

Enhancement for community-based behavioral health services

Funding extended to fiscal year 2021 (July 2020 to June 2021)

Engrossed Substitute Senate Bill 5092; Section 215(20); Chapter 334; Laws of 2021

December 1, 2021

Enhancement for community-based behavioral health services

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Executive summary

This report provides the status of community-based behavioral health enhancement funding, per Senate Bill (SB) 5092. According to contract and proviso language, managed care organizations (MCOs) and behavioral health administrative services organizations (BH-ASOs) report the:

- Methodology used to distribute funding to behavioral health providers.
- Estimated impacts to providers in the community.

The Health Care Authority (HCA) submits an annual report each December, summarizing the information provided by the MCOs about the distribution of funding provided. **This report is for fiscal year (FY) 2021, which is July 1, 2020–June 30, 2021.**

The intent of this funding is to ensure adequate staffing levels for local community-based behavioral health providers. Funding first began in FY 2018 under SB 6032. Initial 2018 legislation appropriated about \$70 million for the enhancement of community behavioral health services. This funding was allocated to behavioral health organizations (BHOs), including MCOs, based on their regional population and/or enrollment.

In 2019, the Washington State Legislature passed proviso language in House Bill (HB) 1109. The current proviso states the funding should directly increase rates for behavioral health services provided by licensed and certified community behavioral health agencies. Twenty percent of the general fund—state appropriation amounts for each regional service area must be provided to BH-ASOs to increase their non-Medicaid funding. The remaining amount (eighty percent of the General Fund—State appropriation and the entirety of the General Fund—Federal appropriation) must be provided to MCOs to maintain increased Medicaid rates for behavioral health services.

The following funding levels are specified in the proviso:

- General Fund—state appropriation for FY 2021: **\$23,090,000**
 - 20% of this amount (**\$4,618,000**) is directed to BH-ASOs.
 - The remainder (**\$18,472,000**) is directed to MCOs via inclusion in Medicaid rates.
- General Fund—federal appropriation for FY 2021: **\$46,222,000** (one-half of the \$92,444,000 federal appropriation for the 2020-2021 biennium). This entire amount is directed to MCOs via inclusion in Medicaid rates.

HCA requires each MCO and BH-ASO to determine regional needs and plan outcomes with providers to develop disbursement and clear communication plans for the funding. MCOs and BH-ASOs must submit templates that detail their quarterly expenditures to each provider. Templates include detailed descriptions of the funding mechanisms used to deliver the funds. HCA reviewed this data and summarized below.

Key findings and data results

Below is a sample of FY 2021 enhancement funding activities for BH-ASOs and MCOs (excerpted from reports provided by the BH-ASOs and MCOs):

- Hired Medicaid eligibility specialist to support the MCOs, (BH-ASOs), and local providers on enrollment and spenddown issues.
- Continued funding for the Regional Jail Services program, which addresses service needs in preparation for discharge to reduce recidivism (re-offense).
- Expanded the Program of Assertive Community Treatment (PACT) team's capacity to assist individuals who may have a high risk of re-hospitalization or arrest in accessing traditional outpatient services.
- Brought in faith-based organization to serve individuals with behavioral health needs in the African American community.
- Funded for TCAT (Telecare Community Alternatives Team), a mobile diversion unit assisting individuals with resources and access to services prior to hospitalization or being sent to an evaluation and treatment facility. They also assist with services after such a stay.
- Expanded the adult mobile crisis service by adding in-house peers to provide onsite, face-to-face therapeutic response to individuals experiencing a behavioral health crisis.
- Increased mental health providers' base monthly non-Medicaid compensation via a lump sum payment.
- Allocated funds to core contracted BH (behavioral health) providers within our (Thurston Mason) region. Allocations were based on a percentage of total funding available, and the percentage of regular funding contracted. Providers were required to submit a plan for how the funds would be used to meet the requirements of the proviso. HCA paid a lump sum amount equal to half of their (providers') allocation upon submission and approval of their plan. HCA retained a pool of funds for (BH-)ASO region-wide training and initiatives that have not yet been implemented due to COVID-19 restrictions.
- Each contracted provider receives a portion of non-Medicaid community behavioral health enhancement funds from the BH-ASO. HCA determined the amounts based on historical amounts under ESSB 6032 for three providers and distributed the remainder equally to the other contractors.
- Set up a quarterly invoice for each crisis service provider, through which they submit quantitative and qualitative information regarding the (SB) 6032 funds, such as expenditure type, staff turnover rates, barriers, and successes.
- Based on the 2021 survey of providers, we (North Sound BH-ASO) have amended contracts to add behavioral health enhancement funds for specific recruitment/retention incentives.

Enhanced funding background

- **SB 6032 (previous biennium budget) funds FY 2019, from July 1, 2018–June 2019:** the budget proviso mandates funds to be used for five focus areas related to behavioral health services in which the BHO or community established a plan of funding in most regions.
- **HB 1109 funds the first half of FY 2020, from July 1, 2019–December 2019:** the budget proviso mandates that MCOs, remaining BHOs, and BH-ASOs distribute the funds the same as in FY 2019.
- **HB 1109 funds the remainder of FY 2020 and the entirety of FY 2021, from January 1, 2020–June 2021:** the budget proviso mandates that distribution must be part of the MCO rates and includes funding for BH-ASOs.
- **SB 5092 provides continued enhanced funding for FY 2022 and FY 2023 at the same levels as FY 2021** to ensure continuity, consistency, and accountability of legislative enhanced funding for MCOs and BH-ASOs, per their contracts.

The focus of this report is FY 2021 (July 1, 2020–June 30, 2021).

Note: beginning January 2020, MCOs reported using the funds to increase the provider rates. However, the methodology to increase rates continues to be complex for the following reasons:

- Rates are set regionally and there is regional variation.
- Payment arrangements between MCOs/BH-ASOs and providers vary significantly (e.g., fee-for-service, capitated, value-based payment).

Funding

The 80 percent of the appropriation designated for the managed care rates was allocated to the MCOs, based on their Medicaid enrollees. Milliman provided the following analysis to demonstrate the impact of including enhancement funding in the rates:

Table 1: impact on rates from behavioral health enhancement funding, January 2020 rates

BHO	Historic contract rates (blended using calendar year 2020 member month projections)			January 1, 2020		Impact	
	July 1, 2018 (excluding foster care)	January 1, 2019	July 1, 2019	Scenario 1: without behavioral health enhancement	Scenario 2: with behavioral health enhancement		Percentage difference
Great Rivers	\$55.13	\$59.13	\$59.56	\$59.39	\$62.56	\$3,371,704	5.33%
Greater Columbia	\$32.38	\$32.69	\$32.76	\$34.48	\$37.55	\$8,360,106	8.89%
King	\$51.10	\$50.74	\$51.42	\$54.94	\$58.48	\$16,409,875	6.43%
North Central	\$29.48	\$29.09	\$29.26	\$31.38	\$32.99	\$1,310,903	5.14%
North Sound	\$44.93	\$45.32	\$45.56	\$49.68	\$53.32	\$10,879,296	7.33%
Pierce	\$44.69	\$44.74	\$45.77	\$48.58	\$53.01	\$11,019,107	9.10%
Salish	\$58.14	\$58.24	\$59.10	\$61.44	\$64.21	\$2,532,409	4.52%
Southwest	\$-	\$-	\$-	\$-	\$-	\$-	N/A
Spokane	\$52.80	\$54.81	\$55.21	\$56.07	\$61.94	\$13,014,305	10.46%
Thurston Mason	\$45.81	\$46.48	\$47.30	\$51.50	\$56.15	\$4,517,777	9.02%
Total	\$46.13	\$46.64	\$47.15	\$49.81	\$53.60	\$71,415,483	

HCA allocated the 20 percent of the appropriation designated for the BH-ASOs based on regional population, consistent with the allocation methodology specified in the proviso.

Reported enhanced funding data for FY 2021

MCOs and BH-ASOs submit quarterly reports to HCA. The reports show which providers received funding and divide payments by the funding delivery mechanism used.

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BH-ASO funds

The BH-ASOs provided quarterly reports of their enhanced funding expenditures from FY 2021, which covers the period from July 1, 2020, through June 30, 2021. Contractually required quarterly reports are included in Appendix A.

BH-ASOs reported a total of \$4,531,000 in expenditures during the fiscal year via their submitted quarterly reports, with the largest share of specifically categorized funding expended through sub-capitated rates. HCA encouraged all organizations to pay enhanced funding to their contracted providers in advance during the pandemic, and to recover any funds from providers not used for expenditures qualifying for enhanced funding. Twenty-eight percent of total expenditures were reported during the first quarter of the fiscal year, compared to 24 percent in the second quarter, 27 percent in the third quarter, and 22 percent in the fourth quarter.

Table 2 (next page) includes expenditures reported by the BH-ASOs. Upon analysis of reported expenditures, HCA requested additional information from BH-ASOs to verify reports that had been received. King BH-ASO discovered errors in their previously submitted reports and submitted corrected reports for all quarters. Their revised expenditures are included in Table 2.

Responses and updated expenditures from other BH-ASOs are included after Table 3, as they provided overall revised figures and did not detail their changes via corrected reports. Based on responses received, expenditures during the fiscal year were underreported by \$127,954, indicating total expenditures were \$4,658,954 instead of \$4,531,000.

Table 2: expenditures by identified funding delivery mechanism (from BH-ASO quarterly reports)

	Adult Mobile Crisis	Commun. Support Teams - PACT	HCA Non-Medicaid	HCA-6032	HCA-Secure Detox	Lump Sum	Quarterly Installment Payments	Regional Jail Services	* Specific Provider Payments	Sub-capitated Rates	TCAT	Other	Grand Total
Great Rivers							\$187,575						\$187,575
Oct-Dec 2020							\$60,907						\$60,907
Jan-Mar 2021							\$101,505						\$101,505
Apr-Jun 2021							\$25,163						\$25,163
Greater Columbia										\$434,616			\$434,616
Jul-Sep 2020										\$217,308			\$217,308
Jan-Mar 2021										\$217,308			\$217,308
King			\$664,904	\$375,913	\$338,986								\$1,379,803
Jul-Sep 2020			\$313,822	\$77,178	\$78,200								\$469,200
Oct-Dec 2020			\$307,931		\$112,666								\$420,597
Jan-Mar 2021			\$13,391	\$145,095	\$103,960								\$262,446
Apr-Jun 2021			\$29,760	\$153,640	\$44,160								\$227,560
North Central								\$122,000					\$122,000
Jul-Sep 2020								\$30,500					\$30,500
Oct-Dec 2020								\$30,500					\$30,500
Jan-Mar 2021								\$30,500					\$30,500
Apr-Jun 2021								\$30,500					\$30,500
North Sound										\$1,190,264			\$1,190,264
Jul-Sep 2020										\$220,527			\$220,527
Oct-Dec 2020										\$226,178			\$226,178
Jan-Mar 2021										\$243,348			\$243,348
Apr-Jun 2021										\$500,210			\$500,210
Pierce									\$107,681		\$114,825		\$222,506
Jul-Sep 2020									\$15,510				\$15,510
Oct-Dec 2020									\$21,541		\$41,400		\$62,941
Jan-Mar 2021									\$13,834		\$69,525		\$83,359
Apr-Jun 2021									\$56,796		\$3,900		\$60,696
Salinah							\$222,660						\$222,660
Jul-Sep 2020							\$54,978						\$54,978
Oct-Dec 2020							\$57,727						\$57,727
Jan-Mar 2021							\$54,978						\$54,978
Apr-Jun 2021							\$54,978						\$54,978
Southwest	\$186,341	\$75,545											\$261,886
Jul-Sep 2020	\$82,200	\$21,250											\$103,450
Oct-Dec 2020	\$82,200	\$21,250											\$103,450
Jan-Mar 2021	\$21,941	\$33,045											\$54,986
Spokane												\$345,142	\$345,142
Jul-Sep 2020											\$128,862		\$128,862
Oct-Dec 2020											\$77,859		\$77,859
Jan-Mar 2021											\$92,109		\$92,109
Apr-Jun 2021											\$46,313		\$46,313
Thurston Mason							\$164,548						\$164,548
Jul-Sep 2020							\$32,999						\$32,999
Oct-Dec 2020							\$37,999						\$37,999
Jan-Mar 2021							\$64,550						\$64,550
Apr-Jun 2021							\$29,000						\$29,000
Grand Total	\$186,341	\$75,545	\$664,904	\$375,913	\$338,986	\$387,208	\$187,575	\$122,000	\$107,681	\$1,624,880	\$114,825	\$345,142	\$4,531,000

* Note: Pierce reported most of their expenditures by provider rather than by funding delivery mechanism, so those expenditures are aggregated under "Specific Provider Payments" in this table.

Table 3: percentages by identified funding delivery mechanism

	Adult Mobile Crisis	Commun. Support Teams - PACT	HCA Non-Medicaid	HCA-6032	HCA-Secure Detox	Lump Sum	Quarterly Installment Payments	Regional Jail Services	* Specific Provider Payments	Sub-capitated Rates	TCAT	Other	Grand Total
Great Rivers							100.00%						100.00%
Greater Columbia										100.00%			100.00%
King			48.19%	27.24%	24.57%								100.00%
North Central								100.00%					100.00%
North Sound										100.00%			100.00%
Pierce									48.39%		51.61%		100.00%
Salish						100.00%							100.00%
Southwest	71.15%	28.85%											100.00%
Spokane												100.00%	100.00%
Thurston Mason						100.00%							100.00%
Grand Total	4.11%	1.67%	14.67%	8.30%	7.48%	8.55%	4.14%	2.69%	2.38%	35.86%	2.53%	7.62%	100.00%

HCA requested and received responses from BH-ASOs in six regions:

- King responded that they discovered errors in their previously submitted reports, which originally reported total expenditures of \$1,130,140 for the fiscal year. They provided corrected reports for all quarters, with their revised total expenditures of \$1,379,803 included in Table 2.
- Beacon – North Central responded their reported expenditures did not include their administrative or direct support expenses. They calculated a new total expenditure of \$143,697 for the fiscal year, an increase of \$21,697 over their previously reported total of \$122,000.
- Beacon – Southwest responded their reported expenditures did not include their administrative or direct support expenses. They calculated a new total expenditure of \$293,412 for the fiscal year, an increase of \$31,526 over their previously reported total of \$261,886.
- Beacon – Pierce provided an updated total expenditure of \$263,345 for the fiscal year, an increase of \$40,839 over their previously reported total of \$222,506. They further acknowledged their enhancement funds were underspent for the fiscal year due to COVID-related slow-downs, but they are now “back on track and getting providers engaged” and they have a “plan moving forward on spending this out and creating workforce/job retention and step-down services.”
- Spokane responded that they inadvertently excluded four transactions in their original reports, resulting in a revised total expenditure of \$358,681 for the fiscal year, an increase of \$13,539 over their previously reported total of \$345,142. They also stated an additional \$13,139 in FY 2021 funding was paid out after the end of the fiscal year and is included in their FY 2022 first quarter report, bringing their total expenditures of FY 2021 funding to \$371,820.
- Thurston Mason provided an updated total expenditure of \$184,901 for the fiscal year, an increase of \$20,353 over their previously reported total of \$164,548. They offered this explanation: “Providers are paid their allocation of enhancement funds based on deliverables. The difference in the allocation vs. expenditures for the period is due to the timing of the submission of the deliverables. TM BH-ASO follows up with the providers to ensure that the deliverables submitted and met so that payment can be made.”

MCO funds

The MCOs provided quarterly reports of their enhanced funding expenditures from fiscal year 2021, which covers the period from July 1, 2020, through June 30, 2021. Contractually required quarterly reports are included in Appendix B.

Since the original implementation of the enhancement funding in FY 2019, the funding has been distributed by incorporating it into the monthly capitation rates paid to the MCOs (and BHOs prior to integration at the regional level) rather than allocated via defined lump-sum dollar amounts.

The annual managed care rate development process accounts for enhancement funding for each MCO, but since the enhancement funds are primarily distributed through increased provider reimbursement rates and embedded within the overall expenditures made by the MCOs, the portion of the premium specifically attributed to enhancement funding is not identifiable beyond what is specifically reported to HCA and the actuaries during each rate development cycle.

Instead, MCOs must estimate their funding level and plan their prospective enhancements to provider payments based on enrollment characteristics and provider contract factors. As more time passes from the original addition of the funding to the pool of revenue included in the MCO rates, it has become increasingly difficult to isolate the funds that were deployed through general provider rate increases since the enrollment, service delivery, and provider networks are constantly changing.

MCOs reported a total of \$51,480,931 in expenditures during the fiscal year, with the largest share of specifically categorized funding reported as expended through enhancement funds and through sub-capitated rates.

Table 4 includes expenditures reported by the MCOs in their quarterly reports. Upon analysis of reported expenditures, HCA requested responses from certain MCOs to verify completeness of their reports. Based on responses received, no additional expenditures were reported.

Table 4: expenditures by identified funding delivery mechanism (from MCO quarterly reports)

	Budget Payments	Contracted Wise Amt Over State Case Rate	Encounter Payment	Enhancement Funds	Expansion Funds	Fee Schedules	Lump Sum Payment	Paid via Cost Reimbursement	Value-based Purchasing	Other	Sub-capitated Rates	Grand Total
Amerigroup			\$5,963,236								\$1,092,669	\$7,055,906
Jul-Sep 2020			\$1,248,341								\$412,475	\$1,660,816
Oct-Dec 2020			\$1,691,189								\$226,720	\$1,917,910
Jan-Mar 2021			\$1,511,853								\$226,737	\$1,738,590
Apr-Jun 2021			\$1,511,853								\$226,737	\$1,738,590
CHPW	\$168,149					\$1,055,062	\$4,802,507			\$2,404,584		\$8,480,302
Jul-Sep 2020	\$140,891					\$117,639	\$2,229,441					\$2,487,971
Oct-Dec 2020									\$2,404,584			\$2,404,584
Jan-Mar 2021	\$13,629					\$439,201	\$1,263,293					\$1,716,123
Apr-Jun 2021	\$13,629					\$498,223	\$1,309,773					\$1,821,624
CCW		\$1,058,009					\$2,512,595				\$2,618,777	\$6,189,381
Jul-Sep 2020		\$296,132					\$662,627				\$541,328	\$1,500,088
Oct-Dec 2020		\$244,981					\$734,268				\$541,328	\$1,520,578
Jan-Mar 2021		\$258,448					\$557,850				\$768,060	\$1,584,358
Apr-Jun 2021		\$258,448					\$557,850				\$768,060	\$1,584,358
Molina				\$14,450,013	\$1,972,024	\$4,754,289			\$225,684	\$325,000	\$9,726,197	\$25,453,207
Jul-Sep 2020				\$3,447,188	\$574,347	\$1,135,627			\$38,927		\$902,349	\$6,098,438
Oct-Dec 2020				\$5,031,721	\$866,625	\$1,135,717			\$79,577	\$300,000	\$923,162	\$8,336,802
Jan-Mar 2021				\$2,694,214	\$427,600	\$1,273,195			\$74,572	\$25,000	\$947,517	\$5,442,099
Apr-Jun 2021				\$3,276,889	\$103,452	\$1,209,750			\$32,608		\$953,169	\$5,575,868
United Healthcare											\$4,352,135	\$4,352,135
Jul-Dec 2020											\$2,898,284	\$2,898,284
Jan-Jun 2021											\$1,453,851	\$1,453,851
Grand Total	\$168,149	\$1,058,009	\$5,963,236	\$14,450,013	\$1,972,024	\$5,809,352	\$7,315,102	\$225,684	\$325,000	\$2,404,584	\$11,789,778	\$51,480,931

Table 5: percentages by identified funding delivery mechanism

	Budget Payments	Contracted WISe Amt Over State Case Rate	Encounter Payment	Enhancement Funds	Expansion Funds	Fee Schedules	Lump Sum Payment	Paid via Cost Reimbursement	Value-based Purchasing	Other	Sub-capitated Rates	Grand Total
Amerigroup			84.51%								15.49%	100.00%
CHPW	1.99%					12.52%	56.97%			28.52%		100.00%
CCW		17.09%					40.60%				42.31%	100.00%
Molina				56.77%	7.75%	18.68%		0.89%	1.28%		14.64%	100.00%
United											100.00%	100.00%
Grand Total	0.33%	2.06%	11.58%	28.07%	3.83%	11.28%	14.21%	0.44%	0.63%	4.67%	22.90%	100.00%

Regional plans

In April 2020, HCA, BH-ASOs, and MCOs continued with their calendar year 2020 plans to distribute SB 5092 enhancement funding to providers starting July 1, 2020. Entities were expected to distribute these funds in accordance with their plan.

Action plans FY 2021 (starting July 2020)

- Operationalize MCO/BH-ASO regional plan to deploy FY 2021 enhancement funds by first week of July 2020.
- MCOs/BHO-ASOs will continue with a clear communication plan with providers in July 2020.
- Notify providers of their rate increases for upcoming 2021 fiscal year.
- Continue to conduct quarterly internal reviews to ensure that funds are being dispersed to providers, as outlined in 2020 communication plan.
- Submit quarterly fiscal templates to HCA per contract schedule.

Contract reporting requirements

HCA added contract language to MCO and BH-ASO contracts, which requires submission of fiscal expenditures every quarter.

Table 6: timeframe and due date information

Quarterly timeframe	Due date
July to September 2020	October 31, 2020
October to December 2020	January 31, 2021
January to March 2021	April 30, 2021
April to June 2021	July 31, 2021

Conclusion

This report provides a statewide summary of the Community-Based Behavioral Health Enhancement projects that used 5092 funding, per SB 5092 for fiscal year 2021 (July 2020 to June 2021).

This report describes the funding distribution methodology and impacts to behavioral health providers for enhancement of community-based behavioral health services funding. HCA contract language states that MCOs report the methodology used to distribute funding to behavioral health providers and estimated impacts to behavioral health providers in the community. HCA submits an annual report each December of the biennium, summarizing the information provided by the MCOs regarding the distribution of funding provided. The parameters for this funding are described in the Executive Summary.

After the Legislature authorized the 1109 proviso language for enhanced funding to start on January 1, 2020, regions began to identify critical regional needs for behavioral health services. As funds were distributed from the Legislature, HCA provided the enhanced funding to the MCOs, BH-ASOs and BHOs, who in turn worked to contract with providers to deliver direct behavioral health services to clients.

When the Legislature authorized additional funds to continue through FY 2021, BH-ASOs and MCOs worked with providers to ensure that enhancement funds were distributed in an appropriate manner, per their HCA contracts, starting July 1, 2020, through June 30, 2021.

HCA developed metrics for tracking progress for local area projects and provided fiscal templates to all the entities. The data provided by the entities outlined how they used the enhancement funding in specific areas of focus in the behavioral health continuum of care.

The legislative intent was to ensure adequate staffing levels for local community-based behavioral health providers. Staffing challenges have continued to be an issue for community behavioral health providers. The funding provided by this legislation aims to help providers to maintain services by enabling providers to attract and retain qualified behavioral health professionals.

With the multi-year effort of behavioral health integration now coming to fruition statewide, any change can be disruptive, even if it is ultimately positive, due to the fragility of our integrated system. Although the state has come a long way, there is a long way to go as Washington improves the community behavioral health system. HCA will continue to work with the state's contracted MCOs, BH-ASOs, and providers to help ensure an integrated and robust system.

Appendix A: Payment mechanism detail report data provided by BH-ASOs

Table 7: payment mechanism details for Great Rivers

Responses compiled from all four quarterly reports in FY 2021

	Questions	Payment mechanism: Quarterly installment payments
1	Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	We setup a quarterly invoice for each crisis service provider and have them submit quantitative and qualitative information regarding the 6032 funds, such as expenditure type, staff turnover rates, barriers, and success
2	Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	No
3	When was this mechanism implemented?	<p>(Q1) Due to transition into IMC, adjusting operations due to COVID-19, we plan to implement the mechanism by the end of September 2020. We sent emails to the CBHEF recipients early October 2020.</p> <p>(Q2) As of 1/31/2021 we have 4 of the 5 crisis providers 6032 fund plan. Wahkiakum has a tough time using these funds given they are county and union based so they are still working out how to use it.</p> <p>(Q3-4) As of 4/30/2021 we have all the crisis providers 6032 fund plan.</p>
4	How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	<p>(Q1) We sent emails to our service providers early October 2020 requesting updated 6032 plans to be submitted by asap. Once plan has been approved, we will start issuing the outstanding quarterly installment payments.</p> <p>(Q2-4) We started issuing payments in second quarter of state fiscal year 2021.</p>
5	What specific types of providers, or what groups of providers received this increase? Please explain.	Our Crisis Service Providers including our DCRs

6	Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.	Please see attached invoice and supporting documentation that we are asking our Service Providers to submit from our first quarterly deliverable report.
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Table 8: payment mechanism details for Greater Columbia

Responses compiled from two reports in FY 2021 (July-December 2020 and January-June 2021)

Questions	Payment mechanism: Sub-capitated rates
1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	GCBH took the July-December 2020 (Jan-Jun 2021) allocated amount and sent a one-time payment out to its Contracted Providers using the funding allocation for non-Medicaid Funding. The Funding formula is based on the total population of RSA and each county.
2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	It is the same funding formula used on those Contracted Network Providers that received this funding.
3 When was this mechanism implemented?	(Q1-2) 01/01/2019 (Q3-4) 03/04/2021
4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	Contracted Network Providers were involved in the development of the 2020 (2021) Plan to utilize these funds as well as the process in which the funding would be dispersed, during our Fiscal July 2019 (February 2021) Meeting. During the February 2020 (2021) Fiscal Meeting discussion of the January - July 2020 (January – June 2021) Funding disbursement that occurred on January 27, 2020 (in March 2021) was presented. As well as an email was sent to our Contracted Network Providers on February 5, 2020 (March 4, 2021) with a copy of the Plan and other information in regard to this funding usage.
5 What specific types of providers, or what groups of providers received this increase? Please explain.	GCBH provided this additional funding out to our Contracted Crisis Providers to help retain and recruit Crisis Staff.
6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting	N/A

or documentation is required for the funding, please attach a copy of the report.	
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Table 9: payment mechanism details for King

Identical responses provided in all four quarterly reports in FY 2021

Questions	Payment mechanisms:		
	HCA – Non-Medicaid	HCA – secure detox	HCA – 6032
1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	This is the expansion of provider facilities and services.	This is the expansion of provider facilities and services.	This is the expansion of provider facilities and services.
2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	(no response provided)	(no response provided)	(no response provided)
3 When was this mechanism implemented?	(no response provided)	(no response provided)	(no response provided)
4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	(no response provided)	(no response provided)	(no response provided)
5 What specific types of providers, or what groups of providers received this increase? Please explain.	(no response provided)	(no response provided)	(no response provided)
6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.	(no response provided)	(no response provided)	(no response provided)

Table 10: payment mechanism details for North Central

Identical responses provided in all four quarterly reports in FY 2021

Questions	Payment mechanism: Regional jail services
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1	Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	We continued to fund the Regional Jail Services program which addresses service needs for individuals detained in preparation for discharge and to minimize likelihood for recidivism.
2	Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	A centralized liaison function under one provider, Catholic Charities, allows for streamlined coordination efforts for individuals who have multiple incarcerations across the jails in the North Central region.
3	When was this mechanism implemented?	Regional Jail Services program was launched Dec 2018 under previous ESSB 6032 funds and then maintained Jan 2020 under CBHEF.
4	How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	Provider was notified on January 10, 2020, via email.
5	What specific types of providers, or what groups of providers received this increase? Please explain.	Catholic Charities is the only provider in NC region to receive these funds to implement the regional jail services program in North Central region.
6	Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.	Catholic Charities is required to report out monthly on jail transition services at the regional Crisis Collaborative meetings

Table 11: payment mechanism details for North Sound

Responses compiled from all four quarterly reports in FY 2021

Questions	Payment mechanism: Sub-capitated rates
1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	(Q1) We increased our two crisis provider budgets by 11% per provider with HB1109 funds. This funding is for maintaining current capacity and recruiting additional staff, specifically DCR staff. (Q2) We recently surveyed our providers on BHEF uses for the period of January-June 2021. We in the process of evaluating their proposals and budgets.

(Q3-4) Based on the 2021 survey of providers we have amended contracts to add BHEF for specific recruitment/retention incentives.

<p>2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.</p>	<p>No</p>
<p>3 When was this mechanism implemented?</p>	<p>(Q1) Jan 1, 2019 (Q2) Jan 1, 2021 (Q3-4) Apr 1, 2021</p>
<p>4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.</p>	<p>(Q1) A survey went out to our crisis providers asking for their intended use/need for the HB 1109 funds. The survey indicated funding as needed to maintain current DCR capacity, to be used for recruitment efforts, such as hiring bonuses, moving costs, etc. (Q2) The most recent survey, released December 2020, asked how the providers propose to use the funding for recruitment and retention of the workforce. (Q3-4) We conducted the follow up survey in 2021 narrowing the uses of the BHEF. The survey was launched in January 2021, results were evaluated in March 2021.</p>
<p>5 What specific types of providers, or what groups of providers received this increase? Please explain.</p>	<p>(Q1) Our two crisis outreach providers. Providing voluntary and involuntary crisis services. (Q2) We have expanded to our OP and residential providers as well. (Q3-4) All three (3) crisis providers and three (3) outpatient providers.</p>
<p>6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.</p>	<p>The funds are cost reimbursement. The invoices are reviewed for appropriateness and whether the funding is being utilized. If they are not billing for BHEF, the funds will not be expended.</p>

Table 12: payment mechanism details for Pierce

Responses compiled from all four quarterly reports in FY 2021

Questions	Payment mechanisms:		
	Castelle and Assoc.	TCAT	Greater Lakes

<p>1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")</p>	<p>Castelle and Associates was brought on as faith-based organization to serve individuals with behavioral health needs in the African American community.</p>	<p>TCAT is a mobile diversion unit assisting individuals with resources and access to services prior to hospitalization or being sent to an E&T. They also assist with services after such a stay.</p>	<p>Medicaid eligibility specialist was hired to support the MCOs, ASO and local providers on enrollment and spenddown issues.</p>
<p>2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.</p>	<p>New provider to address current needs.</p>	<p>Provider is serving all behavioral health clients that need support in Pierce County with diversion options.</p>	<p>Current provider, assisting all local providers to address current needs.</p>
<p>3 When was this mechanism implemented?</p>	<p>(Q1) Jul 1, 2019 (Q2-3) Jul 1, 2020 (Q4) Reminder sent 7/1/2021</p>	<p>(Q1) Jul 1, 2019 (Q2-3) Jul 1, 2020 (Q4) Reminder sent 7/1/2021</p>	<p>(Q1-3) Jul 1, 2020 (Q4) Reminder sent 7/1/2021</p>
<p>4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.</p>	<p>(Q1-3) Providers were notified in July 2019 via email. (Q4) Providers were notified via email.</p>	<p>Provider were notified in July via email as well as by TCAT via Telecare.</p>	<p>Providers were notified via email</p>
<p>5 What specific types of providers, or what groups of providers received this increase? Please explain.</p>	<p>This organization received these funds in order to provide services in an underserved area of Pierce County.</p>	<p>Funds were provided to assist the Pierce community with a mobile diversion unit.</p>	<p>Funds were provided to assist with understanding how to enroll individuals in Medicaid and process spenddowns</p>
<p>6 Are there particular requirements that must be</p>	<p>This organization is required to submit</p>	<p>This organization provides monthly</p>	<p>This organization will provide quarterly</p>

met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.	monthly reports on the individuals served.	reports on number of individuals served.	reports on numbers served.
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NOTE: Pierce also reported a \$45,000 payment to MultiCare in the fourth quarter of the fiscal year, but they did not include any details about that payment or that provider in their report.

Table 13: payment mechanism details for Salish

Substantially identical responses provided in all four quarterly reports in FY 2021

Questions	Payment mechanism: Lump monthly sum
1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	We increased mental health providers' base monthly non-Medicaid compensation via a lump sum monthly payment.
2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	No, the mechanism does not vary by provider type of contracting arrangement.
3 When was this mechanism implemented?	The existing mechanism for non-Medicaid Enhancement Funds was previously established under the BHO structure in 2018. The mechanism was carried forward when the BH-ASO began operations on January 1, 2020.
4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	Mental health provider leadership was convened back in 2018 and they contributed to the development of the plan for expending Enhancement Funds. Mental Health Providers continue to report the existing plan meets their agency's needs for supporting staff recruitment and retention.
5 What specific types of providers, or what groups of providers received this increase? Please explain.	Only Mental Health Providers within the Salish Region have received Enhancement Funds.
6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting	Mental Health Providers must use the funds for improving staff recruitment and retention. Examples of expenses include hiring bonuses, providing additional staff training, providing employees with supplies to enhance the work environment, etc. SBH-ASO conducts annual provider reviews which include a fiscal review. If a

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or documentation is required for the funding, please attach a copy of the report.	provider fails to provide sufficient documentation to substantiate the appropriate use of Enhancement funds, then the funds can be recovered, if necessary.
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Table 14: payment mechanism details for Southwest

Identical responses provided in all four quarterly reports in FY 2021

Questions	Payment mechanisms:	
	Adult mobile crisis	Community support teams – PACT
1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	We continued to expand the Adult Mobile Crisis service by adding in-house peers to provide onsite, face to face therapeutic response to individuals experiencing a behavioral health crisis.	We expanded the PACT team's capacity to assist individuals with a history of challenges in accessing traditional outpatient services and who may have a high risk of re-hospitalization or arrest.
2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	SeaMar was awarded the Adult Mobile Crisis service through and RFP process in early 2018.	SeaMar is the PACT provider in Clark County in the SW region.
3 When was this mechanism implemented?	Adult Mobile Crisis was launched in July 2018 with the addition of CBEHF to expand in-house peer services in Jan 2020.	Expansion of PACT services was implemented in Jan 2020 using CBEHF.
4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	Provider was notified on January 10, 2020, via email.	Provider was notified on January 10, 2020, via email.
5 What specific types of providers, or what groups of providers received this increase? Please explain.	SeaMar receives these funds to implement the Adult Mobile Crisis services for Clark County.	SeaMar receives these funds to increase the capacity of the PACT team in Clark County.

<p>6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.</p>	<p>SeaMar is required to provide daily crisis logs and monthly summary of services.</p>	<p>SeaMar is required to provide monthly service summary and semi-annual report on PACT services.</p>
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Table 15: payment mechanism details for Spokane

Substantially identical responses provided in all four quarterly reports in FY 2021

<p>Questions</p>	<p>Payment mechanism: Unspecified</p>
<p>1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")</p>	<p>Each contracted provider receives a portion of non-Medicaid community behavioral health enhancement funds (CBHEF) funds from the SCRBH (ASO). The amounts were determined based on historical amounts under ESSB 6032 for three providers and the remainder equally distributed to the remainder of the contractors.</p>
<p>2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.</p>	<p>Enhancement funds were disbursed during the first quarter of 2020 (2021) in one-time payments for the first half of 2020 (2021) for all two providers which must submit a monthly invoice because they are funded via cost reimbursement model vs. fee-for-service model for behavioral health services.</p>
<p>3 When was this mechanism implemented?</p>	<p>Enhancement funds were included within the 2020 (2021) contracts with behavioral health providers, which will be disbursed in two one-time payments in the calendar year for most providers but two providers which submit monthly invoices because they are funded via cost reimbursement model vs. fee-for-service model for behavioral health services. Each contractor's funding exhibited, Exhibit F, in their contract clearly identified in the payment model and the SCRBH (ASO) provided an invoice for reimbursement.</p>

<p>4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.</p>	<p>During the first week of January 2020 (2021), enhancement funds were included within the 2020 (2021) contracts with behavioral health providers, which will be disbursed in two one-time payments, which are clearly identified in the providers' funding exhibits.</p> <p>Providers were notified when the contracts were delivered to each agency, and funds identified in their funding exhibit. The following language was included:</p> <div style="border: 1px solid black; padding: 10px;"> <ol style="list-style-type: none"> 1. The Contractor shall be paid a semi-annual rate, listed above, for the improvement of staff recruitment and retention in community behavioral health facilities. 2. Semi-Annually, the Contractor shall submit to CSHCD SCR BH a billing invoice (template provided by CSHCD SCR BH) no later than the 20th of the following month that the Community Behavioral Health Enhancement Funds (CBHEF) performance payment was earned. 3. Billing invoices shall be sent to CSHCD SCR BH at the following address or email address: Spokane County Community Services, Housing, and Community Development Department c/o Fiscal Division 312 W. 8th Avenue Spokane, WA 99204 email to: SCR BHO-Finance@spokanecounty.org </div>
<p>5 What specific types of providers, or what groups of providers received this increase? Please explain.</p>	<p>Contracted community behavioral health agencies, one of which is also a FQHC. One agency is a recovery-oriented agency that trains Recovery Coaches, operates the recovery café, and the CCAP</p>
<p>6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.</p>	<p>Must be a contracted provider and use funds to support the recruitment and retention of the behavioral health workforce. Must submit an invoice to the BHASO. See attached example.</p>

Table 16: payment mechanism details for Thurston Mason

Identical responses provided in all four quarterly reports in FY 2021

Questions	Payment mechanism: Lump sum payment upon approved plan submission
<p>1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")</p>	<p>TM BHASO allocated funds to core contracted BH providers within our region. Allocations were based on a % of total funding available and the % of regular funding contracted. Providers were required to submit a plan for how the funds would be used to meet the</p>

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requirements of the proviso. A lump sum amount equal to 1/2 of their allocation was paid upon submission and approval of their plan. A pool of funds was retained at the ASO level for region-wide training and initiatives that have not yet been implemented due to COVID-19 restrictions.

<p>2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.</p>	<p>There is no variance. All providers were paid using the same mechanism.</p>
<p>3 When was this mechanism implemented?</p>	<p>July of 2020</p>
<p>4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.</p>	<p>Providers were notified by email in July of 2020 of their allocations and the regional plan for the proviso funding. Instructions and a plan template were provided for them to fill out and return to TM BHASO for approval and an invoice template was sent for their signature. Future communication will request a progress report using the plan template that will need to be submitted and approved prior to the second half of the provider allocation being paid.</p>
<p>5 What specific types of providers, or what groups of providers received this increase? Please explain.</p>	<p>Core behavioral health providers subcontracted with the ASO in our region were eligible for the funds.</p>
<p>6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.</p>	<p>Provider were required to submit a plan for the use of the funds and provider some baseline information on workforce issues and employee retainment. We did not include requirements to permit the recovery of funds and have encouraged providers to continue to use funding provided for the plan implementation even if not accomplished during this calendar year. Providers will be required to submit a progress report using the plan templates and their goals so we can determine what progress has been made. The report will include the agency's workforce retention measurement.</p>

Appendix B: Payment mechanism detail report data provided by MCOs

Table 17: payment mechanism details for Amerigroup WA, Inc. (AMG)

Identical responses provided in all four quarterly reports for FY 2021

Questions	Payment Mechanism: Encounter payment
<p>1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")</p>	<p>AMG created an encounter-based payment methodology for enhancement funds starting in January 2020. Using historical encounter data for 2019 regions and projected enhancement funding amounts per region, AMG calculated a MH and SUD encounter rate by region. The methodology is described below:</p> <ul style="list-style-type: none"> • Encounters are tallied by a paid (accepted) claim in Q1 of 2020 with a date of services in 2020; Enhanced funding per this methodology is only for services in CY2020 • Only Medicaid IMC claims are tallied (excludes FCS/non-Medicaid) • If valid claims denied, they would be included in subsequent quarter payouts (when provider rebills or we reprocess) as we pull the data by paid claim date • MH and SUD Encounters are determined by DX code submitted with the procedure code <p>Since funds are rooted in our premium, we wanted to ensure sustainability of funds by distributing to providers based on actual services rendered.</p> <p>AMG "True's Up" each provider by pulling claims (YTD) at the beginning of each month. So, providers are not left waiting for funds from a previous to payout in the preceding quarter distribution.</p>
<p>2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.</p>	<p>No</p>
<p>3 When was this mechanism implemented?</p>	<p>1/1/2020</p>
<p>4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please</p>	<p>Providers were notified via our contracts team. Each provider received an MOU outlining the new methodology and encounter rate per region. Providers received MOU in Feb. 2020</p>

	share any other pertinent details regarding your initial or ongoing communication plan.	Three providers reverted to their 2019 contract methodology as it was discovered that their contract superseded the 2020 MOU. Those providers are paid on a sub-capitated basis, and this is reflected in the expenditures tab.
5	What specific types of providers, or what groups of providers received this increase? Please explain.	Any AMG contracted BHA
6	Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.	Requirements are outlined in section 1. Recoupments could apply for any overpayments based on the prospective payments made due to COVID. However, as AMG has been truing up each month, we are not projected to have overpayments per the encounter methodology based on each provider's YTD monthly run rate.

Table 18a: payment mechanism details for Community Health Plan of Washington (CHPW)

Response table 1 of 2, including responses compiled from Q1 and Q2 of FY 2021

Questions	Payment mechanisms:		
	Fee schedules	Lump sum payments	Budget payments
1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	Certain provider agreements outlined payment as a percentage above 100% Fee-for-Service. King County increased rates by 6% to all behavioral health providers in July 2018.	The majority of payments were made as lump sum payments, based on each provider's historical share of enhancement funds.	Certain provider agreements outlined budget-based arrangements where the budgeted amount was inclusive of enhancement funds.
2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	Yes, the amount paid above 100% Fee-for-Service could vary by provider.	No, where this mechanism was used, it was used in the same manner across regions, provider types and arrangement.	No.
3 When was this mechanism implemented?	We implemented payment in January	We implemented payment in January	We implemented payment in January

	2020 per the HCA schedule	2020 per the HCA schedule	2020 per the HCA schedule
<p>4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.</p>	<p>Providers were sent communications in the beginning of January 2020 which included details on:</p> <ul style="list-style-type: none"> - Funds would not be decreasing - Reference to updated proviso language which directs funds for recruitment and retention - Notification of incoming agreement to be signed <p>KCICN reported to providers: These funds represent the expansion of programs (adding beds) and new facilities.</p>	<p>Providers were sent communications in the beginning of January 2020 which included details on:</p> <ul style="list-style-type: none"> - Funds would not be decreasing - Reference to updated proviso language which directs funds for recruitment and retention - Notification of incoming agreement to be signed 	<p>Providers were sent communications in the beginning of January 2020 which included details on:</p> <ul style="list-style-type: none"> - Funds would not be decreasing - Reference to updated proviso language which directs funds for recruitment and retention - Notification of incoming agreement to be signed
<p>5 What specific types of providers, or what groups of providers received this increase? Please explain.</p>	<p>CHPW continued to pay enhancement funds to the legacy providers that were paid by the BHOs through the Enhancement Plans developed by BHOs (or in SW by ASO and MCOs) in their respective regions. This included behavioral health agencies who provided both outpatient/Intensive outpatient, as well as more intensive inpatient and residential services.</p> <p>Since taking over the administration of</p>	<p>CHPW continued to pay enhancement funds to the legacy providers that were paid by the BHOs in their respective regions. This included behavioral health agencies who provided both outpatient/Intensive outpatient, as well as more intensive inpatient and residential services.</p> <p>Since taking over the administration of enhancement funds for all our regions, CHPW</p> <p>has added a few providers who have</p>	<p>CHPW continued to pay enhancement funds to the legacy providers that were paid by the BHOs through the Enhancement Plans developed by BHOs (or in SW by ASO and MCOs) in their respective regions. This included behavioral health agencies who provided both outpatient/Intensive outpatient, as well as more intensive inpatient and residential services.</p> <p>Since taking over the administration of</p>

enhancement funds for all our regions, CHPW has added a few providers who have requested these funds.

KCICN: All behavioral health providers. Valley Cities (E&T, Detox, Secure Detox, SUD Residential), SeaMar (SUD Residential, Youth Psychiatric, Geriatric Facility).

For 2021 implementation of BH Enhancement funds, CHPW will assessment the landscape of which BHAs are receiving these funds and determining whether to increase or decrease the scope to ensure equity across our network.

requested these funds.

For 2021 implementation of BH Enhancement funds, CHPW will assess the landscape of which BHAs are receiving these funds and determining whether to increase or decrease the scope to ensure equity across our network.

enhancement funds for all our regions, CHPW has added a few providers who have requested these funds.

For 2021 implementation of BH Enhancement funds, CHPW will assessment the landscape of which BHAs are receiving these funds and determining whether to increase or decrease the scope to ensure equity across our network.

<p>6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.</p>	<p>In order to receive funds, CHPW asked providers to sign an agreement detailing the following:</p> <ul style="list-style-type: none"> - The amount of monthly funds to be received - The need to submit data on spending of BH enhancement funds based on future reporting needs directed by HCA <p>Changes in the estimations and</p>	<p>In order to receive funds, CHPW asked providers to sign an agreement detailing the following:</p> <ul style="list-style-type: none"> - The amount of monthly funds to be received - The need to submit data on spending of BH enhancement funds based on future reporting needs directed by HCA <p>Changes in the estimations and</p>	<p>In order to receive funds, CHPW asked providers to sign an agreement detailing the following:</p> <ul style="list-style-type: none"> - The amount of monthly funds to be received - The need to submit data on spending of BH enhancement funds based on future reporting needs directed by HCA <p>Changes in the estimations and</p>
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		assumptions used to develop Provider's Enhancement Fund payments may trigger payment adjustments, including retroactive adjustments. In the event of a retroactive payment adjustment, CHPW will provide written notice to Provider describing the nature of the retroactive payment adjustment	assumptions used to develop Provider's Enhancement Fund payments may trigger payment adjustments, including retroactive adjustments. In the event of a retroactive payment adjustment, CHPW will provide written notice to Provider describing the nature of the retroactive payment adjustment	assumptions used to develop Provider's Enhancement Fund payments may trigger payment adjustments, including retroactive adjustments. In the event of a retroactive payment adjustment, CHPW will provide written notice to Provider describing the nature of the retroactive payment adjustment
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Table 18b: payment mechanism details for CHPW

Response table 2 of 2, including responses compiled from Q3 and Q4 of FY 2021

Questions	Payment mechanisms:		
	Fee schedules	Lump sum payments	Budget payments
1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	Certain provider agreements outlined payment as a percentage above 100% Fee-For-Service. King County increased rates by 6% to all behavioral health providers in July 2018.	The majority of payments were made as lump sum payments, based on each provider's historical share of enhancement funds and our estimated total funding amount by region.	Certain provider agreements outlined budget-based arrangements where the budgeted amount was inclusive of enhancement funds.
2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	Yes, the amount paid above 100% Fee-For-Service varies by provider/contracting arrangement and region.	No; where this mechanism was used, it was used in the same manner across regions, provider types and arrangement.	No.
3 When was this mechanism implemented?	We implemented payment in January 2021 per the HCA schedule	We implemented payment in January 2021 per the HCA schedule	We implemented payment in January 2021 per the HCA schedule
4 How were providers notified that this change of funding was directly	Providers were sent communications in the beginning of January	Providers were sent communications in the beginning of January	Providers were sent communications in the beginning of January

<p>related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.</p>	<p>2021 which included details on:</p> <ul style="list-style-type: none"> - Funding changes due to decrease in CHPW market share and the number of providers receiving BH enhancement funds in the region. - Reference to updated proviso language which directs funds for recruitment and retention - Notification of incoming agreement to be signed <p>Changes in the estimations and assumptions used to develop Provider's Enhancement Fund payments may trigger payment adjustments, including retroactive adjustments. In the event of a retroactive payment adjustment, CHPW will provide written notice to Provider describing the nature of the retroactive payment adjustment.</p>	<p>2021 which included details on:</p> <ul style="list-style-type: none"> - Funding changes due to decrease in CHPW market share and the number of providers receiving BH enhancement funds in the region. - Reference to updated proviso language which directs funds for recruitment and retention - Notification of incoming agreement to be signed <p>Changes in the estimations and assumptions used to develop Provider's Enhancement Fund payments may trigger payment adjustments, including retroactive adjustments. In the event of a retroactive payment adjustment, CHPW will provide written notice to Provider describing the nature of the retroactive payment adjustment.</p>	<p>2021 which included details on:</p> <ul style="list-style-type: none"> - Funding changes due to decrease in CHPW market share and the number of providers receiving BH enhancement funds in the region. - Reference to updated proviso language which directs funds for recruitment and retention - Notification of incoming agreement to be signed <p>Changes in the estimations and assumptions used to develop Provider's Enhancement Fund payments may trigger payment adjustments, including retroactive adjustments. In the event of a retroactive payment adjustment, CHPW will provide written notice to Provider describing the nature of the retroactive payment adjustment.</p>
<p>5 What specific types of providers, or what groups of providers received this increase? Please explain.</p>	<p>CHPW offers BH Enhancement funds to all behavioral health agencies certified by the Department of Health and that are contracted with CHPW, per IMC contract language. CHPW has</p>	<p>CHPW offers BH Enhancement funds to all behavioral health agencies certified by the Department of Health and that are contracted with CHPW, per IMC contract language. CHPW has</p>	<p>CHPW offers BH Enhancement funds to all behavioral health agencies certified by the Department of Health and that are contracted with CHPW, per IMC contract language. CHPW has</p>

incorporated equity assessments into our process to ensure we are offering equitable funding to our BH providers who serve special populations or serve in critical counties.

incorporated equity assessments into our process to ensure we are offering equitable funding to our BH providers who serve special populations or serve in critical counties.

incorporated equity assessments into our process to ensure we are offering equitable funding to our BH providers who serve special populations or serve in critical counties.

This methodology has CHPW paying BH Enhancement funds to a wide range of provider types including outpatient and intensive outpatient providers, as well as providers with inpatient/ residential facilities.

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This methodology has CHPW paying BH Enhancement funds to a wide range of provider types including outpatient and intensive outpatient providers, as well as providers with inpatient/ residential facilities.

6	Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.	CHPW requires providers to sign an agreement detailing the following: 1. The amount of monthly funds to be received 2. The need to submit data on spending of BH enhancement funds based on any future reporting needs directed by HCA	CHPW requires providers to sign an agreement detailing the following: 1. The amount of monthly funds to be received 2. The need to submit data on spending of BH enhancement funds based on any future reporting needs directed by HCA	CHPW requires providers to sign an agreement detailing the following: 1. The amount of monthly funds to be received 2. The need to submit data on spending of BH enhancement funds based on any future reporting needs directed by HCA
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Table 19: payment mechanism details for Coordinated Care of Washington (CCW)

Responses compiled from all four quarterly reports in FY 2021

	Questions	Payment mechanisms:		
		Sub-capitated rates	Lump sum payment	Contracted WISE amount over state case rate
1	Basic description of mechanism for increased provider	% of premium	Funding from rates allocated to provider based on % of	Dollars used to fund providers who are receiving WISE amounts

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payments (for example "We increased fee schedules by 10% for all behavioral health providers.")

OP/Residential Spend in the associated region

in excess of the case rate premium amount we are paid for the associated members

2	Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	Just the few providers have % of premium contracts	Same methodology applied for every region; however certain providers are on % of BH premium contracts so they are getting their enhancement payment as part of their typical monthly payment	Solely based on the individual contracts that pay at the higher rates
3	When was this mechanism implemented?	(Q1 & Q2): 1/1/2020 (Q3 & Q4): 1/1/2021	MOUs sent to providers in April 2020	(Q1 & Q2): 1/1/2020 (Q3 & Q4): 1/1/2021
4	How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	N/A	(Q1 & Q2): April 2020 / MOU Process (Q3 & Q4): MOU Process (April 2021)	(Q1 & Q2): April 2020 / MOU Process (Q3 & Q4): MOU Process (April 2021)
5	What specific types of providers, or what groups of providers received this increase? Please explain.	Those with % premium arrangements (detail on Expenditure's tab)	BH Agencies (those providers who were carved out prior to BH integration) - The accounting is on the Instructions tab	WISe Providers
6	Are there particular requirements that must be met by providers to receive the new funds? Do any of these	No	No	No

requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.			
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Table 20a: payment mechanism details for Molina Healthcare of Washington, Inc.

Identical responses provided in all four quarterly reports in FY 2021

Response table 1 of 2, reporting three out of their six funding mechanisms

Questions	Payment mechanisms (1-3 of 6):		
	Fee schedules	Sub-capitated rates	Value-based purchasing
1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	<p>1. Molina is continuing to honor the 10% rate increase put in place by the Optum BHO in Pierce region and the 5% rate increase given to some providers in Thurston Mason region.</p> <p>2. Molina had previously disbursed enhancement funds via lump sums in Southwest region. Molina moved to passing through enhancement via a fee schedule in 05/01/2020. January- April enhancements expected to be paid in Q4 2020.</p>	<p>1. In Greater Columbia, North Central and Salish regions Molina disburses enhancements through capitated arrangements.</p> <p>2. In King County Molina passes through all enhancements to King County via a capitated arrangements so King County can honor all enhancement funding put in place in July 2018.</p>	Molina is in process of implementing 2 VBC arrangements with Family Solutions and Lifeline in the SW region starting 2020.
2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	Molina replicated BHO terms and hence enhancement funds are disbursement methods vary by region.	Molina replicated BHO terms and hence enhancement funds are disbursement methods vary by region.	(no response provided)
3 When was this mechanism implemented?	Most mechanisms were implemented in 2018 by BHO. Molina has been passing enhancement funds in lump sums in	(no response provided)	Implemented in 2020.

Southwest but moved to a Fee Schedule on 05/01/2020

4	How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	Providers in Southwest region received information regarding the fee schedule change in late 2019 and contracts revised in early 2020. Pierce providers were notified of their enhancements in the 2nd quarter of 2020.	(no response provided)	Providers in Southwest region received information regarding the fee schedule change in late 2019 and contracts revised in early 2020.
5	What specific types of providers, or what groups of providers received this increase? Please explain.	In Pierce and Southwest regions, all providers contracted previously with the BHOs received the increase.	All providers who had capitated arrangements with the BHO in Greater Columbia, North Central and Salish regions received enhancement funds	All providers contracted with BHOs previously received the rate increase.
6	Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.	Providers need to submit clean claims on a timely basis.	Providers need to submit clean encounters on a timely basis	Providers will need to meet quality measure to receive VBC payouts.

Table 20b: payment mechanism details for Molina Healthcare of Washington, Inc.

Identical responses provided in all four quarterly reports in FY 2021
Response Table 2 of 2, reporting their other three funding mechanisms

Questions	Payment mechanisms (4-6 of 6):		
	Enhancement funds	Expansion funds	Paid via cost reimbursement

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<p>1 Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")</p>	<p>1. King County increased rates by 6% to all behavioral health providers in July 2018.</p> <p>2. In Spokane and Thurston Mason BHOs increased provider budgets and Molina is continued to honor the increased budgets.</p> <p>3. In Great Rivers and North Sound regions Molina disburses enhancements in Lump sums at present and hope to move to rate increases as our experience develops.</p>	<p>1. King County - These funds represent the expansion of programs (adding beds) and new facilities.</p> <p>2. In the North Sound region the BHO doubled the size of the Skagit PACT team and the Geriatric program operated by Sunrise. Further Molina is utilizing enhancement funds in this region to support a new WISe team.</p> <p>3. Catholic Community Services in Southwest region will continue to receive enhancement funds via lump sums in Southwest region.</p>	<p>In Southwest region Molina will be disbursing some enhancements to providers on cost reimbursement agreements.</p>
<p>2 Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.</p>	<p>Molina replicated BHO terms and hence enhancement funds are disbursement methods vary by region.</p>	<p>(no response provided)</p>	<p>(no response provided)</p>
<p>3 When was this mechanism implemented?</p>	<p>(no response provided)</p>	<p>(no response provided)</p>	<p>Implemented in 2020.</p>
<p>4 How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or</p>	<p>Spokane and Thurston Mason providers had enhancement funding built into budgets by the BHO before integration.</p>	<p>(no response provided)</p>	<p>Providers in Southwest region received information regarding the fee schedule change in late 2019 and contracts revised in early 2020.</p>

	ongoing communication plan.			
5	What specific types of providers, or what groups of providers received this increase? Please explain.	King County – all behavioral health providers.	King County - Valley Cities (E&T, Detox, Secure Detox, SUD Residential), SeaMar (SUD Residential, Youth Psychiatric, Geriatric Facility).	(no response provided)
6	Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.	Providers need to submit clean invoices on a timely basis.	Providers need to submit clean invoices on a timely basis.	Providers need to submit clean invoices on a timely basis.

Table 21: payment mechanism details for UnitedHealthcare of Washington, Inc.

Identical responses provided in all four quarterly reports in FY 2021

	Questions	Payment mechanism: Sub-capitated rates
1	Basic description of mechanism for increased provider payments (for example "We increased fee schedules by 10% for all behavioral health providers.")	Enhancement funds were distributed to behavioral health providers based on their proportion of paid claims.
2	Does the mechanism vary by region, provider type, or contracting arrangement? Please explain.	No
3	When was this mechanism implemented?	December, 2020
4	How were providers notified that this change of funding was directly related to state proviso requirements? Approximately what month did this communication occur? Please share any other pertinent details regarding your initial or ongoing communication plan.	E-mail notifications went out the same day of payment processing. Letter notification followed a day later.

5 What specific types of providers, or what groups of providers received this increase? Please explain.

We limited the distribution of funds to providers in our BH network and those historically contracted with the BHO, excluding medical providers.

6 Are there particular requirements that must be met by providers to receive the new funds? Do any of these requirements permit the recovery of funds? If additional reporting or documentation is required for the funding, please attach a copy of the report.

The requirements were in line with the HCA and state Legislature guidelines. The provider notification letters provided an "opt-out" clause to be submitted in writing, with the acceptance of funds indicating an agreement to the reporting requirements, outlined under separate cover. No report is attached. In keeping with prior practices of not wanting to burden providers with administrative requirements we will join with other MCOs to create a reporting document that gather information on how they used the Enhancement dollars to strengthen their workforce.