

Position Paper: Accelerate the Path to Behavioral Health Integration

The Legislature should invest \$3.5 million to incentivize committed regions to become fully integrated managed care “middle adopters” as early as July 2017, with specific requirements for how the money can be spent.

Washington State has established a vision for integrated physical and behavioral health in Medicaid by 2020. Its approach to integrated financing through Apple Health managed care plans is expected to facilitate delivery system integration. Effective April 1, 2016, intensive mental health care and chemical dependency treatment services will be integrated together into managed care entities now referred to as Behavioral Health Organizations (BHOs). The BHOs will manage behavioral health services for individuals with higher complexity needs if they meet access to care standards.

The 2014 legislation provided the opportunity for “early adopter” regions to implement fully integrated managed care in 2016. Southwest Washington (Clark and Skamania counties) has taken the leap to be an early adopter, with an expectation of 10% shared savings. Other interested regions opted to wait for a later opportunity because they were concerned by the short timeline for implementation. Regions that adopt fully integrated managed care in advance of 2020 will provide valuable information about what works and improvements that could be made prior to broader implementation.

Community health centers (CHCs) are well positioned for fully integrated managed care, with a long history of working closely with Medicaid managed care plans and integrating behavioral health into their clinical practices using evidence-based models of care. Some CHCs have gone beyond providing integrated behavioral health services customary to the primary care setting by contracting with local regional support networks (RSNs). We anticipate the transition of RSNs into BHOs by April 1 and the subsequent moves to full financial integration will provide additional opportunities for CHCs to provide full-spectrum behavioral health services to their patients. Accelerating the timeline for full financial integration will support the CHCs’ efforts to break down silos and better partner across the delivery system to achieve improved health outcomes for their patients.

CHCs believe integrated care should be simultaneously collaborative, co-located, preventive, and integrated in the primary care setting. It should also be person-centered, population-focused and accountable. A lot of work has to be done with financial integration and delivery system integration to facilitate the realization of these principles. An accelerated timeline will support other providers in these regions to develop the comprehensive partnerships needed to meet their patients’ needs by breaking down silos.

Fund Middle Adopter Regions to Gain Experience and Inform Statewide Implementation

Despite the resources required to thoughtfully integrate behavioral health at the financial and delivery system levels, a few regions remain engaged in discussions over financial and delivery system

integration prior to 2020. These regions have been referred to as “middle adopters,” and include King and Pierce counties and North Central Washington (Chelan, Douglas, Grant and Okanogan counties). The Health Care Authority would like to implement the next round of fully integrated managed care as early as July 2017 to gather additional experience to guide statewide implementation for 2020. Ensuring that these middle adopters are ready for an accelerated timeline to implement fully integrated managed care will require upfront resources.

The 2016 Legislative Session presents an opportunity to incentivize regions pursuing middle adoption to move forward with integration as soon as possible. Due to the amount of advance work necessary, including planning work by regional officials and a lengthy, competitive RFP process for managed care plans, the state would need to integrate additional regions soon to provide useful experience data for broader integration efforts. If approved by the Centers for Medicare & Medicaid Services (CMS), Washington’s Medicaid transformation waiver would provide an opportunity for regions to fund health systems capacity building, delivery system transformation and population health improvement efforts in behavioral health integration. While these investments would be helpful in the middle adopter regions, there would still be a lot of regional work and investments needed on design and implementation activities, outreach and communications – which would not be covered by waiver investments.

Tie the Funding to Specific Requirements

Budget proviso language could provide up to \$1 million each (in phased increments) to regions that have signed a binding letter of intent to pursue the adoption of fully integrated managed care with a coverage effective date of July 1, 2017. The language should require that these regions fully integrate managed care through existing Apple Health managed care plans for the financing and delivery of integrated Medicaid services and should require the funds to be expended on the transition to fully integrated managed care and not used for supplant purposes. The funding should be used for:

- Technical assistance for providers, including CHCs, to transition into fully-integrated managed care and transition to evidence-based integrated delivery models for their Medicaid enrollees with behavioral health needs. In primary care, integrated delivery models should include collaborative provider teams, brief interventions, flexible service delivery models and successful elements of the Mental Health Integration Program.
- Augmenting county staff to engage in implementation planning and design work with the Health Care Authority;
- Purchasing of equipment/data systems for providers to better facilitate integration;
- Communications and outreach activities to inform and engage the community about the transition to full integration; and/or
- Expanding provider capacity.

An additional amount of funding, less than what would be provided to regions, could be provided to the Health Care Authority for administrative support to make middle adopters a reality.