



Managed Care Onboarding Resources

For services provided by ALFs, AFHs, and ESF
Intro to Supportive Supervision – CBHS/IBSS

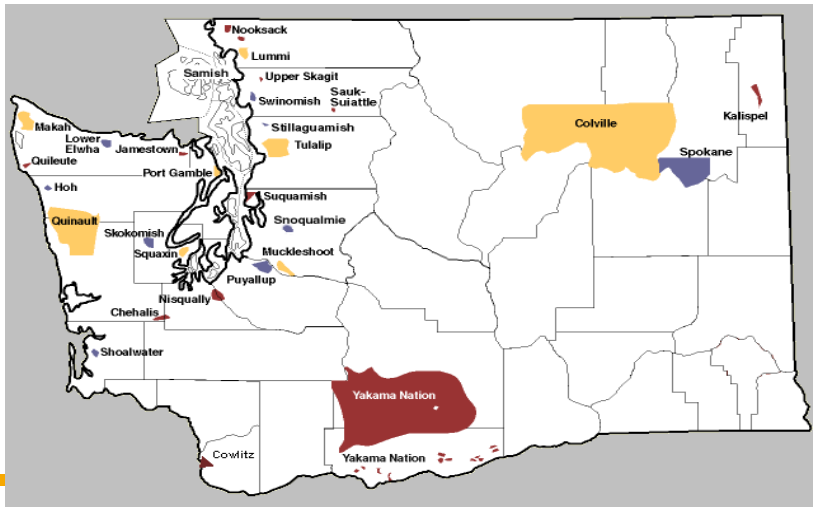
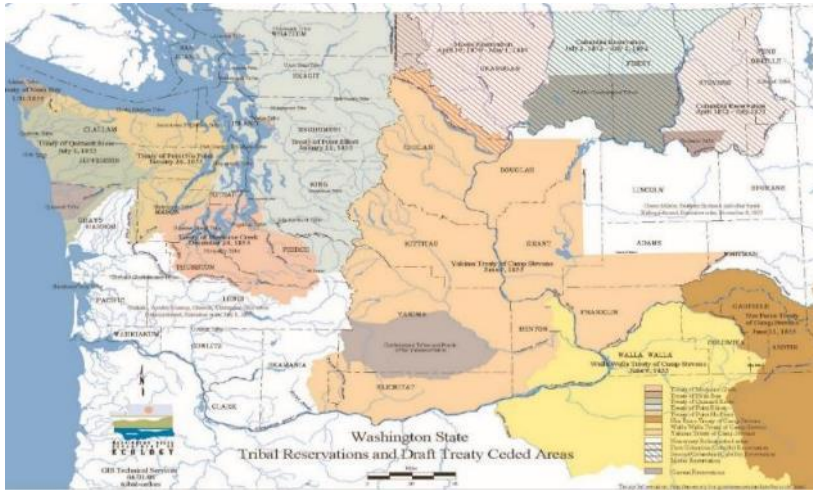
Content

In this learning session, we will be covering:

- ▶ Tribal Welcome and Land Acknowledgement
- ▶ Introductions to the five Managed Care Organizations
- ▶ What the new Supportive Supervision service is
- ▶ The differences between CBHS and ILOS/IBSS
- ▶ The eligibility criteria for CBHS and ILOS/IBSS
- ▶ The referral process and the different levels of service
- ▶ Documentation requirements for offering the service

Tribal Welcome and Land Acknowledgement

Tribal Land Acknowledgement



As we gather virtually from various locations across the state of Washington, we humbly acknowledge that we are all meeting on the traditional territories of hundreds of Indigenous tribes.

As managed care organizations we are committed to upholding tribal sovereignty through our dedication to addressing the health disparities amongst AI/AN communities caused by historical systemic racism.

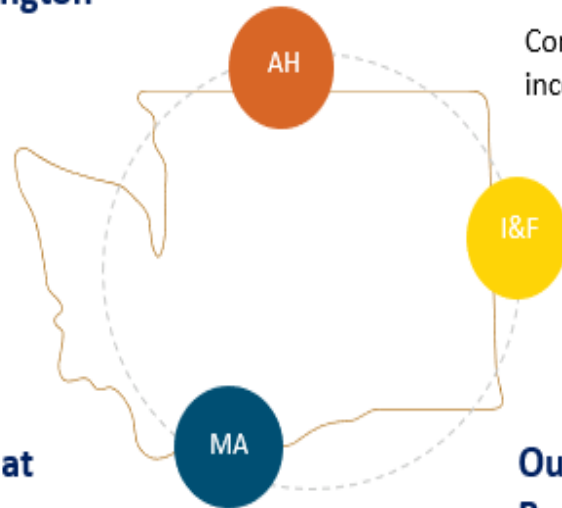
To learn more about the tribal lands you occupy, you can visit: <https://native-land.ca/> or you can Text 855-917-5263, enter Zip Code.

MCO Introductions

Community Health Plan of WA

Local Staff Who Know Washington

- We live and work in the same communities as our members
- We only serve Washington
- We know regional cultures and resources
- Local executive leadership



Three Health Plans for Continuity of Care

Consistent, quality coverage for Washingtonians at every income level, family size, and stage of life

- Serving all counties for Apple Health (Medicaid)
- Largest Service area for public option Cascade Select
- 27 Counties for Medicare Advantage Plans including for D-SNP plan

Continuous Improvement That Makes a Difference

- Adding benefits to help patient outcomes
 - Alternative Treatments: Chiropractic, massage, acupuncture
 - Intensive home care for chronic conditions
 - Suicide prevention program
- Working with providers and other partners to break down barriers to care

Our Flexible and Responsive Approach is Our Business as Usual

- Dedicated staff to serve each of our communities: our members, our providers, and our community-based partners
 - We consistently beat standards for answering customer calls and for processing claims



COMMUNITY HEALTH PLAN
of Washington™
The power of community

Washington State
Health Care Authority

Coordinated Care of Washington

- ▶ **Coordinated Care** is a managed care organization (MCO) that offers no-cost and low-cost health insurance plans to individuals and families in Washington state
- ▶ We have **over 400 staff** living and working in every region across the state
- ▶ We serve over **300,000 members** statewide
- ▶ Coordinated Care launched in Washington in **2012**. Over the past **10+ years**, the number of members we serve has grown from 34,000 to over 300,000



Transforming the health of the community, one person at a time.



Molina Healthcare of Washington



Serving Washington for 21+ years



Largest Medicaid and Marketplace Membership in the state (**Over 1 Million members**)



Serving Medicaid Members in every Washington County



NCQA 4-Star
Rated Medicaid Health Plan



#1 in Client Choice (**50% of new Medicaid clients who choose a plan, choose Molina**)



#1 in Provider Satisfaction (**Overall Satisfaction 9 points higher than next closest Medicaid MCO**)



United Healthcare in Washington

- UnitedHealthcare Community Plan is the second largest Apple Health (Medicaid) plan in service region of Washington, serving nearly 300,000 members for Washington Apple Health (Medicaid) Integrated Managed Care including Behavioral Health.
- We serve almost 70,000 Medicare-Medicaid Dual Complete (D-SNP) members in Washington, making us the largest DSNP plan in Washington.
- We serve on the Accountable Communities of Health, where we support mutual goals around health in housing programs, jail transitions, behavioral health integration, and maternal-child health programs.
- We build long-standing partnerships with FQHC's, community and faith-based organizations, and health organizations through initiatives that provide resources to the community and transform health equity.

We strive to see our work through the eyes of our members, providers and partners, so we can help our members live their healthiest lives.



Wellpoint



Wellpoint in Washington

Over 65,000 providers
120 Hospitals
24 Community & Health Centers
200 locations

Multicultural Healthcare and Managed Behavioral Healthcare Organization Distinction from NCQA

Integrated Managed Care: one of two statewide MCOs

Foundational Community Supports & Behavioral Health Services Only

Apple Health

Achieved over 80% VBP arrangements

Over 250,732 Wellpoint members statewide



WellpointSM



Overview of Services

What is Supportive Supervision?

- ▶ A voluntary service.
- ▶ It is individually tailored to meet each person's needs and provide stability, support independence, and help them stay in the community.
- ▶ Provides one-on-one in-person monitoring, redirection, diversion, and cueing of the client to prevent at risk behavior that may result in harm to the client or to others.
- ▶ Provides individuals with assistance to build skills and resiliency to support stabilized living and integration.
- ▶ Supportive Supervision is coordinated as appropriate with other services such as behavior support and/or crisis plans.
- ▶ This service is similar to what is currently provided under BHPC.

Ongoing Home and Community Services

▶ Current State

- ▶ The MCO funded Behavioral Health Personal Care (SA389,U1) is approved by MCOs and authorized by HCS.
- ▶ Residential providers claim for personal care AND Behavioral Health Personal Care, Service Code SA389, through ProviderOne.

▶ Future State (7/1/2024)

- ▶ With the implementation of CBHS, HCS will continue to authorize personal care and providers will continue to claim through ProviderOne (*no changes*).
- ▶ Authorization for CBHS will be through MCO/HCA and provider will need to claim directly to MCO/HCA for Supportive Supervision.

▶ **CBHS does not replace personal care. CBHS will be priority program for 1:1 staffing support.**

- ▶ Providers can continue to reach out to their assigned HCS case manager for questions related to HCS authorized services, including but not limited to RSW.

Ways to Provide Supportive Supervision

Supportive supervision is offered through

1. Community Behavioral Health Support Services (CBHS)
 - Supportive Supervision (Effective 7/1/2024)
2. Health Related Social Needs (HRSN)
 - In Lieu of Service (ILOS) – Intensive Behavioral Supportive Supervision (IBSS) (Effective 1/1/2024)

Supportive Supervision Provider Types

▶ Provider Types are the same as CBHS:

- ▶ Adult Family Homes (AFH)
- ▶ Enhanced Service Facilities (ESF)
- ▶ Assisted Living Facilities (ALF)
 - ▶ Enhanced Adult Residential Care Facility (EARC)
 - ▶ Adult Residential Care Facility (ARC)

History of Community Behavioral Health Support Services (CBHS)

Effective July 1, 2024

- ▶ **Current State:** Behavioral Health Personal Care (BHPC) is assessed through Home and Community Services (HCS)/AAA and authorized and paid for by Managed Care Organizations (MCOs) with Non-Medicaid Funds.
- ▶ Legislation directed HCA, in partnership with ALTSA, to create a new Medicaid benefit to better assist providers in supporting individuals with mental health needs in long-term care settings.
- ▶ In response, a 1915(i) State Plan amendment was submitted for Home & Community-Based Services.
- ▶ The 1915i state plan offers a new benefit called Community Behavioral Health Support (CBHS) services and includes the service ‘Supportive Supervision’.

In Lieu of Services (ILOS) – Intensive Behavioral Supportive Supervision (IBSS)

- ▶ An ILOS is a service or setting that is a medically appropriate, cost-effective alternative to a MCO contracted state plan-covered service.
- ▶ ILOS are voluntary for both the MCO and the individual receiving the service.
- ▶ In lieu of services have been used to support individuals with complex needs in accessing community residential settings “in lieu of” hospitalization/institutionalization.
- ▶ IBSS is an ILOS

In Lieu of Services (ILOS) – Intensive Behavioral Supportive Supervision (IBSS)

Effective January 1, 2024

- ▶ In January, The Centers for Medicare & Medicaid Services (CMS) changed their requirements for In lieu of services (ILOS).
- ▶ Each service to be offered as an ILOS must now be approved by CMS and tailored to a target population.
- ▶ In response, HCA requested and received approval from CMS for an ILOS called IBSS.
- ▶ IBSS is described in HCA's [Health Related Social Needs Policy Guide](#).
- ▶ The definition of IBSS mirrors that for CBHS.
- ▶ IBSS is available to a different population than CBHS

Differences Between the Two Services

- ▶ Some key differences between these services are:

CBHS- Supportive Supervision	ILOS- Intensive Behavioral Supportive Supervision
Offers coverage for individuals with a specific mental health diagnosis (and one TBI code).	Offers coverage for individuals with behaviors related to 'severe cognitive impairment' including clients with I/DD.
Can serve both Managed Care enrollees and those Medicaid enrollees without a Managed Care Plan	Is only accessible to Managed Care (IMC, BHSO, IFC) enrollees.
Has a one-year eligibility timeframe before renewal is needed	No set eligibility/renewal timeframe – However no prior authorization can go longer than 12 months at a time
Must meet LTSS eligibility	Does not require the individual to meet LTSS eligibility

Eligibility Criteria

Eligibility Criteria for CBHS

Basic criteria for a person to be eligible for this CBHS service are:

▶ **FINANCIAL:**

- ▶ 18+ and Apple Health (Medicaid) eligible
- ▶ Financial eligibility is authorized for 1 year

▶ **FUNCTIONAL:**

- ▶ Functional eligibility may be authorized for no more than 1 year.
- ▶ Eligible for Home and Community Services (HCS) services and resides in or discharging to a community residential setting
 - ▶ The Individual is assessed to have a need for assistance, demonstrated by the need for Hands on assistance with at least one **Activities of Daily Living (ADLs)** defined in [WAC 388-106-0210](#) OR Supervision with three or more qualifying ADLs.
- ▶ Has a qualifying diagnosis
- ▶ Meets the Risk Criteria

Activities of Daily Living (ADLs):

- Bathing
- Personal hygiene
- Body-care
- Eating
- Toileting
- Dressing
- Transfers
- Bed mobility/ turning/ repositioning
- Walk in room/ locomotion in room/ locomotion outside
- Medication management

CBHS Diagnosis list:

There are A LOT of mental health diagnoses that can qualify an individual for CBHS. They will be listed in WAC 182-561-0700.

Examples include:

- ▶ Bipolar disorder
- ▶ Major depressive disorder
- ▶ Schizophrenia
- ▶ Manic episode
- ▶ Psychotic disorder:
- ▶ Phobia disorders
- ▶ Post-traumatic stress disorder
- ▶ Dissociative disorders
- ▶ Conversion disorders

Additionally, there is one TBI code covered under CBHS:

- ▶ Diffuse traumatic brain injury with loss of consciousness of unspecified duration sequela

ICD-10 Code	DIAG_DESC
F060	Psychotic disorder w hallucin due to known physiol condition
F062	Psychotic disorder w delusions due to known physiol cond
F0630	Mood disorder due to known physiological condition, unsp
F0631	Mood disorder due to known physiol cond w depressv features
F0632	Mood disord d/t physiol cond w major depressive-like epsd
F0633	Mood disorder due to known physiol cond w manic features
F0634	Mood disorder due to known physiol cond w mixed features
F064	Anxiety disorder due to known physiological condition
F070	Personality change due to known physiological condition
S062X9S	Diffuse Traumatic Brain INJ W/LOC UNS DUR SEQ
F200	Paranoid schizophrenia
F201	Disorganized schizophrenia
F202	Catatonic schizophrenia
F203	Undifferentiated schizophrenia
F205	Residual schizophrenia
F2081	Schizophreniform disorder
F2089	Other schizophrenia
F209	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F250	Schizoaffective disorder, bipolar type
F251	Schizoaffective disorder, depressive type
F258	Other schizoaffective disorders
F259	Schizoaffective disorder, unspecified
F28	Oth psych disorder not due to a sub or known physiol cond
F29	Unsp psychosis not due to a substance or known physiol cond
F3010	Manic episode without psychotic symptoms, unspecified
F3011	Manic episode without psychotic symptoms, mild
F3012	Manic episode without psychotic symptoms, moderate
F3013	Manic episode, severe, without psychotic symptoms
F302	Manic episode, severe with psychotic symptoms
F303	Manic episode in partial remission
F304	Manic episode in full remission
F308	Other manic episodes
F309	Manic episode, unspecified
F310	Bipolar disorder, current episode hypomanic
F3110	Bipolar disord, cmt episode manic w/o psych features, unsp
F3111	Bipolar disorder, cmt episode manic w/o psych features, mild
F3112	Bipolar disorder, cmt episode manic w/o psych features, mod
F3113	Bipolar disorder, cmt epsd manic w/o psych features, severe
F312	Bipolar disorder, cmt episode manic severe w psych features

Eligibility Criteria for CBHS – Continued

Individuals must also have the following combination of **risk factors**:

1. Has behaviors caused by their behavioral health condition that require additional staffing available only under the Community Behavioral Health Support services benefit, including at least one or more of the following within the past year:

- a) **Multiple assaultive incidents** related to a BH condition during inpatient or long-term care
- b) **Self-endangering behaviors** that would result in bodily harm if not prevented.
- c) **Intrusiveness** (e.g., rummaging, unawareness of personal boundaries) behaviors that places the individual at risk of assault by others if not prevented
- d) **Chronic psychiatric symptoms that cause distress** to and escalate the individual and/or other residents to crisis if not monitored and redirected by staff.
- e) **Sexual inappropriateness** that redirection to maintain safety of the individual and other vulnerable adults.
- f) A history of any of the above behaviors, which are **currently only prevented by additional skilled staff intervention (BHPC)**.

Eligibility Criteria for CBHS – Continued

In addition to the above risks, the individual must also meet #2 **and/or** #3:

2. History of being unsuccessful in community living settings, including one or more of the following:

- a) History of multiple failed stays in residential settings within the past 2 years.
- b) In imminent danger of losing a current community living setting due to behaviors related to behavioral health condition(s).
- c) Frequent caregiver turnover due to behaviors related to behavioral health condition(s) within past 2 years.

3. Past psychiatric history, where significant functional improvement has not been effectively maintained due to the lack of CBHS-like services and/or supports, including one or more of the following:

- a) 2 or more inpatient psychiatric hospitalizations in the last 12 months
- b) An inpatient stay in a community hospital (acute or psychiatric) or free-standing evaluation and treatment facility for 30 days or more in the last 12 months, with barriers to discharge related to behavioral health condition(s)
- c) Discharge from a state psychiatric hospital or long term 90/180-day inpatient psychiatric setting in the last 12 months

Coverage Criteria for ILOS IBSS

- ▶ Age 18+
- ▶ Apple Health (Medicaid) Managed Care Enrolled (IMC, BHSO, IFC)
- ▶ Covered diagnosis of severe cognitive impairment chronically impacting cognitive functioning (over 3 months).
 - ▶ No definitive list. Examples: Traumatic brain injury, autism spectrum disorders, developmental delay, dementia, encephalopathy, and substance use disorder, etc.
 - ▶ Clients not eligible for CBHS may meet coverage criteria for IBSS.
- ▶ One or more of the following behaviors in the past year (See HRSN Policy Guide for more details):
 - ▶ Assaultive Behavior
 - ▶ Self-Endangering Behavior
 - ▶ Intrusiveness
 - ▶ Chronic Symptoms
 - ▶ A history of any of the above behaviors

Referral and Authorization Processes

Process for Referring Individuals to Services

▶ For CBHS:

- ▶ Eligibility for CBHS services is completed through the CARE assessment process.
 - ▶ If you feel that an individual would benefit from this service, contact their HCS Case Manager.
 - ▶ The Case Manager will be responsible for completing the referral form and submitting it to HCA/MCOs.
 - ➔ A copy of the referral will be available on the [CBHS webpage](#) in June.

▶ For ILOS IBSS:

- ▶ Anyone can submit a referral to the MCO (e.g. hospital, AAA, DSHS, providers, etc.).
- ▶ Providing a diagnosis and a description of what behaviors the client is exhibiting/has exhibited is helpful to get a referral started.

CBHS Referral Timeframes

▶ For CBHS:

- ▶ It can take up to 10 business days to process the referral, once it is received. This timeline includes obtaining authorization when the provider is known.

ILOS IBSS Authorization Timeframes

▶ For ILOS IBSS:

- ▶ The MCO will need an authorization request from the IBSS provider for the amount of services requested.
- ▶ Having all the clinical information at the time of the authorization request is key to a timely determination.
- ▶ Once the authorization request is submitted to the MCOs, a determination will be made within 1-5 business days per the MCO contract.

Determining the Right Level of Services

A [Guidance Document](#) has been created to identify the right level of services for each person. This guidance is used for both CBHS and ILOS IBSS:

Tier ranges are as follows:

Tier/Average Hours	Tier/Average Hours
Tier 1 0.5-2 hours per day	Tier 4 10.1-15 hours per day
Tier 2 2.1-6 hours per day	Tier 5 15.1-20 hours per day
Tier 3 6.1-10 hours per day	Tier 6 20.1-24 hours per day

The average number of hours is determined by adding the total number of hours for a week, Sunday through Saturday, and dividing by seven days.

CBHS Client Notices

For CBHS **eligibility**:

- ▶ When a client obtain eligibility for CBHS, the client will receive the following:
 - ▶ HCA Welcome Letter –confirms financial and functional eligibility for CBHS services.
 - This notice will occur annually, upon the member’s Renewal Date.
 - If member is not eligible for CBHS services, a Denial Letter will be sent to the member by HCA – this is called a **Notice of Adverse Benefit Determination (NOABD)**.

For CBHS **authorization**:

- ▶ Individuals and providers will also receive an Authorization Letter from the MCO, which includes:
 - ▶ The approved “Tier” and time-period for the authorization.
 - ▶ Authorization notices are also sent when a Change of Circumstance occurs, and when it is time to renew the authorization.

Note: For members transitioning from Behavioral Health Personal Care to CBHS – HCS will send a letter notifying the client of these changes.

IBSS Provider and Client Notices

For IBSS Authorization:

When an authorization determination is made, the client and provider will receive:

- ▶ An approval letter or denial letter (*Notice of Adverse Benefit Determination, or NOABD*) from the MCO
- ▶ The letter will include the approved “Tier” and time-period for the authorization.
- ▶ Notices are also sent when there is a suspension, reduction, or termination of previously authorized services

How Providers Can Request Changes to CBHS

An individual's needs may change within the authorized timeframes. If/when this happens, providers can use the following form [Re-Tiering Request Form #13-0125](#) to:

- ▶ Request a "Re-Tiering" (higher or lower)
- ▶ To request a new authorization when a client changes from one MCO to another (part 2 of the form).

If an individual has a change in circumstances, Case Managers will use the following form [Change of Circumstance: Community Behavioral Health Supports \(CBHS\) / 1915i DSHS #16-275](#) to:

- ▶ Request the services 'closed out' when an individual no longer wishes to receive this service. (Remember this is a voluntary service.)
- ▶ When an individual passes away or is not longer eligible for long-term care services.

For ILOS IBSS – Providers should submit a new authorization request to the MCO.

Clinical Documentation

Provider Documentation Requirements for CBHS

- ▶ In order to use Medicaid dollars, HCA/MCOs need to verify that services were provided. To do so, providers must keep a log of services provided each day.
- ▶ A form has been developed to assist you with CBHS documentation. [Supportive Supervision Tracker & Attestation Form #13-0126](#)
- ▶ The form includes basic client information such as:
 - ▶ Name and Date of Birth
 - ▶ Date of Service, Hours Provided, and a Summary of Services.
 - ▶ Summary of services should include a description of behaviors for which an intervention was needed, the intervention provided, and what occurred before the behavior began that required intervention.
- ▶ This form will need to be completed for each day of service.
- ▶ This log can also be used to support renewals and changes in tier level.

ILOS IBSS Plan of Care Documents

- ▶ AFH and ALF providers are required by DSHS WAC to have Preliminary Care Plan completed by the day of admission, and a Negotiated Care Plan within 30 days of admission.
- ▶ For IBSS providers - these care plan documents should include the components required in the HRSN Policy Guide:
 - ▶ Care specific to individual's needs;
 - ▶ Staffing Plan
 - ▶ Crisis response plan
 - ▶ Staffing readiness plan – How will you make sure your staff are ready?
 - ▶ Reevaluation plan specific to individual's presentation to ensure the appropriate level support for community stability (evaluate for the need to increase or decrease the level of IBSS staff support)

Helpful Resources

Helpful Resources

- ▶ **Contact the Health Care Authority with any questions:**
 - ▶ Inbox: hca1915iservices@hca.wa.gov

- ▶ **Use the [HCA CBHS Webpage](#) to find resources such as:**
 - ▶ [The Tiering Guidance](#)
 - ▶ The CBHS Program Manual (coming 7/1/24)
 - ▶ The CBHS Billing Guide (coming 7/1/24)
 - ▶ [The Supportive Supervision Tracker and Attestation Form #13-0126](#)
 - ▶ [The Re-tiering Request Form # 13-0125](#)

- ▶ **Use this link to find the [IBSS /policy guide](#)**

Questions and Answers



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