



Children and Youth Behavioral Health Work Group – Workforce & Rates (W&R) Subgroup

June 21, 2024

Glossary of Terms

AAC: Agency-Affiliated Counselors

AWHP: Association of Washington Healthcare Plans

BHA: Behavioral Health Administration

CAAC: Certified Agency Affiliated Counselor

CBT: Cognitive Behavioral Therapy

CMS: Centers for Medicare and Medicaid Services

CYBHWG: Children and Youth Behavioral Health Work Group

DOH: Department of Health

ERISA: Employee Retirement Income Security Act of 1974

ESA: Education Staff Associate

IEP: Individualized Education Plan

LAAC: Licensed Agency Affiliated Counselor

MCO: Managed Care Organization

MHP: Mental Health Professional

OSPI: Office of Superintendent of Public Instruction

SBBHSP: School Based Behavioral Health and Suicide Prevention Subcommittee

WAC: Washington Administrative Code

WSMA: Washington State Medical Association

Meeting Topics

- Presentation: Washington State Medical Association (WSMA) Assessment Proposal, Alex Wehinger, (WSMA)
- Presentation: Agency-Affiliated Counselors (AAC) Rulemaking, Ted Dale, Eve Austin, Carmen Leso (DOH)
- Presentation: School-Based Behavioral Health Suicide Prevention (SBBHSP) Subgroup workforce & rates priorities

Discussion Summary

Washington State Medical Association (WSMA) Assessment Proposal

1. 1 in 4 Washingtonians are on Medicaid.
2. Washington state has one of the lowest reimbursement rates in the nation for specialty health care services, as well as the lowest federal contribution for Medicaid in the United States.
 - a. When reimbursement rates don't cover the cost of providing care, financial sustainability and viability issues arise.



3. There hasn't been a broad-based Medicaid reimbursement rate increase in decades.
 - a. WSMA received feedback from key legislators that in order to see a broad-based investment in Medicaid rates, they needed to bring forward a dedicated revenue source.
4. Building off previous initiatives
 - a. 2024 covered lives assessment proposal:
 - i. [HB 2476 \(2023-24\)](#) was sponsored by Representative Nicole Macri (D-Capitol Hill).
 1. A covered lives assessment is a form of safety net assessment that leverages the federal government to support investments in the state Medicaid program and applies to insurance carriers based on their enrollment.
 2. The proposal primarily applies to Medicaid managed care organizations (MCOs) and there is a smaller application for some commercial health plans, due to federal requirements.
 3. The proposal does not apply to self-insured "ERISA" (Employee Retirement Income Security Act of 1974) plans.
 - ii. Differential rate:
 1. On the Medicaid side, the assessment is higher and would get built into the MCO contracts with the state, at a rate of \$18 per member per month (pm/pm).
 2. There is a lower assessment on the commercial side, based on federal requirements, and WSMA tried to keep the proposal minimum minimal to mitigate the impact. The rate is .50 cents pm/pm for commercial plans.
5. 2025 session:
 - a. In the interim, WSMA is incorporating feedback from state agencies and other stakeholders, with a plan to bring the proposal back for 2025.
6. 2025 Proposal:
 - i. The parameters for the proposal would need to allow for a raise in the Medicaid rates to achieve parity with Medicare.
 1. Medicare is generally thought of as the rate that covers the cost of care, or your break-even point.
 - b. This is to be an across-the-board application for all professional health care services and for the proposal to adjust to inflation.
 - c. Budget request: \$161M GF-S and 2:1 federal match (\$242M) for a total annual investment in Medicaid rates of \$403M.
 - d.
7. These mechanisms exist because Medicaid underpays across the board.
 - a. Related legislation
 - i. The Children and Youth Behavioral Health Work Group (CYBHWG) has pursued related proposals in the past:
 1. House Bill 2584 (2020)
 - a. two different major sections of the budget through which Behavioral health is funded: Sec. 211 (which includes the primary billing codes) and Sec. 215.
 2. Senate Bill 5092, Sec. 215 (34) (2021)



- ii. These proposals had limited impact on BHAs.
 - 1. The community behavioral health system was completely omitted from that assessment and that increase.
- iii. The Medicaid community behavioral health benefit is more robust than Medicare in terms of billable codes.
- iv. There isn't a Medicaid fee schedule in Washington right now, unless we have a state-directed payment that is mandated by the state or the MCO to pass on rate increases.
 - 1. If we don't have a mandated state-directed payment, there's no guarantee or requirement for any increase in Medicaid rates to be passed on to providers.
 - 2. Every provider individually negotiates their Medicaid rates and their other rates with the MCOs directly.
 - 3. Increasing the Medicaid rates overall isn't a guarantee that it gets passed on in community settings.
 - a. The 2020 assessment and proviso have two different major sections of the budget through which Behavioral health is funded, section 211 (which includes the primary billing codes) and section 215.
 - b. In 2020, the community behavioral health system was completely omitted from that assessment and that increase.
 - 4. Interest expressed by the W&R Subgroup to look into the codes matrix provided to identify what would be relevant for community behavioral health or schools.
- b. Legislative context
 - i. Across the board, legislators, Republicans, Democrats, and advocates all agree that Medicaid rates need to be raised.
 - ii. However, this is a tax on insurance carriers, so they have had more push-back, which is why WSMA has tried to mitigate the impact with the differential rate.

Agency-Affiliated Counselors (AAC) Rulemaking

- 1. There are two legislative bills that are central to the work within [Chapter 246-810 WAC](#):
 - a. [House Bill 1504 \(2021\)](#) allowed Student Interns to become AACs, as defined by the department, and are supervised by agency staff.
 - b. [House Bill 1724 \(2023\)](#) established two new agency affiliated counselor credentials, the licensed agency affiliated counselor (LAAC) and the certified agency affiliated counselor (CAAC), to address the Behavioral Health Workforce and to bring the agency Mental Health Professional (MHP) designation into alignment with the AAC statute.
- 2. Standard rulemaking:
 - a. Within standard rulemaking, the department filed [WSR 23-16-044](#) in July 2023 to amend [Chapter 246-810 WAC](#) and possibly repeal or create new sections to establish the new AAC credential.



- b. This project also continues work to implement [Engrossed Second Substitute House Bill \(E2SHB\) 1504](#), which requires the department to define when a “student intern” can become an AAC.
3. Emergency rulemaking:
 - a. Because [2SHB 1724](#)’s amendments to the MHP definition and AAC credentials went into effect immediately and were necessary for the immediate preservation of public safety, the department implemented these changes by emergency rule, with the first CR-103E rule package filed in July 2023.
 - b. The department has continued the emergency rules with the filing of [WSR 24-07-100](#).
 - c. The emergency rules amend [Chapter 246-810 WAC](#) to expand existing language to establish the new AAC credentials.
 - i. The amendments align rule language with statute and revise the registered AAC fees to apply to all AAC types
4. Policy Statements:
 - a. Student interns ([WSR 21-22-081](#)):
 - i. Outlines the provisional process for student interns registering as AACs.
 - ii. Student interns would be considered exempt if they choose to practice under [RCW 18.19.040](#).
 - b. New AAC credentials ([WSR 23-23-116](#)):
 - i. Registered AACs designated as MHPs may continue to practice under their registration credential until 1/1/25, at which point they will need to have the LAAC credential to maintain their MHP.
 1. This was specifically to make sure that folks didn't have to renew their AAC registration and apply for a new credential within the same year, and to make sure there is no discontinuation of care.
 - ii. The LAAC credential is intended to mirror the requirements that were created for that MHP designation.
 - iii. The intention was to be able to give folks that are already designated as an MHP that license so they can be in compliance with [RCW 71.05.020](#).
5. Student Intern Proposed Rules
 - a. Student interns or their selected agency may choose whether they would like to become registered as an AAC, and if so, they may only be a registered agency affiliated counselor (not a CAAC or LAAC). (WAC 246-810-020)
 - b. A student intern applying to be registered as an AAC must also provide educational information from their institution. (WAC 246-810-0120)
 - c. Within the first 30 days of their internship placement, student interns must apply to the department to practice while their application is processed. (WAC 246-810-0150)
6. Coursework credentialing: [RCW 18.19.090: Application for credentials—Contents—Form—Requirements—Exemptions. \(wa.gov\)](#)
7. Proposed Supervised Experience Requirements:
 - a. Time: Supervised experience shall be obtained under credential the practice and it should be obtained after the completion of the degree program or through an internship or practicum that is part of their degree program requirements.
 - b. Place: Supervised experience shall be obtained within an approved agency or facility or in private practice, but the supervision needs to be provided by an MHP.



- c. By Whom: Supervised experience shall be gained under the supervision of an MHP who can independently assess and diagnose within the scope of practice of their credential.
 - d. Out of State Experience: This may be considered if (1) the applicant held a credential substantially equivalent to a counselor in that state, (2) while in good standing, and (3) supervision was provided by someone who is considered an MHP within that state.
 - e. MHP designated AACs: For applicants who received supervised experience prior to January 1, 2025, supervision may have been provided by a registered AAC who was designated as an MHP.
 - i. This is to include the individuals who haven't switched over to the new credential (LAAC), so that applicants who are being supervised by those individuals can have their supervised experience count towards requirements.
8. Approximate Rulemaking Timeline:
 - a. Late Spring/Early Summer 2025: New AAC coursework becomes a requirement
 9. Additional Resources:
 - a. [AAC Rules in Progress webpage](#)
 - b. [Chapter 246-810 WAC Draft Language](#)
 - c. [Chapter 246-810 WAC Matrix of Changes](#)

Workforce and Rates Priorities Across Subgroups

Christian Stark, Office of Superintendent of Public Instruction (OSPI), Co-chair of the School Based Behavioral Health and Suicide Prevention Subcommittee (SBBHSP)

1. The SBBHSP subcommittee had a series of workshops and looked at workforce issues that are impacting the delivery of school-based supports.
2. The focus was mainly on the overall capacity to provide and the need for more access to clinical supports, either in schools or in coordination with schools.
3. There is a lack of clinical staff that can provide clinical interventions in the school setting, due to a lack of dedicated state funding for behavioral health services in schools.
 - a. The primary way we fund behavioral health supports in schools is through the state allocation formula that provides funding for the Education Staff Associate (ESA) positions (includes nurses, counselors, social workers and psychologists), based on per pupil sizes of school.
 - b. If you want to provide behavioral health services beyond this, you either have to use general fund dollars or seek other local funding options like grants and levy dollars.
 - c. If you want to hire a licensed mental health counselor, there isn't a specific certification to hire them into in a school, which creates challenges in payment for this position.
 - i. There are DOH designations and school designations, and they fit into certified staff based on the ESA designations, but there isn't one designation specific to a licensed mental health counselor.
4. School billings options:
 - a. The state is exploring options through the HCA's Medicaid in Schools Work Group to improve Medicaid billing in schools so there is more ability to bill within or to all students covered by Medicaid, not just students who also have an individualized education plan (IEP).



- i. HCA submitted a grant proposal to Centers for Medicare and Medicaid Services (CMS) for funding and a partnership.
5. School psychologists:
 - a. School psychologists in the state end up focused mostly on evaluation to set up a student with an IEP and cognitive testing for special education.
 - b. A system that focuses more on tiers across the continuum and less on cognitive testing for special education could allow school psychologists to provide more services along this continuum, such as short clinical interventions to give students skills to work through issues preventing access to education, or Cognitive Behavioral Therapy (CBT) in the school setting.
6. Care Coordination:
 - a. Could we provide funding to pediatrician offices or other community providers to specifically provide care coordination with schools?
 - b. This could be a potential focus area if a school has a known need that could be met by a community provider, but it is difficult capacity-wise to figure out how to connect and coordinate across them.
7. There is an inadequate candidate pipeline for community-based organizations to hire behavioral health staff.
 - a. Some districts don't have pathways to connect students with referrals or fulfilling referrals.
 - b. Rural districts don't have a community provider available.
 - c. If schools have difficulty hiring a clinician and there is no provider in the community, what does the school do to meet the needs?
8. Ratios for Educational Staff Associate (ESA) staff positions:
 - a. Recent legislation focused on the 4 ESA positions (psychologist, social workers, nurses, counselors), but Washington is still under the national recommended ratios for each of these positions in schools by a lot, especially for social workers and psychologists.
 - i. The legislature invested about \$100 million two years ago, \$200 million last school year, and \$300 million for next school year to help increase these ratios.
 - ii. The funding formula for these positions is based off the number of students and they vary based on the level.
 - iii. If you look at the number of students required to trigger a full time equivalent (FTE), some districts don't have enough allocation dollars for all 4 of these positions, which leads to schools moving the money amongst these positions (within the legislative designation for physical, social and emotional support staff).
 1. For example, if you don't get enough allocation dollars for a full school counselor, you might move your allocation dollars for psychologists and social workers into that counselor bucket to make an FTE.
 2. If none of them are entirely funded, schools have to come up with a different solution, such as telehealth access to a school psychologist.
9. Staffing for the 2022-2023 school year (the first year of the increased funding through the bill in 2022):
 - a. There was an increase across positions across the board.



- b. There are 60 more school social workers staffed across the state and 30 more psychologists; however, there are only 173 school social workers across 295 districts and about 1,600 school buildings, which is way below one social worker or school psychologist per school building.
 - 1. Need for more non-clinical supports Student assistance professionals are providing this in some places, as well as paraeducators.
 - 2. They have a workforce with lower pay scales who are being asked to do more with less resources.
 - 3. We need to ask questions about how we could make a difference – if it's a pay issue for specific positions or more about getting more people in the school building in general to have one-on-one connections with students and bolstering prevention.
- c. Concern regarding funding being used for school resource officers.
 - i. A 2023 bill was introduced to close off that option, but it didn't pass, so districts can still slide their funding to a school resource officer rather than these 4 ESA positions. It is unclear how often this is occurring.