



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

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*September 2, 2025*

### Glossary of Terms

BHI - Behavioral Health Integration  
BHP – Behavioral Health Professional  
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 – First Approach Skills Training  
FQHC – Federally Qualified Health Center  
HCA - Healthcare Authority  
HCPCS - Healthcare Common Procedure Coding System  
MCO - Managed Care Organization  
PAL - Partnership Access Line

### Meeting Topics

Welcome and Agenda  
Legislative Study Proposal  
Emerging Recommendations for Legislative Action  
Close & Next Steps

### Discussion Summary

#### Legislative Study Proposal

*Lawrence Wissow (BHI Lead) welcomed the subgroup members, gave an overview of the agenda, then led a discussion proposing a legislative study to examine the use of collaborative care codes in Washington State*

1. The study on collaborative care codes would aim to:
  - a. Determine what proportion of Medicaid primary care clinicians are using collaborative care codes for children and adults
  - b. Understand the impact of collaborative care programs on patient outcomes
  - c. Identify where pediatric integrated care is happening statewide
  - d. Analyze long-term outcomes for children receiving collaborative care services
  - e. Examine emergency room utilization patterns before and after collaborative care implementation
2. Concerns were raised about potentially drawing unwanted attention to a system that is currently working well. The group agreed to develop both a case for and against the study proposal.



## Emerging Recommendations for Legislative Action

*Discussions on recommendations emerging for the 2026 legislative session continued with two prominent topics, Community Health Worker Reimbursement Issues and Budget Cuts to PAL-Related Programs*

### Community Health Worker Reimbursement Solutions

1. [Community Health Workers \(CHWs\)](#) provide covered services including assistance with care coordination, health system navigation, health education and promotion.
  - a. CHW services are currently available through Medicaid when recommended by a licensed provider such as a physician, BHP, or other licensed provider.
  - b. Medicaid cuts and billing code requirements (minimum 60 minutes of service per month to bill) provide challenges to utilization of CHW services.
2. The proposed recommendation would increase CHW service access by:
  - a. Requiring commercial and private health plans to reimburse CHWs for services under the supervision of a licensed clinician.
    - i. Services would be equivalent to those covered under Medicaid
  - b. Address via reimbursement for services equivalent to those described in the Medicaid program provided by CHWs under the supervision of a licensed clinician rather than establishing CHWs as a designated provider type to avoid credentialing (certificate) complications.
  - c. Focus on hiring from communities being served
3. Additional arguments for cost effectiveness
  - a. CHW services can prevent higher-cost emergency room visits
  - b. Early intervention reduces need for specialty mental health services
4. Challenges to recommendation implementation
  - a. Complexity of insurance contracting processes
  - b. Administrative burden considerations
  - c. Possible unintended consequences from increased regulation

### PAL/FAST Funding Restoration

1. This recommendation would be in alignment with the CYBHWG's legislative guidelines of preserving and protecting legacy programs. The recommendation is to request legislative action to restore funding for PAL, FAST, and the Mental Health Referral Service to previous levels.
  - a. PAL Service ([Partnership Access Lines](#))
    - i. Budget decreased, requiring service hour reductions
    - ii. Restoration estimate: \$130,000 for one year
  - b. [Mental Health Referral Service](#):
    - i. Lost three staff members
    - ii. Response times affected
    - iii. Restoration estimate: Under \$600,000 for one year
  - c. [FAST Program](#) (First Approach Skills Training):
    - i. 50% budget cut implemented
    - ii. Staff reductions and office hour cuts
    - iii. Reduced training opportunities
    - iv. Delayed program development and resource delivery



2. The total restoration cost for all three programs is estimated at \$995,000, with only \$166,000 coming from state general funds due to the funding structure involving federal matching and insurance assessments.

## Next Steps & Wrap Up

1. The subgroup will continue refining these recommendations through stakeholder feedback and technical review processes before presenting them to the full work group for consideration and potential advancement to the legislature. If you have inputs please email subgroup leads, [Kristin Houser](#) and [Larry Wissow](#).
2. BHI will be presenting emerging legislative recommendations with the Children and Youth Behavioral Health Work Group on September 18<sup>th</sup> with a final deadline for submission of recommendations on October 6<sup>th</sup>.
3. The subgroup will next meet on September 23<sup>rd</sup>, 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](mailto:cybhwg@hca.wa.gov) indicating your preference.*