HCA Medicaid State Plan 13d Rehabilitative Section Consultation

April 21, 1:00 – 3:00 p.m.

Zoom meeting link:
s://us02web.zoom.us/j/83279420059

Washington State Health Care Authority

Opening

- Webinar Check
- Welcome and Acknowledgement
- Blessing
- Introductions
- Review of Medicaid State Plan Changes
- Closing and Adjourn

Washington State Health Care Authority

Tribal Consultation
Medicaid State Plan
Rehabilitative Services Amendment Update

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Washington State Health Care Authority

What is the Medicaid State Plan?

HCA's Contract with the Federal Government

- As required under Section 1902 of the Social Security Act, a State Plan is the official description of the nature and scope of programs that use federal Medicaid funds.
- Without a State Plan, Washington would not be eligible for federal funding for providing services under those programs.
- Essentially, a State Plan is our state's agreement that it will conform to federal requirements and the official issuances of the United States Department of Health and Human Services (DHHS).

Mandatory Medicaid services

Certified pediatric	Federally Qualified Health Center (FQHC)	Nurse midwife
Certified family nurse practitioner	Home health	Nursing facility
Early Periodic Screening, Diagnostic, & Treatment (EPSDT)	Hospital – inpatient & outpatient ser	Rural Health Center (RHC)
Family planning	Laboratory	Tobacco cessation counseling for pregnant individuals
Free-standing birth center	X-ray	Transportation to medical care

Optional Medicaid services

- Case management services
- Clinic services
- Chiropractic services
- Community First Choice services
- Dental services
- Dentures
- Eyeglasses
- Hospice services
- Health homes for enrollees with chronic conditions
- Inpatient psychiatric services for those under age 21
- Occupational & physical therapy services
- Optometry services
- Other diagnostic, screening, preventive, & **rehabilitative services**
- Other practitioners
- Other services provided by the Secretary
- Personal care services
- Podiatry services
- Prescription drugs
- Prosthetics
- Respiratory care services
- Self-directed personal assistance services
- Services in an intermediate care facility for individuals with intellectual disabilities
- Services for those over 65 in an institution for mental disease
- Tuberculosis-related services

Rehabilitative services

Attachment 3, Section 13.d

"Rehabilitative services" outlines how substance use disorder (SUD) and mental health (MH) services provided within a Behavioral Health Agency can be billed as Medicaid encounters.

The why

- The Rehabilitative Services section was developed when SUD and MH services were provided by two separate state agencies.
- The Mental Health portion was last updated 20 years ago (2003).
- Significant law changes have occurred since that time, including integrated manage care.
- Our approach to services has also significantly changed to be more recovery oriented.
- As legislative direction to enhance or improve services is brought forward, we are limited in our ability to operationalize based on how the state plan is currently written.

Goal

Restructure the Rehabilitative section of the state plan to set a strong foundation for future modifications that are holistic and recovery-focused; while creating more flexibility in providers and the delivery of services.

- Positive impacts anticipated:
  - Assistance with workforce shortages
  - Alignment with 1477/988 efforts
  - More flexibility within the service description to better meet individual needs

Changes within this Amendment

- Structural changes to regroup services
- Aligning allowable provider type(s) with DOH scope of practice
- Added Co-Occurring Disorder Professionals as an allowable provider type
- Reference Team-based model within Crisis Stabilization (including peers)
- Removed outdated MH peer language
- Added Specialist requirements to “Medicaidize” Problem Gambling treatment
- Increased transition of care services to SUD

New service groupings

New Services name:	Current WA services that fit within the new service name:
Crisis Intervention	Crisis Services
Crisis Stabilization	Stabilization Services
Intake Evaluation, assessment, and screenings (Mental health)	Intake evaluation; special population evaluation; psychological assessment
Intake Evaluation, assessment, and screenings (SUD)	Chemical dependency treatment (diagnostic evaluation)
Medication Management	Medication Management
Medication Monitoring	Medication Monitoring
Mental Health Treatment Interventions	Brief Intervention; day support; family treatment; freestanding evaluation and treatment; group treatment; high intensity treatment; individual treatment; mental health services provided in a residential setting; therapeutic psychoeducation
Peer Support	Peer Support; Substance Use Peer Support
Behavioral Health Care Coordination and Community Integration	Rehab Case Management
SUD Case Management	SUD Case Management (supplement 1-F to attachment 3.1-A)
SUD Screening and Brief Intervention	Alcohol/drug screening and brief Intervention; referral for treatment
SUD Treatment Intervention	Chemical dependency treatment (individual or group counseling)
SUD Withdrawal Management	Inpatient alcohol and drug detoxification

Impacts to providers

- What stays the same:
  - SERI and billing guides will primarily remain the same

- What will be changing:
  - Alignment services to those within a profession's DOH scope of practice

Why take a phased approach?

- Establishes a new framework to build upon, which is less siloed and meets new CMS formatting requirements
- Begins with a thoughtful rollout to avoid unintended consequences
- Structure towards progress, while not over-taxing the system further
- Allows time to work strategically with Tribal partners and stakeholders on:
  - Services provided within a Behavioral Health Agency
  - Co-occurring services
  - Efforts to support integrated care
  - Other innovative services

Other BH State Plan efforts

In addition to those changes proposed within these state plan revisions, HCA is simultaneously working on other behavioral health related state plan efforts, including:

- Behavioral Health Aides
- Section 6 “Other practitioners” to add:
  - SUDPs
  - Other licensed mental health professionals

HCA will continue to work on these with key partners as these efforts progress

Timeline

- Mid-April: HCA internal review of draft
- Summer-Fall 2022: Informal review with CMSMeeting
- **January 2023: Release draft for feedback**
  - Tribal Roundtable, stakeholder feedback, and Public Comment
- Early 2023: Tribal Consultation (*2/22/2023 RT#1, 3/7/2023 RT#2, and 3/22/2023 Consultation*)
- **May 12, 2023-** Close Public Comment and finalize any outstanding policy decisions
- 2023 Leg. Session: Obtain authority
- 7/1/2023: Submit to CMS
- July-December 2023: Implementation-WACs, billing guides, SERI, system changes, etc.
- **Jan 2024: Implementation date**

Feedback Received during Roundtables

- Indian Health Care Provider Federal Rule
  - It was brought to our attention that the Indian Self-Determination and Education Assistance Act allows for Indian Health Care Providers to hire staff licensed in other states.
  - In order to address, HCA has drafted the following proposed language and will work with CMS:
    - a) Provider Types: The following state-credentialled provider types, working within a state-licensed behavioral health agency may furnish services in accordance with their scope of practice, as defined by state law or the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).[1]:
- Behavioral Health Aides/Certified Health Aide Providers
  - During the first Roundtable questions came up around the lack of reference to these provider types. HCA did some internal consultation and confirmed these providers will be listed within a different section of the State Plan (section 6). Roundtable and Consultation taking place, March 31 and April 13.
- Children's Mental Health Specialist
  - During the second Roundtable, concerns around capacity and support for Children's MH specialist were discussed.
  - As an action item, HCA took this topic to a leadership meeting between DBHR and MPD and are working on developing a white paper to discuss the pros and cons and will create an action plan once there is consensus on the path forward.
- Face-to-face references within BH care Coordination and Community Integration modality
  - Comments were provided around the use of the phrase "face-to-face" and how that interplays with telehealth.
  - "Face to face" includes audio/visual telehealth per HCA policy.
  - HCA will continue to review the draft to ensure language does not conflict with our telehealth policy.
- Inclusion of cultural attuned care in SPA.
  - During the second Roundtable, concerns regarding the lack of language around culturally attuned care throughout the draft SPA.
  - CMS recommended that we keep the SPA specific to the service, who provides this, and CMS recommended. CMS recommended that this language be added to HCA specific polices including billing guides and WAC. HCA intends to add this language that was previously in the SPA to HCA billing guides and WAC as we update.

Review the draft

- **DRAFT 13d for public comment January 2023**
- **13d redline version for public comment**

Questions or opportunities to comment

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