



Children and Youth Behavioral Health Work Group – Behavioral Health Integration (BHI) Subgroup

May 28, 2024

Meeting Topics

- Managed Care perspective on BHI payment (Marissa Ingalls & Jess Molberg, Coordinated Care)
- Update on Medicaid State Plan Amendment for SUD Professionals & Associates (Yvonne Keller, HCA)
- Future Topics & Open Discussion on Priorities
- Workforce & Rates issues

Discussion Summary

Managed Care perspective on BHI payment

Marissa Ingalls & Jess Molberg, Coordinated Care

See presentation or contact presenters for more detail on presentation content.

Key points from the presentation:

- The history of managed care in Washington, and its dominant role in Medicaid delivery.
- MCOs contract directly with service providers; MCOs get paid a set per member per month payment (PMPM) which they pass on to service providers.
- There is no fixed fee schedule for behavioral health services like there is for physical health, and there are various types of contracts with service providers.
- The state can direct an MCO regarding the type of contracts they must offer.
- The goal for a Managed Care Organization (MCO) is to incentivize quality of care and ensuring members are getting the right care at the right time and the right level.
- MCOs work to support bi-directional integration for behavioral health service providers to offer medical services and medical health service providers to offer behavioral health services. There is space for contract design to support providers that want to collaborate to support certain outcomes.

Discussion among participants touched on:

- the different types of contracts,
- the risks and administrative burdens involved for providers,
- how the model can scale statewide,
- where federal Medicaid rules might limit what's possible,
- how Centers for Medicare and Medicaid Services (CMS) rules impact accessibility for youth with intellectual and developmental disabilities,



- the challenge for DDA (the Developmental Disabilities Administration within the Washington State Department for Social and Human Services) in knowing what services to ask the MCOs to look for in their contracting.

Update on Medicaid State Plan Amendment for SUD Professionals & Associates

Yvonne Keller, HCA

Contact presenter for more detail on presentation content.

Key points from the presentation

- Additional provider types are being added to the Medicaid state plan including various associates as SUDPs (substance use disorder professionals).
- The goal is for the associates not to get billed under their clinical supervisors in the future, so that the state can better account for these services being provided.
- SUDPs will be able to provide services in a wider range of settings, to create “no wrong door.”

Discussion among participants touched on:

- Clarifying which credentials the new rules apply to.
- The need for a primer on how and where people get supervision if they are not at a community mental health agency.
- Concerns that community behavioral health could lose degreed capacity now that clinics and schools and private practice can bill for these folks, and that we are creating a system where the people with the highest needs being cared for by the people with the least experience.
- Whether credentialing of Behavioral Health Support Specialists will be additive; many community behavioral health agencies are already training and staffing this role, just without the credential.

Future Topics & Open Discussion on Priorities

Sarah Rafton reviewed the slate of upcoming presenters and asked for additional topics of interest.

Workforce & Rates Issues

This topic did not get discussed in detail.