



# Medicaid Physical- Behavioral Health Integration in Washington State

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# Overview

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- ▶ Goal and design of Integrated Managed Care program
- ▶ Role of Managed Care Organizations (MCOs) across the state
- ▶ Role of the Behavioral Health – Administrative Service Organizations (BH-ASOs)
- ▶ Initial outcomes

# 2014: Initial Legislative Direction

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Substitute Senate Bill (SSB) 6312 passed in 2014

- Changed how the State purchases mental health and substance use disorder services in the Medicaid program
- Directed the State to fully integrate the financing and delivery of physical health, mental health and substance use disorder services in the Medicaid program via managed care by 2020
- Directed the State to integrate mental health and substance use disorder services through Behavioral Health Organizations (BHOS) as an interim step to 2020
- Created a pathway for regions to fully integrate early, starting in April 2016

# Why Integrate?

## Current Silos

- ▶ No single entity with accountability, nor with the data and information necessary to manage the whole person
- ▶ Consumers with co-occurring disorders navigating disparate systems with no single point of contact
- ▶ Care coordination is duplicated
- ▶ Access to Care standards set an arbitrary barrier to higher-level services
- ▶ Bi-furcated funding streams make it challenging for providers to move to integrated care models.

## Integrated System

- ▶ One managed care plan is accountable for keeping people healthy, both mind and body
- ▶ Individuals have 1 point of contact for questions and information
- ▶ Individuals have 1 Care Coordinator
- ▶ Access to care standards eliminated – care is based on level of care guidelines
- ▶ Over time, providers and MCOs can work together to establish new payment methodologies and integrated care models

# Apple Health managed care

Service area map - January 2021

## Integrated managed care regions

	Greater Columbia		Thurston-Mason
	King		Salish
	North Sound		Great Rivers
	Pierce		Southwest Washington
	Spokane		North Central

 Apple Health Foster Care (statewide)\*

## Health plans offered

AMG	-	Amerigroup Washington
CCW	-	Coordinated Care of Washington
CHPW	-	Community Health Plan of Washington
MHW	-	Molina Healthcare of Washington
UHC	-	UnitedHealthcare Community Plan



# Medicaid benefits remain the same

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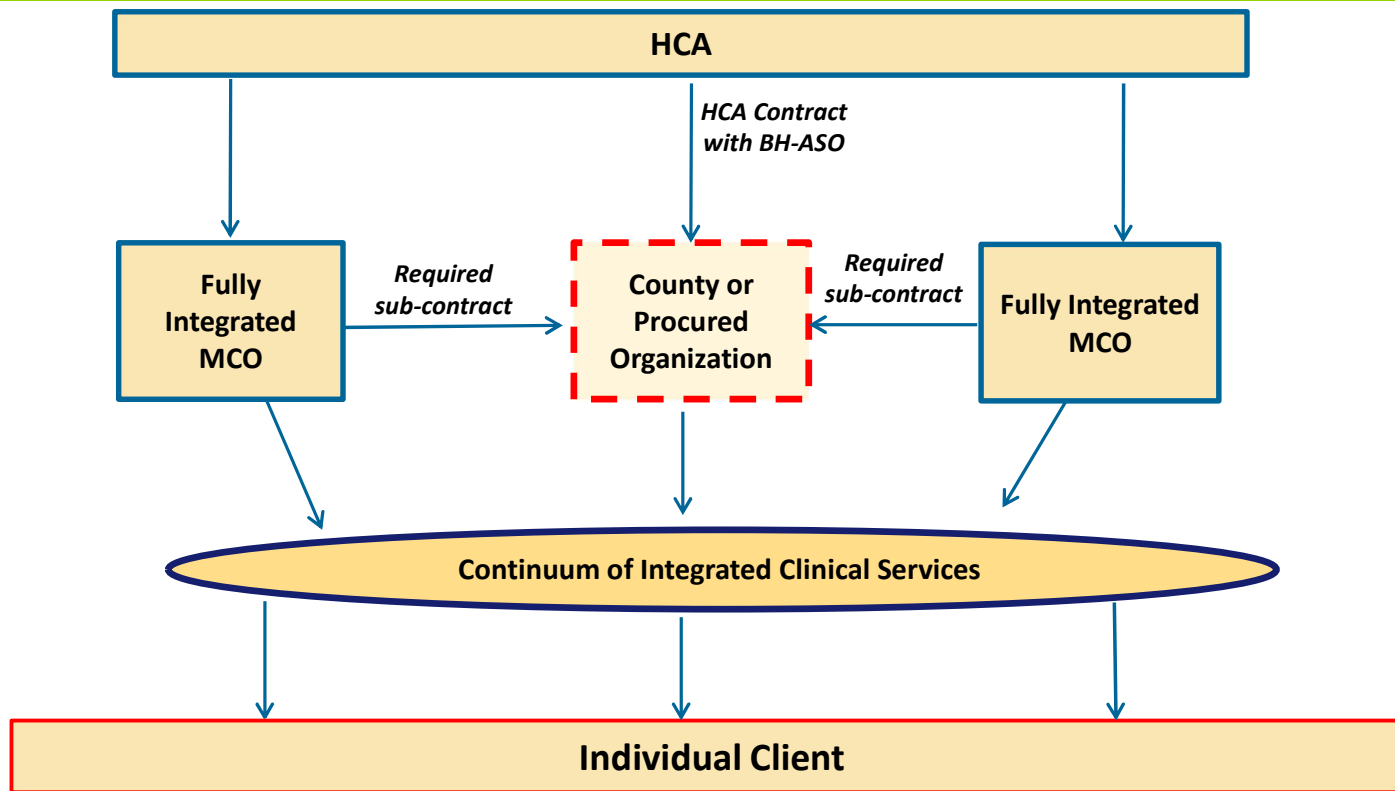
- ▶ All Medicaid benefits continue to be defined by the State Plan
- ▶ MCOs provide all Medicaid physical, mental health, and substance use disorder (SUD) services.
- ▶ MCOs also receive general fund state dollars for medically necessary services not covered by Medicaid.
  - ▶ Examples: room and board for mental health residential settings or freestanding evaluation and treatment centers, rehabilitation case management to those in hospitals or jails, non-Medicaid UA's, non-Medicaid PACT team costs, etc.

# Behavioral Health-Administrative Service Organization population-based services

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- ▶ Provide crisis services to all individuals, regardless of insurance
  - ▶ Crisis line
  - ▶ Face-to-face crisis intervention services
- ▶ Administer Involuntary Treatment Act (ITA)
  - ▶ Conduct ITA investigations
  - ▶ Write ITA petitions and detain individuals when indicated
  - ▶ Monitor compliance with less restrictive treatment services
  - ▶ Coordinate necessary services include due process

# Contracting and services structure





# Processes to ensure successful transition

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- ▶ Targeted readiness processes for each newly integrated region
- ▶ Processes to ensure a successful transition
  - ▶ Interlocal Leadership Structure
  - ▶ Rapid response calls – frequent check-ins with each region as it implements IMC
  - ▶ Early warning system metrics
  - ▶ Monthly early warning system webinars
- ▶ Contract compliance monitoring
- ▶ Data and outcomes

# Early Adopter Region Successes

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- ▶ Research and Data Analysis compared findings in SWWA to the rest of the state from implementation of IMC through CY 2017
  - ▶ Eleven indicators show favorable change at the 95% confidence level, e.g.:
    - ▶ Substance Use Disorder Treatment Penetration
    - ▶ Mental Health Treatment Penetration - Broad Definition
    - ▶ Follow-up after ED Visit for AOD Dependence-Within 7 and 30 Days
    - ▶ Follow-up after ED Visit for Mental Illness - Within 7 and 30 Days
    - ▶ Inpatient Utilization per 1000 Coverage Months – Combined Medical and Psychiatric
    - ▶ Percent Employed
  - ▶ Two indicators show favorable change at the 90% confidence level:
    - ▶ Plan All-Cause 30-Day Readmission
    - ▶ Percent Arrested
  - ▶ Only two indicators show unfavorable change (95% confidence level)

# What are we working on now?

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- ▶ Ensuring new programs/services are available under IMC
- ▶ Assisting providers through transition to IMC and impacts of COVID
- ▶ Updating MCOs on impacts of COVID related to need for BH services
- ▶ Strengthening contract requirements around network, reporting
- ▶ Participating in MCO/Accountable Community of Health workgroup on assessing providers' progress in clinical integration

# Resources

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- ▶ Contracts, guidance documents, reports:

- ▶ <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/resources>

- ▶ Information about COVID-19:

- ▶ <https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19>

- ▶ Medicaid Transformation:

- ▶ <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation>



# Questions?

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