Washington State Health Care Authority

Intensive Behavioral Health Treatment Facilities FAQ for Managed Care Organizations

1. What are Intensive Behavioral Health Treatment Facilities?

Intensive Behavioral Health Treatment Facilities (IBHTFs) are specialized residential treatment facilities for individuals with behavioral health conditions, including individuals discharging from state and local hospitals.

The goal is to provide ongoing care to individuals who no longer benefit from inpatient psychiatric treatment but need further treatment and support to fully integrate back into their community. These 16-bed limited egress facilities focus on the needs of the person and will offer onsite behavioral health interventions, psychosocial rehabilitation, and the development of skills to integrate back into the community. Learn more information at:

- Advocates for Human Potential IBHTF Toolkit for Washington State
- Washington Administrative Code 246-341-1137

2. What is the cost modeling and recommendations for billing?

Cost modeling for the IBHTF is based on the facility having 16 beds. The projected occupancy is 88% full after the start up and ramp-up period.

Assumptions in the model:

- Estimation for the startup and ramp up period is six months.
- The population served in IBHTF may occasionally have interim stays at Evaluation and Treatment (E&Ts) and are expected to retain bed if reasonable timeframe. Rates set at 88% to mitigate costs to the facility of holding the bed.
- Operational costs eligible for federal participation are expected to be 95%.
- Participants are expected to be 74% Medicaid and 26% paid via General Fund State.

Cost model estimate:

- Current estimates have the facility operation costs between $2.5 million to $3.5 million a year.
- Funding is blended as above with Medicaid funding for individuals enrolled in Medicaid and General Fund State dollars to pay for expenses Medicaid does not cover and individuals not enrolled in Medicaid. This is inclusive of room and board.
- The cost model projects for staffing costs (salary, overhead, and administrative costs), operational costs (supplies, equipment, transportation, and activities), resident need costs (food, laundry, and clothing), and facility costs (maintenance, facilities, and long-term equipment.)

Recommendations for billing:

- The Health Care Authority (HCA) recommends contracting at a per diem rate for individuals admitted to the IBHTF as actuaries will project costs for the per member per month to apply to the rates based on a per day cost for services.
- The estimated cost projected by HCA is approximately $805 per day. These estimates are based on the overall costs of the services provided and the expected staffing level for the facilities. Managed Care Organizations (MCOs) and administrative service organizations (ASOs) will develop contract rates based on region needs and their overall contracting structures.

3. What is the Level of Care and services provided?

Services provided are normal Outpatient Medicaid State Plan services for Mental Health. This is not a new service. IBHTF is a facility to provide existing state plan services in a new setting. This new setting has a higher

staffing ratio than Mental Health Residential Treatment Facilities (MH-RTF), limited egress, expectation for residents to return after hospitalizations less than 30 days and is meant to be a long-term program for residents.

HCA estimates the level of care for IBHTF to be between E&T and Mental Health Residential. IBHTFs have higher staffing and onsite treatment with a requirement for limited egress compared to MH Residential. IBHTFs cannot take involuntary detentions and are meant to be longer term stays than E&T facilities.

IBHTFs are meant to be step-down facilities for someone who has stabilized at an inpatient facility before placement. IBTHFs are long-term facilities with an expected length of stay estimated to be approximately one year.

- HCA recommends pre-authorization be completed prior to admission and concurrent reviews happen two to three months for the first six months and then as clinically appropriate thereafter.
- It is the expectation IBHTF and MCOs start discharge planning at admission. If disputes on the necessity of ongoing care arise client recovery and safety must always be observed.
- If the IBHTF cannot continue to serve the client for a clinically valid reason they must ensure they notify the MCO and secure a follow up placement prior to discharge. The emergency room is not a valid placement.
- If the MCO disputes the needs for services in the IBHTF they are responsible for ensuring a safe and viable discharge plan.

4. How does implementation of new IBHTFs affect the MCOs?

HCA recommends that each plan in the region that receives any rate increase for a new IBHTF should contract with the provider of the facility. As with all behavioral health services, rates are adjusted on a program explicit basis.

5. What to expect from ProviderOne Configuration and coding instructions?

The ProviderOne configuration will use the mental health services provided in a residential setting service modality in the SERI manual. Reporting instructions are in the SERI guide.

Reporting instructions for **July 2022** are as follows (p. 58):

Code	CPT®/HCPCS Definition	UN/MJ	Mod	Provider Type	Service Criteria
HCPCS CODE: T2048	BH srvcs: long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days)	UN (1=a day; 1 or more)		Billing Provider NPI and Taxonomy	837P transaction to be used for Intensive Behavioral Health Treatment Facilities as described in WAC 246-341-1137l. Room & board must be paid for with non-Medicaid funds

6. How does this affect the BH-ASOs?

IBHTFs are required to work with a BH-ASO for any crisis concerns and will need to coordinate for any other services that are not provided in the IBHTF. BH-ASOs may contract for services at the IBHTF within available resources as funding allows.

7. Who is eligible for IBHTFs?

Full eligibility requirements for an IBHTF are found in WAC 246-341-1137 a summary of requirements is below:

- A person must be 18 years or older.
- Must meet medical necessity for this level of care .
- A person meets the criteria for ongoing high-level support defined in WAC.
- The person does not have an organic brain injury or dementia that would be better served in an ESF.

8. What is HCA's role with IBHTFs?

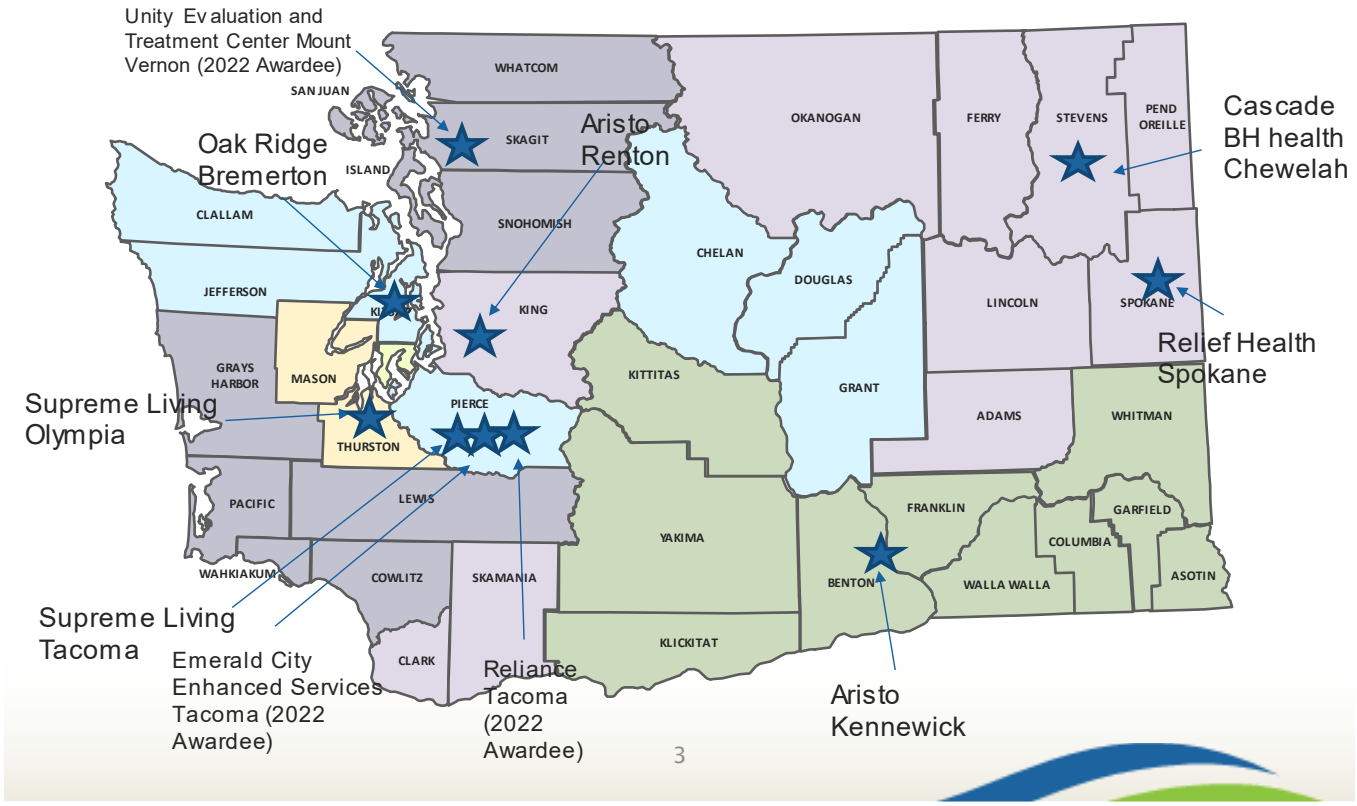
HCA will work closely with the IBHTFs to assist in implementation to ready the facility for admissions after construction is complete. There are seven projects funded by the Department of Commerce, with various projected dates of completion in the 23-25 biennium. The first facility, Supreme Living LLC in Olympia began operating in January 2023. The second facility, Aristo Health in Renton, is set to be operational at the beginning of July 2024.

Additionally, HCA has contracted with a national expert, Advocates for Human Potential, for ongoing technical assistance, training, and support for the facilities. As more facilities open collaboratives will start to share knowledge and practices.

Current funded IBHTFs and their location:

- Supreme Living in Olympia
- Aristo in Renton
- Oak Ridge in Bremerton
- Cascade Behavioral Health in Chewelah
- Unity Evaluation and Treatment Center in Mount Vernon
- Relief Health in Spokane
- Aristo in Kennewick
- Supreme Living in Tacoma
- Reliance in Tacoma
- Emerald City Enhanced Services in Tacoma

Map of IBHTF Funded Facilities



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