

# Children's Mental Health Work Group

## Recommendations for the 2020 Legislative Session

---

### Essential

- PAL - Develop a funding model that builds upon HCA's previous funding model efforts, differentiates between activities that are eligible for Medicaid funding and those that are not, and collects a proportional share of program costs from commercial health insurance carriers (legislative directive).
- Reauthorize the CMHWG beyond December 2020, including:
  - Considering alternatives to the "work group" designation.
  - Broadening scope to include addressing the needs of young adults.
  - Creating two standing sub-committees –School-based Behavioral Health and Suicide Prevention, and Family Youth and System Partners Round Table (FYSPRT).
  - Revising membership categories to ensure cross-system coordination; that everyone who needs be represented is, including youth and young adults; and creating a more diverse work group.

### Budget items

1. Analyze the impact of changing Medicaid policy to match best practices for mental health assessment and diagnosis for infants and children ages 0-5. *(estimated cost: \$200,000 or less)*
2. Fund behavioral health navigators in all nine educational service districts (ESDs). [Full funding for HB 1216 (2018); included in OSPI's 2020 decision package.]  
*(estimated cost: \$1 million to \$2 million)*
3. Increase children's Medicaid behavioral health counseling and psychotherapy rates by 8% or to the Medicare reimbursement rate, whichever is higher. *(estimated cost: \$2 million to \$xx million)*
4. Establish the School-based Behavioral Health and Suicide Prevention subcommittee in statute (as a subcommittee of the CMHWG committee). *(estimated cost: \$200,000 or less)*
5. Increase children's Medicaid behavioral health care coordination rates in all settings by 8% or to the Medicare reimbursement rate, whichever is higher. *(estimated cost: \$2 million to \$xx million)*
6. Provide HCA with flexible funds to provide training and mentoring for clinicians at community-based behavioral health organizations that serve infants and children ages 0 through 18. Direct HCA to establish an advisory group to develop guidelines for how the funds could be used, as well as a quality-monitoring infrastructure. *(estimated cost: \$200,000 to \$1 million)*
7. Extend funding for PAL for Moms and the Referral Assist Services (PAL for Kids) pilot programs from January through June 2021 to avoid interruptions in service. *(estimated cost: \$200,000 to \$1 million)*

### Policy-only recommendations for legislation

1. Require that proposals for increasing Medicaid rates be grounded within the rate-setting process for the provider type or practice setting. Any increases in Medicaid rates for behavioral health services must include a proportional increase to services with a case rate with a priority on WISE.
2. Require HCA, with respect to funds appropriated for Medicaid behavioral health rate increases, to work with stakeholders to establish/enhance transparency and accountability mechanisms that ensure these funds are used by HCA and managed care organizations for their intended purpose. The HCA shall report back to the appropriate committees of the legislature the mechanisms they have or intend to establish.
3. Build upon the suicide prevention requirements established by HB 1336 (2013) to increase staff training requirements; train ESD navigators to support districts to develop and revise plans.