

## Agenda - June 3, 2020

- Introductions
  
- Rates -- 45 minutes
  1. May Meeting To Dos: Review
  2. WCAAP Access Survey: Overview
  3. Community Referral Assist: Update
  4. Network Adequacy Deeper Dive: Updates and Discussion
  5. HCA Rate Work: Update
  6. Defending and Protecting Existing Rates: Discussion
  
- Workforce -- 1+ hours
  1. To do items from May meeting: Review
  2. Existing workforce efforts: Brief updates
    - Workforce Board
    - BHI/SEIU (apprenticeships, telehealth, other)
    - EBPI
    - UW/Philanthropy
    - Other?
  3. BHI: Update
  4. Sunrise Reviews (path for SUD professionals to get MH certification):  
Continued discussion
  5. Workforce gaps: Continued discussion
  6. Identify areas on which to focus
  7. Identify leads for areas of focus
  
- Next meeting

## Health Care Authority 2020 Supplemental Budget

### CBH Policy Level Budget Steps - with IMC Rate Impact

#### **5720 - Involuntary Treatment Act – proviso 64**

Funding is provided to implement Second Engrossed Second Substitute Senate Bill No. 5720 (involuntary treatment act). This includes additional funding for estimated increases in involuntary commitment bed days along with reductions in funding for involuntary court costs paid by Behavioral Health Administrative Services Organizations (BHASOs).

FY2021 Funding: \$2,652,000

#### **HBH8 - Substance Use Disorder Coverage – proviso 61**

Funding is provided for estimated increases in managed care organization capitation rates. In addition, one-time staff support is provided for the Authority to coordinate a plan required under Engrossed Substitute House Bill 2642.

FY2021 Funding: \$2,292,000

#### **60 - MH IMD Waiver for Evaluation and Support – proviso 58**

The 2019-21 biennial budget directed the Health Care Authority (Authority) to apply for an 1115 Medicaid waiver to allow for full federal participation in mental health facilities classified as Institutions of Mental Diseases (IMDs). Funding is provided on a one-time basis to support the administrative costs associated with the application and implementation of the 1115 IMD waiver. [The 2020-2021 Biennial Budget included a reduction of \$16,238,000 for the assumed GF-State savings that would result from the MH IMD waiver. This step provides administrative funding for the implementation of the waiver and ongoing data collection and reporting requirements.]

FY2020 Funding: \$616,000

FY2021 Funding: \$1,209,000

Total Funding: \$1,825,000

## **CBH Policy Level Budget Steps - with funding for actuarial analysis**

### **HBH9 - Behavioral Health Rates – proviso 59**

Funding is provided for implementation of Engrossed House Bill 2584 (behavioral health rates). The funding shall be used for staffing and actuarial costs required for implementation of behavioral rate transparency processes required by the bill.

FY2021 Funding: \$251,000

### **HBH4 - Behavioral Health Workforce Report – proviso 57**

One-time funding is provided for the Authority to work with the actuaries responsible for establishing behavioral health capitation rates, the University of Washington Behavioral Health Institute, managed care organizations, and community mental health and substance use disorder providers to develop strategies for enhancing behavioral health provider reimbursement to promote behavioral health workforce development efforts.

FY2021 Funding: \$100,000

### **HBH3 - BH Assessment Study – proviso 62**

Funding is provided to conduct an analysis on the impact of changing policy in the Apple Health program to match best practices for mental health assessment and diagnosis for infants and children from birth through five years of age. The analysis must include cost estimates from the Authority and the actuaries responsible for establishing Medicaid managed care rates on the annual impact associated with policy changes in assessment and diagnosis of infants and children from birth through age five.

FY2020 Funding: \$62,000

FY2021 Funding: \$188,000

Total Funding: \$250,000

### **BHCR - BH Case Rate Work Group – proviso 70**

Funding is provided for the Authority to convene a work group to develop a case rate for comprehensive community behavioral health services and submit a report to the Legislature by October 31, 2020. [This step extends funding for the FRP/New Journeys work into FY2021.]

FY2021 Funding: \$30,000

### **ITPH - Intensive Outpatient/Partial Hospitalization – proviso 76**

Funding is provided for two pilot programs that provide partial hospitalization and intensive outpatient services for youth. The services are assumed to be provided by acute psychiatric hospitals, one in the city with the largest population east of the Cascades and one in the city with the largest population west of the Cascades. The authority must submit a preliminary report by December 2021 and a final report by December 2022 including a description of the models, outcomes, and recommendations and costs for statewide implementation of these services. [This step includes both actuarial funding and the direct service cost funding (state-only) for the pilot.]

FY2021 Funding: \$1,801,000

**CBH Policy Level Budget Steps with funding for other activities (non-IMC rates, no actuarial)**

- 6191 - Adverse Childhood Experiences – proviso 65
- G81 - ASO Non-Medicaid Funding – proviso 7
- G81R - BH-ASO Reserve Funding – proviso 68
- HBH7 - Children's Mental Health Workgroup – proviso 60
- HBH1 - Community Resource Coordinator Pilot – proviso 53
- HBH5 - Criminal Justice Treatment Account – proviso 72
- G83 - Crisis Stabilization Start-up – proviso 54
- HBH6 - Family Centered SUD Treatment – proviso 55
- NAMI - Mental Health education and support – proviso 73
- 59 - PACT Ramp Up – proviso 4
- PCAP - PCAP rate increase – proviso 67
- PGAS - Problem Gambling Prevalence Study – proviso 71
- 79 - Tribal E&T Planning – no proviso
- LYRS - Youth Residential Services – proviso 45