Washington State Health Care Authority

Tracking discharges for successful transitions 12-months post Behavioral Health discharge for Transition Age Youth (TAY) ages 15-25

Tracking discharge opportunities within HCA: current options, expansion, and barriers

Project Background

Origin

HCA published a report in June 2021 outlining best practice discharges for Transition Age Youth (TAY) ages 16-25 to ensure youth are discharged into safe and supportive communities. This work came out of previous reports from the Office of Homeless Youth and Away Home WA in 2020 showing **66% of** homeless youth had discharged from a behavioral health inpatient. **20% of total TAY** exiting behavioral health inpatient experienced homelessness within 12 months of discharge.

Workgroups

HCA approved a charter in December of 2021 to implement the recommendations in the report mentioned above. This document outlines what HCA is currently doing to support successful transitions followed by expansion opportunities and barriers HCA faces. Workgroups were formed to compile these documents and further the implementation process. Division of Behavioral Health and Recovery (DBHR) co-organized this work with subject matter experts from the following internal divisions: DBHR, Medicaid Programs Division, Office of Tribal Affairs, and Clinical Quality and Care Transformation.

Background and process

HCA holds contracts with Medicaid managed care entities, Behavioral Health Administrative Services Organizations, direct providers for individuals not in managed care, Tribes and Urban Indian Health Programs, FQHCs, and health plans providing Public Employee Benefits (PEB) and School Employee Benefits (SEB). These contractors administer health benefits so that Washingtonians enrolled in these plans receive comprehensive healthcare. During the workgroup process, members examined managed care organization, accountable communities of health, and PEBB and SEBB health plans' coverage and obtained further clarification from those plans.

Current tracking for Transition Age Youth (TAY) discharge phase I

Behavioral Health Data System (BHDS)

The BHDS contains some social determinants of health information such as employment and housing status. Supplemental data from providers along with claims data from ProviderOne is funneled into this system.

ProviderOne (P1)

ProviderOne is a payment data system that tracks claims data which can include living situation (housing status) by month.

Other data tracking

Several teams within HCA track different data to support their contracts. Sometimes this includes extracting data from P1 or the BHDS; at other times, it includes data contractors gathering from their own methods such as BHAS or the Foundational Community Supports housing tracking through the contractor Amerigroup.

Providers across the state submit claims and track social determinants of health such as housing, employment, and education in their own agencies.

Current data sharing supports
MCOs and BH-ASOs include interoperable agreements within their policies and procedures.
Releases of information are used by providers to receive payment for services rendered to satisfy 42CFR Part 2 and HIPAA data sharing requirements.
MCOs and BH-ASOs receive data for claims processing and payment via electronic and facsimile means.
Many benefits supporting basic needs are tracked by their respective state agency such as Section 8, food benefits, shelter services, Social Security and Disability, employment supports, Department of Corrections, extended foster care, etc.
MCOs and BH-ASOs can educate providers on data supports.
Providers have the option to use Healthcare Common Procedure Coding System (HCPCS) procedure and modifier billing codes to report social determinants of health (called "Z" codes) that can be tracked through claims data.
Encounter data in P1 can identify treatment engagement.

HCA expansion plans for WG1 phase II

Phase II will include an exploration of current: data share agreements, work on HB 1860, and contracts to begin implementing viable options to track discharge in future phases.

Unfortunately, discharge linkages and follow up are not often tracked. The following outlines opportunities HCA will be working through in this workgroup towards remedying this issue:

Opportunities
1. Create/expand data share agreements between HCA, MCOs, RDA, DSHS, OSPI, Commerce, and DCYF to begin tracking links to supports provided after discharge from behavioral health inpatient and residential care for the public data dashboard.
2. Support Z code reporting uptake by providers according to HB 1860.
3. Support and expand discharge information tracking. Map information flow from provider reporting at discharge through the system to understand opportunities to better leverage this information.
4. Identify opportunities to utilize BHDS data to support discharge supports tracking. E.g., Form data accountability strategies for MCOs, BH-ASOs, and government to government contracts to improve BHDS.
5. Provide technical assistance to support providers in understanding regulations for sharing client information during care coordination.
6. Consider supporting data utilization through comparison test group for data tracking.

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Barriers and needed support for WG1: data

While there are great opportunities that HCA can explore further, there are barriers that may need other supports to remedy. The workgroup, in Phase II of the work is identifying and prioritizing steps to address the following barriers:

Barrier
When people are in state hospitals there are limits to what services can be paid for with Medicaid funding and therefore tracked through ProviderOne.
Provider shortages prevent treatment centers from hiring discharge and coordination staff and can hinder data quality owing to lack of training and retention.
Rehabilitation Case Management (RCM) is not covered for substance use disorders under the current Washington Medicaid State Plan.
Staffing and capacity challenges within HCA to monitor payer contracts can influence data quality.
We cannot currently track discharge services linked for individual clients with data available internally to HCA.
BHDS data is not currently sufficient to use for tracking and reporting discharge outcomes.