligible participants for up to 90 days
 - Budget: Senate Bill 5950 ([ESSB 5950](#)), Sec 215 (123), pg. 410
 - Funding provided to implement the program in accordance with SSBH 1929.
- **[PASSED]** Non-Emergency Medical Transport (NEMTs) (HCA decision package)
 - Budget: Senate Bill 5950 ([ESSB 5950](#)), Sec 211 (97), pg. 347
 - \$7 million is provided for HCA to increase the non-emergency medical transportation broker administrative rate to ensure access to health care services for Medicaid patients.



Centers for Medicare & Medicaid Services (CMS) Guidance on Social Determinates of Health (SDOH) Screening

Christopher Chen, Health Care Authority (HCA)

- Informational bulletin titled [EOM Health-Related Social Needs Guide](#) was released by CMS on November 29, 2023.
- Medicaid funding requires both working with the state and federal rules as they have the authority around funding and reimbursement of services.
- There is a stronger emphasis on authority with the federal government, while states have a stronger emphasis on money just because of the dynamics around approving match versus approving authority pathways.
- CMS seeks authority pathways in different ways, including:
 - Adding into our state plan amendment, which is the core of our agreements with CMS and determining what services will be reimbursing for and providing to state populations.
 - If a federal rule change is needed a waiver will be used, and there are different types of waivers.
 - Managed care is used by Medicare advantage plans which is when Medicare gives money to private insurance to manage the risk and payments. In Washington we are 85% managed care.
- The most relevant use of a waiver is 1115, which was established in 2015.
- In the 1115 waiver there are several provisions that allows for reimbursement of healthy social needs screening.
- Managed care can leverage flexibility that can be utilized to address social determinants.
 - Value added benefits have been in place for a long time, and it's the authority that MCOs use to offer perks to clients, things like care seats or gym membership or other incentives.
 - Parameters outlined by the federal government may also be used to say if something is medically appropriate and cost effective in comparison to another service.
- In Washington state there are different ways of supporting CHWs financially, for example, some of our MCOs hire community health workers directly using Medicaid dollars, which can be used because of Manage care flexibility.
- We have several federally qualified health centers who employ CHWs in Washington State, which is considered as part of their cost-based reimbursement.

April Retreat

- *Focus:* 2025 priorities.
- *Where:* Tukwila at the following Address: 6840 Fort Dent Way, Suite 350, Tukwila, WA 98403
- Confirm your availability to attend the 4/30 BHI planning meeting by using the link below:
 - **Please RSVP here:** [4/30 BHI Planning Meeting \(office.com\)](#)



Look Ahead: 24/25 BHI Schedule

- April 16 – 10 to 11
- April 30 – 11 to 2 (BHI retreat)
- May 14 – 10 to noon
- May 28 – 10 to 11
- July 23 – 10 to 11:30
- August 13 – 10 to noon
- August 27 – 10 to noon
- September 10 10 to noon
- September 24 – 10 to noon