

REPORT TO THE LEGISLATURE

**BHO Readiness to Assume the Contracts for
Case Management Services for Pregnant and Parenting Women**

Engrossed Substitute Senate Bill (ESSB) 6052, Section 208(16)
(Chapter 4, Laws of 2015, 3rd Special Session)

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Background

ESSB 6052, Section 208(16) (2015), required the Department of Social and Health Services (DSHS) to review the readiness for Behavioral Health Organizations (BHOs) to assume the contracts for case management services for pregnant and parenting women (PPW):

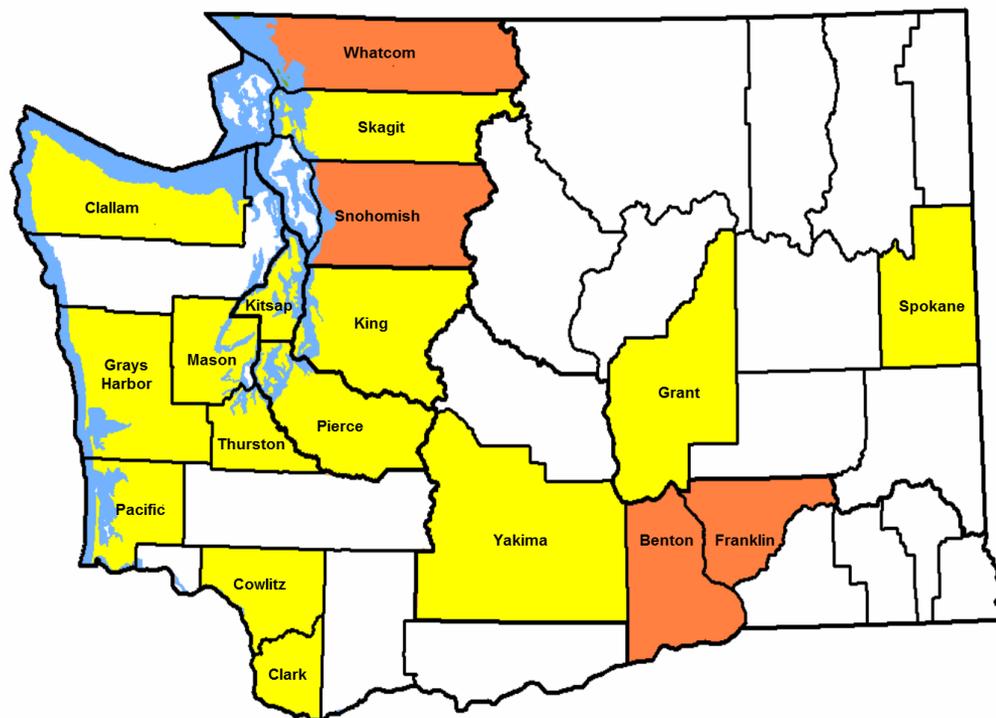
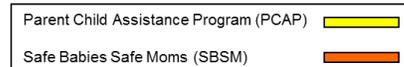
(16) During the 2015-2017 fiscal biennium, any amounts provided in this section that are used for case management services for pregnant and parenting women must be contracted directly between the department and providers rather than through contracts with behavioral health organizations. By December 1, 2016, the department must provide a report to the office of financial management and the appropriate committees of the legislature on the readiness for behavioral health organizations to assume the contracts for case management services for pregnant and parenting women.

The Washington State Behavioral Health Integration began on April 1, 2016, with BHOs, Managed Care Organizations (MCOs), and an Administrative Service Organization (ASO) assuming financial integration of mental health and substance use disorder treatment and recovery support services. The BHOs include Great Rivers, Greater Columbia, King County, North Central, North Sound, Optum Health – Pierce County, Salish, Spokane County Regional, and Thurston-Mason. The MCOs (Molina Healthcare and Community Health Plan of Washington) and ASO (Beacon Health Options) serve Clark and Skamania Counties.

DSHS currently administers two targeted PPW case management programs: Parent-Child Assistance Program (PCAP) and Safe Babies, Safe Moms (SBSM). The Department manages fifteen contracts for these two programs. Both PCAP and SBSM offer intensive case management services to high risk women with substance use disorders, enrolling them pre- and postnatally. Both programs are budgeted with state (Medicaid Match), and federal Medicaid funding. In the 2015-17 Biennium, Dedicated Marijuana Account funds were allocated to expand client services for PCAP.

PCAP is currently available in the following counties: Clallam, Clark, Cowlitz, Grant, Grays Harbor, King, Kitsap, Mason, Pacific, Pierce, Skagit, Spokane, Thurston, and Yakima; SBSM is currently available in Benton-Franklin, Snohomish, and Whatcom Counties, as shown in the following graphic:

PPW Case Management Services



August 2016

Current Provider List

- * First Step Family Support Center – Clallam PCAP
- * Community Services Northwest – Clark PCAP
- * Cowlitz Family Health Center – Cowlitz PCAP
- * Grant County – Grant PCAP
- Children’s Advocacy Center of Grays Harbor – Grays Harbor/Pacific PCAP
- * AGAPE – Kitsap PCAP
- Family Education and Support Services – Thurston/Mason PCAP
- Brigid Collins House – Skagit PCAP
- * New Horizon Care Center – Spokane PCAP
- * Evergreen Manor – King PCAP
- * Evergreen Manor – Pierce PCAP
- Yakima Valley Council on Alcoholism – Yakima PCAP

- Benton-Franklin Health District – Benton-Franklin SBSM
- Drug Abuse Council of Snohomish County/Pacific Treatment – Snohomish SBSM
- Brigid Collins House – Whatcom SBSM

* Indicates certified or licensed behavioral health agencies

BHO Readiness

The BHOs are operating as the Managed Care entity in most regions within Washington State (the exception is Southwest Region – Clark and Skamania Counties). This requires the BHOs to provide all medically necessary behavioral health treatment for those with Mental Health and/or Substance Abuse needs, under a Medicaid managed care contract effective April 1, 2016. The BHOs also administer services described in RCWs 71.24, 71.05, 70.96B and 71.34 and Federal Block Grant programs for the delivery of mental health and substance abuse treatment services.

The Safe Babies, Safe Moms (SBSM) and Parent-Child Assistance Program (PCAP) are case management programs for vulnerable populations under the Washington State Medicaid Plan (see appendix A). They are not clinical treatment services that require a test of medical necessity. Instead, participants are eligible based on the following Medicaid State Plan criteria:

Recipients age 18 and over who:

- a) Require services from multiple health/social service providers; and,
- b) Are unable to obtain the required health/social services for themselves; and,
- c) Do not have family or friends who are able and willing to provide the necessary assistance; and,
- d) Have at least minimal need for assistance with one or more activities of daily living.

The programs serve women who have a history of substance abuse and who are pregnant or have recently given birth.

Currently, these programs are outside of the required services managed by BHOs. In considering BHO readiness, the Department looked at several factors including availability of the services statewide, Medicaid State Plan authority, program stability, BHO willingness to administer the program and potential for additional cost to the State.

The Department received feedback from BHOs who expressed concerns related to additional administrative costs, the lack of geographic coverage of the existing programs and their limited capacity to expand services in the short-term.

Related Considerations:

Program Consolidation: As this report is being developed, work continues to combine the PCAP and SBSM programs into a single service model. The new model will build upon the extensive research completed on the existing models and is being designed in cooperation with the providers, evaluators, and researchers collectively. The start date for the combined model is July 1, 2017. The Department is also interested in working with the program developers and researchers on potential program adaptations for specific populations, including rural and frontier communities and fathers.

Full Healthcare Integration: Current statute requires the Health Care Authority (HCA) and DSHS to fully integrate behavioral health and primary care under a single managed care model by 2020. Integration started in Clark and Skamania Counties and other counties are expected to move to fully integrated models over the next two years.

Program authority and administration: PCAP and SBSM are considered Targeted Case Management services in the Medicaid State Plan – Vulnerable Adults Section. Because the services ‘target’ a limited sub-set of the Medicaid population and because they offer case management rather than treatment, PCAP and SBSM cannot be folded into the managed care waiver that currently authorizes behavioral health services. The BHOs (or any management entity) would manage the programs under a separate contract with the State. For the BHOs, this creates a concern about additional administrative costs.

Conclusion

All BHOs have the program and contract management infrastructure necessary to administer targeted case management programs. Although it is possible to contract these services through the BHOs, the Department is not planning to incorporate the SBSM or PCAP services into the BHO contracts for the 2017-19 Biennium. Activities related to consolidation of the programs and full integration of behavioral health and primary care by 2020 must be considered in making decisions about moving administrative management of PCAP/SBSM. Given these moving parts, the Department plans to first, finish consolidation of the programs, consider models that are more suited to rural and frontier areas and work with HCA on full integration of behavioral health and managed care.

When that work is completed, the State can consider if it makes sense to include PCAP/SBSM among the variety of contracts managed under full integration.

Appendix A

Revision

SUPPLEMENT 1-B TO ATTACHMENT 3.1-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTON

II. VULNERABLE ADULTS

1915(g)(1) TARGET POPULATION

Recipients age 18 and over who:

- a) Require services from multiple health/social service providers; and,
- b) Are unable to obtain the required health/social services for themselves; and,
- c) Do not have family or friends who are able and willing to provide the necessary assistance; and,
- d) Have at least minimal need for assistance with one or more activities of daily living.

1915 (g) (1) STATEWIDENESS

This service will be offered on a statewide basis.

1915(g)(1) COMPARABILITY 1902 (a) (1)

In accord with Section 1915(g)(1), case management services will be provided without regard to the requirements of Section 1902(a)(10)(B) of the act. Services will be provided to all recipients age 18 and over.

1915(g)(1) FREEDOM OF CHOICE 1902 (a) (23)

In accord with Section 1902(a)(23) of the Social Security Act, individuals eligible to receive medical services shall be free to obtain such services from any institution, agency or person qualified to provide services available under the Medical Assistance program.

1915 (g) (2) DEFINITION OF SERVICE

Case management means services which will assist individuals eligible under the plan in gaining access to needed health and related social services.

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Case Management, Vulnerable Adults, cont.

DESCRIPTION OF SERVICE:

Required services include screening and referral as well as comprehensive assessment of individual needs and development of detailed individual plans of service and related activities. The plan is designed to assist clients to obtain needed health-related services in the least restrictive service setting. Case management functions are provided under the direction of a qualified case manager and may be divided into core functions and support functions.

Core Functions:

Intake Evaluation: A comprehensive assessment to determine a client's need for case management and/or other services.

Service Plan Development: An individual case management service plan is developed when the client has been determined to meet target population criteria.

Service Plan Implementation: The case manager is responsible for implementation of the service plan, but may delegate specific functions to others. Service plan implementation includes counseling to encourage client cooperation in implementing the service plan, service authorization when appropriate, referral for services, case coordination and maintaining regular contact with the client to carry out the service plan.

Service Plan Review: Service plan reviews will be conducted as needed and always in person.

Termination Planning: The case manager is responsible for planning to terminate case management services when the client's situation has stabilized.

Support Functions:

Client Advocacy: Intervene with agencies or persons to help individual clients receive appropriate benefits or services.

Assistance: Help the client obtain a needed service or accomplish a necessary task (complete a form, obtain appropriate authorization, find a living situation, help with moving, provide transportation or escort, etc.)

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(Case Management, Vulnerable Adults, cont.)

Description of Service (cont.)

Consultation: Consult with service providers and professionals to utilize their expertise on the client's behalf.

Networking: Develop a series of linkages between formal and informal support systems for the purpose of creating an effective continuum of care.

Crisis Intervention: Provide short-term intervention in an emergency situation.

PROVIDERS:

Services will be provided by qualified case managers who meet the case management standards promulgated by the Division of Medical Assistance. The Division of Medical Assistance will assure freedom of choice of providers to eligible clients.

QUALIFICATIONS:

Case Managers will meet at least the following requirements for education and experience:

1. Master's Degree in behavioral or health sciences and one year of paid on-the-job social service experience;
OR
2. Bachelor's Degree in behavioral or health sciences and two years of paid on-the-job social service experience;
OR
3. Bachelor's Degree and four years of paid on-the-job social service experience.

Exceptions to qualification requirements will be granted by the Division of Medical Assistance when the population to be served is:

1. Of limited-English speaking ability or is culturally isolated and access is assured by hiring bilingual bicultural staff;
OR
2. Geographically isolated.

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(Case Management, Vulnerable Adults, cont)

It is the intent of this policy that exceptions will be rare.

Case managers qualifying under these circumstances will be designated as case manager trainees. Case manager trainees will participate in on-the-job training. Their supervisor must review and provide follow-up on all cases managed by the trainee each month. At the end of three years, the

trainee will be evaluated by the supervisor; if his or her work meets the standards required, he/she will move to regular case manager status.

RELATION TO STATE AGENCY:

In accordance with the Title XIX State Plan, responsibility for administration will be with the Single State Agency. Discrete functions may be delegated to other agencies, but only under formal, written agreements.

ASSURANCES

1915(b) (c) NON-DUPLICATION OF OTHER CASE MANAGEMENT SERVICES

Payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

The Division of Medical Assistance will maintain an adequate audit trail to ensure that match is non-federal in origin and that billed services were actually delivered.