

Update on behavioral health and physical health integration

Joint Select Committee on Health Care and Behavioral Health Oversight

December 11, 2024

Dr. Charissa Fotinos, MD, MSc, Medicaid Director

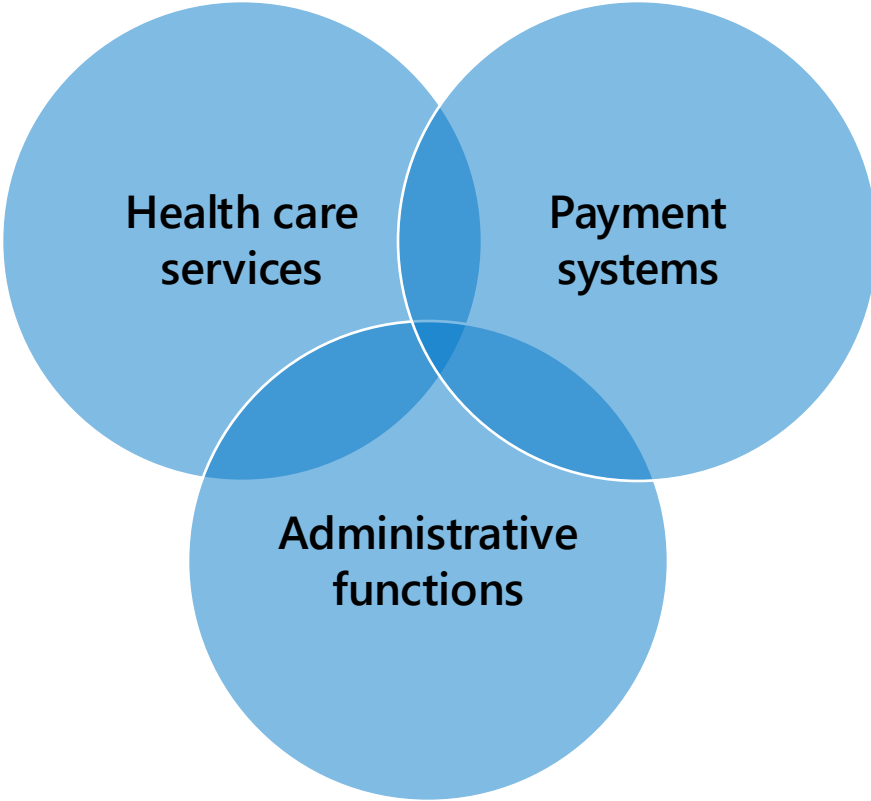
Agenda

- ▶ What is integration?
- ▶ Building integrated care
- ▶ Future efforts toward integration



What are we talking about when we say "integration"?

- ▶ A model of care that combines physical and behavioral health (BH) services to treat the whole person.
- ▶ It is a set of strategies that combine health care services, payment systems and administrative functions to improve a person's overall health.



Intended financial and administrative outcomes

Better-aligned financial incentives across health systems

Improved patient outcomes

Improved data sharing across systems

All providers to practice to full scope of practice

Ease provider administrative burden

Reduced health care costs

Building integrated care

- ▶ Between 2014 and 2020, Washington transitioned from separate Medicaid systems for physical health, mental health, and substance use disorder care to a **single** system of payment.
- ▶ This system, Integrated Managed Care (IMC), promotes integrated, promoted coordinated care for those with co-occurring physical and behavioral health conditions.

Brief integration history

- ▶ **2014 Affordable Care Act – Medicaid expansion**
 - ▶ Expanded Medicaid and managed care.
 - ▶ Promoted how to best leverage managed care for behavioral health, which was not in managed care.
 - ▶ Mental Health Parity requirements.
- ▶ **2014 Governor legislation (SSB 6312)**
 - ▶ Directed a phased-in approach to integrating care.
 - ▶ 2016 to 2020 phase-in approach by regional service areas, with the final three regions integrating in January 2020.
 - ▶ Resulted in the elimination of access to care standards.

Major integration efforts

- ▶ To provide seamless access to behavioral, physical and substance use treatment, the state has taken a multi-faceted approach that included:

Improving access and expanding provider types

Integration/co-location of services

Supporting coordination of care

Behavioral health investment

Expanded provider types

- ▶ Substance Use Disorder Professionals (SUDP), professional trainees, licensed associates
- ▶ Expanded eligible provider types, e.g. licensed mental health counselors and licensed clinical social workers
- ▶ Expanded occupational therapists
- ▶ BH support specialists
- ▶ Expanded BH peer services and provider types
- ▶ Community health worker
- ▶ School-based health care services
- ▶ Collaborative care
- ▶ Medications for Opioid Use Disorder (MOUD) providers
- ▶ Expanded provider types to provide SUD services

Improving access: Integration/co-location of services

Co-location of providers

- Primary care clinics
- Federally Qualified Health Centers (FQHCs)
- Physical health and behavioral health in the same building
- Telehealth and telemedicine alternatives
- Collaborative care model

Expanded services in opioid treatment programs (OTPs)

- Rate study recognizing more than dispensing occurs in this setting
- Working with MCOs to contract for a broader array of services offered in OTPs: mental health, primary care, Hepatitis C, STI treatments

Certified Community Behavioral Health Centers (CCBHC)

- 25 planning grant awards have been given for CCBHC grants from 2020-2023
- WA has applied for second planning grant to support this work (decision pending)
- HCA is developing the certification process
- Planned go-live in 2027

Supporting coordination of care

- ▶ Expansion of peer navigators and supports
- ▶ Addition of community health workers
- ▶ Creation of non-traditional access points for care
- ▶ Updating toolkit for sharing substance use disorder information protected by CFR 42 Part 2
- ▶ Implemented collaborative care codes
- ▶ Payment reform/rate study to address unmet needs for specialty mental health providers
- ▶ Working to support data exchange for care transitions and coordination, electronic consent management

Behavioral health investments

- ▶ On-going rate increases:
 - ▶ 2% Community BH rate increase (2021)
 - ▶ 7% Community BH rate increase (2022)
 - ▶ 32% Opioid Treatment Program rate increase (2023)
 - ▶ 22% Fee-for-service (FFS) BH rate increase (2024)
 - ▶ 7% Non-Behavioral Health Agency (BHA) BH rate increase for certain codes (2024)
 - ▶ Room and board rate increase (2024)
 - ▶ Long-term civil commitment (E&T) rate increase (2024)
 - ▶ 7% Program of Assertive Community Treatment (PACT) rate increase (January 1, 2025)
 - ▶ Children's Long-term Inpatient Program (CLIP) bed rate increase (multiple effective dates)
 - ▶ Parent-Child Assistance Program (PCAP) rate increase (multiple effective dates)

Current barriers

- ▶ Complicated billing system
- ▶ Added burden of multiple payor contracts, audits, and reporting on the BH side
- ▶ Bridging vocabularies of 3 different systems
- ▶ Catching the specialty mental health care system up to the medical specialty health care system
- ▶ Workforce strain, shortage and risk of drain from BH to physical health side
- ▶ Strengthening and preserving the specialty mental health care system

What we are working toward

- ▶ Protect and expand workforce capacity
- ▶ Ensure low-barrier access to behavioral health care
- ▶ Invest in prevention, health equity, and public health
- ▶ Improve health outcomes for complex, high-cost Medicaid populations with co-occurring chronic health conditions and behavioral health disorders
- ▶ Expand and ensure access to comprehensive, integrated treatment and recovery supports
- ▶ Payment model tied to value and based on the cost of providing essential safety net services
- ▶ Children and Youth Behavioral Health Work Group coordination with 2025 priorities
- ▶ 988/Crisis System work
- ▶ HB1515 network adequacy
- ▶ CMS rules to improve access to care
- ▶ Opioid/Substance Use Recovery Services Advisory Committee (SURSAC) efforts
- ▶ BH Rates comparison study with report due to Legislature June 2025
- ▶ Continued parity work improved network, financing, movement to CCBHC, prep for reentry waiver, and forward movement to the future state!

Questions?

▶ Contact

- ▶ Evan Klein, Special Assistant, Legislative & Policy Affairs
evan.klein@hca.wa.gov
- ▶ Shawn O'Neill, Legislative Relations Manager
shawn.oneill@hca.wa.gov