

Overview of Medical and Behavioral Health Purchasing

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Adult Behavioral Health Services Task Force-April 22, 2014







Administrative Responsibility Shared

Washington's "Single State Medicaid Agency"

Health Care Authority

Cooperative Agreement Department of Social and Health Services

- Medical coverage
- Mental health (non access to care standards)

- Mental health (access to care standards)
- Chemical dependency
- Long-term services and supports

ADDITIONAL PARTNERS

State Government Agencies

- Department of Health
- Department of Corrections
- Labor and Industries
- Office of the Insurance Commissioner
- Office of Financial Management

Public-Private Partners

- Local Governments
- Tribes
- Providers
- Payers
- Community Organizations
- Health Benefits Exchange





Separate Purchasing Responsibilities

Mental Health Services for People who meet Access to Care Standards (ACS)

DSHS administers benefits:

- County-based Regional Support Network (RSN) contracts for mental health services
- State hospitals provide intensive psychiatric inpatient treatment

Medical Services & Mental Health Services for People who do NOT meet ACS

HCA administers medical benefits (including prescription drug coverage) & mental health benefits for Medicaid enrollees who do not meet ACS

- **Contracts with Healthy Options** plans for medical & non-ACS mental health managed care services
- Direct contracts with providers for fee-for-service (FFS) enrollees

HCA administers dental benefits via direct contracts with providers.

Providers

Chemical Dependency Services

DSHS administers chemical dependency benefits:

- Contracts with counties and tribes for outpatient services, including opiate substitution treatment
- Direct contracts with residential treatment agencies for residential services

Providers

Providers

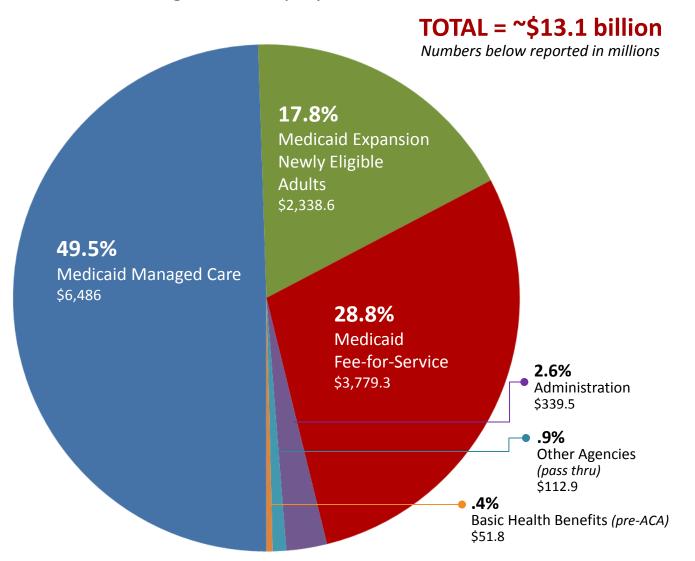


Overview of HCA Purchasing

MaryAnne Lindeblad, Medicaid Director Health Care Authority



HCA 2013-15 Biennium Budget Excluding Public Employee Benefits





Medical/Mental Health (non-ACS) Funding Sources



Medicaid *Title XIX Federal*



Children's Health
Insurance Program
(CHIP) Title XXI Federal

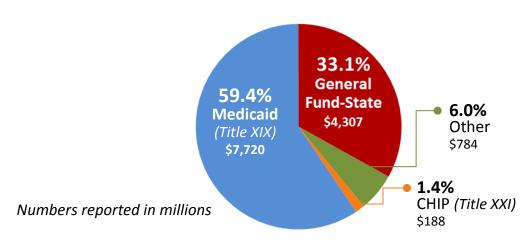


State Funds (Match & State Only)



Other

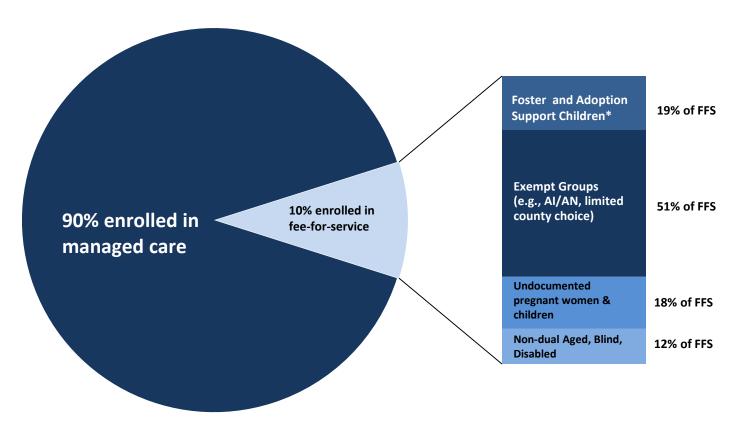
Used to fund medical, dental, and mental health services for eligible individuals





How are Medical and non-ACS Mental Health Services Administered?

Approx. 1.3 million individuals receive their <u>full</u> health benefits coverage from Medicaid/CHIP (excludes duals, partial duals, family planning-only and alien emergency medical.)



^{*} Currently planned to move to managed care in 2015.

Source: HCA Quarterly Enrollment Reports



How are Medical and non-ACS Mental Health Services Administered? (continued)

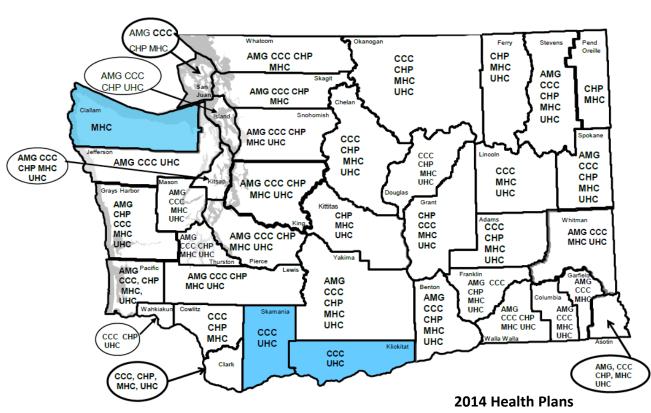
2014 – 5 managed care organizations (MCOs)

- Amerigroup (19%*)
- Community Health Plan of Washington (27%)
- Coordinated Care (14%)
- Molina Healthcare (39%)
- UnitedHealth (12%)
- MCOs receive a per-member-per-month capitation payment for each "Healthy Options" enrollee.
- MCOs are at risk to provide all medically necessary medical services.
- MCOs are also at risk for mental health services for enrollees who do not meet
 Access to Care Standards. Individuals who do meet ACS standards are transferred
 to a Regional Support Network for further mental health services.
- Tribal providers receive federally established encounter rate federal Government pays differential between MCO-contracted rate and encounter rate (\$330)

^{*} Percent of April 2014 Medicaid enrollees covered by a managed care plan



2014 Managed Care Service Areas



County enrollment in managed care is voluntary.

- Amerigroup (AMG)
- Community Health Plan of Washington (CHP)
- Coordinated Care (CCC)
- Molina Healthcare (MHC)
- UnitedHealth (UHC)



MCOs Provide an Array of Medical/Mental Health Services

MEDICAL SERVICES*

- Ambulatory services
- Emergency services
- Hospital-based services
- Professional office visits
- Maternity and newborn care
- Prescription drugs/medication management (including mental health drugs for Medicaid enrollees who meet ACS)
- Rehabilitative and habilitative services and devices
- Laboratory and imaging services
- Preventive and wellness services
- Early Periodic Screening, Diagnosis & Treatment (EPSDT) for individuals up to age 20
- Pediatric services, including medical, mental health, oral and vision care
- Case management, care coordination and chronic disease management
- Translation and interpreter services
 - * Other support services (e.g., transportation) are administered by the HCA outside the MCO contracts



MCOs Provide an Array of Medical/Mental Health Services (continued)

MENTAL HEALTH (for individuals who do not meet access to care standards)

- Mental health services in parity with other medical/surgical benefits
 - Mental health services from psychologists, licensed mental health counselors, independent clinical social workers, advanced social workers, marriage and family therapists
 - Psychiatric services by psychiatrists & psychiatric advanced registered nurse practitioners
 - Psychological testing
 - For example: psychiatric evaluation, office visits, individual/family counseling, group therapy, medication management, case management, home services
- Mental health-related services
 - Applied behavior analysis services
 - Alcohol or substance misuse counseling SBIRT services (screening, brief intervention and referral to treatment)
 - Tobacco cessation counseling

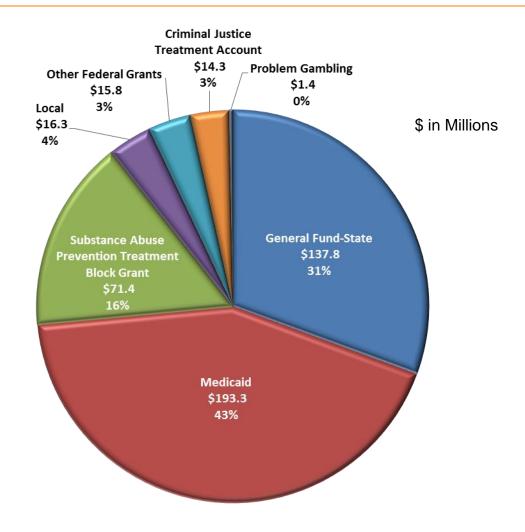


Overview of Behavioral Health Purchasing

Jane Beyer, Assistant Secretary

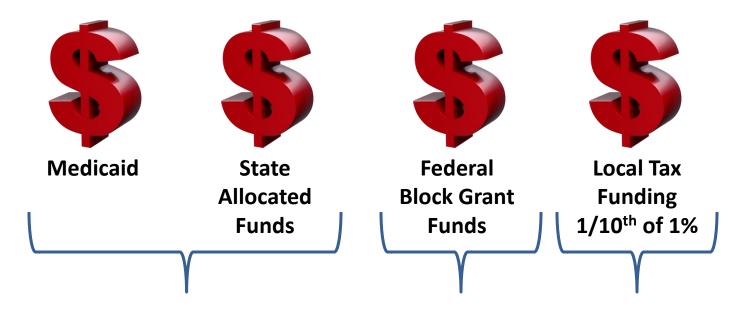
Behavioral Health and Service Integration Administration Department of Social and Health Services

Chemical Dependency 2013-2015 Biennium Total Revenue \$450.4 Million





Chemical Dependency Funding Sources



Used to fund

outpatient/crisis/residential

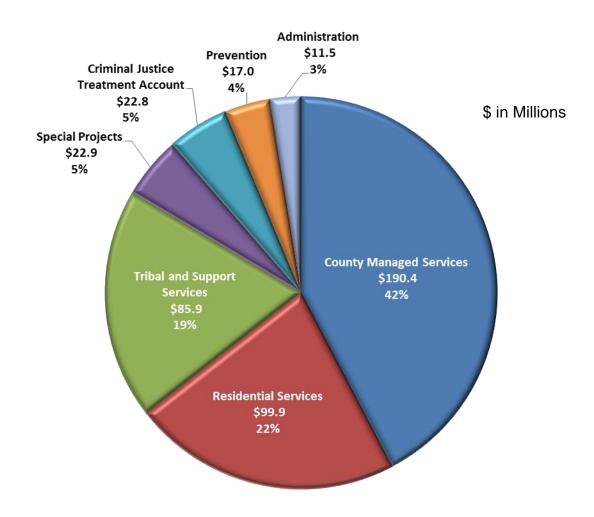
services



Funds non-Medicaid services and outpatient/residential

Counties choose how to spend funds

Chemical Dependency 2013-2015 Biennium Budget







Chemical Dependency Eligibility for Services

Medicaid Funded

- Current Washington Medicaid eligibility.
- Services can be accessed with a valid categorically needy eligibility in Provider One.

State Funded

Determinations are based on income on a sliding-fee scale.

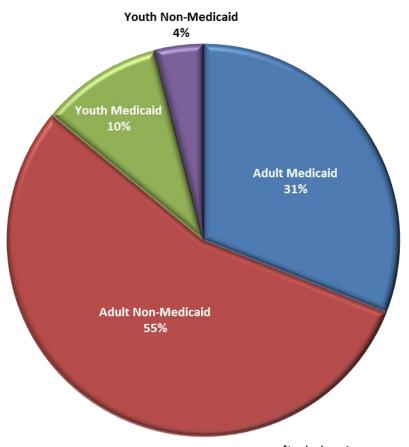
Federal Block Grant

- Serves individuals in outpatient or residential settings.
- Non-Medicaid billable services.

Note: All individuals must be diagnosed with a substance use disorder

Receipt of Chemical Dependency Services* Fiscal Year 2013 – State and Federal

Unduplicated Caseload = 63,293





*Includes Assessments, Detox, and Treatment



How Are Chemical Dependency Treatment Services Administered?

- Services are provided on a fee-for-service basis with rates for bed days, hours of outpatient, or specific rates for assessments.
- Residential services and support services for housing support are contracted by the state directly with providers.
- Outpatient and most detoxification services are contracted through counties and subcontracted out to providers.
- Access to Recovery (ATR) and other recovery support services are contracted through counties.



Types of Chemical Dependency Services

• Prevention:

- Community, school-based, and tribal programs.
- Statewide programs implemented primarily through interagency agreements and partnerships.

Intervention:

- Alcohol detoxification and referral services for youth and adults.
- 24-hour helpline.
- Drug, family therapeutic and DUI courts.

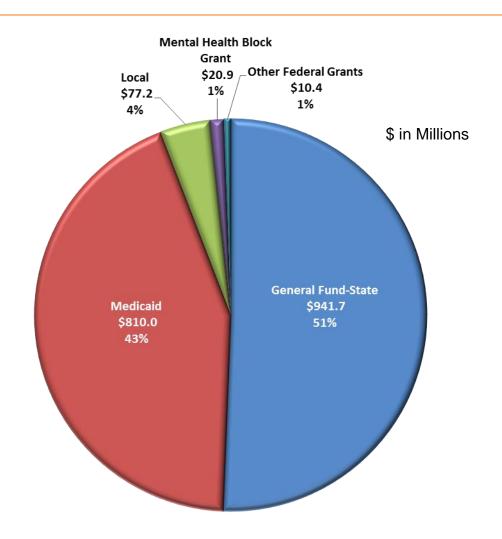


Types of Chemical Dependency Services

Treatment:

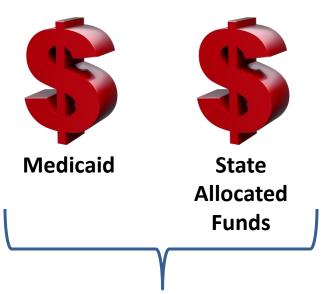
- Residential Chemical Dependency Treatment
- County Based Outpatient Treatment
- Detoxification
- Support Services (i.e. Housing Support Services for Pregnant and Parenting Women)
- Housing Assistance (Oxford Housing)
- Recovery Support Services (Access to Recovery)
- Problem Gambling

Mental Health 2013-2015 Biennium Total Revenue \$1.86 Billion





Mental Health Funding Sources





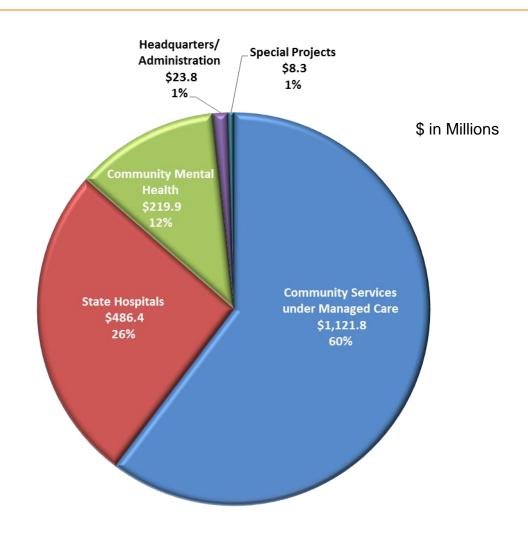


Used to fund outpatient/inpatient/crisis/ residential services

Services for non-Medicaid individuals or non-Medicaidbillable services Counties choose how to spend funds



Mental Health 2013-2015 Biennium Mental Budget







Mental Health Eligibility for Services

Medicaid Funded

- Current Washington Medicaid eligibility.
- Medical necessity, i.e., meet the Washington Access to Care Standards.

State Funded

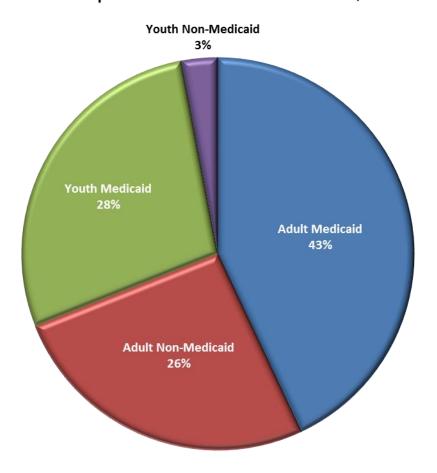
 Each RSN determines eligibility for state-funded services. Priorities are crisis, stabilization, and residential services.

Federal Block Grant

- Serve individuals not on Medicaid.
- Non-Medicaid billable services.

Receipt of Mental Health OP/Crisis Services Fiscal Year 2013 – State and Federal

Unduplicated Caseload = 144,417







How Are Community Mental Health Services Administered?

- 11 Regional Support Networks (RSN).
- Medicaid operated under a 1915b Federal Waiver as Prepaid Inpatient Health Plans.
- RSNs receive a per-member-per-month capitation payment for all Medicaid enrollees.
- RSNs are at risk to provide all medically necessary mental health services to Medicaid clients who meet Access to Care Standards.



- RSNs provide mental health crisis and involuntary treatment services to all state residents
- State-only funded program operates under a separate contract and RSNs provide limited non-Medicaid services within their available state-only resources.
- Services are primarily provided through subcontracts with licensed community mental health agencies (approximately 170 provider agencies).





RSNs Provide the Following Medicaid Mental Health Services Statewide

- Brief Intervention
- Crisis Services
- Day Support
- Family and Individual Treatment
- Evaluation and Treatment (inpatient)
- Group Treatment
- High Intensity Treatment
- Intake Evaluation
- Medication Management
- Mental Health Services in Residential Setting
- Peer Support
- Psychological Assessment



RSNs Provide the Following Additional Services within Available Resources

RSNs are provided with General State Funds to provide the following for anyone in the boundaries of the counties in the region:

- Involuntary Commitment Services
- Crisis Services
- Involuntary Commitment Services
- Freestanding Evaluation and Treatment

RSNs additionally use Federal Block Grant, local tax dollars and donations, plus any state funds not used for the above to provide:

- Residential Supports including Supported Housing
- Employment Services
- Community Education and Consultation



For More Information:

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Adult Behavioral Health Services Task Force-April 22, 2014





Appendix

Medicaid clients receive behavioral health services through a complex set of delivery systems

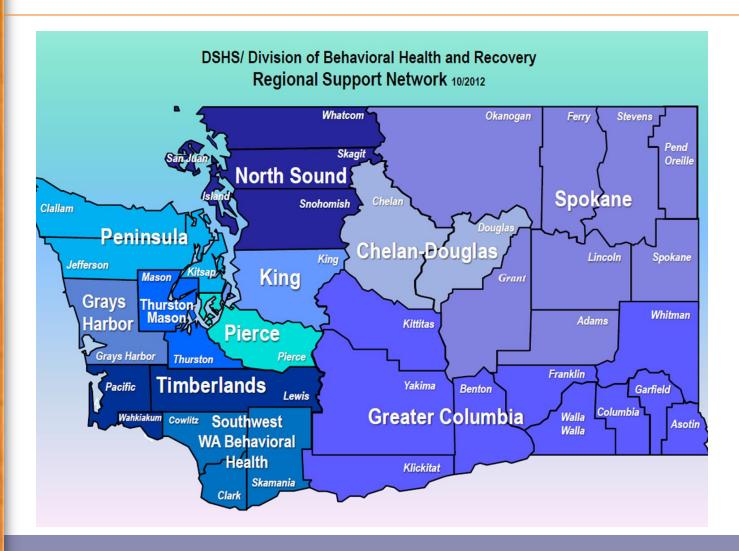
Adult Medicaid enrollees age 21-64 • SFY 2012

Including dual eligibles, excluding persons with third-party coverage

DBHR- MH OP/IP	DBHR-CD OP/IP	HCA MH Outpatient	HCA MH Pharmacy	Disabled Adults	
			✓	41%	
✓			✓	24%	
✓				14%	
✓		✓	✓	6%	
✓	✓		✓	4%	
		✓	✓	3%	
		All other c	ombinations	8%	
DBHR- MH OP/IP	DBHR-CD OP/IP	HCA MH Outpatient	HCA MH Pharmacy	Non-Disabled Adults	
			✓	4	16%
				-	
	✓		,	14%	
✓	✓		√		
✓	✓			14%	
·	✓ ✓			14% 11%	
·		√	√	14% 11% 9%	



Regional Support Networks







Mental Health Professional 1) Disorder Diagnosis What are Access to Care Standards? 2) Global Assessment of Functioning (GAF) = 60 or below 1) Is the Diagnosis² Covered? Schizophrenia (all types) Major Depressive Disorder (single 1) Individual Treatment Plan episode or recurrent) Level of Care Assessment Yes Bipolar Disorder (does not include (different tools at different RSNs) 2) Paired with providers in bipolar mood disorder for adults) the network **PTSD Acute Stress Disorder** Yes No **Functional Assessment** Other MH Diagnosis? May be (slightly different for children) (Examples) referred to Must have one due to a mental illness: Depressive Disorder other Bipolar Mood Disorder Recent high risk behavior community Panic Disorder • 2 or more hospital admissions on a MH diagnosis Adjustment Disorder services, Recent psychiatric hospitalization or residential Specific/Social Phobia No social Yes treatment **Anxiety Disorder** services, or · Recent public mental health outpatient Personality disorders primary care treatment (does not include crisis intervention) ADHD or other and be at risk of deterioration if services are not Cognitive Disorders medical provided Eating Disorder providers. AND GAF Score = 60 or below Dissociative Disorder

Source: Excerpted from Senate Ways and means Staff Presentation January 23, 2014

²For Children, Bipolar Mood Disorder and all levels of Depressive Disorder are a covered diagnosis.

