

Teaching clinic enhancement rate

Status report of teaching clinic enhancement rate workgroup

Engrossed Substitute Senate Bill 5092; Section 215(74), Chapter 334, Laws of 2021

October 15, 2021

Legislative summary

[ESSB 5092](#) directs the Washington State Health Care Authority (HCA) to convene a workgroup to develop recommendations for teaching clinic enhancement rates for behavioral health agencies to use when training and supervising students and those seeking their certification or license. This work should include developing standards for classifying a behavioral health agency as a teaching clinic, a cost methodology to determine a teaching clinic enhancement rate, and a timeline for implementation.

Required workgroup representatives include:

- The Department of Health
- The Office of the Governor
- The Washington Workforce Training and Education Board
- The Washington Council for Behavioral Health
- Licensed and certified behavioral health agencies, and
- Higher education institutions.

Background

The complexity of developing a teaching clinic enhancement rate, combined with the strain of significant workforce shortages across the state, lingering demands of the COVID-19 pandemic, and surging demands for behavioral health services have stretched providers thin and presented numerous challenges to this moving this work forward. These challenges required an extension of the legislative report.

To complete this work, the HCA initiated cross division coordination to clarify roles and timelines in June 2021. In early July 2021, the Authority contacted Mercer Government Human Services (Mercer) to begin scoping the work for a contract with the actuary, shortly after the proviso funding became available July 1, 2021. The Authority also contacted the Washington Council for Behavioral Health and the Workforce Training and Education Board in July to begin planning discussions and identify workgroup representatives. Workgroup recruitment began in July 2021 and continued through early August 2021. Following recruitment, the Authority convened workgroup meetings every other week between August 2021 and October 2021, and weekly meetings with Mercer. Also in August, stakeholders adopted a teaching clinic vision statement and in September they drafted preliminary clinic standards; although, more work is needed to finalize the standards.

Meetings between November 2021 and February 2022 were scheduled around the different work streams including survey development, distribution and technical assistance walkthroughs, stakeholder questions and answers, and research on efforts in other states to adjust Medicaid rates for community behavioral health agencies. The review included Ohio, Indiana and Georgia. This review is documented in the 2021

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legislative report on Proviso 74, which can be found on the [HCA website](#). Mercer attended three stakeholder meetings during this time to clarify data needed to calculate the add-on payment, provide technical assistance and respond to stakeholder questions on a variety of topics.

HCA presented the provider survey to the workgroup in November for review and comment. Comments were incorporated into the survey tool and an instructional document was created. HCA distributed the survey to 33 providers on January 29, 2022 with a due date of February 18, 2022. Between February 2 and February 10, 2022 HCA provided three survey walkthrough meetings. During these walkthroughs, stakeholders expressed considerable concern over the complexity and limitations of the survey, the amount of time and work needed to complete the survey, and reminded of the administrative burdens that have resulted from the ongoing workforce shortages and the pandemic. They advised that providers participation would likely be low for these reasons.

Challenges

Providers on the workgroup are spread thin. Medicaid regulations and extracting cost and revenue data from the various payment arrangements across the state is complex and requires a significant time investment and highly technical knowledge from providers just to complete the survey. We anticipate that completing the next steps within the timeline presented below will be equally challenging.

Next steps

- Provider surveys due to the Health Care Authority February 2022.
- Health Care Authority summarizes data into a single set of assumptions March 2022.
- Workgroup provides feedback on assumptions March 2022.
- Mercer and the Health Care Authority incorporate workgroup feedback March 2022.
- Mercer develops methodology to calculate add-on payment March 2022.
- Workgroup reviews methodologies April 2022.
- Mercer and the Health Care Authority refine draft results April 2022.
- Mercer drafts actuarial report May 2022.
- The Health Care Authority and workgroup review and provide feedback May 2022.
- Mercer finalizes actuarial report May 2022.
- Health Care Authority produce first draft legislative report June 2022.
- Workgroup reviews draft July 2022.
- Draft report submitted to Health Care Authority for approval August 2022.
- Final report submitted to Office of Financial Management September 2022.
- Final report submitted to legislature by December 2022.

Contact

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