Medicaid Behavioral Health Services in King County

HealthierHere Governing Board – 4/4/19

Overview of Persistent System Vulnerabilities

- Large changes to payment structures
  - 3 significant system changes in last 3 years
  - Cash flow
  - Case rate system does not incentivize retaining most difficult clients
- Infrastructure requirements
  - Documentation
  - Regulatory requirements
- Staffing
  - Increased competition for staff
  - Salaries
  - Licensure costs

King County Medicaid Behavioral Health Sector

- ~ 30 Providers
  - Only Mental Health services (approx. 8)
  - Only Substance Use Disorder (approx. 6)
  - Providers of both mental health and substance use disorder treatment (approx. 20)
- Experts in serving those with serious and severe BH conditions

Who and How We Serve Our Patient Population

- Patients:
  - Often *not* involved in healthcare elsewhere
  - Provider becomes medical home even without primary care services on site
- Typically have multiple social stressors needing intervention
- Extensive use of non-medical staff (social workers, case mgrs.)
- Requires flexibility to service models (outreach, non-clinic based services, walk-in care, etc.) to ensure people will be served.

Services within King County Medicaid BH:

- 24-hour crisis response
- interpreter services
- brief interventions
- case management
- psychiatric and medical services
- in-home services
- employment/vocational services
- peer support services
- homeless outreach and engagement
- housing/residential services
- day treatment
- individual and group therapy
- family therapy
- psychiatric consultation to schools
- medication management
- cultural consultations and culturally appropriate care
- education and training opportunities
- consumer/advocate run services
- High-intensity outpatient care (WISe and PACT).
- Case management

Reimbursement for these *vary with modality* (MH > SUD generally. OTP services bundled)

King County Medicaid Behavioral Health Sector

- Modalities in Mental Health Treatment :
  - Inpatient Hospitalization
  - Intensive Outpatient
  - Outpatient
  - Co-occurring (dual diagnosis with MH + SUD)
  - Crisis Response Services
  - Assertive Community Training (ACT teams)
  - Peer support

King County Medicaid Behavioral Health Sector

- Modalities in Substance Use Disorder Treatment :
  - Inpatient
  - Intensive Outpatient
  - Outpatient
  - Opioid Treatment Program
  - Detoxification (withdrawal management)
  - Pregnant and Parenting Women
  - Long term residential

  - Office Based Opioid Treatment – counseling (Outpatient)
  - **Not included**: peer recovery support

Not included in King County Medicaid BH:

- Homeless outreach
- Supported Housing (e.g., ShelterPlus Care)
- Legal assistance (help with ID, warrants)
- Employment training

- These are funded by county and city contracts
  - MIDD

1. Significant Changes to Payment Structures

- Pre-April 1, 2016:
  - Single State Agency (SSA – SUD sector) or Regional Support Network (RSN – MH sector)
    - Weekly billing/reimbursement
    - Cash flows were dependable
    - Provider focus on reimbursement rates, containing workload

1. Significant Changes to Payment Structures

- April 1, 2016: Behavioral Health Organizations
  - Interim structure between SSA/RSN and Fully Integrated Managed Care (1/1/2020)
  - Responsible for Medicaid payments
- 9 BHOs across state
  - Fully independent from the other BHOs
  - Governed differently
  - Different relationships with providers (collegial to adversarial)
  - Idiosyncratic operational requirements
- Several providers with multiple sites in multiple BHOs

1. Significant Changes to Payment Structures

- January 1, 2019: King County Integrated Care Network (ICN)
  - Manages Medicaid payments between MCOs and BH providers
  - King County Behavioral Health and Recovery Division partnership with BH providers

    Intended to help minimize additional disruptions to system

    Cash flows

    Authorizations, reimbursements, documentation

1. Significant Changes to Payment Structures

- Future:
  - Duration of KC ICN?
  - Changes to MCO contract relationships?
  - Changes to reimbursement rates?

    Significant fear of:

    Reduced reimbursement rates

    Delays in reimbursements
  - Changes to infrastructure requirements in order to remain competitive

    Fully integrated care

2. Infrastructure requirements

- Documentation
- Regulatory requirements
- IT infrastructure
  - Electronic medical records
- Efficiencies in billing and reconciliation
- Auditing requirements
- Meeting attendance with funders
- Managing a diversity of systems for payment/reporting
- ***Increased administrative staff needs***

3. Staffing Challenges

- Increased competition for staff
  - Primary care system
  - Opioid crisis
- Salaries
  - Historically low
  - Independent nonprofit challenges competing with primary care, for-profit, tribal programs
- Licensure costs
  - SUD annual licenses more than doubled in 2019
  - 25% of licensed CDPs failed to renew license (e.g., loss of jobs)

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How can HealthierHere help?

- **Advocacy**
  - GB must determine importance of current BH sector
  - Advocate for protection/support at state, county levels
  - Help align reporting metrics with quadruple aim
  - Help providers navigate contracts with MCOs
  - Equity and parity on case rates vs primary care

- **Innovation**
  - Centers of Excellence for BH services
    - Current system => race to the bottom for minimal services
    - Rhode Island, Vermont examples (Medicaid waiver projects)
    - ***Enhanced payment rates for providing excellent care.***
    - ***Incentivize treating most challenging patients.***

How can HealthierHere help?

- **HH Governing Board:**

- Determine means by which BH providers can be strengthened
  - GB-focused workgroup for 6 months?
  - Keep BH system vulnerabilities explicitly in mind with decisions
  - Other options?