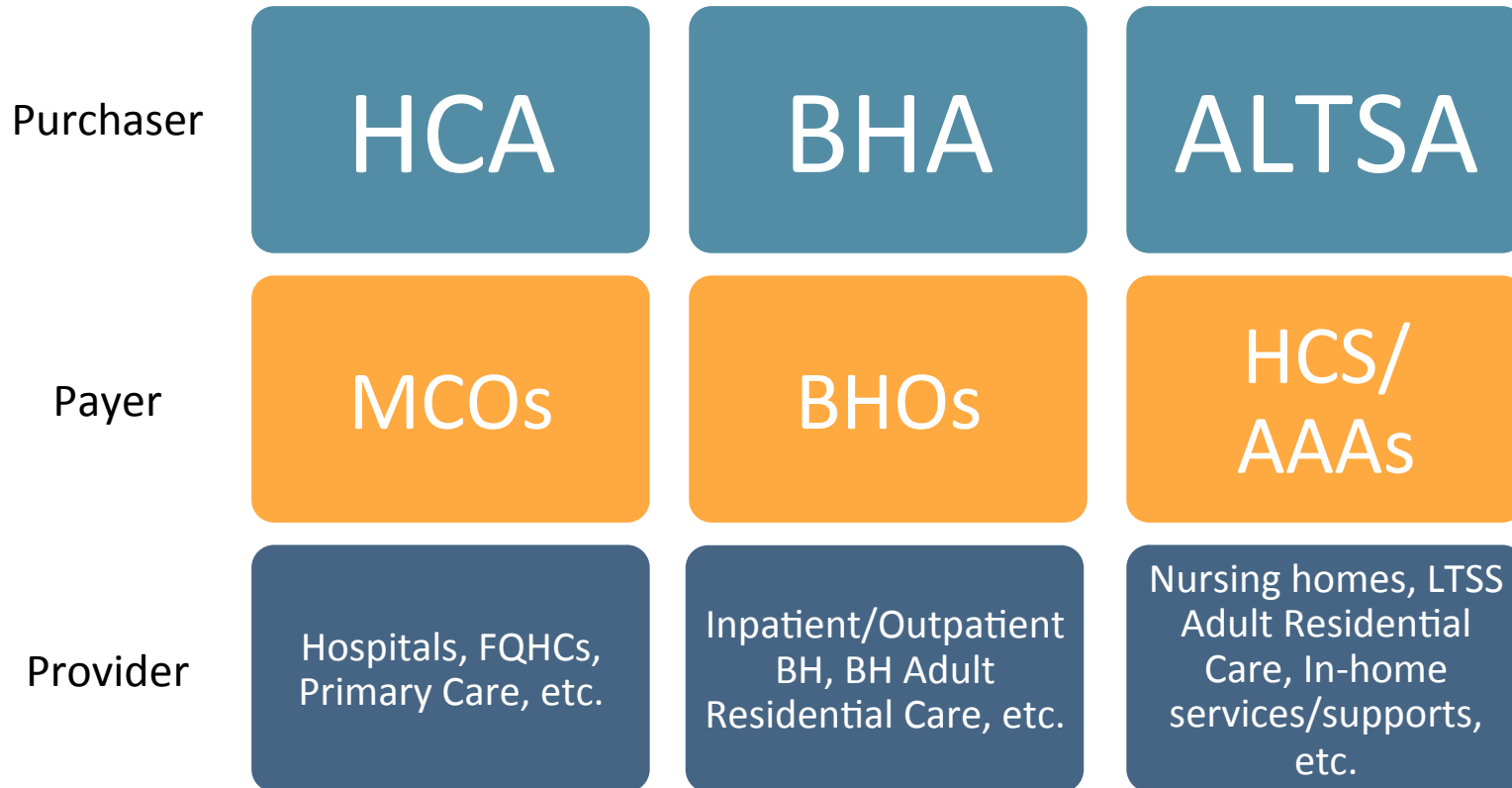


Medicaid Payment System – Health Care Authority

May 10, 2016

Medicaid Funds Flow

Medicaid



Medicaid Funds Flow – FIMC

Medicaid

Purchaser

HCA

ALTSA

Payer

MCOs

HCS/AAAs

Provider

Physical and Behavioral
Health Providers

Nursing homes, LTSS Adult
Residential Care, In-home
services/supports, etc.



HCA – Provider agreements

- Core Provider Agreement (CPA)
 - Billing provider: Required to receive reimbursement for services
- Non-billing provider
 - For referring, ordering, and prescribing only. No reimbursements
- ProviderOne registration
 - National Provider ID (NPI) – if applicable
 - Necessary for submitting encounters/claims
- Contract with MCO(s)



Provider Credentialing - MCOs

- MCOs must credential/re-credential participating providers
 - Based on National Committee for Quality Assurance (NCQA) standards
 - MCOs must establish their own credentialing process
 - Re-credentialing must occur at least every 36 months
- Key considerations
 - Appropriate licensure
 - Provider training/education
 - Record of Medicaid/Medicare sanctions



Payment methods

- Fee-for-service
- Pre-paid (aka capitation)
 - Per member, per month (PMPM)
- Case rate
 - Based on projected size of eligible population

Note: Specific payment models for Initiative 3 benefits have not been established and will not be until Special Terms and Conditions (STCs) are approved.



Anticipated support for providers

- Provider guides
- Training and technical assistance

Be proactive:

- Engage with MCOs.
- Participate in your ACH.



Provider Survey Results

- 45 SH providers surveyed:
 - 15 with DBHR Licensure/BHO Contract
 - 4 with CPA
 - 13 with contract/relationship with MCO
- Partnerships
 - Community Behavioral Health Agencies
 - Hospital Systems
 - Primary Care

For more information, contact:

Website:

www.hca.wa.gov/hw

Join the Healthier Washington
Feedback Network:

healthierwa@hca.wa.gov

For questions about Medicaid
Transformation:

medicaidtransformation@hca.wa.gov



Behavioral Health Services: Federal Authority and Payment Methodologies

Presented by:

Tara J. Smith, Federal Programs Manager

Federal Programs Office, Division of Behavioral Health and Recovery

Tara.Smith@dshs.wa.gov

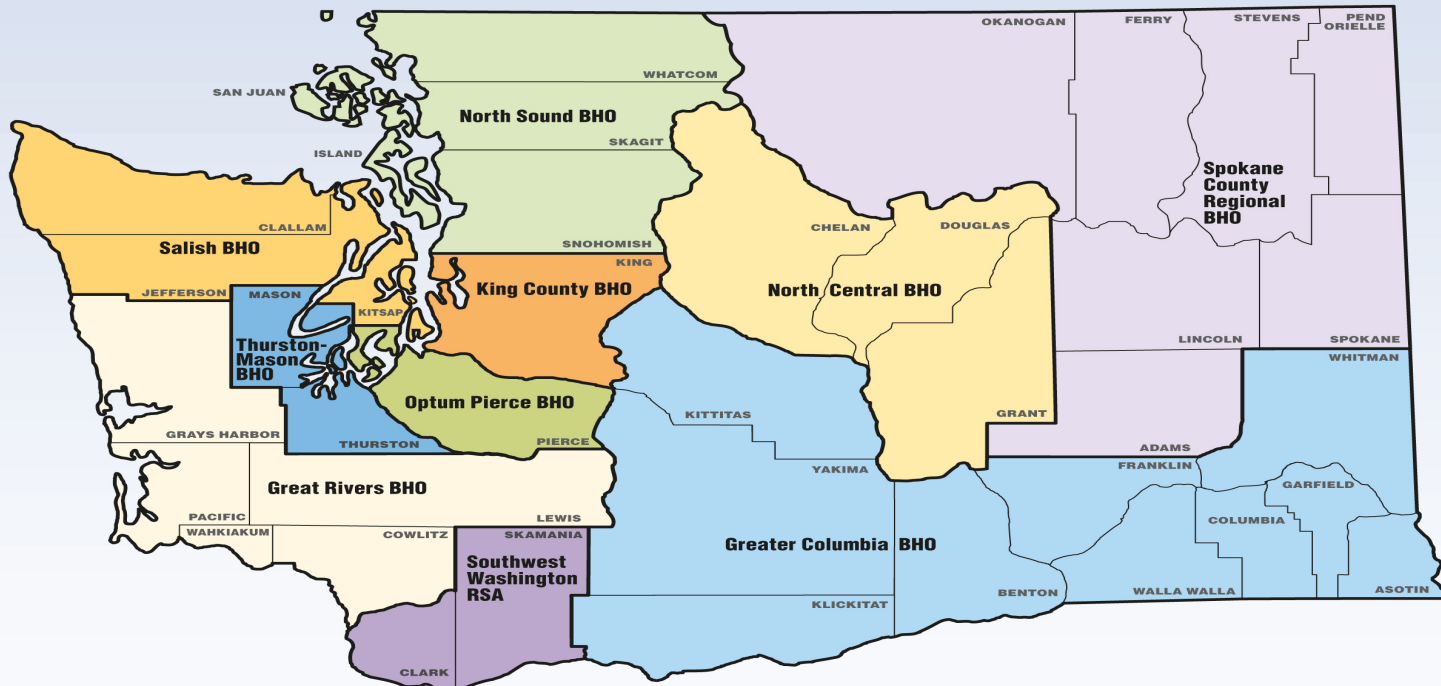


Transforming lives

Legal Authority: Delivery of Medicaid Services for Behavioral Health Treatment

Behavioral Health Organizations (BHOs) and Regional Service Areas (RSAs)

APRIL 2016



Salish BHO
Clallam
Jefferson
Kitsap

Thurston-Mason BHO
Mason
Thurston

North Sound BHO
Island
San Juan
Snohomish
Skagit
Whatcom

Greater Columbia BHO
Asotin
Benton
Columbia
Franklin
Garfield
Kittitas
Klickitat
Walla Walla
Whitman
Yakima

Spokane County Regional BHO
Adams
Ferry
Lincoln
Okanogan
Pend Orielle
Spokane
Stevens

Optum Pierce BHO
Pierce

Great Rivers BHO
Cowlitz
Grays Harbor
Lewis
Pacific
Wahkiakum

Southwest Washington RSA*
Clark
Skamania

North Central BHO
Chelan
Douglas
Grant

King County BHO
King

* Services in Clark and Skamania counties are managed by the Washington Health Care Authority's Apple Health plans. For more information, call 1-800-562-3022.

Federal Law

Center for Medicare and Medicaid Services (CMS)

- Title XIX of the Social Security Act- Grants to States for Medical Assistance Programs
 - Section 1902 Medicaid State Plan, Attachment 3.1-A and B, Rehabilitative Services
 - Health Care Authority (HCA) is the Medicaid Authority for out state, delegates some function to DSHS for administration of Behavioral Health treatment services
- 1915(b) Waiver authority is for delivery of a limited scope of services for Behavioral Health Services through a managed care system.

Rehabilitative State Plan Authority

- All Medicaid services must be approved by CMS through either the State Plan or a waiver as well as being approved by the Washington State Legislature for match funds
- All services delivered under the 1915(b) waiver must be approved State Plan services
- Along with services the State Plan authorizes what provider types can provide the services either by agency or individual licensing/certification

Eligibility and Access to Services

Determination of Medical Necessity

Medical Necessity for all Behavioral Health Services is based on the presence of a DSM 5 related diagnosis. *(The DSM 5 includes both mental health and substance use disorder diagnoses.)*

- Authorization of Mental Health (MH) Treatment Services are based on DSM 5 Diagnosis and meeting Mental Health Access to Care Standards with the primary diagnosis being MH related.
- Authorization of Substance Use Disorder (SUD) Treatment Services are based on the presence of a DSM 5 substance related diagnosis and application of the American Society of Addiction Medicine placement criteria following an Assessment.
- Individuals with co-occurring MH and SUD conditions may receive treatment from two provider types or from a provider that is licensed and staffed for both MH and SUD.

DBHR Agency Licensure Process

Judy Holman

Overview Will Detail

- Most common questions regarding the DBHR licensing process
- Steps for DBHR agency licensure
- What does it all mean
- How to utilize the WAC Tool given
- Policies and Procedures
- Clinical Documents
- Now what?

You Want to Become a State DBHR Licensed Agency

What process is required by the State?

- What is the timeline for the process?
- What are all the layers to the State system that affect the process?
- DOH and HCA, RSN/BHOs/RSA.....huh?
- Is there assistance available during the process?

Acronyms and What They Mean:

BHA	Behavioral Health Administration
DBHR	Division of Behavioral Health and Recovery
DOH	Department of Health
HCA	Health Care Authority
WAC	Washington Administrative Code
RCW	Revised Code of Washington
RSN	Regional Support Network
BHO	Behavioral Health Organization
RSA	Regional Support Area

How to Get Started?



The Licensing and Certification Section – DBHR

Mental Health team
Mental Health Administrators

Substance Disorder team
Certification Specialists

DBHR Agency licensure

DBHR Agency License

- “house” license for the whole agency
- does not replace individual licenses for providers/clinicians

Agency Affiliate Registration

- is the minimum for provider to connect with agency

Laws - where to find?

RCW: <http://apps.leg.wa.gov/rcw/>

WAC:

Chapter 388-877 (Behavioral Health Services Administrative Requirements) :

<http://apps.leg.wa.gov/wac/default.aspx?cite=388>

388-877A (Outpatient Mental Health):

<http://apps.leg.wa.gov/wac/default.aspx?cite=388-877A>

388-877B Substance Use Disorders (SUD):

<http://apps.leg.wa.gov/wac/default.aspx?cite=388-877B>

388-877C Problem Gambling (PG):

<http://apps.leg.wa.gov/wac/default.aspx?cite=388-877C>

388-865 Community Mental Health and Involuntary Treatment Programs:

<http://apps.leg.wa.gov/wac/default.aspx?cite=388-865>

Where do I Get the DBHR Agency License Application?

All applications are found on the DSHS website

<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/licensing-and-certification-behavioral-health-agencies>

Once you have filled out the DBHR agency application, you will submit it to the Provider Request Manager via snail mail or via

DBHRProviderRequests@dshs.wa.gov

Your Request will be assigned to one of the DBHR Licensing and Certification team members who will contact you via email to provide the next steps in the process.

Guidance

We are here to assist you through the entire process!

After being received and assigned...

Your team member will: Review your Policies and Procedures - WAC Tool and assistance available.

Tips and Tricks: Policies & Procedures

“Ensures”

WAC 388-877-0500

Personnel—Agency policies and procedures.

Each agency licensed by the department to provide any behavioral health service must develop, implement, and maintain personnel policies and procedures. The policies and procedures must meet the minimum requirements of this chapter and include the following, as applicable

(1) **Hiring practices.** Identification of how the agency:

(a) **Ensures** all persons providing or supervising clinical services have an active registration, certification, or license granted by the department of health consistent with the services provided;

Tips and Tricks: Policies & Procedures

“Description”

WAC 388-877-0500

Personnel—Agency policies and procedures.

Each agency licensed by the department to provide any behavioral health service must develop, implement, and maintain personnel policies and procedures. The policies and procedures must meet the minimum requirements of this chapter and include the following, as applicable

(3) **Excluded provider list.** **A description of how** the agency conducts a review of the list of excluded individuals/entities (LEIE) searchable database (found on the Office of Inspector General, U.S. Department of Health and Human Services website at <http://oig.hhs.gov>) for each employee in contact with individuals receiving services, to include a procedure on how the agency

Personnel, Facility and Fees

- DBHR - request to review your clinical documents
- **Personnel Checklist** and a **Facility Checklist**.
- **Facility Walk-Through** and **Personnel Review**
- Send in **License fee-details**
- Notify the Provider Request Manager

Got questions? Contact your DBHR L&C team member.

Facility Review

Client Rights

388-877-0600 & 388-877-0680

- Posting and Handouts of WAC Rights to include Medicaid Rights
 - Rights for the visually impaired

Group Room Size



Evacuation Posters



Poisonous Chemicals

ADA

Requirements



Medication Storage

- Inventory every 3 months of all medications
- Food and beverages kept separate from medications
 - Disposal of outdated medications



Approval/Confirmation/Licensure

Next Steps:

DBHR Agency License Application → Receive DBHR Agency License

Close the circle by giving DOH notice

This step is very important: connects agency to WA database of licensed Behavioral Health Agencies.

Once completed: clinical staff can apply for their Agency Affiliate Registration

Your Agency is Licensed, Now What?

One year Provisional Status - Schedule your first full on-site DBHR

DBHR L&C team member will discuss with you the process of your first review.

If you have questions at any point after your official license date, PLEASE contact your DBHR L&C team member.

Department of Health -

<http://www.doh.wa.gov/LicensesPermitsandCertificates>

DOH provides clinicians individual licenses (e.g., LICSW, LMHC, LMFT, MD, ARNP, etc.) based on academic degree.

At a minimum:

Counselor Agency Affiliate Registration,

DOH is also there to support your process - Call Credentialing Services at 360-236-4700 for information.

Info Regarding CAAR Through DOH

DOH will **NOT** give the agency information regarding details of an individual's status

Keep a record: when was CAAR application was submitted?

Check status through ***DOH Provider Search***:

<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>

Health Care Authority -

<http://www.hca.wa.gov/Pages/index.aspx>

HCA can provide assistance

IMPORTANT - Keep in mind that your DBHR Agency License is not about your funding source(s), meaning WAC licensing requirements covers the whole agency and everyone served, NO matter the funding source.

RSN/BHOs/RSA

Regional Support Network – former
Behavioral Health Organizations – April 1, 2016

Some DBHR Licensed Agencies have service contracts with their BHOs. Want more information? Contact your local BHO or DBHR L&C team member who will provide you with your BHO contact person.

- Does it mean that you get a BHO contract because you have a DBHR license? **No.**
- Must you have a DBHR license as part of the qualifiers for an BHO contract? **Yes.**
- Does the change from RSN to BHO affect DBHR agency license? **No**

Your BHO contact person will also have support info for you to guide your process.

* **Southwest WA** is a RSA – Regional Service Area, not a BHO (your DBHR L&C Team member will give you more information).

Thank you and we look
forward to collaborating
with you!

AL TSA : Aging and Long Term Support Administration

Transforming
Lives

Vision

Seniors and people with disabilities living in good health, independence, dignity, and control over decisions that affect their lives

Mission

To **Transform Lives** by promoting choice, independence and safety through innovative services

Serving approximately **74,000** individuals per year

- Average monthly caseload 64,000
 - 36% individuals with disabilities
 - 64% seniors



Transforming lives

Supportive Housing (SH) for ALTSA Populations

- Why supportive housing for ALTSA clients?
- How we envision the referral flow
- Eligibility
- Contracting and certification
- Connections and communication

Permanent Supportive Housing



Washington State
Department of Social
& Health Services

AL TSA Aging and Long-Term
Support Administration



<http://www.csh.org/2015/08/supportive-housing-for-individuals-with-long-term-care-needs-guest-blog-training-video-from-liz-prince/>

ALTSA Eligibility

A client who:

- Is age 18 or older & blind or has a disability; or
- Is age 65 or older; and
- Is financially eligible; and
- Is functionally eligible - Nursing Facility Level of Care (NFLOC)

Understanding Functional Eligibility

Activities of Daily Living (ADLs)

Routine activities that people tend to do everyday, including such things as:

- Eating
- Toileting
- Bathing
- Transfer
- Bed mobility
- Locomotion
- Medication management

Nursing Facility Level of Care (NFLOC)

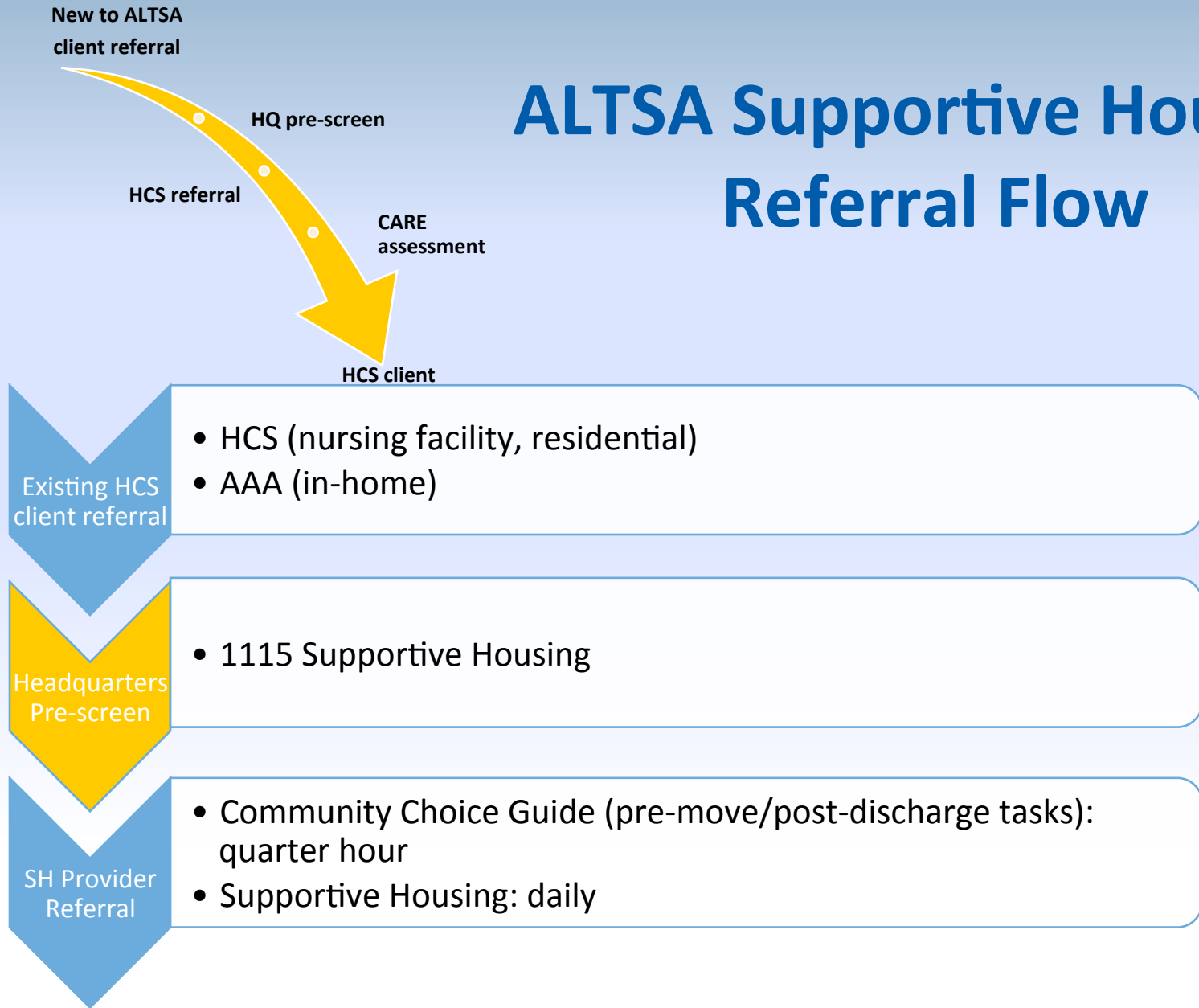
The determination that an individual meets functional eligibility for institutional care. In Washington State that means the individual:

- Requires daily care provided or supervised by an RN or LPN; OR
- Has a need for assistance with 3 or more ADLs; OR
- Client has a cognitive impairment AND a need for hands on assistance with 1 or more ADLs; OR
- Needs 'hands-on' assistance with 2 or more ADLs.

Comprehensive Assessment Reporting Evaluation (CARE)

- Single assessment tool used across aged and disabled populations. The assessment performs the following functions:
 - Functional eligibility determination for state plan and waiver services
 - Medical
 - Psych/social
 - ADLs/IADLs
 - Identification of service plan needs
- Service Episode Record (SER): case notes
- Client Details (demographics and case management tools)
- Included are other assessments such as the Mini-mental Status Exam, Iowa Depression Scale, Cognitive Performance Scale, Zarit Burden Scale, an alcohol/substance abuse screening tool and the Supports Intensity Scale.

AL TSA Supportive Housing Referral Flow



What You'll Need to be an ALTSA Provider

- **Client Service Contract**
 - Community Choice Guide (CCG) and Supportive Housing provider qualifications
- **Medicaid Provider Application Form**
 - Certification of commitment to SH quality standards
- **Documentation of:**
 - Experience to provide services per contract
 - Business License
 - Administrative and accounting procedures
 - Criminal history background check
 - Insurance requirements
 - Sufficient staffing, no history of significant deficiencies, etc.

Contracting with ALTSA: Information for Potential Medicaid Contractors

- All applicants must meet the minimum qualifications to provide services. A Medicaid contract does not guarantee referrals.
- Eligible clients may choose to receive services from any qualified provider of a particular service. Providers do not determine eligibility for services. All services are authorized by DSHS Home and Community Services and Area Agency on Aging staff based on a standardized CARE assessment. Providers must have adequate cash flow to provide services in advance of reimbursement.
- Service authorizations and payment for claims are completed through the Health Care Authority's ProviderOne payment system. Applicants who receive a Medicaid contract will be mailed a ProviderOne Enrollment Packet from the Health Care Authority. Additional training and resources for ProviderOne can be found at training. DSHS determines Home and Community Services Medicaid rates.

<https://www.dshs.wa.gov/altsa/home-and-community-services/information-potential-medicaid-contractors>

CCG Provider Qualifications

Contract Language

- Bachelor's degree in social work or psychology with two years experience in the coordination or provision of independent living services (ILS); or two years experience in the coordination of ILS in a social service setting under qualified supervision; or, four years personal experience with a disability.
- If the services to be provided require licensure or certification, the Contractor shall have the applicable license or certification, which shall be current and in good standing. Provider requirements must be clearly defined in the individualized Plan of Care.
- For services that do not require professional licensing, qualifications will be defined in the Client's Plan of Care. The Plan of Care may identify additional qualifications that the Contractor must meet to provide the service. For example, requirements may include:
 - The knowledge of sign language
 - Completion of training specific to the participant
 - Personal experience may qualify a provider to address disability related issues

Supportive Housing Provider Qualifications

Contract Language

In order to receive a contract to serve AL TSA clients, AL TSA must consider an applicant's ability to perform successfully under the terms and conditions of the contract. This includes contractor integrity, compliance with public policy, record of past performance, and financial and technical resources. Providers must meet the following minimum qualifications:

- At least one year of demonstrated experience and ability to provide services per the specifications in the contract unless more experience is required in the specific provider qualifications listed below.
- Certification of commitment to Supportive Housing quality standards to ensure delivery of quality services and common program practices across provider agencies (included in the Application Form).

Supportive Housing Provider Certification

Contract language

- I/We certify the following:
- Agency policies and procedures reflect our provider commitment to:
 - Permanent Supportive Housing and Housing First principles,
 - HUD’s health and safety standards for affordable housing,
 - State and federal privacy and security regulations,
 - Harm reduction principles, and
 - The provision of services to people with complex long term care needs.

Evidence-based Practices Kit: Permanent Supportive Housing

- <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

Additional Program Components ... in the works

Supportive Personal Care

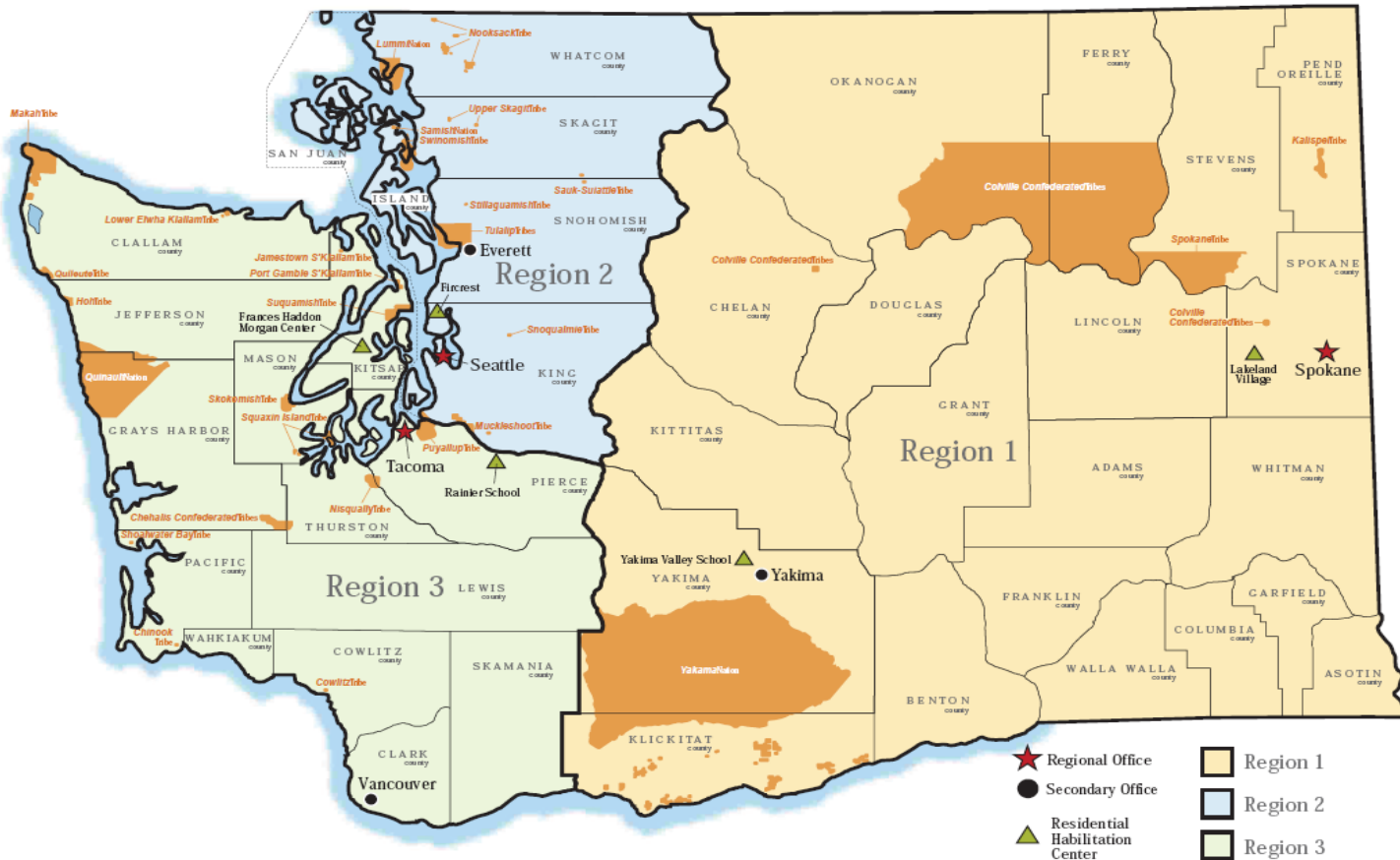
- If client chooses, add ability of Supportive Housing provider to coordinate personal care benefit through Home Care agencies for maximum client flexibility and caseload coverage

Bridge Subsidies

- Availability of temporary rent subsidies to bridge the gap from quick placement to permanent affordability

AL TSA Service Regions

2011 DSHS Regional Map



AL TSA Housing Contacts

Region 1: **Dan Ruddell**

ruddedg@dshs.wa.gov

509-568-3823

Region 2: **Vicky Young**

YoungVL2@dshs.wa.gov

360-429-2939

Region 3: **Kris Smock**

SmockK@dshs.wa.gov

360-725-2532

AL TSA HQ: **Liz Prince**

prince@dshs.wa.gov

360-725-2561

Let's make it work!

- **We want:**
 - To partner with providers to create a flexible, responsive, low barrier service to meet the needs of clients with complex needs
- **We will provide:**
 - Single point of contact for pre-screenings
 - Help connecting with and navigating ALTSA assessment and case management processes
 - Case consultation to help ensure good resource usage and outcomes

Medicaid State Plan Benefits for Behavioral Health

Substance Use Disorder Services

Brief Intervention Treatment

Withdrawal Management (Detoxification)

Assessment

Outpatient Treatment- Including Opiate Substitution Treatment (OST)

Intensive Outpatient Treatment

Inpatient Residential Treatment

Case Management (with limitations)

Drug Screens/Urinalysis for Pregnant Women and OST only

Medicaid State Plan Benefits for Behavioral Health

Mental Health Services	
Brief Intervention Treatment	Intake Evaluation
Crisis Services	Medication Management
Day Support	Medication Monitoring
Family Treatment	Mental Health Services (Residential)
Freestanding Evaluation and Treatment	Peer Support
Group Treatment Services	Psychological Assessment
High Intensity Treatment	Rehabilitation Case Management
Individual Treatment Services	Special Population Evaluation
Stabilization Services	Therapeutic Psychoeducation

Payment, Data Reporting and Rate Setting

Past Fee-for Service SUD vs. Managed Care

Fee for Service (FFS)	Managed Care/BHO
<ul style="list-style-type: none">▪ Providers hold Core Provider Agreement with HCA and agree to accept Medicaid rates as payment in full- payments made according to established fee schedule	<ul style="list-style-type: none">▪ Managed Care entity accepts PM/ PM premium as payment for all covered services
<ul style="list-style-type: none">▪ Enrollees choose providers from pool of providers willing to accept Medicaid beneficiaries	<ul style="list-style-type: none">▪ Managed Care entity contracts with providers to provide services in benefit package and establishes payment methods and rates directly to the provider
<ul style="list-style-type: none">▪ Providers can limit the number of Medicaid enrollees they accept	<ul style="list-style-type: none">▪ Must have adequate network to provide timely access to medically necessary services

Reporting Requirements and Rate Development

- Services provided under a BHO contract will be reported by the Provider to the BHO directly using the BHOs designated reporting system
- BHOs will report Service Encounters using Service Encounter Reporting Instructions (SERI) for all eligible Medicaid and Non-Medicaid services that have an CPT Code
- BHOs will report expenditures for the services encountered
- Both the encounters reported and the expenditures for each BHO is used by an actuarial firm that is contracted by the state to develop rates for the PM/PM payments

Rate Development



Step One


- DSHS has engaged Mercer Human Services to develop rates for Behavioral Health Organizations
- Mercer set mental health rates for RSNs that was the basis for the mental health portion of a Behavioral Health Rate
- Data and payment history are the starting points for the task of prediction that leads to a future rate



Step Two

Adjustments may be made by Mercer to historical costs for verifiable and quantifiable factors such as:

- Demographic & population changes
- Variations in utilization
- Inflation
- Cost changes
- Penetration & prevalence
- Experience in other states
- Benefit changes



Step Three

Combined CD & MH rates into a BHO Rate
Preliminary BHO rates are presented to:

- The governor and legislature and their staff
 - Office of Financial Management
 - Potential BHOs
 - Stakeholder workgroups
- Rates are finalized as the basis for the budget
Rates are submitted with resulting contracts to CMS for approval

RESOURCES



- Behavioral Health Organization Information:
<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery>
- Please submit BHO related questions to the BHO Mailbox
BHOtransition@dshs.wa.gov
- Washington State Medicaid State Plan
http://www.hca.wa.gov/medicaid/medicaidsp/Documents/SP_Att_3_Services_General_Provisions.pdf
- Washington State Integrated Community Behavioral Health Program Waiver Amendment
<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Stakeholder%20Notices/1915b%20Waiver.pdf>