

## Children and Youth Behavioral Health Work Group – Youth & Young Adult Continuum of Care Subgroup

October 12, 2023

### Glossary of Terms

FYSPRT: Family Youth System Partner Round Table

HCA: Washington State Health Care Authority

HOST: Homeless Outreach Stabilization and Transition

MHBG: Mental Health Block Grant

NEMT: Non-Emergency Medical Transport

PACT: Program for Assertive Community Treatment

SUD: Substance-Use Disorder

WISe: Wraparound with Intensive Services Washington

### Meeting Topics

- Presentation: Non-Emergency Medical Transportation services  
*See page 7 for slides*
- Reviewing proposed recommendations and collaborating on next steps

### Discussion Summary

1. In past subgroup sessions YYACC members elevated concerns raised by individual members and regional and statewide FYSPRT about non-emergency medical transport services, particularly on poor outcomes with transportation for youth with behavioral health issues, including:
  - a. Safety issues
  - b. Difficulty accessing services – ease of use with scheduling, availability after 4PM, and equitable access across regions. Sometimes up to 50-100 clients in a queue waiting for service.
  - c. Process gaps for providers, youth and families to provide feedback or address concerns
    - i. HCA provided this available email to provide concerns/feedback if clients are unable to get through to the brokers: HCANEMTTRANS@hca.wa.gov
  - d. Desire for improved contract oversight and training for drivers regarding children's behavioral health issues
2. Presentation: NEMTs by Stephen Riel, HCA NEMT Section Supervisor, Medicaid Program Division/Community Services
  - a. HCA has struggled with sustainable funding for NEMTs and has put together a decision package to try to readjust administrative costs of these programs post-COVID.
    - i. COVID decimated call centers' capacity

- b. HCA has submitted a budget request of \$7 million to the Office of Financial Management (OFM) to increase broker administrative funding and stabilize their workforce.
  - i. Challenges in hiring and retaining qualified staff to operate call centers
  - ii. Broker administrative rates have not changed since 2018-2019.
- c. The goal of NEMTs is to provide access to necessary non-emergency medical services for all eligible Medicaid clients who have no other means of transportation.
- d. The NEMT program is administered by the HCA through six contracted transportation brokers serving thirteen regions across WA state.
- e. Broker requirements specified under [WAC\(s\) 182-546-5000 through 6200](#) and Brokerage Administration of NEMT [42 CFR 440.170\(4\)](#)
  - i. \*Brokers don't actually employ the drivers, they contract with service providers, creating markets within the regions they serve, and overseeing these markets. *Brokers should be notified to enforce taking problematic drivers out of service.*
  - ii. In addition to complying with Washington State (WAC) program rules and federal (CFR) regulation codes, NEMT brokers must:
    1. Staff customer service call centers located within the regions they serve
    2. Ensure trips are to Medicaid covered services and for eligible clients
    3. Preauthorize all transportation requests
    4. Maintain a network of local transportation providers in their regions; and
    5. Select transportation modes that are appropriate to clients' medical condition and capabilities, at the lowest available cost, and accessible
- f. Brokers have a responsibility to arrange transportation to healthcare services within a client's *local* medical community unless transportation outside the local community is justified or medically necessary.
  - i. Medical necessity is typically determined and submitted to the broker by the client's primary care provider
- g. Transportation eligibility
  - i. Clients must:
    1. Have no other transportation resources available to them
    2. Be Medicaid or Dual Medicaid & Medicare eligible
    3. Obtain medical services covered by their benefit services package (BSP) that are medically necessary
    4. Receive services from a Medical Provider that is an HCA enrolled provider or contracted with an HCA contracted managed care plan
- h. Service Requests
  - i. Eligible clients can call their local broker to request transportation for:
    1. Scheduled trips (must request a minimum of 2 and maximum of 14 business days in advance of trips)

2. Urgent Call & Hospital Discharges (NEMT trips allowed to urgent care but not to the Emergency Department)
    - i. Modes of transportation
      - i. Determined by each client’s mobility and personal capabilities, with client resources and lowest cost services utilized first. Available options include:
        1. Personal vehicles with appropriate reimbursement
        2. Volunteer drivers with appropriate reimbursement
        3. Public transit with appropriate reimbursement
        4. Shared rides
        5. Wheelchair van
        6. Taxi
        7. Ferries, water taxis
        8. Tickets for commercial bus, rail, air
        9. Stretcher pilot: est. May 2021 as a cost savins measure and to expand client access, this service is still very limited
      - j. Five of the six contracted brokers are nonprofit organizations. Last year 1.9 million trips were completed utilizing about 176 different transportation providers
      - k. The map of Broker coverage and associated Broker contact information can be viewed in the available presentation
3. The leads provided a summary of the three proposed recommendations that they were preparing to submit to the Children and Youth Behavioral Health Work Group on October 15<sup>th</sup>.
  - a. BH360 (formerly known as the parent portal) (legacy item)
    - i. BH 360 is a one-stop resource for Families and caregivers of youth with mental and behavioral health. The Design and implementation of the website will deliver educational information and programs statewide.
    - ii. The Washington State Legislature approved [House Bill 1800](#), which created a parent portal, BH360, to support caregivers at all stages of the behavioral health journey as an initial deployment of the Mental Health Block Grant (MHBG). In the 2023 session, \$400,000 was allocated to implementation of BH 360. However, the funds were not accessible due to restrictions with the MHBG. The total ask for this year is \$1.3 million
    - iii. The YYACC Subgroup recommends that the Legislature fund BH360 by:
      1. Allocating funding through the Washington State General Fund.
      2. Creating an account in the Washington State treasury for HCA to collaboratively secure additional sources of funding for the parent portal, such as private donations or grants.
      3. Creating long-term financial sustainability measures to support implementation and maintenance of the parent portal.
  - b. Technological innovations
    - i. The Washington State behavioral health system is unable to meet the current health needs, especially for people in crisis, due to several factors including:
      1. The workforce crisis

2. Rural accessibility
  3. Long waitlists
  4. Lack of BIPOC providers and culturally appropriate services
  5. Emergency departments and substance-use disorder residential facilities over capacity
  6. Limited proliferation of evidence-based practices (EBPs)
- ii. Data shows utilizing innovative technologies to supplement or replace in-person care:
    1. Reduces barriers to accessing health resources and culturally appropriate information while also providing an alternative option to in-person care in rural areas where access to services can be limited;
    2. Increases access to emergency crisis care and enhances continuity of care regardless of a patient's location or resources;
    3. Reduces provider burden and patient agitation, creating avenues for low-cost and low-burden care.
  - iii. The subgroup recommends that the legislature create a pot of flexible funds to conduct a landscape analysis and pilot the utilization of technological innovations to scale access across the behavioral health continuum of care. Utilizing technological innovations improves equitable access to services, short- and long-term patient crisis management and stabilization, efficiency of clinician workflow, documentation compliance and continuity of care, all while reducing overall cost and liabilities across the behavioral health continuum of care from assessment and early intervention to treatment and recovery support services.
- c. Ensure equitable access to and realize the intended outcomes of the PACT, HOST & WISe programs
    - i. Programs such as PACT (Program of Assertive Community Treatment), HOST (Homeless Outreach Stabilization Transition), and WISe (Wraparound with Intensive Services) are intended to support individuals with complex behavioral health needs. These programs are not currently delivering the full continuum of care to all of the youth and young adults they are intended to serve. We recommend that the legislature:
      1. Allocate funds and direct a task force to recommend concrete solutions to current challenges with access and implementation by December 31, 2024;
      2. Remove the substance-use disorder (SUD) eligibility requirement of HOST to expand access; and
      3. Increase funding to achieve parity across these programs while creating accountability for program effectiveness and accessibility.
      4. These improvements will ensure state standards are met to support better life outcomes for youth and young adults at the more intensive needs at the end of the continuum of care.

- ii. Several members offered suggestions to strengthen and expand this recommendation:
  - 1. A parent pointed out that there is a collection of programs at the end of the continuum of care aiming to serve people with the most severe and disabling conditions. They recommended that the taskforce that reviews this end of the continuum of care expands its scope beyond PACT, HOST, and WISE to consider assisted outpatient treatment and other critical services supporting the most complex needs. This end of the continuum of care needs integration and coordination between programs so that, for example, a young person who might be aging out of WISE can benefit from a warm handoff into PACT. People need to be able to move between these programs as their needs and circumstances change without ending up incarcerated or dead.
  - 2. Another parent pointed out disparities in funding between PACT and other programs.
  - 3. A representative from Seattle Children's who is familiar with WISE questioned whether a gap analysis was necessary and emphasized the importance of not waiting for a long task force process to define the problem. They were under the impression that the statewide P-25 strategic plan would address this and warned against duplicating work or working in silos. They advocated that the emphasize moving forward with quick win solutions now (e.g. funding, admin burden, staff training) while also looking at the more structural issues.
  - 4. The first parent pointed out that some analysis is needed to determine the appropriate amount of funding to shore up programs at this end of the continuum of care.
  - 5. Another participant pointing out that the gap between programs also exists in the context of inpatient services, citing the example of CLIP (Children's Long-term Inpatient program) and what happens to individuals in this program after they turn 18. They wondered whether wraparound services could provide a stop-gap until adult inpatient space becomes available.
  - 6. *Note: Following the meeting, the recommendation was broadened from its initial focus on PACT, HOST, and WISE. The final recommendation put forward was titled "Ensure equitable access to and realize the intended outcomes of intensive programs serving youth and young adults with the most complex behavioral health needs."*

#### 4. Potential support items

- a. NEMTs
- b. Northstar advocates and Bridge Coalition are requesting to have a six to ten bed residential program on both the east side and west side of the mountains for youth 18-24 exiting inpatient care and experiencing homelessness
  - i. Focus on maintaining care and support system

- ii. Requesting \$3 million (1.5 for each site) to fund 24/7 staffing and subcontracting for SUD and mental health support.
- c. Seattle Children's is exploring a [Senate Bill 5120](#) equivalent
  - i. Last session SB 5120 created 23-hour crisis relief centers for adults, but it is not financially sustainable under current models.
- d. Follow-up on support item coming out of the Youth Leadership Summit

**Next Steps:**

- Finalization of the three recommendations
- Presentation of the recommendations to the CYBHWG on 10/20. CYBHWG vote on recommendations 10/23.
- Monthly meetings December-March. Invites forthcoming.

**Next Meeting: November 9**



# **Non-Emergency Medical Transportation (NEMT)**

Stephen Riehl  
NEMT Overview  
Medicaid Program Division/Community Services  
October 12, 2023

# NEMT Mission

- Provide access to necessary non-emergency medical services for all eligible Medicaid clients who have no other means of transportation.
- Ensure broker compliance through performance-based contracts.
- Maintain program integrity through data driven program management and decision making.



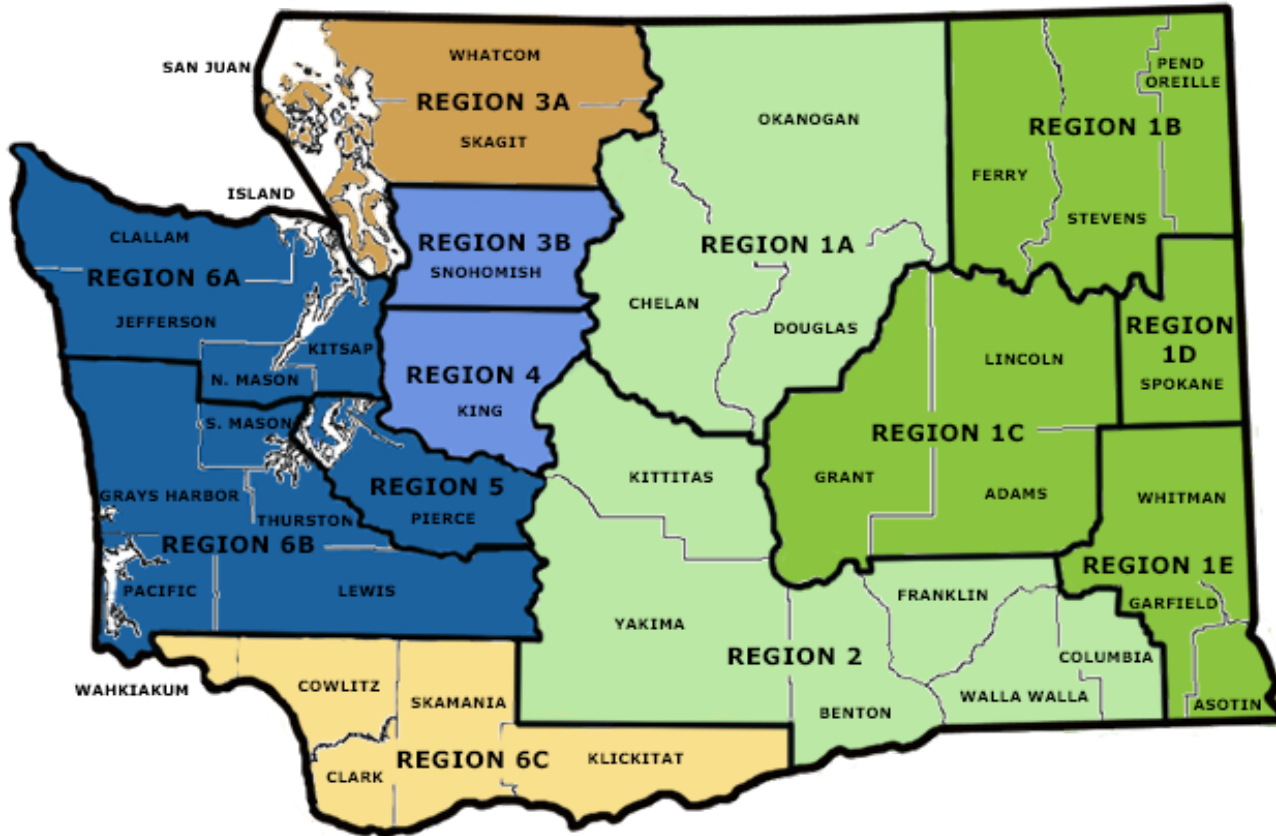
# Broker Transportation

The NEMT program is administered by the Health Care Authority (HCA) through six contracted transportation brokers serving thirteen regions statewide.

## Broker Requirements

- Follow all program rules outlined in **WAC(s) 182-546-5000 through 6200**
  - Staff a customer service call center located within the regions they serve
  - Ensure trips are to Medicaid covered services and for eligible clients
  - Preauthorize all transportation requests
  - Maintain a network of local transportation providers in their regions
  - Select type of transportation mode that is:
    - Appropriate to a client’s medical condition and capabilities
    - Lowest cost available
    - Accessible
- 
- *Contracted agencies are “true brokers” and cannot provide trips themselves.*
  - *42 CFR 440.170(4) Brokerage Administration of NEMT*

# Broker Map



 Paratransit Services

 Northwest Regional Council

 People For People

 Hopelink

 Community In Motion

 Special Mobility Services

# Broker Responsibility

- Arranges for transportation to healthcare services within a client's local medical community;
- May arrange for transportation outside the local community if justification or medical necessity is provided
  - *Typically, the client's primary care provider submits documentation of medical necessity to the broker for a client to access services outside of their local community*

*\*A client's freedom of access to health care does not require the agency to cover transportation at unusual or exceptional cost in order to meet a client's personal choice of provider. WAC 182-546-5000(4)*

# Eligibility for Transportation

## **Clients must:**

- Have no other transportation resources available to them
- Be Medicaid eligible (or Dual: Medicaid & Medicare)
- Obtain medical services covered by their benefit services package (BSP) that are medically necessary
- Receive services from a Medical Provider that is an HCA enrolled provider or contracted with an HCA contracted managed care plan

# Requesting Services

**Eligible clients can call their local broker to request transportation for:**

- **Scheduled trips:** must request **2** business days in advance of trips (up to 14 days in advance)
- **Urgent Call & Hospital Discharges:** requests accepted depending on available transportation resources. The NEMT program allows trips to urgent care but not to the Emergency Department (ED)

# Modes of Transportation

- Brokers ensure client resources & lowest cost transportation are used first, based on each **client's mobility & personal capabilities**.
- Clients are screened for **most appropriate & cost-efficient mode**:
  - **Personal Vehicle** (mileage reimbursement, gas vouchers, gas cards)
  - **Volunteer Drivers** (base rate, mileage reimbursement)
  - **Public Transit** (bus fare, daily tickets, monthly passes)
  - **Shared Rides/Multiple Passengers**
  - **Wheelchair Van**
  - **Taxi**
  - **Ferries, Water Taxi**
  - **Tickets for commercial bus, rail, air**
  - **Stretcher Pilot**
    - Started May 2021 as a cost savings measure and to expand client access.
    - Still very limited with only a few service providers in the state able to perform these types of trips
    - The client must be safe to transport-do not require securements or medical attention while in route.

# Broker Contact Information

## Northwest Regional Council

**Counties:** Island, San Juan, Skagit, Whatcom

**Toll Free:** 1-800-860-6812

## Paratransit Services

**Counties:** Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston

**Toll Free:** 1-800-756-5438

## Hopelink

**Counties:** Snohomish and King

**Toll Free:** 1-800-923-7433

## Community In Motion

**Counties:** Clark, Cowlitz, Klickitat, Skamania, Wahkiakum

**Toll Free:** 1-800-752-9422 Option 1

## People For People

**Counties:** Benton, Chelan, Columbia, Douglas, Franklin, Kittitas, Okanogan, Walla Walla, Yakima

**Toll Free:** 1-800-233-1624

## Special Mobility Services

**Counties:** Adams, Asotin, Ferry, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Whitman

**Toll Free:** 1-800-892-4817

# Questions?

## **NEMT Section Supervisor:**

Stephen Riehl, 360-725-1441, [stephen.riehl@hca.wa.gov](mailto:stephen.riehl@hca.wa.gov)

## **NEMT Program Staff:**

James Walters, 360-725-9791, [james.walters@hca.wa.gov](mailto:james.walters@hca.wa.gov)

Emily Horton, 360-725-1721, [emily.horton@hca.wa.gov](mailto:emily.horton@hca.wa.gov)

## **NEMT Mailbox:**

[HCANEMTTRANS@hca.wa.gov](mailto:HCANEMTTRANS@hca.wa.gov)

## **NEMT Website:**

[www.hca.wa.gov/transportation-help](http://www.hca.wa.gov/transportation-help)