Washington State Health Care Authority

Report to the Legislature

Community behavioral health revenue and expenditure report

Engrossed Substitute Senate Bill 6168; Section 215(75); Chapter 357; Laws of 2020

June 30, 2021

Community behavioral health revenue and expenditure report

Washington State Health Care Authority

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Executive Summary

The Health Care Authority (HCA) is submitting this legislative report in response to Engrossed Substitute Senate Bill 6168 (2020); Section 215(75); Chapter 353. The proviso provides for:

> The authority shall seek input from representatives of the managed care organizations (MCOs), licensed community behavioral health agencies, and behavioral health administrative service organizations to develop the format of a report which addresses revenues and expenditures for the community behavioral health programs. The report shall include, but not be limited to (i) revenues and expenditures for community behavioral health programs, including medicaid and nonmedicaid funding; (ii) access to services, service denials, and utilization by state plan modality; (iii) claims denials and record of timely payment to providers; (iv) client demographics; and (v) social and recovery measures and managed care organization performance measures. The authority shall submit the report for the preceding calendar year to the governor and appropriate committees of the legislature on or before July 1st of each year.

As Washington State continues efforts to integrate physical and behavioral health services to ensure care of the "whole person," determining behavioral health needs for a once-in-a-lifetime pandemic and continuing response to the opioid epidemic, it is critical to ensure that funding is appropriated regionally and expenditures for services are tracked.

With the advent of integrated managed care, the Revenue and Expenditure Report provided by the behavioral health organizations no longer contained all of the information needed to summarize information quickly, nor did it allow for a compilation that could be done easily. Each quarter of reporting results in approximately 40 reports with numerous lines that must be compiled.

Prior versions of the report also allowed Managed Care Organizations (MCO) and Administrative Service Organizations (ASO) to write in funding and expenditure lines, which created reports that had to be calculated by hand each quarter.

Every MCO and nine ASOs had participants in the workgroup, as well as the Washington State Health Care Authority (HCA) finance, program and contracts staff. The intent was to work with MCOs and ASOs to ensure that the forms were easily compiled and included appropriate instructions to ensure consistency and reliability of the information provided. There was a broad level of understanding of the ultimate goal among all members of the workgroup.

In the end, HCA staff provided a region-specific template and instructions to each MCO and ASO, with funding levels prepopulated to ensure funding levels are documented and reported against contracted amounts. The template and instructions are included in the Appendix of this report.

Background

Washington State is a leader in providing innovative medical and behavioral health treatment, investing millions of dollars annually at all levels of care. This includes inpatient psychiatric care, hospital diversion programs, peer services, crisis stabilization, housing supports, substance use disorder, outpatient and residential care, and many other evidence-based practices that promote recovery for persons experiencing substance use disorder and mental illness.

Washington State has a robust package of services available for individuals who are eligible for Medicaid coverage through the Apple Health managed care organizations (MCOs) or fee for service (FFS). However, this coverage does not include every resident of Washington State, nor does it fund crisis services for those individuals who may find themselves in need of urgent or emergent behavioral health crisis services. There are also services needed for Medicaid eligible individuals who are not covered under Medicaid plans.

These services are provided through general funds (GFS) that are legislated for those services as well as some federal grants that are provided for a variety of behavioral health programs. As such, the entities that hold contracts in Washington State must report on the expenditures for those services.

This report is provided to inform legislators of the activities of ESSB 6168, Section 215(75), which required HCA to work with the MCOs, behavioral health administrative service organizations (BHASO) and providers to revise the "Revenue and Expenditure Report," which provides the expenditure data for those entities for the services not covered under the Medicaid rates.

The requirement of the revision of the report with stakeholder input was to assist in the task of measuring the effectiveness of the GFS, proviso and grant funding for behavioral health services. It also specified that stakeholders identify strategies to ensure that funding is appropriately aligned with regional need.

To complete this work, HCA invited stakeholders to a workgroup to collaborate and assist in developing strategies outlining methods to report behavioral health funding revenues and expenditures. Stakeholder input was requested via several meetings, as well as written feedback to inform the report. The draft report was provided to a broad group of stakeholders, with the request to test the templates and report on the effectiveness of the new report. Utilizing feedback from stakeholders and HCA staff, HCA staff finalized the report incorporated herein.

Definitions

Administrative Service Organization (ASO) means an organization in Washington State in a region that has responsibility to contract to provide crisis care as well as other behavioral health treatment as legislated.

Behavioral Health Administrative Service Organizations (BH-ASO) an entity selected by HCA to administer Behavioral Health services and programs for individuals in a defined Regional Service Area.

Behavioral Health Provider means an organization licensed as a behavioral health agency in Washington State.

Managed Care Organization (MCO) means a managed care organization operating in Washington State.

Revenue and Expenditure Report (R&E) is the report provided by ASO and MCO contracted entities to provide revenue received and expenditures made to behavioral health provider agencies for contacted service amounts.

Participants

ASOs

- Beacon – Inna Liu, Mark Stulak
- Great Rivers ASO- Becky Meeks, Trinidad Medina
- Greater Columbia ASO – Karen Richardson, Sindi Saunders
- North Sound ASO – Darrell Heiner, Joe Valentine
- Salish ASO – Stephanie Lewis, Mavis Beach, Jolene Kron
- Spokane County ASO – Laura Schultz
- Thurston Mason ASO – Joe Avalos, Tara Smith, Mark Freedman, Chris Foster

MCOs

- Amerigroup – Courtney Ward, David Hsieh, Brian Winkler
- Coordinated Care – Gabriel Caorsi, John Doherty, Melissa Knopp, Ruth Bush
- Community Health Plan of Washington – Donna Arcieri, Jarek Skretvedt, Marie Faulring, Kana Johnson
- Molina – Betsy Go, Bob Goldberg, Harshada, Pradham, LyuBov Ogorodnik, Anusha Fernando
- United Healthcare – Deb Sather, Michael Armbrust, Collins Nyagaya

HCA

- Dallas Morrison, Secretary, Financial Services
- Brian Cameron, Fiscal Information Data Analyst, Financial Services
- Jennifer Chancellor, Medicaid Assistance Program Specialist, Medicaid Programs
- Martha Cortes Leon, Fiscal Information Data Analyst, Financial Services
- Jessica Diaz-Bayne, Section Manager, Medicaid Programs
- Mark Haines-Simeon, Medical Program Specialist 3, Medicaid Programs
- Ruth Leonard, BH & MC Contract Monitoring Supervisor, Medicaid Programs
- Michele Wilsie, Rates and Finance Manager, Financial Services

Questions brought up to the workgroup for input

HCA

1. Does the current format of the R&E report allow appropriate reporting as outlined in the proviso?

   Response: No. There are several items that are not tracked independently, such as crisis services, court costs, and expenditures for voluntary stays that need additional detail to ensure regional expenditures are consistent with funding allocated.

2. Do the participants have a way of providing access to service information, service denials and utilization by state plan modality?

   Response: No. The participants indicated they do not routinely collect that information at that level. Provider electronic health records do not allow the detailed level of information that would be required from providers to compile this information into one report. The participants indicated that Provider One might be a resource for some of the data, but for many of the individuals served, who are not Apple Health enrolled, they do not track the data and do not have any method of doing so. Information from CQCT data indicated that they do not have a method of tracking this information at this level for individuals not covered under the Medicaid program.

3. Do workgroup participants receive client demographics, socials and recovery measures and managed care organization performance measures?

   Response: Demographics are generally collected, but reporting is difficult as collection can be sporadic for those individuals not served under a Medicaid program. Social and recovery measures are not tracked at this level of detail for those clients in crisis. Managed care organization performance measures are mandated by contracts and are tracked in a different method that does not easily translate to the R & E report.

General discussion points

The workgroup convened with several items to discuss. Those items included:

- What works on the form and what does not?
- Find a provider to participate
- Assist with the translation of proviso language
- Discuss data elements of the proviso
- Determine elements of the report

It was decided that the form did not contain enough detailed information. The reporting of expenditures must be detailed and consistent across regions to ensure information reliability.

Requests for provider participation were made but participants indicated that they did not have anyone to refer to the group.

HCA staff assisted with specific proviso information.

Data elements and the difficulty of providing the data as written in the proviso was discussed as above.

Some very basic elements were discussed, such as whether the report should be a cash basis or accrual basis. The group determined that it would be best to stick to a cash basis as payments to providers can be sporadic. Some claims take a very long time to process so information to match accruals would always lag behind. There is typically no correlation between authorizations and expenditures, which would create confusion and additional work.

There was a request by the ASOs and MCOs that we allow a 45-day post period reporting timeline. All parties agreed that this would assist in providing expenditure information within the due date. Contracts were scheduled to be edited to reflect this change.

Another request was that contract language align with the reporting format requested.

It was decided to input the contracted amounts for each source of funding to allow for ease of tracking. This provides the information on the report, rather than having to search for contract exhibits or additional documents to ensure funding amounts are correct.

After all discussion points were resolved, iterations of the form were provided to users to ensure that the form was understandable, provided the required information and that reporting would be done consistently across regions.

Conclusion

After meeting with stakeholders and reviewing the templates:

1. We were unable to find providers to participate in the workgroup.
2. According to ASO and MCO participants, data elements are not capturable in this format or on this form.
3. The pre-population of the forms allows the ASOs and MCOs to determine reserve balances quickly, even though the first report required some initial calculation of reserve balances.
4. HCA fiscal staff developed a tracking method to track issues as well as report receipt. This has been helpful in ensuring timely reporting.
5. There is recognition that this will be a living document. With each change in proviso language and contracts, the forms will need to be revised to ensure all information is being appropriately captured.
6. There is general agreement among stakeholders that there is a need to continue to meet to review the documents and ensure that the reports are kept up-to-date and instructions are clear.

In the end, the workgroup agreed upon a revised revenue and expenditure report, which is displayed in the appendix. The report provides more specific details on a variety of expenditures, specifically those expenditure items that have been targeted as potentially needing more funding, such as court costs, involuntary stay and crisis costs. The report includes lines that can be added or more detail as needed. There is now a notes sections that allows the ASO or MCO to provide additional detail as needed.

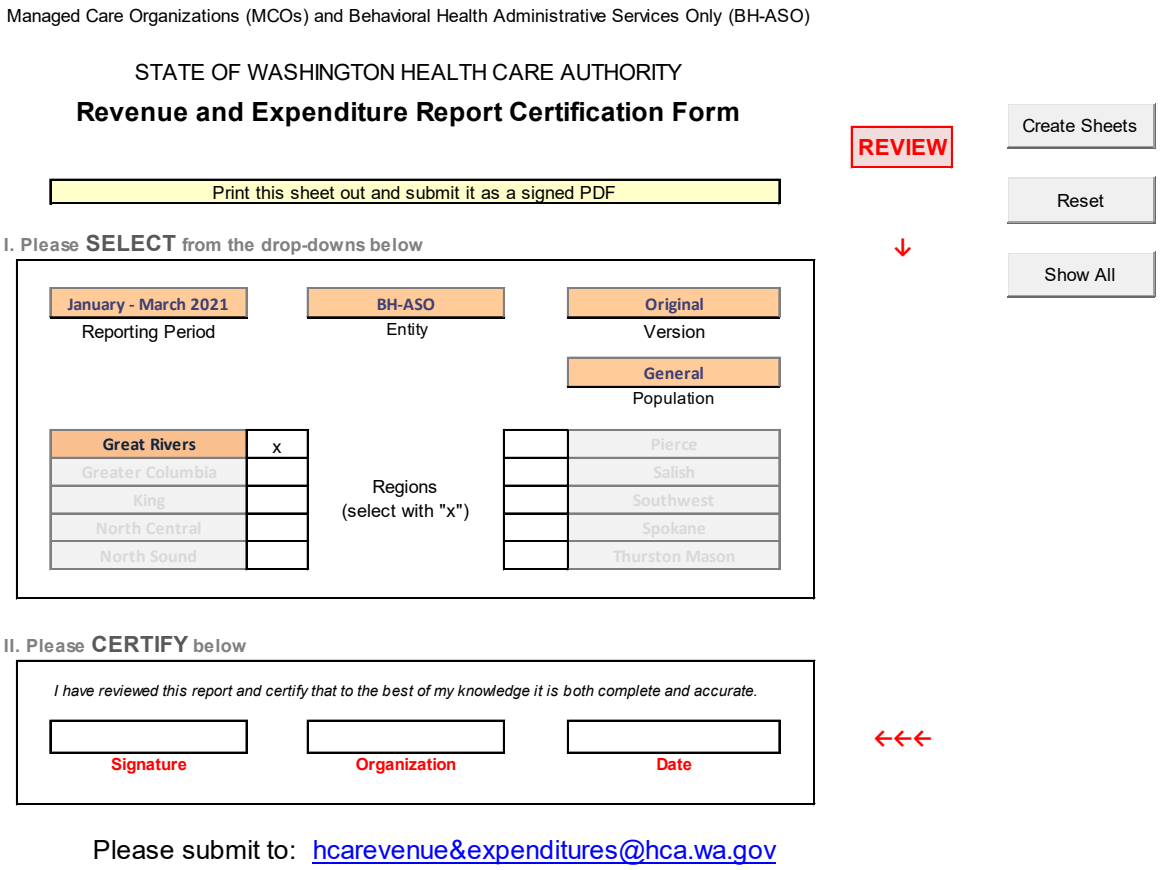
The instructions were updated, as requested by workgroup members, to provide more clarity on where to report specific expenditures.

The workgroup committed to continuous meetings to ensure that the revenue and expenditure report keeps pace with new legislation or changes in existing legislation to reflect the continuing efforts to ensure the citizens of Washington State receive behavioral health services.

Appendix A: Templates

The following pages represent the templates that are currently sent out to the MCOs and ASOs. These templates are prepopulated with contracted amounts in each funding section. This allows a very quick determination of residual funds that must be provided in the regions, as well as any funding that has not be contracted for. The template and instructions are also included below.

Graphic 1: MCOs and BH-ASO revenue and expenditure report certification form



Managed Care Organizations (MCOs) and Behavioral Health Administrative Services Only (BH-ASO)

STATE OF WASHINGTON HEALTH CARE AUTHORITY

Revenue and Expenditure Report Certification Form

REVIEW

Create Sheets

Reset

Show All

Print this sheet out and submit it as a signed PDF

I. Please SELECT from the drop-downs below

January - March 2021	BH-ASO	Original
Reporting Period	Entity	Version
		General
		Population

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

Regions (select with "x")

II. Please CERTIFY below

I have reviewed this report and certify that to the best of my knowledge it is both complete and accurate.

Signature	Organization	Date

Please submit to: hcarevenue&expenditures@hca.wa.gov

Flexible GF-S and Blockgrant Expenditures by Service Type

Reporting Period	January - March 2021
Entity Type	BH-ASO
Entity	Regional BH-ASO
Population	General
Region	

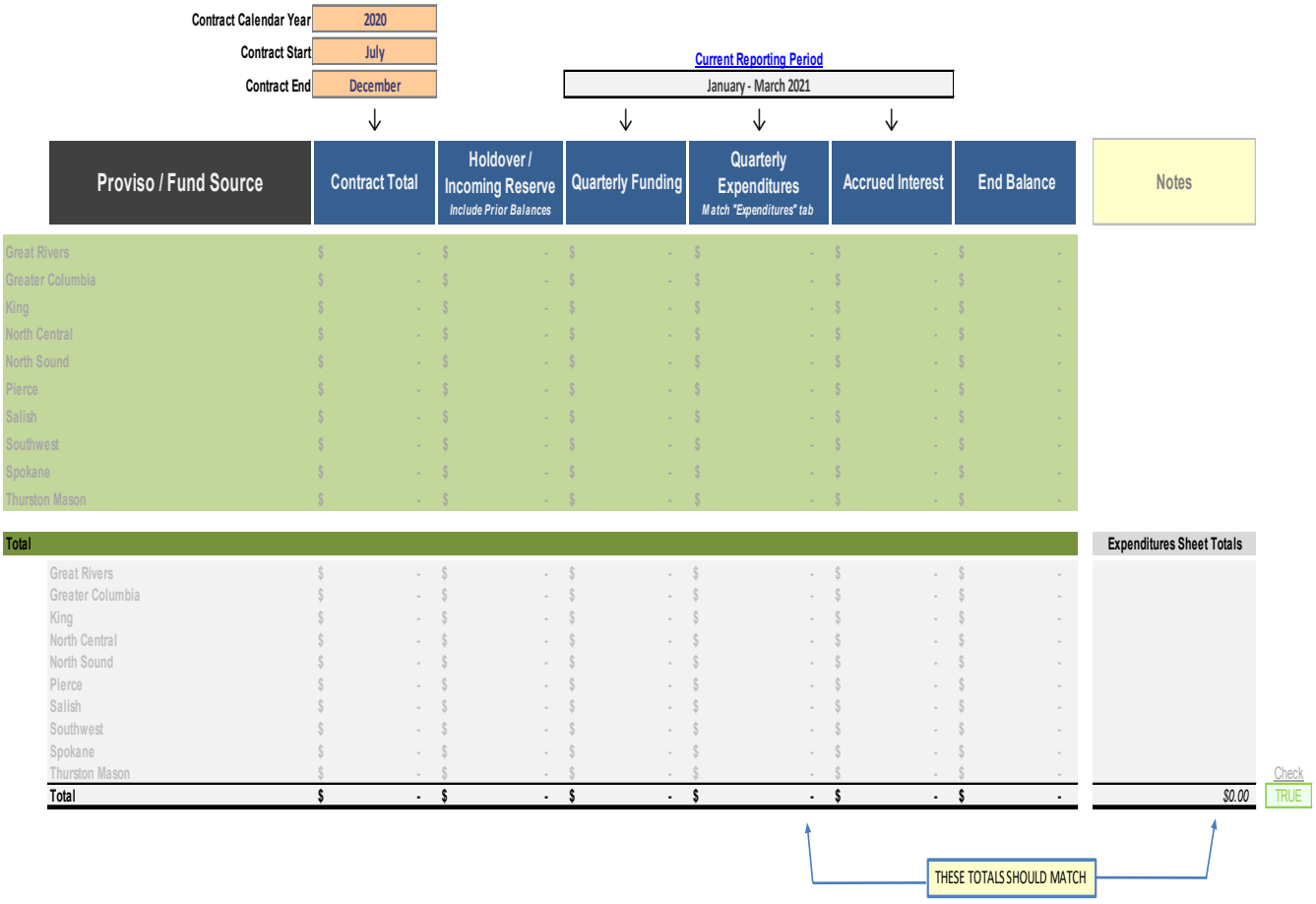
COMPLETE CERTIFICATION SHEET

		Additional BH-ASO Fund Sources					
		GF-S / Proviso	Block Grant	CJTA	DMA	Local	Total
	MENTAL HEALTH						
	Required Services - not subject to availability of funding						
	Crisis and ITA Services						
MH_REQ_CRISIS	Commitment Services - Facility (MH)						$0
MH_REQ_CRISIS	Commitment Services - Non-Facility (MH)						$0
MH_REQ_CRISIS	County Court Costs (MH)						$0
MH_REQ_CRISIS	Crisis Services - Hotline and Mobile Outreach (MH)						$0
MH_REQ_CRISIS	Transportation (MH)						$0
	ITA Treatment and IMD Long-stay						
MH_REQ_ITA	Freestanding E&T Treatment Services - no R&B						$0
MH_REQ_ITA	Freestanding E&T Room and Board						$0
MH_REQ_ITA	Psychiatric Inpatient Treatment - include R&B						$0
MH_REQ_ITA	IMD Residential for stays greater than 15 days						$0
MH_REQ_ITA	Other BH Services Excluded from Medicaid due to IMD Long-stay (MH)						$0
	Within Available Resources						
	Residential and Voluntary Inpatient Treatment						
MH_AVAIL_RES	Residential Treatment Services - no R&B (MH)						$0
MH_AVAIL_RES	Residential Room and Board (MH)						$0
MH_AVAIL_RES	Voluntary Inpatient Treatment - include R&B (MH)						$0
	Outpatient Treatment Services						
MH_AVAIL_OUT	Assisted Outpatient Treatment (AOT)						$0
MH_AVAIL_OUT	Intensive Residential Treatment Teams (IRT)						$0
MH_AVAIL_OUT	Outpatient Mental Health Treatment						$0
MH_AVAIL_OUT	Program for Assertive Community Treatment (PACT)						$0
MH_AVAIL_OUT	Rehabilitation Case Management						$0
MH_AVAIL_OUT	Stabilization Services (short term crisis up to 2 weeks)						$0
	Other Services						
MH_AVAIL_OTHER	Behavioral Health Personal Care - when recouped by HCA						$0
MH_AVAIL_OTHER	E&T Discharge Planners						$0
MH_AVAIL_OTHER	Family Hardship (MH)						$0
MH_AVAIL_OTHER	Interpreter Services (MH)						$0
MH_AVAIL_OTHER	Jail Transition Services (MH)						$0
MH_AVAIL_OTHER	Peer Bridger						$0
MH_AVAIL_OTHER	Respite Care						$0
MH_AVAIL_OTHER	Supported Employment						$0
	Other (DESCRIBE IN NOTES →)						
MH_EXTRA_EXTRA	GF-S						$0
MH_EXTRA_EXTRA	Mental Health Block Grant (MHBG)						$0
	Subtotal - Mental Health	$0	$0	$0	$0	$0	$0
							TRUE
	SUBSTANCE USE DISORDER						
	Required Services - not subject to availability of funding						
	Crisis and ITA Services						
SUD_REQ_CRISIS	Commitment Services - Facility (SUD)						$0
SUD_REQ_CRISIS	Commitment Services - Non-Facility (SUD)						$0
SUD_REQ_CRISIS	County Court Costs (SUD)						$0
SUD_REQ_CRISIS	Crisis Services - Hotline and Mobile Outreach (SUD)						$0
SUD_REQ_CRISIS	Transportation (SUD)						$0
	ITA Treatment and IMD Long-stay						
SUD_REQ_ITA	Secure Detox - include R&B						$0
SUD_REQ_ITA	Other BH Services Excluded from Medicaid due to IMD Long-stay (SUD)						$0
	Within Available Resources						
	Residential and Voluntary Inpatient Treatment						
SUD_AVAIL_RES	Intensive Inpatient Residential Treatment Services - no R&B						$0
SUD_AVAIL_RES	Long-Term Care Residential Treatment Services - no R&B						$0
SUD_AVAIL_RES	Recovery House Residential Treatment Services - no R&B						$0
SUD_AVAIL_RES	Residential Room and Board (SUD)						$0
SUD_AVAIL_RES	Voluntary Secure Detox - include R&B (SUD)						$0
	Withdrawal Management Services						
SUD_AVAIL_WITHDRAW	Acute Withdrawal Management (detoxification)						$0
SUD_AVAIL_WITHDRAW	Sub-Acute Withdrawal Management (detoxification)						$0
SUD_AVAIL_WITHDRAW	Sobering Services						$0
	Outpatient Treatment Services						
SUD_AVAIL_OUT	Brief Intervention						$0
SUD_AVAIL_OUT	Case Management						$0
SUD_AVAIL_OUT	Opiate Substitution Therapy						$0
SUD_AVAIL_OUT	Outpatient Treatment, Group and Individual						$0
	Community Engagement and Referral Services						
SUD_AVAIL_COMMUNI	Alcohol/Drug Information School						$0
SUD_AVAIL_COMMUNI	Community Outreach						$0
SUD_AVAIL_COMMUNI	Engagement & Referral						$0
SUD_AVAIL_COMMUNI	Interim Services						$0
SUD_AVAIL_COMMUNI	Opiate Dependency/HIV Services						$0
	Support Services						
SUD_AVAIL_SUPPORT	Child Care Services						$0
SUD_AVAIL_SUPPORT	PPW Housing Support Services						$0
SUD_AVAIL_SUPPORT	Therapeutic Interventions for Children						$0
	Other Services						
SUD_AVAIL_OTHER	Drug Screens / Urinalysis Testing						$0
SUD_AVAIL_OTHER	Family Hardship (SUD)						$0
SUD_AVAIL_OTHER	Interpreter Services (SUD)						$0
SUD_AVAIL_OTHER	Jail Transition Services (SUD)						$0
SUD_AVAIL_OTHER	Juvenile Drug Court						$0
SUD_AVAIL_OTHER	Recovery Support Services						$0
	Other (DESCRIBE IN NOTES →)						
SUD_EXTRA_EXTRA	GF-S, CJTA and DMA						$0
SUD_EXTRA_EXTRA	Substance Abuse Block Grant (SABG)						$0
	Subtotal - Substance Use Disorder	$0	$0	$0	$0	$0	$0
							TRUE
	GENERAL SERVICES						
GENERAL_GENERAL_	Behavioral Health Advisory Board						$0
GENERAL_GENERAL_	Ombuds						$0
GENERAL_GENERAL_	FYSPRT						$0
GENERAL_GENERAL_	Trueblood Misdemeanor Diversion (provide # of encounters in notes)						$0
	Subtotal - General Services	$0	$0	$0	$0	$0	$0
							TRUE
	ADMINISTRATIVE & DIRECT SERVICE SUPPORT						
ADMIN_ADMIN_ADMIN	Administration (10% limit by State Fiscal Year)						$0
ADMIN_ADMIN_ADMIN	B&O Tax						$0
ADMIN_ADMIN_ADMIN	Direct Service Support Costs (5% limit by State Fiscal Year)						$0
	Subtotal - Administration & Direct Service Support	$0	$0	$0	$0	$0	$0
							TRUE
	TOTAL EXPENDITURES						
	Grand Total	$0	$0	$0	$0	$0	$0
							TRUE

MCO funding template

Graphic 2: MCO funding template

Quarterly Proviso Funding, Expenditures and Balances



ASO funding template

Graphic 3: ASO funding template

Quarterly Proviso Funding, Expenditures and Balances

Contract Calendar Year	2020
Contract Start	July
Contract End	December

Current Reporting Period: January - March 2021

Minimum Reserves:

Proviso / Fund Source	Contract Total	Holdover / Incoming Reserve *Include Prior Balances*	Quarterly Funding	Quarterly Expenditures *Match "Expenditures" tab*	Accrued Interest	End Balance	Notes
General Fund State (GF-S)	$ -	$ -	$ -	$ -	$ -	$ -	
Flexible							
Non-Medicaid						$ -	
Provisos							
						$ -	
						$ -	
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DMA and CJTA	$ -	$ -	$ -	$ -	$ -	$ -	
						$ -	
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						$ -	
Block Grant	$ -	$ -	$ -	$ -	$ -	$ -	
						$ -	
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						$ -	
Local	$ -	$ -	$ -	$ -	$ -	$ -	
						$ -	
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						$ -	
						$ -	

Total							**Expenditures Sheet Totals**	Check
GF-S	$ -	$ -	$ -	$ -	$ -	$ -		
DMA and CJTA	$ -	$ -	$ -	$ -	$ -	$ -		
Block Grant	$ -	$ -	$ -	$ -	$ -	$ -		
Local	$ -	$ -	$ -	$ -	$ -	$ -		
Total	$ -	$ -	$ -	$ -	$ -	$ -	*$0.00*	TRUE

THESE TOTALS SHOULD MATCH

Flexible GF-S and Blockgrant Expenditures by Service Type

Reporting Period	January - March 2021
Entity Type	BH-ASO
Entity	Regional BH-ASO
Population	General
Region	SUMMARY

COMPLETE CERTIFICATION SHEET

		Additional BH-ASO Fund Sources					
		GF-S / Proviso	Block Grant	CJTA	DMA	Local	Total
	MENTAL HEALTH						
	Required Services - not subject to availability of funding						
	Crisis and ITA Services						
MH_REQ_	Commitment Services - Facility (MH)	$0	$0			$0	$0
MH_REQ_	Commitment Services - Non-Facility (MH)	$0	$0			$0	$0
MH_REQ_	County Court Costs (MH)	$0	$0			$0	$0
MH_REQ_	Crisis Services - Hotline and Mobile Outreach (MH)	$0	$0			$0	$0
MH_REQ_	Transportation (MH)	$0	$0			$0	$0
	ITA Treatment and IMD Long-stay						
MH_REQ_	Freestanding E&T Treatment Services - no R&B	$0	$0			$0	$0
MH_REQ_	Freestanding E&T Room and Board	$0	$0			$0	$0
MH_REQ_	Psychiatric Inpatient Treatment - include R&B	$0	$0			$0	$0
MH_REQ_	IMD Residential for stays greater than 15 days	$0	$0			$0	$0
MH_REQ_	Other BH Services Excluded from Medicaid due to IMD Long-stay (MH)	$0	$0			$0	$0
	Within Available Resources						
	Residential and Voluntary Inpatient Treatment						
MH_AVAIL	Residential Treatment Services - no R&B (MH)	$0	$0			$0	$0
MH_AVAIL	Residential Room and Board (MH)	$0	$0			$0	$0
MH_AVAIL	Voluntary Inpatient Treatment - include R&B (MH)	$0	$0			$0	$0
	Outpatient Treatment Services						
MH_AVAIL	Assisted Outpatient Treatment (AOT)	$0	$0			$0	$0
MH_AVAIL	Intensive Residential Treatment Teams (IRT)	$0	$0			$0	$0
MH_AVAIL	Outpatient Mental Health Treatment	$0	$0			$0	$0
MH_AVAIL	Program for Assertive Community Treatment (PACT)	$0	$0			$0	$0
MH_AVAIL	Rehabilitation Case Management	$0	$0			$0	$0
MH_AVAIL	Stabilization Services (short term crisis up to 2 weeks)	$0	$0			$0	$0
	Other Services						
MH_AVAIL	Behavioral Health Personal Care - when recouped by HCA	$0	$0			$0	$0
MH_AVAIL	E&T Discharge Planners	$0	$0			$0	$0
MH_AVAIL	Family Hardship (MH)	$0	$0			$0	$0
MH_AVAIL	Interpreter Services (MH)	$0	$0			$0	$0
MH_AVAIL	Jail Transition Services (MH)	$0	$0			$0	$0
MH_AVAIL	Peer Bridger	$0	$0			$0	$0
MH_AVAIL	Respite Care	$0	$0			$0	$0
MH_AVAIL	Supported Employment	$0	$0			$0	$0
	Other (DESCRIBE IN NOTES →)						
MH_EXTRA	GF-S	$0				$0	$0
MH_EXTRA	Mental Health Block Grant (MHBG)		$0				$0
	Subtotal - Mental Health	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	SUBSTANCE USE DISORDER						
	Required Services - not subject to availability of funding						
	Crisis and ITA Services						
SUD_REQ	Commitment Services - Facility (SUD)	$0	$0	$0	$0	$0	$0
SUD_REQ	Commitment Services - Non-Facility (SUD)	$0	$0	$0	$0	$0	$0
SUD_REQ	County Court Costs (SUD)	$0	$0	$0	$0	$0	$0
SUD_REQ	Crisis Services - Hotline and Mobile Outreach (SUD)	$0	$0	$0	$0	$0	$0
SUD_REQ	Transportation (SUD)	$0	$0	$0	$0	$0	$0
	ITA Treatment and IMD Long-stay						
SUD_REQ	Secure Detox - include R&B	$0	$0	$0	$0	$0	$0
SUD_REQ	Other BH Services Excluded from Medicaid due to IMD Long-stay (SUD)	$0	$0		$0	$0	$0
	Within Available Resources						
	Residential and Voluntary Inpatient Treatment						
SUD_AVAI	Intensive Inpatient Residential Treatment Services - no R&B	$0	$0	$0	$0	$0	$0
SUD_AVAI	Long-Term Care Residential Treatment Services - no R&B	$0	$0	$0	$0	$0	$0
SUD_AVAI	Recovery House Residential Treatment Services - no R&B	$0	$0	$0	$0	$0	$0
SUD_AVAI	Residential Room and Board (SUD)	$0	$0	$0	$0	$0	$0
SUD_AVAI	Voluntary Secure Detox - include R&B (SUD)	$0	$0	$0	$0	$0	$0
	Withdrawal Management Services						
SUD_AVAI	Acute Withdrawal Management (detoxification)	$0	$0	$0	$0	$0	$0
SUD_AVAI	Sub-Acute Withdrawal Management (detoxification)	$0	$0	$0	$0	$0	$0
SUD_AVAI	Sobering Services	$0	$0	$0	$0	$0	$0
	Outpatient Treatment Services						
SUD_AVAI	Brief Intervention	$0	$0	$0	$0	$0	$0
SUD_AVAI	Case Management	$0	$0	$0	$0	$0	$0
SUD_AVAI	Opiate Substitution Therapy	$0	$0	$0	$0	$0	$0
SUD_AVAI	Outpatient Treatment, Group and Individual	$0	$0	$0	$0	$0	$0
	Community Engagement and Referral Services						
SUD_AVAI	Alcohol/Drug Information School	$0	$0	$0	$0	$0	$0
SUD_AVAI	Community Outreach	$0	$0	$0	$0	$0	$0
SUD_AVAI	Engagement & Referral	$0	$0	$0	$0	$0	$0
SUD_AVAI	Interim Services	$0	$0	$0	$0	$0	$0
SUD_AVAI	Opiate Dependency/HIV Services	$0	$0	$0	$0	$0	$0
	Support Services						
SUD_AVAI	Child Care Services	$0	$0	$0	$0	$0	$0
SUD_AVAI	PPW Housing Support Services	$0	$0	$0	$0	$0	$0
SUD_AVAI	Therapeutic Interventions for Children	$0	$0	$0	$0	$0	$0
	Other Services						
SUD_AVAI	Drug Screens / Urinalysis Testing	$0	$0	$0	$0	$0	$0
SUD_AVAI	Family Hardship (SUD)	$0	$0	$0	$0	$0	$0
SUD_AVAI	Interpreter Services (SUD)	$0	$0	$0	$0	$0	$0
SUD_AVAI	Jail Transition Services (SUD)	$0	$0	$0	$0	$0	$0
SUD_AVAI	Juvenile Drug Court	$0	$0		$0	$0	$0
SUD_AVAI	Recovery Support Services	$0	$0	$0	$0	$0	$0
	Other (DESCRIBE IN NOTES →)						
SUD_EXTR	GF-S, CJTA and DMA	$0		$0	$0	$0	$0
SUD_EXTR	Substance Abuse Block Grant (SABG)		$0				$0
	Subtotal - Substance Use Disorder	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	GENERAL SERVICES						
GENERAL	Behavioral Health Advisory Board	$0	$0	$0	$0	$0	$0
GENERAL	Ombuds	$0	$0	$0	$0	$0	$0
GENERAL	FYSPRT	$0	$0	$0	$0	$0	$0
GENERAL	Trueblood Misdemeanor Diversion (provide # of encounters in notes)	$0	$0	$0	$0	$0	$0
	Subtotal - General Services	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	ADMINISTRATIVE & DIRECT SERVICE SUPPORT						
ADMIN_AD	Administration (10% limit by State Fiscal Year)	$0		$0	$0	$0	$0
ADMIN_AD	B&O Tax	$0					$0
ADMIN_AD	Direct Service Support Costs (5% limit by State Fiscal Year)	$0		$0	$0	$0	$0
	Subtotal - Administration & Direct Service Support	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	TOTAL EXPENDITURES						
	Grand Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Special Revenue

Please report here any revenue received from the MCOs for Crisis Services

Revenue Type	Amount	Notes
MCO Payments for Crisis Services	**$ -**	
Crisis Services - Hotline and Mobile Outreach		
Transportation		
Other		

Special Reporting for Expenditures

- Pregnant, Parenting and Post-Partum and Youth
- Dedicated Contracts (outside the regional BH-ASO contract)

↑ EXPAND FOR BH-ASOs ONLY

Service Type	GF-S	CJTA	DMA	Federal / Block Grant	Local	Total	Notes
PPW & Youth							
Pregnant, Parenting and Post-Partum	$ -	$ -	$ -	$ -	$ -	$ -	
Mental Health	$ -	$ -	$ -	$ -	$ -	$ -	
						$ -	
						$ -	
						$ -	
						$ -	
Substance Use Disorder	$ -	$ -	$ -	$ -	$ -	$ -	
						$ -	
						$ -	
						$ -	
						$ -	
Youth	$ -	$ -	$ -	$ -	$ -	$ -	
Mental Health	$ -	$ -	$ -	$ -	$ -	$ -	
						$ -	
						$ -	
						$ -	
						$ -	
Substance Use Disorder	$ -	$ -	$ -	$ -	$ -	$ -	
						$ -	
						$ -	
						$ -	
						$ -	
Dedicated Contracts							
PATH	$ -	$ -	$ -	$ -	$ -	$ -	
Housing						$ -	
Outreach services						$ -	
HARPS	$ -	$ -	$ -	$ -	$ -	$ -	
Services						$ -	
Subsidies						$ -	
SUD Subsidies Proviso						$ -	

Appendix B: Non-Medicaid revenue & expenditure report instructions

Behavioral Health Administrative Services Organizations and Managed Care Organizations

Non-Medicaid Revenue & Expenditure Report Instructions

Administered by the Washington State Health Care Authority

July 2020

Contact:

Martha Cortes (360) 725-1650 martha.cortesleon@hca.wa.gov

Marcus Ehrlander (360) 725-1836 marcus.ehrlander@hca.wa.gov

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Overview

The purpose of this document is to provide instructions for reporting non-Medicaid expenditures for behavioral health services on the Revenue & Expenditure ("R&E") Report template provided by HCA.

The fiscal policies set forth in this document are conditions for the receipt of funds and are mandatory.

This document is intended for use by Behavioral Health Administrative Services Organizations (BH-ASOs) and Managed Care Organizations (MCOs). The same basic template is to be used by both types of entities, although MCOs will have additional sheets for each region in which they operate, and the BH-ASOs have two additional sheets for "Special Revenue" and "Special Expenditures." In addition, the template is designed with conditional formatting to grey out or hide certain areas if not applicable to the selected entity type.

Reportable expenditures should only include actual expenditures on contracted services for the reporting quarter.

Due Dates and Submission

Reports must be submitted quarterly over each state fiscal year within **45 days** of the end of each quarter. The fiscal quarters are as shown here:

Fiscal Quarters for Submission BH-ASO MCO

R&E reporting follows the State Fiscal Year. Based on this, each quarter runs as follows:

Q1: July – September **Q2**: October – December

The submission should consist of one Excel workbook and a signed PDF version of the **Certification** sheet that is the first worksheet tab of the workbook. For MCOs the single workbook should cover all regions, but BH-ASOs that operate in multiple regions should submit a separate workbook and signed certification sheet for each region.

File Name

The file should be submitted using a standard naming convention as follows:

BH-ASO: [REGION]_ASO_FY[YY]_Q[Q]

MCO: [ENTITY NAME]_FY[YY]_Q[Q]

REVISED SUBMISSIONS: Please add "_REVISED", "_REVISED2", etc., to the end.

For example:

- King_ASO_FY21_Q3 ← *Original submission*, covers **January-March** 2021
- Salish_ASO_FY21_Q4_REVISED2 ← *Second revised submission*, covers **April-June** 2020
- Molina_FY21_Q1_REVISED ← *Revised submission*, covers **July-September** 2020

Revised Reports for Prior Periods

You may need to submit a correction to data submitted to HCA.

During a current state fiscal year (July – June)

If you discover an error in a previously submitted report during the same fiscal year, submit a corrected report as soon as possible. The corrected report should be a complete updated report, including all data based on most recent knowledge, not just the items that changed. Add a note to the report explaining the correction where specified on the Certification sheet.

For a prior State fiscal year

If you discover an error in a previous fiscal year, notify your Contract Manager and the R&E contact person (Martha Cortes at 360 725-1650).

In all cases an original or revised report must be submitted with a completed Certification sheet.

Addresses for submission

Submit your reports to the following two email addresses:

BH-ASO:

- HCARevenue&Expenditures@hca.wa.gov
- HCABHASO@hca.wa.gov

MCO:

- HCARevenue&Expenditures@hca.wa.gov
- HCAMCPROGRAMS@hca.wa.gov

Completion by Region (MCOs only)

MCOs will complete an Expenditures sheet for each region. Each worksheet should be named "EXP-XX" where XX is a two-letter abbreviation for the region as follows:

Region Identifiers

Great Rivers:	**GR**	Pierce:	**PI**
Greater Columbia:	**GC**	Salish:	**SA**
King:	**KI**	Southwest:	**SW**
North Central:	**NC**	Spokane:	**SP**
North Sound:	**NS**	Thurston Mason:	**TM**

Instructions by Worksheet Tab

HCA will provide an Excel workbook to each BH-ASO and MCO with the worksheet tabs that the entity must complete.

Worksheet tabs will include:

- **Certification**
- **FUNDING**
- **EXP-XX** (*"XX" will be a two-letter region identifier, and MCOs will have one sheet per region*)
- **REV-Special** (*BH-ASO only*)
- **EXP-Special** (*BH-ASO only*)

MCOs will report on a separate **Expenditures** sheet for each region. In addition, MCOs will provide one **Summary Expenditures** sheet that sums together the amounts from each of the regional Expenditures sheets to show the total expenditures across all regions. The Summary Expenditures sheet will be included in the template provided by HCA.

Only one **Certification** sheet must be completed for all regions. The certification sheet must be submitted as a separate PDF file containing a signature of an authorized representative.

Certification Worksheet Tab

Certification: Dynamic Formatting BH-ASO MCO

Please note that the selections made on this sheet will determine which fields are available or greyed out on the Expenditures worksheet tab. For instance, if you select "MCO" as the entity, fields for Block Grant and other BH-ASO specific funding

The completed Certification sheet must be submitted as a separate PDF file containing a signature of an authorized representative. An e-signature or scanned signature is sufficient.

Section I: The following fields and sections must be completed:

1. **Reporting Period**: Select the three months period of revenue and expenditures covered by the report.

2. **Entity**: Select the type of entity of the contractor. Select either "BH-ASO" or "MCO".

3. **Version**: Select "Original" or "Revised submission" depending on whether it is the first report submitted to HCA for the reporting period, or a revision of a prior submitted report.

If "Revised submission" is selected, Section III will appear on this sheet and the contractor must provide an explanation of the revision including which items changed and the reasons for the change. See an image of the text field that appears on the template in the description of Section III below.

4. **MCO:** (for Managed Care Organizations only): If "MCO" is selected as the Entity, then the contractor must identify itself in this field with the options of "AMG", "CCW", "CHPW", "MHC", and "UHC".

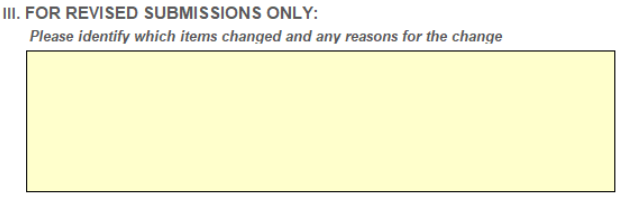
5. **Population:** If the report covers expenditures under the Integrated Foster Care wraparound contract, select "Foster Care." Otherwise, select "General."

6. **Regions**: Select the regions covered by the report. For BH-ASOs this should be only one region. For MCOs it should include all regions in which the MCO is contracted with HCA to operate. A separate Expenditures sheet must be submitted for each region, and the FUNDING sheet should delineate funding by region.

Section II: Enter the name of the person completing the form ("Signature" block), the name of the "Organization", and the "Date" on which the form is submitted. *Note:* A personalized signature does not need to be included in the Excel workbook, but the PDF version of the Certification sheet must be signed by an authorized representative. An e-signature or scanned signature is sufficient. The Excel workbook should show the name of the person who signed the submitted PDF form in the "Signature" field.

Section III: If you select "Revised submission" under "Version", please provide here the list of the changed items and an explanation.

This explanation box appears if you select "Revised submission" in the **Version** *field:*



Expenditures Worksheet Tab(s)

Expenditures: Dynamic Formatting BH-ASO MCO

Please note that some areas of this sheet will be greyed out or hidden if not applicable for the selected entity. For instance, columns for "Block Grant" will be greyed out if "MCO" has been selected on the Certification sheet. Data should not be entered into

The expenditures worksheet tab(s) "**EXP-XX**" are for reporting all amounts spent over the reporting period on contracted services, delineated by service type (rows) and fund source (columns). For BH-ASOs there will be only one Expenditures worksheet tab, but for MCOs there will be a separate tab for each region. The sheet is broken into four main service

categories: MENTAL HEALTH, SUBSTANCE USE DISORDER, GENERAL SERVICES, and ADMINISTRATIVE & DIRECT SERVICE SUPPORT.

General Instructions

1. The expenditures reported must represent the payments made for services under the Behavioral Health Administrative Service Organization and the Managed Care Organizations Wraparound contracts.

2. Report contractor expenditures (paid claims), not provider revenues and expenditures.

3. Report payments made during the quarter, regardless of the date of service.

4. Report actual expenditures for the reporting quarter. Do not report accruals or incurred but not paid (IBNP).

5. For capitated arrangements with providers or other payment arrangements which cover more than one of the service categories listed on the Expenditures sheet(s), allocate the paid amounts between each applicable category using an estimate of the percentage of costs in each category. For example, if a capitated arrangement covers services under three categories, divide the total expenditures under this arrangement among the three categories on a basis that reflects your best estimate of the provider costs in each area.

6. Report Format

    i) Columns identify the Fund Source.

    ii) Rows identify type of Service or Program.

    iii) **Do not delete rows or add rows**. If clarification is necessary, insert a comment box in a cell or use the Notes column provided.

    iv) **Do not change the overall format.** Reports must be submitted in exactly the same format so that HCA can summarize and condense the information into one Excel workbook by linking the reports.

    v) "Other" - Two lines are available under the Mental Health and Substance Use Disorder sections for "Other". These should only be used for reporting

of items that do not fit under any of the categories listed above. If any amounts are reported in this section, a note should be added that describes the services provided.

Mental Health and Substance Use Disorder

Expenditures should be divided to the extent possible between Mental Health and Substance Use Disorder services. In some cases, a service by the same name is included in both categories. On the template, these include "MH" or "SUD" in parentheses. If expenditures could fit in both Mental Health and Substance Use Disorder then they should be allocated on a reasonable basis between the two sections.

General Services

Items included here do not fit cleanly within "Mental Health" or "Substance Use Disorder", and we do need them to be allocated on that basis.

Administration, B&O Tax, and Direct Service Support

The contract defines the percentage of funding or expenditures that may be used for administrative expenditures. For the BH-ASOs, an additional 5% of revenue may be allocated toward Direct Service Supports. Direct Service Support Costs are BH-ASO level costs incurred to provide services and activities to individuals, and include:

Utilization Management (UM) and Quality Assurance

Costs for activities designed to ensure that adequate quality care is provided to eligible consumers including development of placement criteria, conducting UM activities, and other quality assurance functions.

Information Services

Costs for the maintenance of a patient tracking system for service recipients, per RCW 71.24.035, and all other information services development and reporting functions. Includes Information Services (Technical) staff, computer equipment, data lines, and other costs associated with an information services system.

Public Education

Costs for consultation, education and public information activities related to primary populations or agency services. Examples include individual case planning and consultation for consumers of other human service organizations; enhancing understanding of chronic mental illness and serious mental disturbances through the media, providing workshops and other training to develop skills of ancillary providers in dealing with

behavioral health disorders and populations, and disseminating information and material about behavioral health services.

Any amounts reported as Direct Service Supports must be supported by qualifying expenditures that can be demonstrated in the event of a fiscal review.

BH-ASOs that are subject to the state B&O tax should report amounts paid under the B&O Tax category.

Funding Worksheet Tab

The **FUNDING** worksheet tab is for reporting on the status of each fund source. On this worksheet, you will report the amounts of each funding allocation under the Contract, the amount on hand going into the reporting period, the amount expended in the reporting period, and the amount that remains at the end of the reporting period.

Expenditures vs. Funding Tabs BH-ASO MCO

Please note that the total expenditures for the reporting period on the FUNDING worksheet should match the total on the expenditures worksheet(s). The difference between the sheets is that the expenditures sheet(s) provides reporting on the services provided, while the FUNDING worksheet provides reporting on the fund sources used

Report revenue received under the Behavioral Health Administrative Services Organization and the Managed Care Organizations Wraparound contracts. The columns on this worksheet are as follows:

Proviso / Fund Source

This column will be pre-populated by HCA with each proviso or other fund source included in the contractor's Exhibit A. If any proviso or other fund source is missing please add it to the bottom of the list.

Contract Total

This column will be pre-populated by HCA and will show the total allocation to the contractor under the in-effect contract for the reporting period. If the amount is incorrect, please make a correction and add a note indicating that a correction was made.

Holdover / Incoming Reserve

This column, enter the total funding received from HCA in prior periods that the contractor is still authorized to spend and had not spent prior to the reporting period.

Quarterly Funding

In this column, enter the total funding actually received from HCA in the reporting period only. Do not include accruals.

Accrued Interest

Enter interest accrued in the reporting period. All accrued interest for state funded services should be reported under the Non-Medicaid row. The Accrued Interest column is greyed out for other rows.

End Balance

This column will calculate automatically as **Holdover / Incoming Reserve** + **Quarterly Funding** - **Quarterly Expenditures** + **Accrued Interest**.

BH-ASO Reserves Balances BH-ASO

The BH-ASOs have been allocated funding to be kept in reserves and are required to keep their reserves balances within boundaries set in contract. HCA will use the reporting from the BH-ASOs on the Funding worksheet tab to confirm that the incoming reserves and end balance remain within these

Special Revenues Reporting (BH-ASOs only)

Report revenue here received from the MCOs for crisis services in the reporting period. If amounts are recouped by the MCOs following reconciliation the reduction should be reported as such (they should reduce the reported revenue) the period in which the recoupment occurs.

Special Expenditures Reporting

Expenditure reporting on this tab addresses specific reporting requirements that HCA must meet. BH-ASOs and MCOs must complete this sheet. However, some parts of the sheet are applicable only to BH-ASOs. These parts of the sheet will be greyed out and/or hidden if "MCO" is selected as the entity type.

PPW and Youth (BH-ASOs and MCOs)

This section is for expenditures across all service categories as listed on the Expenditures sheet, where the services were provided for individuals in the designated populations.

Pregnant, Parenting and Post-Partum (PPW)

Enter expenditures for SUD services paid to support PPW services by State-Only and Dedicated Marijuana Account (DMA). Total expenditures are required for Medicaid, State-only and DMA to track for the State Maintenance of Effort required by the SABG.

Youth

Enter expenditures for SUD services paid to support Youth by State-Only and Dedicated Marijuana Account (DMA). Total expenditures are required for Medicaid, State-only and DMA to track for the State I-502 reporting

requirements. "Youth" means a person from age ten (10) through age seventeen (17).

Dedicated Contracts (BH-ASOs only)

PATH

In this section BH-ASOs should report quarterly expenditures under the PATH contract, in those regions where the BH-ASO contracts for PATH services with HCA. The PATH contract has a match requirement of 33.3% which must be met using state funds, and these expenditures should also be reported here under the "GF-S" column. Expenditures of federal PATH funding should be reported under the "Federal / Block Grant" column. No more than 20% of PATH funds should go toward housing.

HARPS

In this section BH-ASOs should report quarterly expenditures under the HARPS contract, in those regions where the BH-ASO contracts for HARPS services with HCA. Expenditures using state funding (for Subsidies and SUD Subsidies Proviso) should be reported under the "GF-S" column. Expenditures of federal HARPS funding (Services) should be reported under the "Federal / Block Grant" column.

Appendix A: Expenditure Category Descriptions

Mental Health

Required Services - not subject to availability of funding

Crisis and ITA Services- ASO

The items in this section are for the BH-ASOs only. MCOs expenditures for these items are assumed to use Medicaid funding only and so will not be reported here.

Commitment Services – Facility (MH) – ASO

Costs related to involuntary commitments (71.05 RCW and 71.34 RCW) paid by the E&T or inpatient facility, i.e. security, court liaison, documentation, or related costs.

Commitment Services – Non-Facility (MH) – ASO

Costs for designated crisis responders and related services related to involuntary commitments (71.05 RCW and 71.34 RCW), when not paid by the E&T or inpatient facility.

County Court Costs (MH) – ASO

Costs of court proceedings related to involuntary commitments (71.05 RCW and 71.34 RCW). These are the fees paid to the counties to cover the cost of judges, prosecutors, and other related court expenses.

Crisis Services – Hotline and Mobile Outreach (MH) – ASO

Evaluation and short-term treatment and other services to Individuals with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the Individual's health or safety.

Transportation (MH) – ASO

Transportation costs of individuals to and from behavioral health treatment facilities.

ITA Treatment and IMD Long-stay – ASO – MCO

ASO expenditures in this section should be limited to involuntary commitments. Expenditures for voluntary commitments would be reported in the lower section on the form under "Within Available Resources". Generally, MCO expenditures for these services would be covered by Medicaid funding. However for individuals who have stayed in an IMD for more than 15 days in a month, behavioral health costs that would ordinarily be supported by Medicaid funding must be covered with non-Medicaid funding and those costs should be reported here.

Freestanding E&T Treatment Services – no R&B – ASO – MCO

Services are provided in freestanding inpatient residential (non-hospital/non-Institution for Mental Disease (IMD) facilities) licensed and certified by DOH to provide medically necessary evaluation and treatment to the Individual who would otherwise meet hospital admission criteria. *Do not include room and board under this line.*

Freestanding E&T Room and Board – ASO – MCO

Room and Board costs associated with treatment provided in a Freestanding E&T.

Psychiatric Inpatient Treatment – **include R&B** – ASO – MCO

Costs for treatment at a hospital or E&T facility (excluding the freestanding E&T), 24 hours a day for evaluation, diagnostic, and therapeutic purposes. Inpatient services are provided in a psychiatric hospital or a psychiatric ward of a general hospital or E&T facility. The treatment must include overnight care, but the client may spend time outside the hospital as part of the therapeutic process.

Other BH Services Excluded from Medicaid due to IMD Long-stay – MCO

This line is for the MCOs to report outpatient and behavioral health expenditures other than E&T and Inpatient services which are not covered by a member's monthly Medicaid premium due to the IMD long-stay recoupment process. Expenditures here should include costs of services required under the FIMC contract in a service month subject to the IMD recoupment. Physical health costs should not be included because funding for those services is not part of the MCO wrap-around contract.

Within Available Resources – ASO - MCO

Residential and Voluntary Inpatient Treatment – ASO - MCO

Residential Treatment Services – no R&B (MH) – ASO - MCO

Costs of a specialized form of rehabilitation service that offers a sub-acute psychiatric management environment for mental health services provided in residential setting. *Do not include the costs for room and board, custodial care, and medical services under this line.*

Residential Room and Board (MH) – ASO - MCO

For services in a 24-hour-a-day setting this is the provision of accessible, clean and well-maintained sleeping quarters with sufficient space, light and comfortable furnishings for sleeping and personal activities along with nutritionally adequate meals provided three times a day at regular intervals. Room and Board must be provided consistent with the requirements for Residential Treatment Facility Licensing through DOH WAC 246-337.

Voluntary Inpatient Treatment – include R&B (MH) –ASO – MCO

This line should include costs for psychiatric inpatient treatment where the patient was voluntarily admitted.

Outpatient Treatment Services – ASO – MCO

Assisted Outpatient Treatment (AOT) – ASO – MCO

Costs to support Assisted Outpatient Treatment (AOT). AOT is an order for Less Restrictive Alternative Treatment for up to ninety days from the date of judgment and does not include inpatient treatment. Additionally, funding to implement AOT pilot programs in Pierce and Yakima counties should be reported in this row.

Intensive Residential Treatment Teams (IRT) – MCO

Costs to support Intensive Residential Treatment Teams. This is a team-based model for delivering existing Medicaid State Plan services to Enrollees. These teams also provide some non-Medicaid treatment activities, which are funded through GFS. This delivery model focuses on Enrollees being discharged or diverted from state hospitals to an ALTSA-licensed adult family home or assisted living facility.

Outpatient Mental Health Treatment – ASO – MCO

Costs associated with providing the following treatment modalities: Brief Intervention Treatment, Day Support, Family Treatment, Group Treatment, High Intensity Treatment, Individual Treatment, Intake Evaluation, Medication Management, Medication Monitoring, Peer Support, Psychological Assessment, Special Population Evaluation, and Therapeutic Psychoeducation. *Do not include rehabilitation case management and stabilization services as they have separate lines.*

Program for Assertive Community Treatment (PACT) – ASO – MCO

Costs related to development and operation of high-intensity PACT teams or WA-PACT as described in the budget proviso. If the BH-ASO reimburses for PACT services delivered to a non-Medicaid individual, the cost should be reported here. WA-PACT proviso funds must be expended on the designated WA-PACT Teams. WA-PACT proviso expenditures must be reported separately in Column E. GFS funds may also be expended on PACT services, and are not restricted to the WA-PACT Team.

Rehabilitation Case Management – ASO – MCO

Costs related to a range of activities by the outpatient BHA's liaison, conducted in or with a facility, for the direct benefit of a Consumer in the public mental health system. To be eligible, the individual must be in need of Case Management in order to ensure timely and appropriate treatment and Care Coordination.

Stabilization Services (short-term crisis up to 2 weeks) – ASO – MCO

Services provided to Individuals who are experiencing a mental health or substance use crisis. These services are provided in the person's home, or another home-like setting, or a setting which provides safety for the individual and the Mental Health Professional. Stabilization Services may be provided prior to an Intake Evaluation for behavioral health services.

Other Services ASO –MCO

Behavioral Health Personal Care - when recouped by HCA – MCO

Personal care and related services provided to Enrollees whose need for personal care is primarily related to a psychiatric diagnosis and the Enrollee meets established criteria.

E&T Discharge Planners – ASO – MCO

Funds received for a position solely responsible for discharge planning for freestanding E&Ts. The intent of the position is to divert detained individuals from the state hospitals into appropriate community level care facilities. The position is expected to collaborate with community providers and to coordinate cross systems to ensure safe and appropriate care.

Family Hardship (MH) – ASO – MCO

Provision of transportation and lodging for family members traveling more than fifty (50) miles from home to a treatment facility to support a Youth receiving services in a facility to allow the family to participate in treatment.

Interpreter Services (MH) –ASO –MCO

Costs for interpreter services, provided to consumers with a primary language other than English or who are deaf or hearing impaired. This includes oral interpretation, American Sign Language and the use of Auxiliary Aids and Services. Interpreter services shall be provided for interactions including, but not limited to: customer service; all interactions with any provider for any covered service; and Emergency Services.

Jail Transition Services (MH) – ASO – MCO

Costs to provide mental health services for mentally ill offenders while confined in a county or city jail and facilitate access to programs that offer mental health services upon release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits.

Peer Bridger – ASO – MCO

Costs for services provided by a trained Peer Support specialist who offers Peer Support services to participants in state hospitals prior to discharge and after their return to their communities. The Peer Bridger must be an employee of an agency licensed by DOH that provides recovery services.

Respite Care – ASO –MCO

A service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the physical, emotional, social and mental health needs of an individual consumer by someone other than the primary caregivers. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional.

Supported Employment – ASO – MCO

Costs for individuals with behavioral health issues who desire to be employed that access an approach to vocational rehabilitation known as Supported Employment.

Other

GF-S – ASO –MCO

Please include costs here only if they cannot be categorized anywhere else on the form, and include a description of any costs included here in the notes field.

Mental Health Block Grant (MHBG) - ASO

Please include costs here only if they cannot be categorized anywhere else on the form, and include a description of any costs included here in the notes field.

Substance Use Disorder

Required Services – not subject to availability of funding

Crisis and ITA Services – ASO

The items in this section are for BH-ASO only. MCOs expenditures for these items are assumed to use Medicaid funding only and so will not be reported here.

Commitment Services – Facility (SUD) – ASO

Costs related to involuntary commitments (71.05 RCW and 71.34 RCW) paid by the E&T or inpatient facility, i.e. security, court liaison, documentation, or related costs.

Commitment Services – Non-Facility (SUD) – ASO

Costs for designated crisis responders and related services related to involuntary commitments (71.05 RCW and 71.34 RCW), when not paid by the E&T or inpatient facility.

County Court Costs (SUD) – ASO

Costs of court proceedings related to involuntary commitments (71.05 RCW and 71.34 RCW). These are the fees paid to the counties to cover the cost of judges, prosecutors, and other related court expenses.

Crisis Services – Hotline and Mobile Outreach (SUD) – ASO

Evaluation and short-term treatment and other services to Individuals with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the Individual's health or safety.

Transportation (SUD) – ASO

Transportation costs of individuals to and from behavioral health treatment facilities.

ITA Treatment and IMD Long-stay –ASO – MCO

ASO expenditures in this section should be limited to involuntary commitments. Expenditures for voluntary commitments would be reported in the lower section on the form under "Within Available Resources". Generally, MCO expenditures for these services would be covered by Medicaid funding. However for individuals who have stayed in an IMD for more than 15 days in a month, behavioral health costs that would ordinarily be supported by Medicaid funding must be covered with non-Medicaid funding and those costs should be reported here.

Secure Detox – include R&B – ASO –MCO

Costs for treatment in Secure Withdrawal Management and Stabilization (SWMS) facilities, including costs associated with evaluation and treatment by a SUDP, acute and subacute detoxification services, stabilization services, and discharge assistance provided by a SUDP. A secure withdrawal management and stabilization facility is a facility certified by the Department of Health to provide withdrawal management and stabilization treatment under the supervision of a physician for individuals detained for involuntary treatment for substance use disorders. Secure withdrawal management and stabilization facilities will provide up 17 days of withdrawal

management and substance use treatment for adults and adolescents over 13 years old who present a likelihood of serious harm to themselves or others, other's property, or are gravely disabled due to a substance use disorder.

Other BH Services Excluded from Medicaid due to IMD Long-stay – MCO

This line is for the MCOs to report outpatient and behavioral health expenditures other than E&T and Inpatient services which are not covered by a member's monthly Medicaid premium due to the IMD long-stay recoupment process. Expenditures here should include costs of services required under the FIMC contract in a service month subject to the IMD recoupment. Physical health costs should not be included because funding for those services is not part of the MCO wrap-around contract.

Within Available Resources

Residential and Voluntary Inpatient Treatment – ASO – MCO

Intensive Inpatient Residential Treatment Services - no R&B – ASO – MCO

Costs for a concentrated program of SUD treatment, individual and group counseling, education, and related activities for consumers in a twenty-four-hour-a-day supervised facility. (The service as described satisfies the level of intensity in ASAM Level 3.5.) *Do not include room and board under this line.*

Long-Term Care Residential Treatment Services - no R&B – ASO – MCO

Costs for the care and treatment of chronically impaired consumers with impaired self-maintenance capabilities including personal care services and a concentrated program of SUD treatment, individual and group counseling, education, vocational guidance counseling and related activities in a twenty-four-hour-a-day supervised facility. (The service as described satisfies the level of intensity in ASAM Level 3.3.) *Do not include room and board under this line.*

Recovery House Residential Treatment Services - no R&B – ASO – MCO

Costs for a program of care and treatment with social, vocational, and recreational activities designed to aid consumers in the adjustment to abstinence and to aid in job training, reentry to employment, or other types of community activities, excluding room and board in a twenty-four-hour-a-day supervised facility. (The service as described satisfies the level of intensity in ASAM Level 3.1.) *Do not include room and board under this line.*

Residential Room and Board (SUD) – ASO – MCO

For services in a 24-hour-a-day setting this is the provision of accessible, clean and well-maintained sleeping quarters with sufficient space, light and comfortable furnishings for sleeping and personal activities along with nutritionally adequate meals provided three times a day at regular intervals. Room and Board must be provided consistent with the requirements for Residential Treatment Facility Licensing through OH WAC 246-337.

Voluntary Secure Detox Treatment - include R&B (SUD) – ASO – MCO

This line should include costs for secure detox treatment where the patient was voluntarily admitted.

Withdrawal Management Services – ASO – MCO

Acute Withdrawal Management (detoxification) – ASO – MCO

Withdrawal Management services provided to an individual to assist with withdraw from a psychoactive substance (including alcohol) in a safe and effective manner to include medical care and physician supervision.

Sub-Acute Withdrawal Management (detoxification) – ASO – MCO

Costs incurred for withdrawal management services to assist a Consumer to withdraw from a psychoactive substance (including alcohol) in a safe and effective manner. Sub-Acute is nonmedical withdrawal management or patient self-administration of withdrawal medications ordered by a physician, provided in a home-like environment.

Sobering Services – ASO – MCO

Costs incurred to provide shelter services for short-term (12 hours or less) emergency shelter, screening, and referral services to persons who need to recover from the effects of alcohol. Services include medical screening, observation and referral to continued treatment, and other services as appropriate.

Outpatient Treatment Services – ASO – MCO

Brief Intervention – ASO – MCO

A time limited, structured intervention using SUD brief techniques, such as evidence-based motivational interviewing and referral to treatment services when indicated. Services may be provided at, but not limited to, sites exterior to treatment facilities such as hospitals, medical clinics, schools or other non-traditional settings.

Case Management – ASO – MCO

Case management services are services provided by a Chemical Dependency Professional (CDP), CDP Trainee, or person under the clinical supervision of a CDP to assist consumers in gaining access to medical, social, education, and other services. Case management does not include direct treatment services. This covers costs associated with case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. This does not include treatment planning activities.

Opiate Substitution Therapy – ASO – MCO

Costs incurred to provide assessment and treatment services to opiate dependent patients. Services include the prescribing and dispensing of an approved medication, as specified in 212 CFR Part 291, for opiate substitution services. Detoxification and maintenance are included, as well as physical exams, clinical evaluations, and individual or group therapy for the primary patient and their family or significant others. Additional services include guidance counseling, family planning and educational and vocational information. The service as described satisfies the level of intensity in ASAM Level 1.

Outpatient Treatment, Group and Individual – ASO – MCO

Services provided in a non-residential substance use disorder treatment facility including assessment and case management. The service as described satisfies the level of intensity in ASAM Level 1.

Community Engagement and Referral Services – ASO – MCO

Alcohol/Drug Information School – ASO – MCO

Costs incurred for Alcohol/Drug Information schools to provide information regarding the use and abuse of alcohol/drugs in a structured educational setting. Alcohol/Drug Information Schools must meet the certification standards in WAC 246-341. (The service as described satisfies the level of intensity in ASAM Level 0.5)

Community Outreach – ASO – MCO

Costs to provide critical information and referral regarding behavioral health services to people who might not otherwise have access to that information. This may include assisting individuals to navigate different systems including health care enrollment, scheduling appointments for a SUD assessment and ongoing treatment, or providing transportation to appointments. Outreach may also include educating communities, family members, significant others, or partners about services and supporting access to services where care coordination may be necessary. Covered costs may also include responding to requests for information in and out of the treatment facility by individuals, the general public and community organizations.

Engagement & Referral – ASO – MCO

Engagement and referral services are used to identify hard-to-reach individuals with possible substance use disorder and to engage these individuals in an assessment and ongoing treatment services as deemed necessary. Costs can be reimbursed for activities associated with providing information on substance use disorders, the impact of substance use disorders on families, treatment of substance use disorders, and treatment resources that may be available as well as re-engaging individuals in the treatment process. This does not include ongoing therapeutic or rehabilitative services.

Interim Services –ASO – MCO

Services to individuals who have been denied admissions to a treatment program on the basis of the lack of capacity. Services are provided until the individual is admitted to a treatment program and include referral for prenatal care for a pregnant patient, brief screening activities, the development of a service plan, individual or group contacts to assist the person directly or by referral in meeting his/her basic needs, updates to advise of treatment availability, and information to prepare for treatment, counseling, education, and referral for HIV and tuberculosis (TB) education and if necessary referral for treatment for HIV and TB.

Opiate Dependency/HIV Services – ASO –MCO

Costs incurred with outreach and referral services to special populations such as opiate dependent, injecting drug users (IDU), HIV or Hepatitis C-positive individuals. Costs include providing information and skills training to non-injecting, drug using sex partners of IDUs and other high-risk groups such as street youths. Programs may employ street outreach activities, as well as more formal education and risk-reduction counseling. Referral services include referral to assessment, treatment, interim services, and other appropriate support services. Costs do not include ongoing therapeutic or rehabilitative services.

Support Services – ASO – MCO

Child Care Services – ASO – MCO

Costs to provide child care services to children of parents in treatment in order to complete the parent's plan for SUD treatment services. Childcare services must be provided by licensed childcare providers or by providers operating in accordance with the provisions set forth in WAC's published by DOH and the Department of Early Learning.

PPW Housing Support Services –ASO – MCO

Costs incurred for support services to PPW in a transitional residential housing program designed exclusively for such clients. Costs include facilitating contacts and appointments for community resources for medical care, financial assistance, social services, vocational services, childcare needs, outpatient treatment services, and permanent housing services. This includes services to family or significant others of a person currently in transitional housing.

Therapeutic Interventions for Children –ASO – MCO

Costs to provide services that promote the health and welfare of children accompanying parents who participate in the residential SUD program. Services include: developmental assessment using recognized, standardized instruments; play therapy; behavioral modification; individual counseling; self-esteem building; and family intervention to modify parenting behavior and/or the child's environment to eliminate/prevent the child's dysfunctional behavior.

Other Services – ASO – MCO

Assistance with Entitlement Programs (SUD) – ASO – MCO

This is for reporting costs associated with helping individuals apply for state or federal entitlement programs.

Drug Screens / Urinalysis Testing – ASO – MCO

The Health Care Authority (HCA) medical benefit does not pay for Substance Use Disorder (SUD) treatment drug screens/Urinalysis Testing (UAs). For drug screens/UAs to be covered under the medical benefit they must be ordered by a physician as part of a medical evaluation. For Medicaid reimbursed drug screens/UAs, please see the State Plan limitations.

BH-ASOs may reimburse providers for drug screens/UAs sent to a lab for analysis with non-Medicaid funds. Costs incurred for Drug Screen/Urinalysis testing may be included as part of the outpatient rate but it is not required. BH-ASOs should only pay for drug screens/urinalysis for non-Medicaid covered individuals.

Family Hardship (SUD) – ASO – MCO

The provision of transportation and lodging for family members of a Medicaid funded youth who is receiving services in a Residential facility in order to allow the family members to participate in treatment with the youth. The service is available to family members who are traveling from their home to the treatment facility for distances over 50 miles within Washington State.

Interpreter Services (SUD) – ASO –MCO

Costs for interpreter services, provided to consumers with a primary language other than English or who are deaf or hearing impaired. This includes oral interpretation, American Sign Language and the use of Auxiliary Aids and Services. Interpreter services shall be provided for interactions

including, but not limited to: customer service; all interactions with any provider for any covered service; and Emergency Services.

Jail Transition Services (SUD) – ASO –MCO

Costs to provide mental health services for mentally ill offenders while confined in a county or city jail and facilitate access to programs that offer mental health services upon release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits.

Juvenile Drug Court – ASO –MCO

Costs incurred to provide alcohol and drug treatment service to juvenile offenders who are under the supervision of a juvenile drug court.

Recovery Support Services – ASO –MCO

A broad range of non-clinical services that are designed to assist individuals and families to become stable and to maintain long term recovery from substance abuse, delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services. Services can be provided by a single entity or a consortium of health and human service providers.

Other – ASO

GF-S – ASO –MCO

Please include costs here only if they cannot be categorized anywhere else on the form, and include a description of any costs included here in the notes field.

Substance Abuse Block Grant (SABG) - ASO

Please include costs here only if they cannot be categorized anywhere else on the form, and include a description of any costs included here in the notes field.

General, Administrative & Direct Service Support

General Services (BH-ASO only)

Behavioral Health Advisory Board - ASO

Costs for supporting the regional Behavioral Health Advisory Board (BHAB)

Ombuds – ASO – MCO

Costs incurred to provide Ombuds Service, a free and confidential service, independent of the managed care organizations, to help consumers navigate the behavioral health system, including resolving issues at the lowest possible level, and filing grievances and fair hearings related to behavioral health services.

FYSPRT - ASO

Costs for supporting the regional Family Youth System Partner Roundtable (FYSPRT).

Trueblood Misdemeanor Diversion (provide # of encounters in notes) – ASO

Costs associated with serving individuals in crisis triage, outpatient restoration, Forensic PATH, Forensic HARPS, or other programs that divert individuals with behavioral health disorders from the criminal justice system. For this item the number of encounters should be reported in the notes field, and this number should match the total across all rows as reported on the Semi-Annual Trueblood Misdemeanor Diversion Funds Report (contract Exhibit R).

Administrative and Direct Service Support

Administration (10% limit by State Fiscal Year) – ASO – MCO

Costs for the general operation of the Contractor. These activities cannot be identified with a specific direct or direct services support function. All maximum of 10 percent of available funds paid to the Contractor may be spent on administration. Include costs incurred for the planning, development and implementation of the both the Mental Health Block Grant (MHBG) or Substance Abuse Block Grant (SABG) annual project plans.

Direct Service Support Costs (5% limit by State Fiscal Year) – ASO

Costs incurred for the following items may be reported as Direct Service Support Costs. These costs cannot exceed 5 percent of State-Only and proviso funds paid to the Contractor.