Workforce and Rates subgroup meeting

May 20, 2021

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<th>Action Item</th>
<th>Assigned To</th>
<th>Date Assigned</th>
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<td>1.</td>
<td>Please review:</td>
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<td>• The list of issues included in the slide deck (the slide is headed Children and Youth Behavioral Health Work Group).</td>
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<td>• The list of issues from the 2020 Workforce &amp; Rates survey.</td>
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<td>Guiding questions:</td>
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<td>• Is family included?</td>
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<td>• How will quality be incorporated?</td>
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<td>• Equity lens?</td>
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<td>• What will the impact be?</td>
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<td>Come to next meeting prepared to discuss which should/should not stay on our list of workforce issues for consideration for 2022.</td>
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<td>2.</td>
<td>Arrange presentation from HCA and MCOs on the provider certification process for ProviderOne.</td>
<td>Laurie &amp; HCA staff</td>
<td>5/20</td>
<td>6/3</td>
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<td>3.</td>
<td>Contact <a href="mailto:cybhwg@hca.wa.gov">cybhwg@hca.wa.gov</a> if you are interested in attending the rate-setting stakeholder meeting with MCOs and actuaries on June 14.</td>
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<td>5/20</td>
<td>6/10</td>
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<td>4.</td>
<td>Follow up with Andi (Ballmer Group)</td>
<td>Laurie</td>
<td>5/20</td>
<td>6/3</td>
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Agenda Item | Notes
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Updates: Philanthropy, Workforce Board, BHI, WA Council, others | Philanthropy: Andi Smith and Emma Uman – Ballmer Group
• Ballmer Group grant just announced, is intended to support the work of this group.
• Highest level is 40 million dollars worth of grants over the course of five years.
• Biggest grant is to UW to coordinate statewide conditional grants program at 24.5 million over the course of five years.
• The grants have 6 goals:
  1. Encourage people to jump in that line of work/diversify the workforce.
  *Program will be done at 14 colleges and universities across the state. Grant amounts are capped at 25k per year and are intended to help with some debt alleviation.*
2. Help create new pathways into the workforce.  
   Partnership with UW BHI as well as expanding different pathways for students to get in and graduate to higher degrees. Apprenticeships is one area as it is a better connection to the field.
3. Bring together practitioners to better align what agencies need and what institutes teach. This has not been done before.
4. Extending and expanding the workforce.
   - 400k grant to HCA to support a staff person tasked with creating a strategic plan for peers in the Medicaid system, hopefully extending to the private pay market.
   - Grant to WSBHC (a little over a million dollars) to provide flexible funds to agencies to create quality supervision programs. Looking at five or six demonstration sites over 2-3 years to start collecting data, teaching rate will flow through the organizations and will take what’s learned back to the Legislature.
5. Focus on community BH, including people accessing MH services through primary care. Creating new bachelors level credential – training qualified people in EBP to practice in primary care settings; others to do work on the lower level of the spectrum. 3.2 million to UW Medicinal School.

Workforce Board: Julia O’Connor

- All three recommendations that were in the proposed budget made it to the final budget.
- Teaching clinic enhancement rate – funding allocated to HCA, in process to see how this will work. Will be in effect by October 15. (see above)
- Allocated 2 million to inclusion of MH providers in first response for MH calls.
- Background check-specific workgroup funded; HCA is in charge of convening this workgroup.
- Workforce Board funding extended for two years and formalized as the Behavioral Health Workforce Advisory Committee. Currently looking at 2017 and 2020 recommendations to review and provide updates on previous recommendations, including potential progress reports. What are items that weren’t addressed in the last two reports that we now have room for additional attention? We will get started later in the summer. Preliminary report will be out at the end of this year, final report will be out December 2022.
- Received funding for research work in coordination with WA STEM to look at gaps from hard data.

Behavioral Health Institute: Melody McKee

- With respect to the workforce and the apprentice effort, there is leverage funding coming from the Legislature and King County.
- Work has been underway for some time; for full plan we put together for what the next three years will look like.
- HB 1311 passed; still doing work around that. Have done some convenings to get a full list of competencies. Lots of visionary scoping left to do and building of apprenticeship program. Boots on the ground estimated to be around July-Sept 2022.
- Work is being done in the Multi Employer Training Fund; takes the BH world and combines with the apprenticeship world.
| **Review of what happened and didn’t happen** | **Recommendations for the 2021 legislative session — everything passed! 😊**  
Bob Hilt: Received PAL funding, interviewing for additional positions related to the HB 1325 budget. Demand from community continues to be higher, parents calling in droves. Currently there are 24 kids waiting for an inpatient bed at Seattle Children’s. There has not been a summertime drop. Rep. Callan to set up a meeting with Amber Leaders to do a deeper dive on DOH strike team recommendations.  
**Recommendations sent to the House Budget team and from the subcommittee survey**  
See action items.  
We will continue the discussion of all of these recommendations at our upcoming meetings. |
| **Coordination with other subgroups** | Currently in discussion with co-leads of the other subcommittees on how to coordinate around workforce issues, recommendations to possibly be combined. |
| **Rates** | **Updates:**  
Joan Miller  
- There were a few rate increases that are included in the budget; increases tied to certain billing codes - therapy, care coordination, etc. They are being applied across all settings.  
- 2% rate increase for Medicaid capitation rates to MCOs. Instructs HCA to create a directive payment or allowable financing mechanism to all to increase to get to providers and fees.  
- $31 million provider relief fund for providers who did not get other types of funding.  
**Discussion:**  
- 2% is not sufficient, WA Council was asking for 7% increase.  
- Starting conversations with HCA about next rate rebasing process: how to have adequate data about encounters, how to have a more transparent process.  
- Sometimes it is hard to know who at the MCO we need to talk to get the information to HCA and the actuaries. Flow of communication is challenging.  
- One issue is when providers are paid on a capitated basis, the data is often not done properly for HCA to have the data we need to provide to the actuaries. Part of the problem is that HCA does not contract with providers unless it is a very specific service, HCA primarily contracts with MCOs. HCA cannot tell the MCOs what to pay unless we decide the timing, mechanism and the actual amount etc.  
- One thing we have been tasked with this year is benchmarking. BH providers do not know how to contract to meet the costs they have; any assistance we give them is going to make a big difference in how they are able to contract.  
- Rates were ready to be published for July. With all the new legislation that took effect and the American Recovery Plan, everything has a different timeline on it. Rate increase is now pushed to October and the MCOs have been provided timelines on what is taking effect, program changes and implementation standards. Will backpay for anything that took effect before the October rate increase took effect. |
- We should look at the rate setting process used by the FQHCs.
- WISe issues are big and need to be addressed. We need to be clearer about the right metrics with respect to WISe.
- The rate setting process really only uses encounter data and we need to look at other factors when developing what goes to the actuaries.
- The big rate questions are, what needs to happen to ensure that the right information is able to get into the actuarial mix? What are the inputs and what isn’t being accounted for? What inputs do we need to get the output we want?
- We should use the NCSL to see how others are dealing with rates (Rep. Callan).
- Large stakeholder meeting scheduled (with MCOs and actuaries) for June 14. Subgroup members can sit in, if requested.

| Next meeting | Next meeting: June 2, from 10a-12p.  
After that meetings will take place on the first and third Wednesday’s of the month.  
Topics for June 2nd meeting so far:  
  o Continue reviewing remaining items from 2021  
  o Presentation from HCA/MCOs re certification process (?)  
  o 988 update  
  o Network adequacy/rates |

| Next steps | Laurie and others will be exploring the possible federal dollars that have not been designated to see if there are opportunities to fund needed services/capacity sooner rather than later. |

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**Attendees**

- Kevin Black, Senate Committee Services  
- Representative Lisa Callan, Washington State House of Representatives  
- Donna Christensen, Catholic Charities of Washington  
- Hugh Ewart, Seattle Children’s Hospital  
- Megan Gillis, Molina Healthcare  
- Jaclyn Greenberg, Washington State Hospital Association  
- Kimberly Harris, Health Care Authority  
- Bob Hilt, Seattle Children’s  
- Marissa Ingalls, Coordinated Care  
- Avreayl Jacobson, King County Behavioral Health and Recovery  
- Sarah Kwiatkowski, Premera Blue Cross  
- Terry Lee, Community Health Plan of Washington  
- Joe Le Roy, Hope Sparks  
- Laurie Lippold, Partners for Our Children  
- Melody McKee, Behavioral Health Institute  
- Joan Miller, Washington Council for Behavioral Health  
- Sheryl Morelli, Seattle Children’s Care Network  
- Cindy Myers, Children’s Village  
- Julia O’Connor, Workforce Board  
- Steve Perry, Health Care Authority  
- Sarah Raiton, Washington Chapter of the American Academy of Pediatrics  
- Representative Alicia Rule, Washington State House of Representatives  
- Sharon Shadwell, Department of Children, Youth, and Families  
- Andi Smith, Ballmer Group  
- Melanie Smith, NAMI  
- Mary Stone-Smith, Catholic Community Services of Western Washington  
- Jim Theofelis, A Way Home Washington  
- Cara Towle, UW/HMC Behavioral Health Institute  
- Emma Uman, Ballmer Group  
- Jim Volendroff, UW Medicine, Dept. of Psychiatry and Behavioral Sciences  
- Sarah Walker, UW Evidence Based Practice Institute  
- Mandy Weeks-Green, Office of the Insurance Commissioner  
- Alex Wehinger, Washington State Medical Association  
- Kristin Wiggins, Perigee consultant  
- Michele Wilsie, Health Care Authority  
- Larry Wissow, Seattle Children’s