DBHR listening session for behavioral health service providers

Tuesday August 23, 1:30 to 2:30 p.m.

Behavioral health providers have the power to stop an overdose. <u>Learn</u> <u>more.</u>



Teams listening session norms

- Mute yourself if you are not speaking.
- Raise your hand if you want to speak.
- This time is for you. Ask questions, give comments, ask for help if you need it.
- ▶ If we cannot answer your question on this call, we will follow up after the webinar.



Disclaimer

- This webinar is being recorded and will be posted to the HCA COVID-19 page.
- This recording is open to public disclosure.
- Please do not disclose any private or confidential information.



Agenda

Subject	Who
Welcome/DBHR section updates	KeriWaterland
Mental health trainings for young children	 WA Association for Infant Mental Health
Procurement for crisis stabilization facilities	 Matt Mazur- Hart
Behavioral health comparison rates	Catrina Lucero
Audio only payment options	Charissa Fotinos and Teresa Claycamp
• Questions	• All



DBHR updates: Prevention

- DBHR Fellowship Program Recruitment
 - ► Cohort 10 will start on October 2022 and go through July 2023
- Visit these pages for more info:
 - ► CPWI Fellowship Athena page
 - ► CPWI Fellowship IMPACT Lab page









DBHR updates: Prevention

Wednesday, August 31 is overdose awareness day



DBHR updates: Prevention trainings

Sign up for the following trainings and conferences:

- National Prevention Network Conference
 - August 23-25 Virtual
- Substance Abuse Prevention Skills Training (SAPST)
 - Session 1 and 2 August 29 and August 30
 - Session 3 and 4 September 6 and September 7
- Rural Prevention Conference
 - ► Thursday September 22 to Friday September 23
- 2022 Washington Prevention Summit
 - November 8 to 9



DBHR updates: Prenatal through age 25

- Prenatal through age 25 behavioral health system
 - ► Child youth behavioral health workgroup kick off meeting happening at the end of the month.
 - Questions can be sent to cmhwg@hca.wa.gov.
- Second annual Tina Burrell Award of Innovation and Excellence in Leadership was awarded during the WISe Symposium.
 - Congratulations to:
 - > Sebastian Compton, Youth SoCP tri-lead
 - ➤ Mary Stone Smith Vice President, Catholic Community Services of Western Washington
 - ➤ Janice Schutz, Director of Washington State Community Connectors
- Contact Monica Webster at HCAFamilyInitiatedTreatment@hca.wa.gov if you want Family Initiated treatment for your team.



DBHR update: Adult services and involuntary treatment

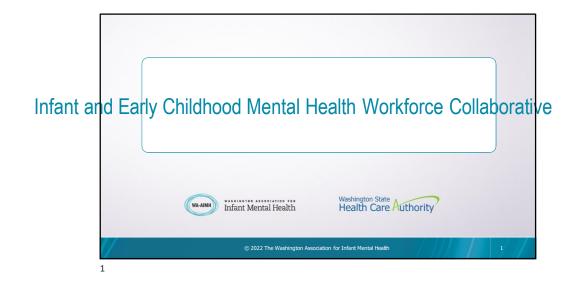
Save the date for the upcoming Washington Co-Occurring Disorder and Treatment Conference October 10-11, with a pre-conference on the 9th. The conference will be offered in a hybrid format with both virtual and in-person options. For more information: https://wacodtx.org



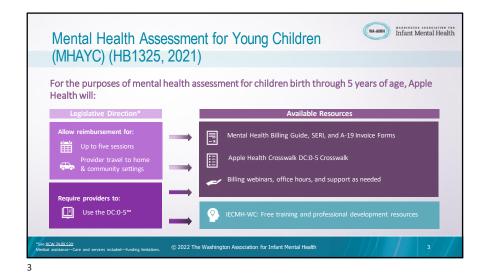
DBHR updates: Recovery Support Services

- Proviso 97 Behavioral Health Discharge Bridge Programming:
 - ▶ \$50,000 had been added to each BH-ASO contract to create a rental voucher and bridge program to reduce instances individuals leave a behavioral health facility directly into homelessness.
 - Guidance forthcoming.
- Proviso 96 No/Low Barrier Housing:
 - ► Informational webinar will be coming up this fall for providers interested in implementing a no to low housing program that uses the Housing First Model.
- Currently, 75 Certified Peer Counselor Training events scheduled to occur between now and June 3, 2023.









Why DC: 0-5TM?

• Diagnostic system specifically for babies, toddlers, and preschoolers

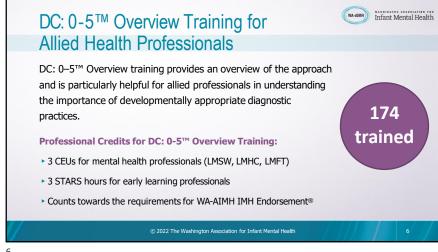
• Developmentally informed

• Relationship based

• Contextually and culturally grounded

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DC: 0-5™ Clinical Training for Mental Health Providers Clinical DC: 0-5™ training is designed to support mental health professionals in developing in-depth knowledge of the approach and utilizing the system in their work with children birth through age five. Professional Credits for DC: 0-5™ Clinical Training: 12 CEUs for mental health professionals (LMSW, LMHC, LMFT) Counts towards the requirements for WA-AIMH IMH Endorsement®





Want to learn more from the IECMH-WC?

• Visit the IECMH-WC Training and Resource Hub

• Sign up for the IECMH-WC Communications List

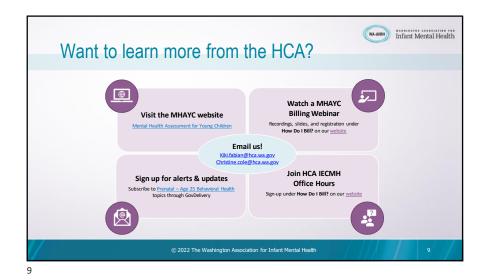
• Join a Clinician Listening Session

• Email us at training@wa-aimh.org

Communities of Practice

IECMH Trainings

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Upcoming Dates

DC: 0-5™ Clinical Training for Mental Health Providers

September 14 - 16
September 27 - 29

DC: 0-5™ Overview Training for Allied Health Providers

September 15

Register at wa-aimh.org

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Behavioral Health Comparison Rates Project

Behavioral Health Comparison Rates Project: Background

- HCA has been working with providers and actuarial partners on a project to develop transparent payment rate benchmarks for Medicaid funded BH services.
- Benchmarks are intended to capture the provider cost of delivering a specific services.
- Phase 1 focused on MH outpatient, SUD outpatient, SUD residential, WISe and PACT.
- Phase 2 will focus on refining core Phase 1 assumptions.
- ▶ HCA is releasing a provider cost and wage survey to collect information that will be used to inform the payment rate assumptions.



Behavioral Health Comparison Rates Project: What's Next?

Survey will be released in early September

- Training and technical assistance will be available
 - Recorded training posted to HCA's website
 - ► Live Q&A session offered two weeks after survey distribution
 - ► FAQs posted in HCA website as needed
 - Dedicated email for questions about the survey (<u>AppleHealth@Milliman.com</u>)



Behavioral Health Comparison Rates Project: Want To Learn More?

- Additional project background and resources are posted on HCA's website:
 - https://www.hca.wa.gov/billers-providers-partners/behavioral-healthrecovery/contractor-and-provider-resources
 - ➤ Scroll down to the "for MCOs and BH-ASOs" section and select the "Behavioral Health Rate Comparison Project" drop down.





Behavioral Health -Telemedicine Policy Updates

August 2022



Overview



Terminology 101

Telemedicine –

The delivery of health care services using interactive audio and video technology, permitting real-time communication between the client and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine includes audio-only telemedicine, but does not include any of the following services:

- Email and facsimile transmissions
- ▶ Installation or maintenance of any telecommunication devices or systems
- Incidental services or communications that are not billed separately, such as communicating laboratory results

Audio-only telemedicine

The delivery of health care services using audio-only technology, permitting real-time communication between the client at the originating site and the provider, for the purposes of diagnosis, consultation, or treatment

Face-to-face vs In person

Face to face means the person could be receiving care in person or via audio-visual technology. In person means the person and the provider are in the same location.



Legislative history of telemedicine in WA

- 2015: SB 5175 Defined telemedicine, excludes home as an originating site
- 2016: SB 6519 Includes "home" as originating site, create the WA Telehealth Collaborative
- 2017: SB 5436 Definition of "home" updated to any place the individuals deems is home
- ▶ 2020: SB 5385 Adds requirement that by 1/1/21, a health care professional that provides clinical telemedicine services (except MD or OD) completes telemedicine training
- **2020**: SB 5385 Payment parity for telemedicine (Parity in payment- HCA has paid the same for services provided by telemedicine as in-person/face-to-face since 2018.)
- **2021**: HB 1196 Audio only telemedicine (audio only services available during PHE prior to 1196; legislation additionally updated definition of telemedicine, required patient consent, and formalized parity)
- **2021**: SB 5423 allows telemedicine consultation by a practitioner licensed in another state, to consult with a practitioner that is responsible for the diagnosis and treatment of the individual in this state
- 2022: HB 1821 defines "established relationship" for audio-only services



HCA telehealth policy

- Immediate pandemic response
 - Rapid policy changes to support continuity of care during PHE
 - Direct support for providers and patients
 - Collaboration with partners in telehealth
- Recent/ongoing updates
 - Audio only related to HB 1196 and HB 1821
- Post-pandemic
 - Parity (payment) will remain for in person, audio-visual, and audio only
 - Ongoing evaluation of clinical appropriateness, review of evidence base for effectiveness and outcomes and monitoring for fraud, waste, and abuse
 - ► Continued understanding of new developments including digital health (text, smart phone apps), cross state border care, etc.



Audio only updates



Audio only policy update

- Allowable services determined based on HB1196 language of "safely and effectively delivered" and review of CMS audio-only list, utilization of services provided audio-only during the PHE and clinical review
- Code lists available on HCA website for all services, behavioral health code list on a separate list
 - ➤ See "telehealth" tab: https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules
 - See "Behavioral health audio-only procedure codes"
- Telemedicine WAC update underway



Audio only modifier for behavioral health agencies

- Makes billing and identifying audio-only services more clear- beneficial for administration simplification and research
- Modifier FQ for behavioral health services
 - Definition: The service was furnished using audio-only communication technology
 - ► Providers using the Service Encounter Reporting Instructions (SERI) guide, Mental Health Billing guide part 2, and the SUD billing guide.



Review of coding/billing – behavioral health agencies

- Service provided is designated by either a CPT or HCPCS procedure code
 - ▶ Modality used may be identified by CPT/HCPCS, POS or modifier
- Location of the provider is called the distant site
- Location of the client is called the originating site
- ▶ Telemedicine Place of Service (POS) is based on the location of the client
 - ▶ POS 02: "service provided via telemedicine and client was not in their home"
 - ▶ POS 10: "patient is located in their home and received health care services through telemedicine"
- Documentation requirements may vary; generally information required related to the service includes length of interaction, means of communication, consent
- All technology required to be HIPAA compliant



Service Encounter examples

Provider bills/reports:

SERI: Client at home and receives behavioral health services through audio-visual technology

- Appropriate behavioral health service
- POS 10

SERI: Client home and receives behavioral health services through audio-only technology

- Appropriate behavioral health service
- POS 10
- Modifier FQ



Resource information

▶ Telehealth policies & guidance - see "telehealth" tab:

https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules

- Questions:
 - Related to telehealth or audio-only policies <u>HCAAppleHealthClinicalPolicy@hca.wa.gov</u>
 - ► Related to the Service Encounter Reporting Instructions (SERI) guide <u>HCAmcprograms@hca.wa.gov</u>





Open forum: All questions are welcome



Behavioral health provider resources

- Department of Health Situation reports
- Department of Health coping with COVID blog
- Proposed 2021-2023 state budget
- DOH information on PPE



Thanks for your time!

