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

September 3, 2024

Glossary of Terms

CHW: Community Health Worker
CMS: Centers for Medicare and Medicaid Services
FQHC: Federally Qualified Health Center
HCA: WA Health Care Authority
LCSW: Licensed Clinical Social Worker
MH: Mental Health
RUBI: Research Units In Behavioral Intervention
SPA: State Plan Amendment
UCSF: University of California, San Francisco
YYACC: Youth and Young Adult Continuum of Care (subgroup)

Meeting Topics

University of California, San Francisco (UCSF) integrated behavioral health & California Medicaid policy for mental health professionals, Carissa Avalos, Matthew Ong & Dr. Shaylee Perez (UCSF)
Discussion of 2025 Draft Recommendations

Discussion Summary

UCSF integrated behavioral health & California Medicaid policy for mental health professionals

The presentation on the UCSF integrated behavioral health & Califronia Medicaid policy for mental health professionals included the following:

1. The current state of care and billing at UCSF Benioff Children's Hospital of Oakland:
    a. The hospital is a Federally Qualified Heath Center (FQHC) that has gone through many challenges to provide social services supports into primary care and teen adolescent clinic settings.
    b. UCSF Benioff has taken an experimental approach to integrate social workers into primary care settings and figure out codes for reimbursement.
        i. An example of social worker integration is their foster care adoptive clinic, where they have a licensed clinical social worker (LCSW) work with a particular doctor to provide social and mental health (MH) supports in the exam room.
            1. The LCSW cannot bill for this work, due to FQHC same-day rules.
            2. UCSF has put dyadic care codes in place for this kind of care through a state amendement, but it has not yet been fully approved, so they have not yet seen legitimate reimbursements at this time.

3. The reimbursements are supposed to be retroactive back to March of 2023, and the billing team has directed folks to write notes for this work to set precedent for what is currently being done.

2. Challenges and Solutions in Implementing Dyadic Care:
    a. The hospital has been able to bill for individual therapy on non-same day visits, consistently receiving reimbursements from the managed care plans.
    b. The team has experimented with various codes, including case management code, H codes, T codes, and Health Behavior Intervention and Assessment codes, to capture the work done in primary care settings.
        i. There was a long window to figure out contracting between the revenue integrity team and the billing teams to set up these codes, but they are now included in their client management system, Apex.
    c. The hospital has seen some success in reimbursement for non-same-day visits but faces challenges with same-day visits, including:
        i. Inconsistent revenue when using the H codes with the dyadic modifier.
        ii. Revenue back from the managed care plans that is more than the fee for service rate.
    d. Currently, the team is going back through contracting to figure out this process to ensure they are receiving proper payments.
    e. The hospital is still working to figure out the correct pathway for this process, and communication with the billing teams is crucial.
3. Policy and Implementation Insights from UCSF:
    a. The process of developing the dyadic benefit proposal, including data mapping, journey mapping, and stakeholder engagement.
        i. There is a deep need for improved care coordination for high risk youth and families, and they were losing families when it came to behavioral health referrals.
        ii. The stakeholders needed to demonstrate this huge failing in the system and propose a solution for the state.
    b. They developed a formal proposal, designed on evidence-based practices and models, that included the data to demonstrate the need and benefits of the dyadic benefit.
    c. The state of California was already in the process of expanding Medicaid-billable services at the time, to include things such as intensive case management, social services, and programs such as doulas.
4. Discussion on Preventive Mental Health Care and Reimbursement:
    a. The problem the dyadic benefit aims to solve and how it fits into the broader context of preventive mental health care.
        i. Specifically, this aims to improve long-term outcomes via early intervention.
        ii. This care includes building trust with families, and having the ability to support socioeconomic needs to ensure holistic care.
        iii. In order to provide whole person care in a primary care pediatric setting, one must provide behavioral health specialists onsite, and do so without the need for a diagnosis.
    b. Discussion of Medicaid codes that can be used in the dyadic model, including:
        i. There are some components, such as education, and standard codes of psychotherapy that can be used in the clinics taking on the dyadic model.

1. They needed to expand 3 of the codes, and needed to teach clinics how to apply these codes when using a dyadic visit for same day visits for well child visits.

ii. There are individual and family therapy codes that have been used for a long time that are known to be reimbursed within the UCSF system.
iii. There are health behavior and assessment intervention codes that are dyadic eligible and newly being utilized in the UCSF system.
iv. There are HCPCS codes that are dyadic eligible with a U1 modifier.

5. Clinical Perspective on Preventive Care and Reimbursement:
    a. The importance of preventive care and the benefits of early intervention to reduce costs and life trajectory.
    b. If you can get rid of the need for a diagnosis to provide this care, it is very freeing for providers.
        i. In the meantime, it is important to highlight the health and behavior codes.

Discussion following the presentation included the following:

1. The BHI subgroup leads and support staff met with Health Care Authority (HCA) about the importance of framing the initiative as prevention rather than treatment to align with Medicaid and Centers for Medicare and Medicaid Services (CMS) regulations.
    a. It is important to frame things as "family-centered" and package things using the framework of holistic care and family wellbeing.
2. Language used to describe social workers or behavioral health professionals attending wellness visits, and engagement from families.
    a. The social worker entering a well-child visit is framed as a member of the hospital and care team – it is important to be mindful of the language used in setting up the model of care.
    b. At the Zuckerberg General Hospital clinic, they use the Healthy Steps Model – which is an evidence-based program that embeds a behavioral health provider into the pediatric practice.
3. The process of adding dyadic care to California's 1115 waiver, including:
    a. A coalition of determined stakeholders for data analysis and pitch generation.
    b. A pilot in San Francisco County – leadership and managed care plans came together to do this – and set up Z codes for primary diagnoses and opening up H codes.
    c. Developing a proposal that included the full financial picture - folks met with the state about making this a financially sustainable and cost-effective Medicaid benefit.
        i. Capitalizing on the opportunity to provide care when we come in contact with the highest utilizers of the Medicaid system - capitalizing on the fact that caregivers bring children to their visits, and can be assessed on the spot.
        ii. This reduces burden on the Medicaid system, leading to fewer visits and less intensive treatments needed down the line.
    d. California tried to do this through a state plan amendment (SPA) which was rejected.
        i. If they are able to pass a SPA, it would remove the same day exclusion for reimbursement in FHQCs.
4. Resources on dyadic care at UCSF:
    a. https://cachildrenstrust.org/wp-content/uploads/2020/05/Dyadic_final_May2020.pdf

   b. https://dyadiccare.ucsf.edu/
5. How intellectual & developmental disabilities factor into this dyadic care model.
   a. The Health Behavior Intervention assessment codes require an ICD 10 code, and then the other codes can be applied to allow for case management and social worker involvement, depending on the child's needs.
6. Recommendations for this subgroup to investigate the Washington codes that may be utilized for this purpose.

Discussion of 2025 Draft Recommendations

1. Prioritizing Recommendations and Next Steps:
   a. Discussion surrounding the overall prioritization results:
      i. Looking at the rankings in the top two for each item, CHWs has clear support at 75%, Medicaid: Medicare Parity has 38%, and RUBI is 38%.
      ii. The subgroup can more deeply discuss prioritization in the later September meetings before final submissions 10/1.
      iii. There is importance of keeping the number of recommendations tight and focusing on the most impactful initiatives.
   b. Legacy items will be considered separately from new items at the work group level.
      i. Legacy items are those that have been voted on by the work group and adopted by the workgroup to move forward in the past.
         1. The work group will vote on legacy items as a consensus vote.
      ii. New recommendations are completely new items or recommendations that were previously put forward but were not prioritized at the work group level.
      iii. All items need to be elevated by the subgroup to the larger work group.
   c. After reviewing the prioritization results, discussion included:
      i. Ensuring Social determinant of health assessment and supports under G0136:
         1. This item is being removed from the subgroup's priorities.
      ii. Serving children's behavioral health needs without a diagnosis:
         1. This item will be rewritten around terminology such as "determine holistic, family-centered preventive MH care and how to bill for it."
         2. Getting codes from UCSF and sending them to HCA staff to see if they are available in Washington.
      iii. Research Units In Behavioral Intervention (RUBI):
         1. Using the language of "prevention" in this recommendation.
         2. This recommendation simultaneously addresses a current crisis that HB 1580 (2023) is trying to address.
         3. The Youth and Young Adult Continuum of Care (YYACC) subgroup is putting forth a recommendation on HB 1580 this year as well, and the impact of these two could be linked.
         4. Discussion about trainings for RUBI and the possibility to receive continuing education credits for this training.