



Children and Youth Behavioral Health Work Group – Behavioral Health Integration (BHI) Subgroup

August 19, 2025

Glossary of Terms

ABA - Applied Behavior Analysis
BHI - Behavioral Health Integration
CBT - Certified Behavior Technician
CHW - Community Health Worker
CMS - Centers for Medicare & Medicaid Services
CPT - Current Procedural Terminology (medical billing codes)
CYBHWG - Children & Youth Behavioral Health Work Group
DOH - Department of Health
FAST - Family Assessment and Support Team
HCA - Healthcare Authority
HCPCS - Healthcare Common Procedure Coding System
MCO - Managed Care Organization
OIC - Office of Insurance Commissioner
PAL - Partnership Access Line
SPA - State Plan Amendment

Meeting Topics

Welcome & Agenda
CHW Reimbursement Discussion
Legislative Recommendations Discussion
Close & Next Steps

Discussion Summary

Welcome & Agenda

Kristin Houser, BHI Lead outlined the meeting's focus on community health workers (CHWs) and legislative recommendations. She emphasized the importance of CHWs as a legacy priority for both the subgroup and the full Children & Youth Behavioral Health Work Group, noting current funding sustainability concerns and reports of clinics terminating CHW positions.

CHW Reimbursement Discussion

Nikeisha Banks (HCA) explained the current CHW billing structure. Lydia Guy Ortiz (DOH) provided historical context on CHW recognition efforts.

1. Current Medicaid Coverage and Limitations
 - a. Uses HCPCS codes requiring 60-minute minimum billing threshold per patient per month
Initially considered CPT codes but faced three major issues:
 - i. Some codes were bundled with other services



- ii. Many codes focused on specific areas (tobacco cessation, substance use) rather than broad CHW services
 - iii. Time increments didn't align with typical CHW encounters (30-45 minutes on average)
- 2. Key Clarifications:
 - a. The 60-minute requirement can be spread across multiple visits within a month
Includes administrative work (care coordination, documentation, follow-up) done on behalf of the client
 - b. Not limited to direct client contact time
- 3. Identified Problems:
 - a. Participants highlighted several operational challenges:
 - i. Most CHW encounters are 30-45 minutes per month, falling short of the 60-minute threshold
 - ii. End-of-month contacts often don't allow time to accumulate required minutes
 - iii. Administrative burden of time tracking
 - iv. Families working with multiple children may not reach thresholds for each child
 - b. Commercial Insurance Coverage:
 - i. Legislative task forces in 2015, 2018-2019 attempted to establish CHW as recognized profession
 - ii. No consensus reached on licensure, credentialing, or certification
 - iii. Current CHW Leadership Committee provides ongoing advisory capacity
 - iv. CHWs are not licensed providers in Washington, complicating commercial insurance coverage
- 4. Potential Recognition Models Discussed:
 - a. Licensure: Strong recognition, standardized reimbursement, but high barriers and potential loss of lived experience focus
 - b. Credentialing: Formal recognition without licensure, more flexible but potentially inconsistent
 - c. Certification: Voluntary recognition, validates skills but could exclude CHWs without formal training

Legislative Recommendations Discussion

- 1. Proposed Solutions for CHW Sustainability
 - a. Primary Recommendation: Require commercial insurers to reimburse CHW services when provided under supervision of licensed providers, without mandating CHW licensure or credentialing.
 - i. Alignment with CHW Leadership Committee for stakeholder buy-in
 - ii. Exploring additional CPT codes for 15-minute increments (similar to Oregon's approach)
 - iii. Potential "richness test" requirements for commercial insurance coverage
 - 1. CHWs as an Essential Health Benefit needs exploration
 - iv. Need for coordination with Office of Insurance Commissioner.
- 2. Legacy Recommendation considerations



- a. The group highlighted funding cuts requiring legislative attention. These programs provide critical integrated care support and psychiatric consultation for primary care providers statewide.
 - i. FAST program: 50% funding reduction as of July 1
 - ii. PAL (Partnership Access Line): substantial funding cuts
 - iii. Mental Health Referral Service: substantial funding cuts
 - iv. RUBI Parent Training Program
 - v. Health plan assessment to fund Medicaid mental health counseling at Medicare rates
 - vi. Dyadic benefit for behavioral health supports to young children
3. Emerging Legislative Priorities
 - a. CHW Commercial Insurance Coverage: Require commercial insurers to cover CHW services under licensed provider supervision
 - b. PAL/FAST Funding Restoration: Restore critical integrated care support programs
 - c. Medicaid Billing Improvements: Support HCA efforts to add flexible CPT codes for CHW services

Next Steps & Wrap Up

1. BHI will be presenting emerging legislative recommendations with the Children and Youth Behavioral Health Work Group on September 18th with a final deadline for submission of recommendations on October 6th.
2. The subgroup will next meet on September 2nd, from 1-2:30pm. *If you are not already on the BHI mailing list and would like to be added, you can email cybhwg@hca.wa.gov indicating your preference.*