



# Summary of the CD Integration Workgroup

Adult Behavioral Health Task Force  
October 10, 2014

Presented by

Mindy Greenwood, Community Allied Behavioral Health

Brad Finegood, MA LMHC, King County Mental Health and Substance Abuse Division

# Summary Of Activities

## Four Meetings

Cross sector and geographic representation:

- Providers, Counties, Plans, State Agencies
- Substance Abuse and Mental Health
- Rural, Urban, Eastern and Western Washington
- Coordination with the other workgroups

# A Comprehensive CD Benefit:

The foundation of an integrated system

Benefit package should be equitable for MH and CD including clients with co-occurring disorders.

- There are multiple benefits offered in the Mental Health State Medicaid plan that are not offered in the CD plan.
  - Ex: Peer Support, Medication Management, Medication Monitoring, etc.

# A Comprehensive CD Benefit:

## The foundation of an integrated system

Each BHO should provide rapid access to the following billable services along a continuum of care for clients who are chemically dependent:

- Outreach/ engagement
- Pre-treatment/ interim services
- Integrated crisis response services
- Case management/care transitions (care coordinators/ navigators)
- Peer services
- Recovery supports
- Withdrawal management
- Outpatient treatment
- Intensive outpatient treatment (IOP)
- Residential treatment

Medication Assisted Treatment must be available

# A Comprehensive CD Benefit

The foundation of an integrated system

***Recommendation 1:*** Have the state agencies align the Medicaid State plan in both CD and mental health to submit a benefit package to CMS that has parity.

***Recommendation 2:*** Maintain Grant in Aid to cover current non-Medicaid activities, i.e. sobering, outreach, childcare, Detox in IMD facilities and services to new immigrants, undocumented individuals and other not on Medicaid.

# Recommendations Continued

- 1) Laws and Regulations
- 2) Integrated Data Collection System
- 3) Actuarial Sound Rates

# I) Laws and Regulations

There are a number of existing laws and regulations for the CD and mental health system that must be addressed.

- Ex. Different standard for number of people allowed in a group per clinician.

## ***Recommendation:***

*State agencies develop a crosswalk that can be vetted with a stakeholder group with proposed WAC and RCW changes.*

# I) Laws and Regulations

## HIPAA and 42 CFR part 2

### ***Recommendation:***

*State agencies, counties and providers work with the Washington State Attorney General's Office on interpretation of confidentiality guidelines that allows for bi-directional care coordination.*

## 2) DATA Collection System

Create an integrated data system that takes strengths of existing MH and CD system to allow for maximum utilization.

- Monitor outcomes
- Monitor utilization
- Report generator
- Coordinate care for clients

### ***Recommendation:***

*State agencies create or purchase a data system that allows the system needs to be met.*

### 3) Actuarial Sound Rates

Must ensure full range of services are available and funded.

- An underfunded or a system with a lack of benefits puts the public and BHOs at risk.

#### ***Recommendation 1:***

*State agencies continue to be open with feedback to the actuarial study*

#### ***Recommendation 2:***

*Provide an analysis of the impact of the proposed DSHS budget cuts on behavioral health integration*

*Thank You*