

# 2019 Washington Mental Health System Guidebook

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

Please seek independent, qualified, professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of November 2019. PsychU provides this information for your convenience. In order to obtain the most up-to-date information about a state or its programs, please contact the organization listed within this state's Mental Health System Guidebook.

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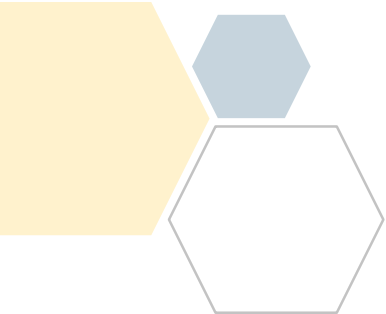
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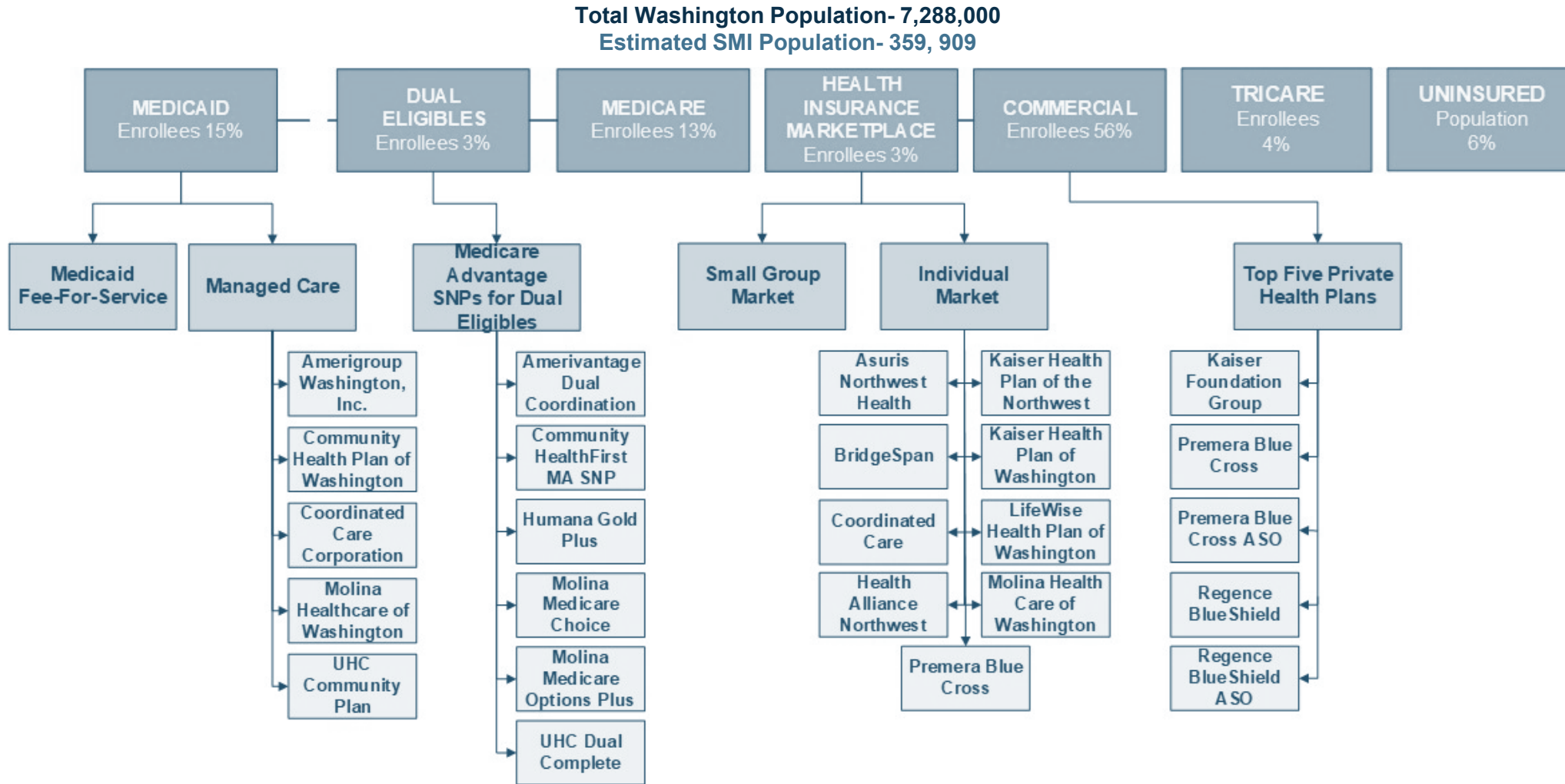
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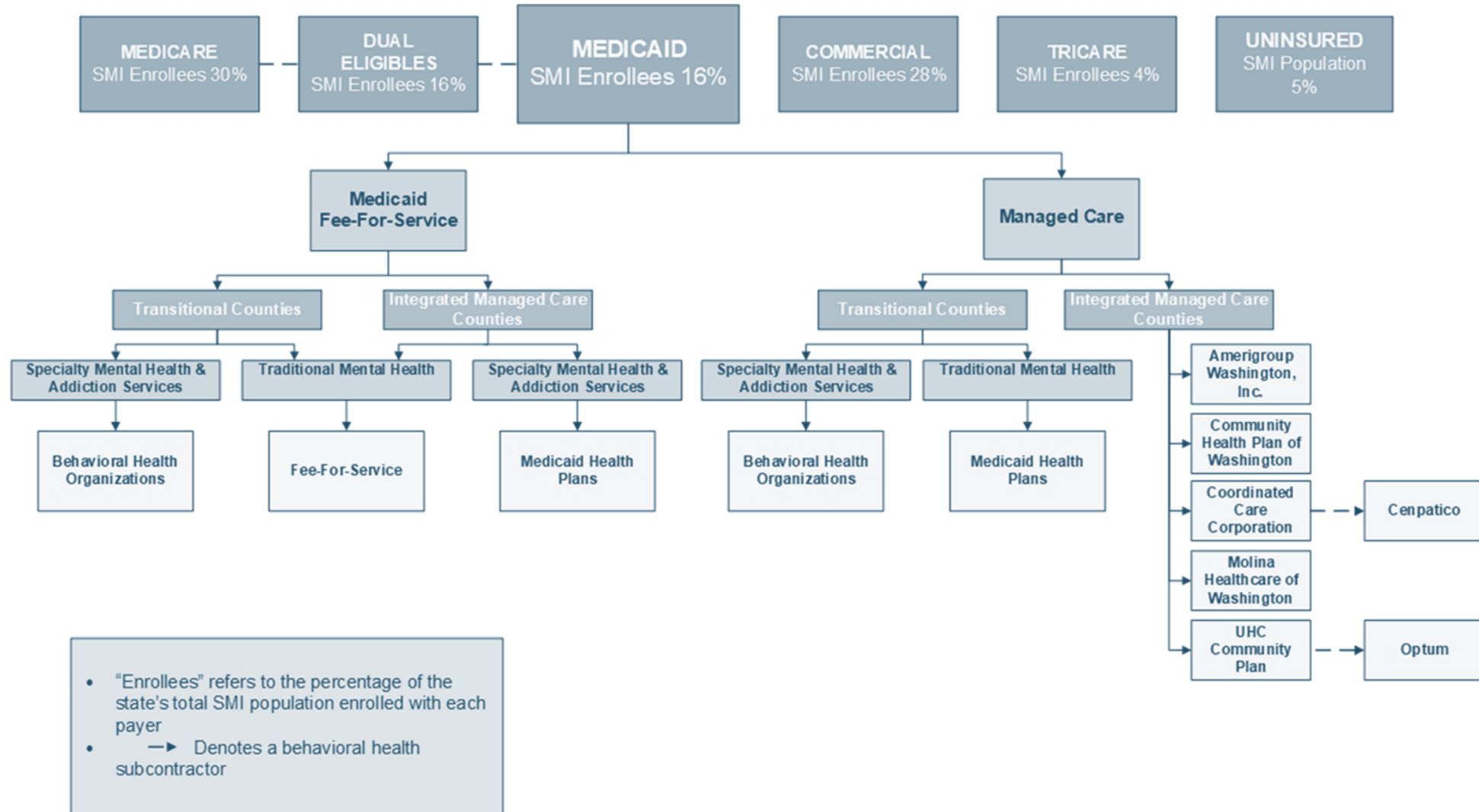
# A. Executive Summary



# A.1. Physical Health Care Coverage Map



# A.2. Behavioral Health Care Coverage Map



## A.3. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
<b>Total Medicaid Population Distribution</b>	<ul style="list-style-type: none"> <li>As of March 2019: 12% in fee-for-service (FFS); 88% in managed care.</li> </ul>
<b>SMI Population Inclusion In Managed Care</b>	<ul style="list-style-type: none"> <li>Washington does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.</li> <li>Estimated 35% of population in FFS; 65% in managed care.</li> </ul>
<b>Dual Eligible Population Inclusion In Managed Care</b>	<ul style="list-style-type: none"> <li>FFS is mandatory for dual eligible.</li> <li>Estimated 100% of population in FFS; 0% in managed care.</li> </ul>

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
<b>Traditional Behavioral Health</b>	<ul style="list-style-type: none"> <li>Integrated Managed Care (IMC) &amp; Transitional counties: Covered FFS by the state</li> </ul>	<ul style="list-style-type: none"> <li>IMC &amp; Transitional counties: Included in the health plan's capitation rate</li> </ul>
<b>Specialty Behavioral Health</b>	<ul style="list-style-type: none"> <li>IMC counties: At-risk payment to the behavioral health services only (BHSO) plans</li> <li>Transitional counties: At-risk payment to behavioral health organizations (BHOs)</li> </ul>	<ul style="list-style-type: none"> <li>IMC counties: Included in the health plan's capitation rate</li> <li>Transitional counties: Included in the BHO's capitation rate</li> </ul>
<b>Pharmaceuticals</b>	<ul style="list-style-type: none"> <li>IMC &amp; Transitional counties: Covered FFS by the state</li> </ul>	<ul style="list-style-type: none"> <li>IMC &amp; Transitional counties: Included in the health plan's capitation rate</li> </ul>
<b>LTSS</b>	<ul style="list-style-type: none"> <li>IMC &amp; Transitional counties: Covered FFS by the state</li> </ul>	<ul style="list-style-type: none"> <li>IMC &amp; Transitional counties: Covered FFS by the state</li> </ul>

## A.4. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Members of the Alaska/American Indian populations have the option to enroll in a Tribal operated PCCM.
Accountable Care Organization (ACO) Program		The state is considering extending the state employee ACO program to other payers.
Affordable Care Act (ACA) Model Health Home	✓	The state operates health homes for individuals with one chronic condition, including individuals with an SMI, and at-risk for another chronic condition.
Patient-Centered Medical Home (PCMH)		None



# A.5. Behavioral Health Safety-Net Delivery System Overview

## State Agency Responsible For Uninsured Citizens & Delivery System Model

### Physical Health Services

- The Primary Care Office within the state Department of Health is responsible for providing physical health services to the uninsured population.

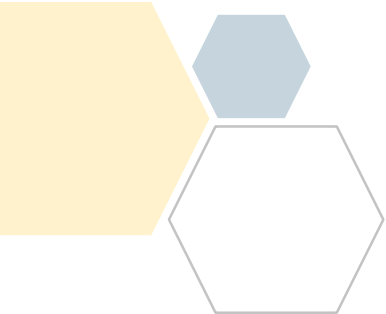
### Mental Health Services

- The behavioral health organization (BHOs), or the behavioral health administrative service organization (BH-ASO), provides mental health safety-net services, depending on the region. On July 1, 2018, oversight of the BHOs and BH-ASOs was transferred from the Department of Social and Health Services to the Washington Health Care Authority.

### Addiction Treatment Services

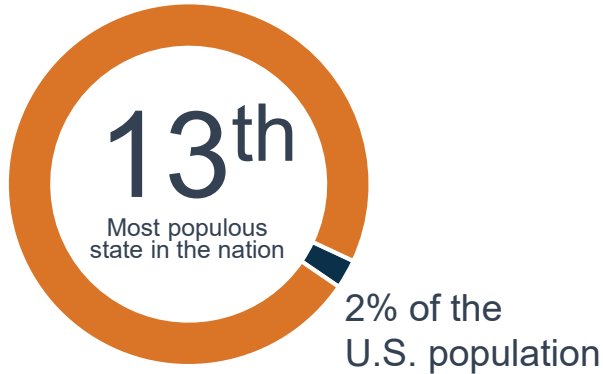
- The BHO or the BH-ASO provides addiction treatment safety-net services, depending on the region. On July 1, 2018, oversight of the BHOs and BH-ASOs was transferred from the Department of Social and Health Services to the Washington Health Care Authority.

## B. Health Financing System Overview

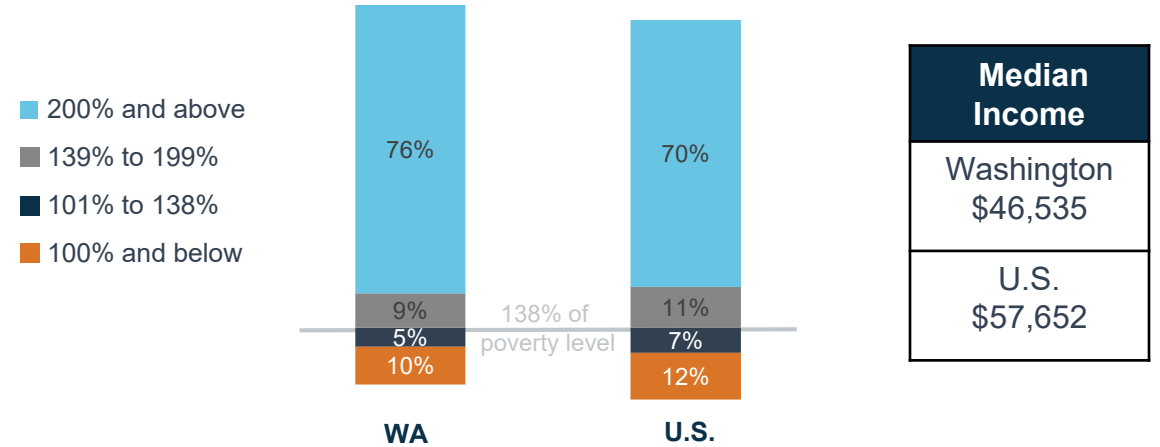


# B.1. Population Demographics

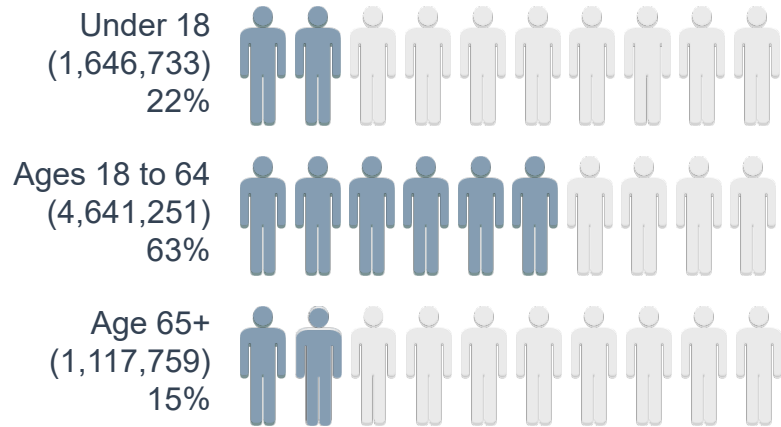
Total Washington Population- 7,405,743  
 Estimated SMI Population- 347,400



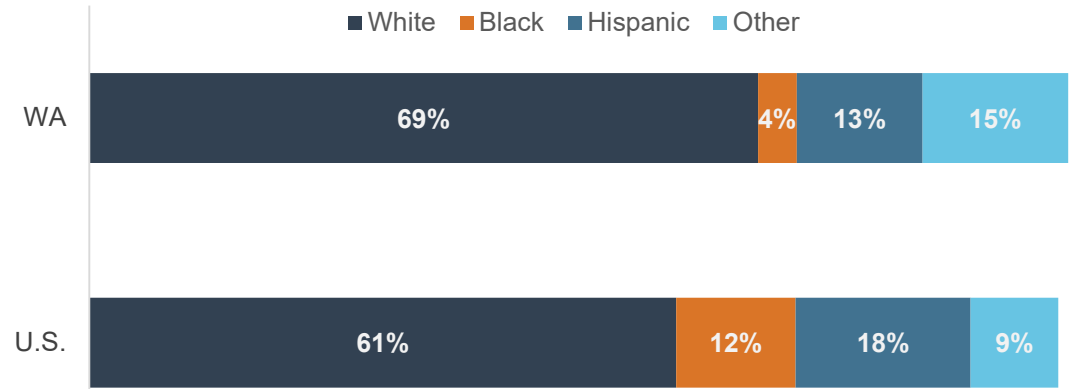
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



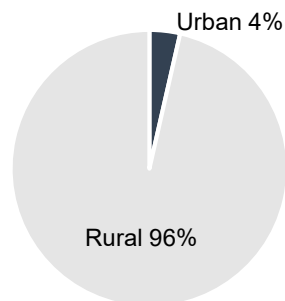
Washington & U.S. Racial Composition



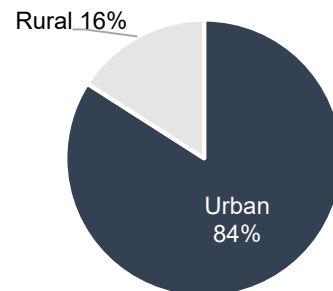
## B.2. Population Centers



Distribution Of Land Area

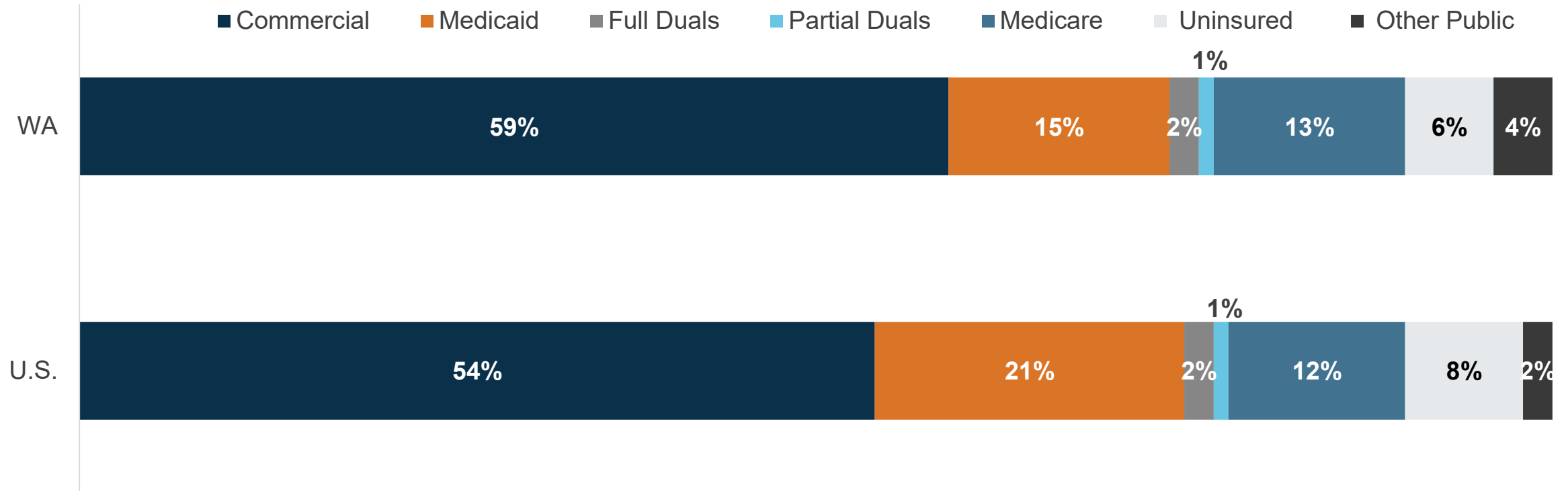


Distribution Of Population

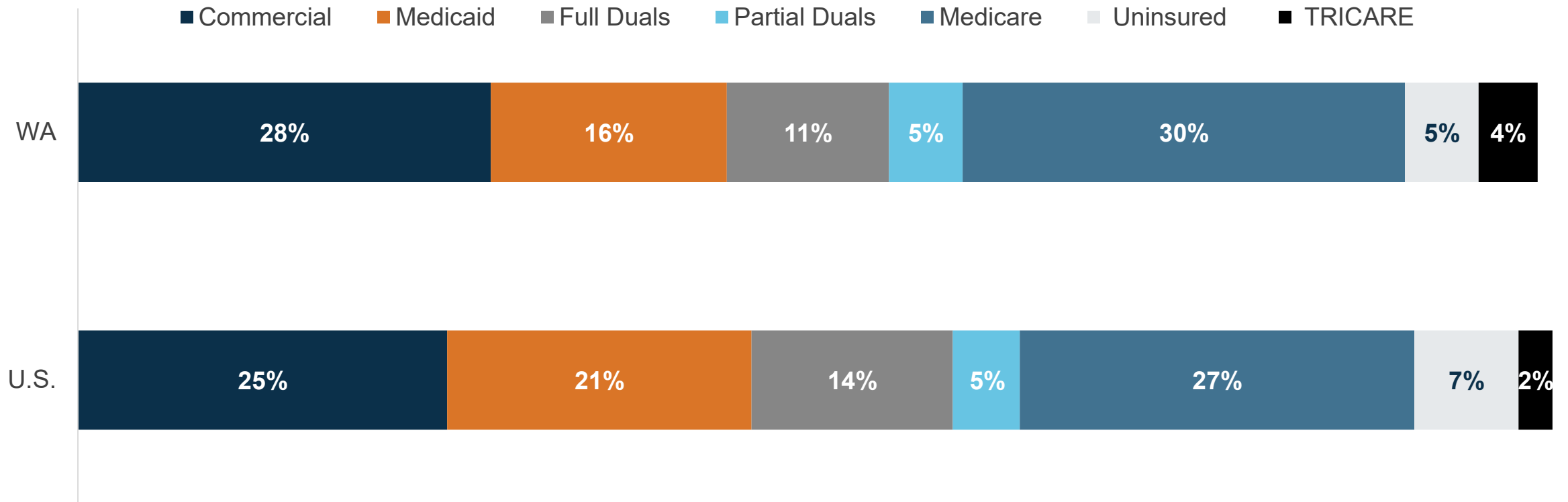


Metropolitan Statistical Areas (MSAs)		
MSA	Washington Residents	Percent Of Population
Total MSA Population	<b>8,401,571</b>	<b>90%</b>
Seattle-Tacoma-Bellevue WA	3,735,216	46%
Portland-Vancouver-Hillsboro, OR-WA	2,382,037	28%
Spokane-Spokane Valley, WA	547,688	7%
Kennewick-Richland, WA	279,653	3%
Olympia-Turnwater, WA	269,885	3%
Bremerton-Silverdale, WA	258,903	3%
Yakima, WA	248,279	3%
Bellingham, WA	212,738	3%
Mount Vernon-Anacortes, WA	121,725	1%
Wenatchee, WA	115,723	1%
Longview, WA	103,590	1%
Other MSAs	126,134	1%

## B.3. Population Distribution By Payers National vs. State



## B.4. SMI Population Distribution By Payer National vs. State



## B.5. Largest Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Premera Blue Cross Group	Commercial administrative services organization (ASO)	1,415,352
Medicare fee-for-service (FFS)	Medicare	848,549
Molina Healthcare	Medicaid managed care	753,507
Premera Blue Cross	Commercial	411,697
Regence BlueShield	Commercial ASO	381,044
TRICARE	Other public	349,527
Regence BlueShield	Commercial	335,139
Kaiser Foundation Health Plan of WA	Commercial	179,773
UnitedHealthcare of Washington	Medicaid managed care	170,852
Amerigroup Washington	Medicaid managed care	166,367

\* Medicaid enrollment as of April 2019; TRICARE as of April 2018; Commercial as of 4<sup>th</sup> quarter 2017; Medicare enrollment as of December 2018

## B.6. Largest Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	848,549	93,340
Medicaid FFS	Medicaid FFS	201,886	36,831
Molina Healthcare	Medicaid managed care	753,507	34,000
Premera Blue Cross Group	Commercial ASO	1,415,352	32,553
TRICARE	Other public	349,527	19,574
Community Health Plan of Washington	Medicaid managed care	243,538	10,989
Kaiser Permanente Senior Advantage	Medicare	92,931	10,222
AARP MedicareComplete	Medicare	88,733	9,761
Premera Blue Cross	Commercial	411,697	9,469
Regence BlueShield	Commercial ASO	381,044	8,764

\* Medicaid enrollment as of April 2019; TRICARE as of April 2018; Commercial as of 4<sup>th</sup> quarter 2017; Medicare enrollment as of December 2018



# B.7. Health Insurance Marketplace

Health Insurance Marketplace	
Type Of Marketplace	State
Individual Enrollment Contact	<a href="http://www.healthcare.gov">www.healthcare.gov</a>
	1-855-923-4633 1-855-WAFINDER
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier, or through an insurance broker.

2019 Individual Market Health Plans
1. Asuris Northwest Health
2. BridgeSpan Health
3. Coordinated Care
4. Health Alliance Northwest
5. Kaiser Permanente
6. LifeWise Health Plan of Washington
7. Molina Healthcare of Washington
8. Premera Blue Cross

2019 Small Group Market Plans
1. None

## B.8. ACOs

### Medicare Shared Savings Model ACOs

1. Cascadia Care Network
2. CPSI ACO 2
3. Franciscan Northwest Physicians Health Network
4. Health Connect Partners
5. Kootenai Accountable Care
6. Polyclinic Management Services Company
7. Public Hospital District #1 of King County
8. Valley Medical Center Accountable Care

### End-State Renal Disease ACOs

1. Northwest Kidney Care Alliance

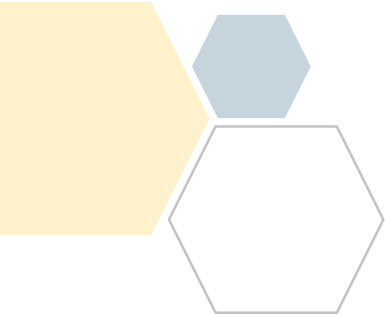
### Next Generation ACOs

1. NW Momentum Health ACO

### Investment Model ACOs

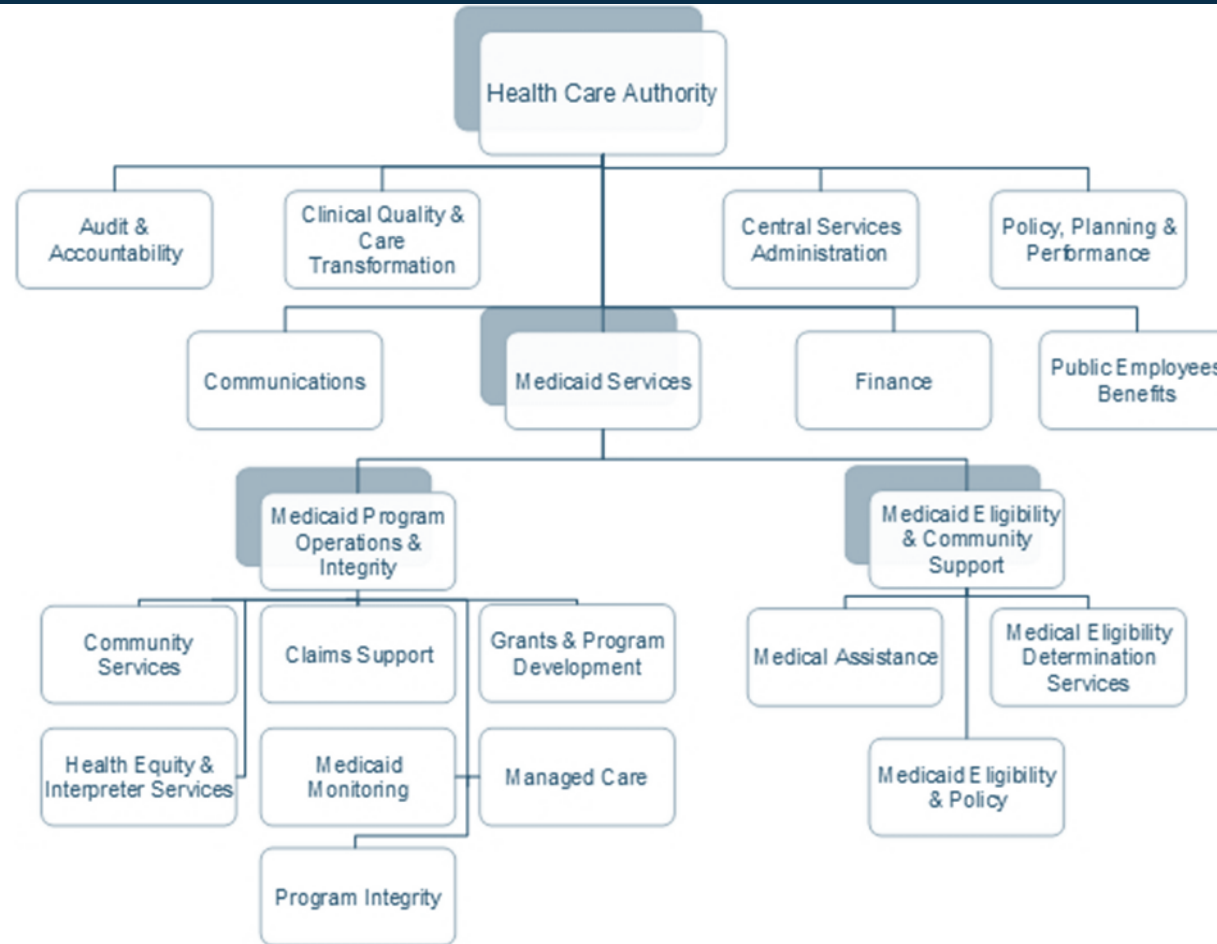
1. National Rural ACO 16
2. Rocky Mountain Accountable Care Organization

## **C. Medicaid Administration, Governance & Operations**



# C.1. Medicaid Governance

## Organization Chart



As of June 2019, the state has not developed a new organization chart that incorporates the changes to the department (i.e., the transition from the Department of Social Health and Services to the Washington Health Care Authority). Therefore, the organizational chart on the right reflects the existing department structure.

## C.2. Medicaid Governance

### Key Leadership

Name	Position	Department
Sue Birch	Director	Washington Health Care Administration (HCA)
Lou McDermott	Deputy Director	HCA
MaryAnne Lindeblad	State Medicaid Director	HCA
Michael Arnis	Deputy Policy Director	HCA
Megan Atkinson	Chief Financial Officer	HCA
Amy Blondin	Chief Communications Officer	HCA
Dr. Judy Zerzan	Chief Medical Officer	HCA
Mich'l Needham	Chief Policy Officer	HCA
Jody Costello	Administration Services Director	HCA
Jessie Dean	Tribal Affairs Administrator	HCA
Steve Dotson	Acting Division Director	HCA, Medicaid Program Operations and Integrity
Michael Langer	Acting Assistant Director	HCA, Division of Behavioral Health and Recovery
Taylor Linke	Director	HCA, Medical Eligibility and Community Support

## C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	<ul style="list-style-type: none"> <li>• Yes</li> </ul>
Date Of Expansion	<ul style="list-style-type: none"> <li>• January 2014</li> </ul>
Medicaid Eligibility Income Limit For Able-Bodied Adults	<ul style="list-style-type: none"> <li>• 133% of Federal Poverty Level (FPL)</li> <li>• Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility</li> </ul>
Legislation Used To Expand Medicaid	<ul style="list-style-type: none"> <li>• Senate Bill 26, 98th General Assembly</li> </ul>
Number Of Individuals Enrolled In The Expansion Group (September 2017)	<ul style="list-style-type: none"> <li>• 578,291</li> </ul>
Number Of Enrollees Newly Eligible Due To Expansion	<ul style="list-style-type: none"> <li>• 578,291</li> </ul>
Benefits Plan For Expansion Population	<ul style="list-style-type: none"> <li>• The alternative benefit plan offers all state plan benefits, plus additional habilitation benefits.</li> </ul>

## C.4. Medicaid Program Benefits

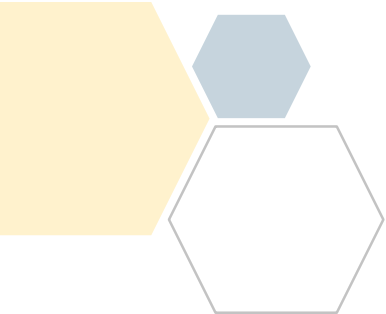
### Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Emergency services
3. Outpatient hospital services
4. Rural Health Clinic services
5. Federally Qualified Health Center (FQHC) services
6. Laboratory and x-ray services
7. Nursing facilities for individuals 21 and over
8. Early and Periodic Screening and Diagnosis and Treatment (EPSDT) for individuals under 21
9. Family planning services and supplies
10. Free standing birth centers
11. Pregnancy-related and postpartum services
12. Nurse midwife services
13. Hospice Care
14. Tobacco cessation programs for pregnant women
15. Physician services
16. Medical and surgical services of a dentist
17. Home health services
18. Nurse practitioner services
19. Non-emergency transportation to medical care

### Washington's Optional Services

1. Case management services
2. Other practitioner's services
3. Clinic services
4. Dental services
5. Preventive and rehabilitative services
6. Optometric services
7. Inpatient psychiatric services for individuals 21 and under
8. Intermediate care facility services for individuals with intellectual disabilities
9. Nursing facility services for individuals under 21 years old
10. Physical and occupational therapy
11. Speech, hearing, and language therapy services
12. Podiatric services
13. Prescribed drugs
14. Prosthetic devices, dentures, and eyeglasses
15. Transplant services
16. Personal care services
17. Private duty nursing
18. Services for individuals age 65 and over in IMDs
19. Respiratory care services

## D. Medicaid Financing & Delivery System





# D.1. Medicaid Financing & Service Delivery System

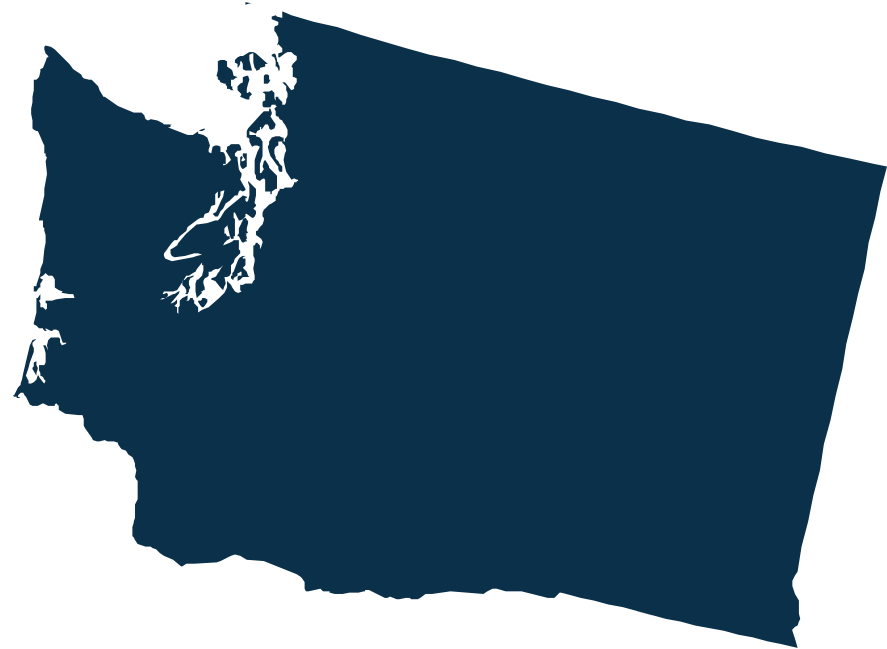
Medicaid System Characteristics			
Characteristics	Medicaid FFS	Medicaid Managed Care: Transitional Counties	Medicaid Managed Care: Integrated Managed Care (IMC)
Enrollment (May 2019)	<ul style="list-style-type: none"> <li>201,886</li> </ul>	<ul style="list-style-type: none"> <li>227,568</li> </ul>	<ul style="list-style-type: none"> <li>1,289,550</li> </ul>
SMI Enrollment	<ul style="list-style-type: none"> <li>Washington does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.</li> <li>Estimated 35% of SMI population in FFS; 65% in managed care</li> </ul>		
Management	<ul style="list-style-type: none"> <li>Physical &amp; Traditional Behavioral Health: Health Care Authority</li> <li>Specialty Behavioral Health:                             <ul style="list-style-type: none"> <li>Transitional Counties: Behavioral health organizations (BHOs)</li> <li>IMC Counties: Behavioral health services only plans (BHSOs)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Physical &amp; Traditional Behavioral Health: Three health plans</li> <li>Specialty Behavioral Health: BHOs</li> </ul>	<ul style="list-style-type: none"> <li>Five health plans</li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>Physical &amp; Traditional Behavioral Health: FFS</li> <li>Specialty Behavioral Health: Capitated rate</li> </ul>	<ul style="list-style-type: none"> <li>Capitated rate</li> </ul>	<ul style="list-style-type: none"> <li>Capitated rate</li> </ul>
Geographic Service Area	<ul style="list-style-type: none"> <li>Physical Health: Statewide</li> <li>Specialty Behavioral Health: BHOs &amp; BHSOs available by county/region</li> </ul>	<ul style="list-style-type: none"> <li>Salish, Thurston-Mason, and Great Rivers regions</li> <li>Specialty Behavioral Health: BHOs available by county/region</li> </ul>	<ul style="list-style-type: none"> <li>North Sound, North Central, Spokane, Greater Columbia King, Pierce, and Southwest regions</li> <li>Phasing into the rest of the state by January 2020</li> </ul>

## D.2. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS / Managed Care	Mandatory Managed Care Enrollment
Parents & Caretakers			X
Children			X
Blind & Disabled Individuals			X
Aged Individuals			X
Dual Eligibles	X		
Medicaid Expansion			X
Individuals Residing In Nursing Homes	X		
Individuals Residing In ICF/IDD	X		
Individuals In Foster Care			X
Other Populations	<ul style="list-style-type: none"> <li>Former foster care youth up to age 26</li> <li>Family planning services</li> <li>Individuals needing treatment for breast or cervical cancer</li> <li>Enrolled in another managed care program</li> <li>Eligibility less than 3 months</li> </ul>	<ul style="list-style-type: none"> <li>Children with special health care needs</li> <li>Non-Title IV-E adoption assistance under age 21</li> <li>Children receiving SSI who are under age 19</li> <li>American Indian/Alaskan Native</li> <li>Residents of Clallam County</li> </ul>	<ul style="list-style-type: none"> <li>Individuals receiving SSI ages 19 or older</li> </ul>

## D.3. Medicaid FFS Program Overview

- Washington's FFS enrollment as of March 2019 was 201,886.
- Washington calls its Medicaid program Apple Health.
- Washington operates a small primary case management program for the American Indian/Native Alaskan population.
  - The program services approximately 6,700 individuals.
  - Under the PCCM program, tribes may elect to provide case management services to eligible individuals.



## D.4. Medicaid FFS Program

### Behavioral Health Benefits

- Washington is currently in the process of transitioning from a behavioral health carve-out model to a carve-in model where physical health and behavioral health financing are integrated under the health plans.
  - The new model is called Integrated Managed Care (IMC). The model was formerly referred to as Fully Integrated Managed Care (FIMC).
  - The model is being phased in regionally with planned completion by January 2020.
- As a result of this transition, the state is currently operating two behavioral health financing arrangements:
  - Transitional behavioral health model: Integrates mental health and addiction disorder financing under one at-risk behavioral health organization (BHO). Previously, mental health services were provided by regional service networks (RSNs) and addiction treatment services were provided FFS. Approximately 15% of the Medicaid population resides in transitional regions, specifically Thurston-Mason, Greater Rivers, and Salish. By January 2020, these regions will transition to the IMC model and the BHOs will be phased out.
  - IMC: Integrates mental health and addiction treatment services with physical health services. Approximately 85% of the Medicaid population resides in IMC regions, specifically Greater Columbia, King, North Central, North Sound (as of July 2019), Pierce, Spokane, and Southwest.

## D.4. Medicaid FFS Program (Continued)

### Behavioral Health Benefits

- FFS program in transitional behavioral health model counties:
  - Traditional mental health services are provided through the FFS delivery system.
  - Specialty mental health and addiction treatment services are provided through three regionally operated at-risk behavioral health organizations (BHOs). Individuals do not have a choice of BHO.
  - Access to specialty mental health services is determined using the state’s access to care standards (ACS).
- FFS Program in IMC counties:
  - Traditional mental health services are provided through the FFS delivery system.
  - Specialty mental health and addiction treatment services for the FFS populations meeting ACS criteria are provided through at-risk Behavioral Health Services Only (BHSO) plans. The BHSO plans are operated by the integrated health plans serving the managed care population in the region. Enrollees may choose their BHSO plan.
  - The BHSOs are responsible for crisis services, but must subcontract with the behavioral health administrative services organization (BH-ASO) for these services. The BH-ASO provides crisis services to both Medicaid and non-Medicaid individuals. Beacon Health Options acts as the BH-ASO in both IMC regions.
- Pharmacy services are provided FFS by the state under both models.
- American Indians/Alaskan Natives have the option to receive behavioral health services through the BH-ASO or the FFS system.

# D.5. Medicaid FFS Program

## Behavioral Health Benefits: Transitional Behavioral Health Model

This model of benefit financing is in place in Great Rivers, Salish, and Thurston-Mason regions. The state plans to replace it statewide by January 2020 with the model on the following slide.

FFS Mental Health Treatment Benefits Provided By The BHOs	
1.	Intake and evaluation
2.	Crisis services
3.	Individual treatment services
4.	Medication management
5.	Medication monitoring
6.	Group treatment services
7.	Peer support
8.	Brief intervention and referral to treatment
9.	Family treatment
10.	High intensity treatment
11.	Therapeutic psychoeducation
12.	Day support
13.	Inpatient services
14.	Stabilization services
15.	Rehabilitation case management
16.	Residential services
17.	Evaluations for special populations
18.	Psychological assessment
19.	Freestanding evaluation and treatment

FFS Addiction Treatment Benefits Provided By The BHOs	
1.	Assessment
2.	Brief intervention and referral to treatment
3.	Inpatient services
4.	Outpatient treatment
5.	Residential treatment*
6.	Opiate substitution treatment services
7.	Case management
8.	Withdrawal management (detoxification)

Behavioral Health Benefits Provided FFS By The State	
1.	Treatment for mental health conditions not meeting access to care standards
2.	Behavioral services for American Indians/Alaska Natives who elect to receive them FFS

\*As of July 17, 2018, coverage of residential treatment in an institution of mental disease (IMD) with more than 16 beds is allowed via a 1115 demonstration.

# D.6. Medicaid FFS Program

## Behavioral Health Benefits: IMC

- This model of benefit financing is in place in all regions except the Great Rivers, Salish, and Thurston-Mason regions as of July 2019. Statewide implementation will be completed by January 2020.
- The BHSO plans must subcontract with the state BH-ASO for the delivery of crisis services. In all IMC regions, Beacon Health Options was awarded the BH-ASO contract.

### FFS Mental Health Treatment Benefits Provided By The BHOs

1. Intake evaluation
2. Individual, group, and family treatment
3. Medication management
4. Medication monitoring
5. Peer support
6. Brief intervention and treatment
7. High intensity treatment
8. Therapeutic psychoeducation
9. Day support
10. Stabilization services
11. Rehabilitation case management
12. Residential services
13. Evaluations for special populations
14. Psychological assessment
15. Bio-feedback therapy
16. Inpatient psychiatric evaluation and treatment
17. Freestanding evaluation and treatment services
18. Wise Wraparound services (children under age 21)
19. Crisis services

### FFS Addiction Treatment Benefits Provided By The BHOs

1. Assessment
2. Residential treatment
3. Inpatient withdrawal and detoxification
4. Opiate substitution treatment services
5. Group and individual therapy
6. Case management
7. Brief intervention and treatment

\*As of July 17, 2018, coverage of residential treatment in an IMD with more than 16 beds is allowed via a 1115 demonstration.

# D.7. Medicaid FFS Program

## Behavioral Health Access To Care Standards

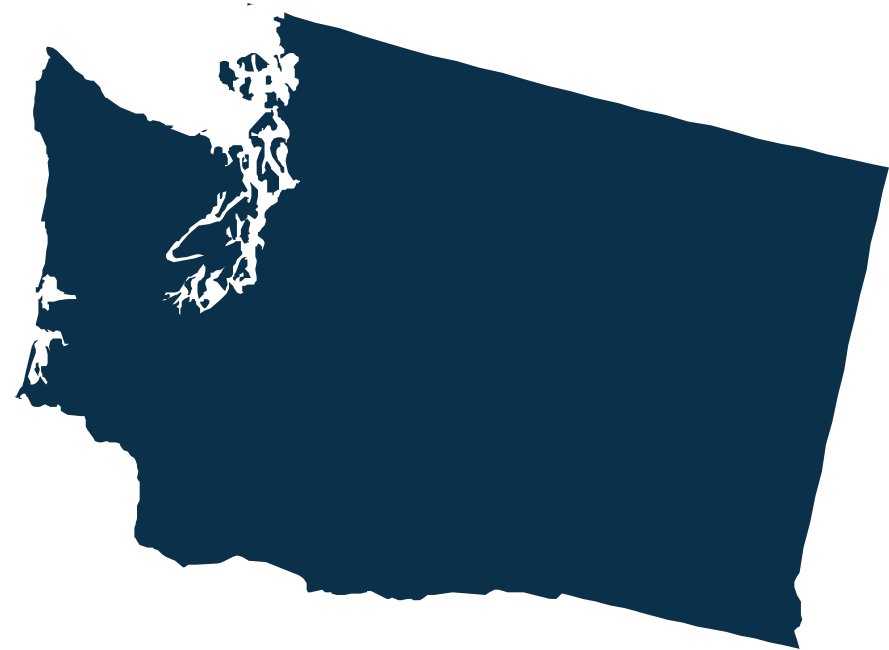
- Behavioral Health Services Only (BHSO) plans in all managed care regions—and behavioral health organizations (BHOs) in the Great Rivers, Salish, and Thurston-Mason regions—provide specialty mental health services to FFS individuals meeting the following access to care standards (ACS) criteria:
  - The individual has a mental illness, as determined by a mental health professional.
  - The individual’s impairment and corresponding need(s) must be the result of a mental illness. The individual must meet the functional criteria for SMI or serious emotional disturbance.
  - The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness.
  - The individual is expected to benefit from the intervention.
  - The individual’s unmet need(s) cannot be more appropriately met by any other formal or informal system or support.
- Behavioral Health Services Only (BHSO) plans in all managed care regions—and behavioral health organizations (BHOs) in the Great Rivers, Salish, and Thurston-Mason regions—provide specialty addiction services to FFS individuals meeting the following access to care standards (ACS) criteria:
  - The individual has an addiction disorder, as determined by a chemical dependency professional (CDP) or a trainee under supervision of a CDP.
  - The individual’s risk(s), impairment(s), and corresponding need(s) are assessed and documented using American Society of Addiction Medicine (ASAM) criteria.
- The use of the ACS criteria will be eliminated by 2020. The health plans will be responsible for setting utilization review and prior authorization policies.



## D.8. Medicaid FFS Program

### SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet other FFS criteria for exemption.
- As of March 2019, *OPEN MINDS* estimates that 35% of the SMI population was enrolled in FFS.
- Individuals with SMI in the Southwest, North Central, Greater Columbia, King, North Sound, Pierce, and Spokane regions receive behavioral health services through Behavioral Health Services Only (BHSO) plans operated by the integrated health plans.
- The remaining regions—Great Rivers, Salish, and Thurston-Mason—currently receive behavioral health services through Behavioral Health Organizations (BHO).
  - The state aims to implement the BHSO plans statewide by January 2020.



# D.9. Medicaid Managed Care Program

## Overview

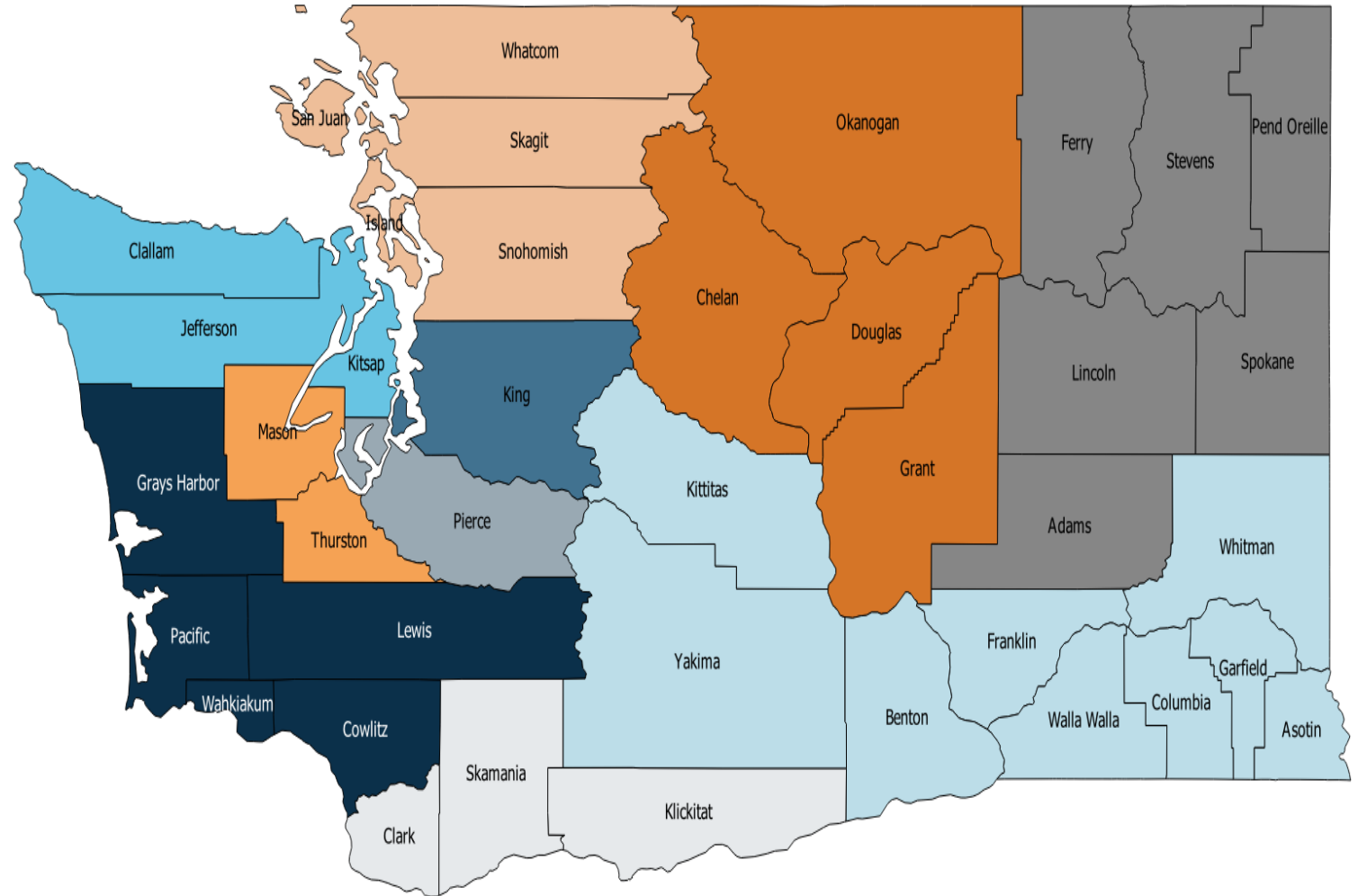
- Managed care enrollment as of March 2019 was 1,517,118.
- There are currently five health plans that are at full-risk for physical health benefits and some—or all—behavioral health benefits.
  - Although the state is divided into ten service areas, health plans are available on a county by county basis. Enrollees have a choice of the health plans in their county.
  - Additionally, Centene (i.e., Coordinated Care of Washington) operates a statewide health plan called Apple Health Core Connection for children enrolled in foster care.
- Currently, Washington is in the process of transitioning from a behavioral health carve-out model to a carve-in model where physical health and behavioral health financing are integrated under the health plans. The new model is called Integrated Managed Care (IMC).
  - The new model is implemented in the Greater Columbia, King, North Central, North Sound (as of July 2019), Pierce, Spokane, and Southwest regions.
  - The Thurston-Mason, Great Rivers, and Salish regions will be implementing IMC in January 2020, effectively making the IMC model statewide.
- As part of the state initiative to move 90% of state financed services to value-based arrangements, the health plans are required to enter in value-based arrangements.
  - In 2019, the state withheld 1.5% of the health plan's capitation rate, which will increase to 3% by 2021. To earn back the withhold, the MCO must meet the value-based purchasing goal (worth 12.5% of withhold), make payments to provider organizations tied to quality and cost (worth 12.5% of withhold), and demonstrate quality improvement and attainment on HEDIS performance measures (worth 75% of withhold).

# D.10. Medicaid Managed Care Program

## Regional Service Areas

### Regional Service Areas

- Greater Columbia
- King
- North Central
- North Sound
- Peninsula
- Pierce
- Spokane
- Southwest Washington
- Thurston-Mason
- Greater Rivers



# D.10. Medicaid Managed Care Program (Continued)

## Regional Service Areas

Region	IMC Implementation	BHO	Counties
Greater Columbia	Implemented January 2019	N/A	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima
King	Implemented January 2019	N/A	King
North Central	Implemented January 2018	N/A	Chelan, Douglas, Grant, Okanogan
North Sound	Implemented July 2019	N/A	Island, San Juan, Skagit, Snohomish, Whatcom
Salish	Planned January 2020	Salish BHO	Clallam*, Jefferson, Kitsap
Pierce	Implemented January 2019	N/A	Pierce
Spokane	Implemented January 2019	N/A	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens
Southwest Washington	Implemented April 2016	N/A	Clark, Klickitat, Skamania
Thurston-Mason	Planned January 2020	Thurston-Mason BHO	Mason, Thurston
Great Rivers	Planned January 2020	Great Rivers BHO	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum

# D.10. Medicaid Managed Care Program (Continued)

## Regional Service Areas

- Due to the transition to IMC, the state is currently operating two behavioral health financing arrangements—the transitional behavioral health model and the IMC.
- Transitional behavioral health model:
  - Traditional mental health services are provided through the health plans.
  - Specialty mental health and addiction disorder services are provided through the regionally operated at-risk behavioral health organizations (BHOs). Individuals do not have a choice of BHO.
  - Access to specialty mental health services is determined using the state’s access to care standards (ACS).
- IMC:
  - Traditional mental health services, specialty mental health services, and addiction disorder services are provided through the health plan.
  - Crisis services are included in the health plan’s capitation rate; however, the health plan must subcontract with the regional behavioral health administrative services organization (BH-ASO) that provides crisis services to both Medicaid and non-Medicaid populations. Beacon Health Options services as the BH-ASO.
- All pharmaceuticals, including those prescribed through the BHOs, are included in the health plan’s capitation rate.

# D.11. Medicaid Managed Care Program

## Behavioral Health Benefits: Transitional Behavioral Health Model

This model of benefit financing is currently in place in the Thurston-Mason, Great Rivers, and Salish regions. The state plans to eliminate BHOs and integrate managed care statewide by January 2020.

### Mental Health Treatment Benefits Provided By The BHOs

1. Intake and evaluation
2. Crisis services
3. Individual treatment services
4. Medication management
5. Medication monitoring
6. Group treatment services
7. Peer support
8. Brief intervention and referral to treatment
9. Family treatment
10. High intensity treatment
11. Therapeutic psychoeducation
12. Day support
13. Community hospitalization
14. Stabilization services
15. Rehabilitation case management
16. Residential services
17. Evaluations for special populations
18. Psychological assessment
19. Evaluation and treatment

### Addiction Treatment Benefits Provided By The BHOs

1. Assessment
2. Brief intervention and referral to treatment
3. Withdrawal management (detoxification)
4. Inpatient services
5. Outpatient treatment
6. Residential treatment\*
7. Opiate substitution treatment services
8. Case management

### Behavioral Health Benefits Provided By The Health Plans

1. Treatment for mental health conditions not meeting access to care standards

\*As of July 17, 2018, coverage of residential treatment in an IMD with more than 16 beds is allowed via a 1115 demonstration.

# D.12. Medicaid Managed Care Program

## IMC

- This model of benefit financing is in place in the Greater Columbia, King, North Central, Pierce, Spokane, and Southwest region as of January 2019. North Sound region moved to this model on July 1, 2019. Statewide implementation will be complete by January 2020.
- The health plans must subcontract with the state BH-ASO for the delivery of crisis services. In all regions, Beacon Health Options was awarded the BH-ASO contract.
- Health plans may provide services in an institution of mental disease (IMD) in lieu of state plan services. .

Mental Health Treatment Benefits Provided By Health Plans	
1.	Intake evaluation
2.	Individual, group, and family treatment
3.	Medication management
4.	Medication monitoring
5.	Peer support
6.	Brief intervention treatment
7.	High intensity treatment
8.	Therapeutic psychoeducation
9.	Day support
10.	Stabilization services
11.	Rehabilitation case management
12.	Residential services
13.	Evaluations for special populations
14.	Psychological assessment
15.	Inpatient psychiatric evaluation and treatment
16.	Evaluation and treatment services
17.	WISe Wraparound services (children under age 21)
18.	Crisis services

Addiction Treatment Benefits Provided By Health Plans	
1.	Residential treatment*
2.	Inpatient withdrawal, detoxification, and treatment
3.	Opiate substitution treatment services
4.	Outpatient services
5.	Intensive outpatient treatment
6.	Case management
7.	Screening, Brief Intervention, Referral, and Treatment (SBIRT)

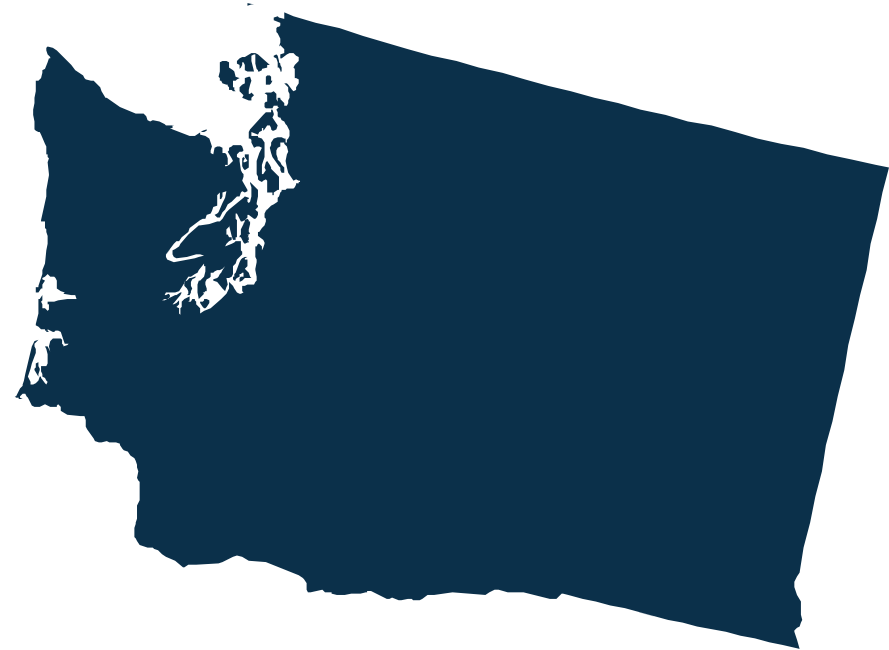
Behavioral Health Benefits Provided FFS By The State	
1.	Behavioral services for American Indians/Alaska Natives who elect to receive them FFS

\*As of July 17, 2018, coverage of residential treatment in an IMD with more than 16 beds is allowed via a 1115 demonstration.

# D.13. Medicaid Managed Care Program

## SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- As of March 2019, *OPEN MINDS* estimates that 65% of the SMI population was enrolled in managed care.
- Individuals with SMI receive services through the BHOs or the IMC health plans. All individuals with SMI will receive services through the IMC health plans by January 2020.





# D.14. Medicaid Program

## Care Coordination Initiatives



### ACO Program

- The state has ACOs for its employee and retirees benefit plan and may expand this option to other payers.



### ACA Health Home

- The state implemented health homes for individuals with one chronic condition who are at-risk for another chronic condition in 2013. Behavioral health conditions are eligible conditions.



### PCMH

- None



### Other Care Coordination Initiatives

- None

# D.15. Medicaid Program

## Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Family Planning Only Program	<ul style="list-style-type: none"> <li>Authorizes family planning services to uninsured men and women capable of producing children; women losing Medicaid coverage 60 days postpartum; and teens or domestic violence victims in need of confidential services at or below the 260% FPL</li> </ul>	1115	None	07/01/03	06/30/23
Medicaid Transformation Project	<ul style="list-style-type: none"> <li>Authorizes the state's DSRIP program, alternative LTSS programs, and addiction treatment demonstration.</li> </ul>	1115	None	1/09/17	12/31/2021
Integrated Community Mental Health Services (WA-08)	<ul style="list-style-type: none"> <li>Authorizes the use of behavioral health organizations (BHOs) for individuals in transitional counties, and the use of behavioral health services only (BHSO) organizations for individuals in FFS in the IMC counties.</li> </ul>	1915 (b)	None	01/01/19	12/31/2022

Washington's Medicaid Transformation Project 1115 demonstration project includes a variety of state initiatives designed to reform the state Medicaid program. The different components of the demonstration include:

1. Accountable Communities of Health (ACH) – Via the Delivery System Reform Incentive Payment (DSRIP) program, the state established ACHs, which are regional partnerships focused on implementing DSRIP projects.
2. Inpatient and residential treatment for addiction – Allows the state to provide residential care for individuals with addiction disorder in institutions for mental disease (IMD) with more than 16 beds.
3. Long-term services and supports (LTSS) – Authorizes a number of HCBS packages designed to divert older adults from enrolling in 1915 (c) home- and community-based services (HCBS) waivers:
  1. Medicaid Alternative Benefit (MAC): Available to adults aged 55 or older who are eligible for categorically needy or alternative benefit plan services and are also eligible for 1915 (c) waiver services. MAC provides assistance to remain at home with an unpaid caregiver.
  2. Tailored Supports for Older Adults (TSOA): Offers HCBS to adults over the age of 55 who are at-risk of becoming eligible for Medicaid due to their need for LTSS.
  3. Foundational Community Support Program: One-time community transition services to both individuals moving from institutional to community settings and those at imminent risk of institutional placement. 1915 (c) and 1915 (i) services will also be available.

# D.16. Medicaid Program

## Section 1915 (c) HCBS Waivers

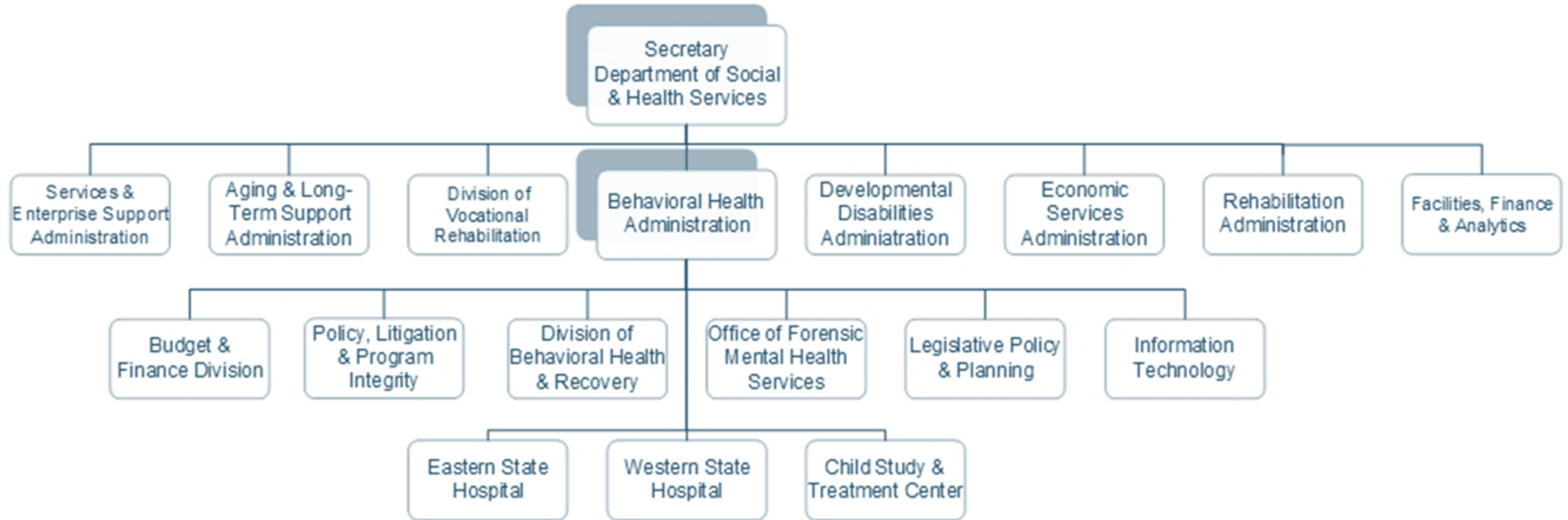
Waiver Title	Target Population	2019 Enrollment Cap	Operating Unit	Concurrent Management Authority
WA COPES (0049.R07.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals age 65 and above	44,868	Department of Social and Health Services/Aging and Long-Term Support Administration (AL TSA)	None
WA Basic Plus Waiver (0409.R03.00)	Individuals with a developmental disability any age	7,721	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Individual and Family Services (1186.R00.00)	Individuals with a developmental disability ages 3+	8,100	Department of Social and Health Services/Developmental Disabilities Administration	None
WA New Freedom (0443.R02.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals age 65 and above	5,256	Aging and Long-Term Support Administration	None
WA Core Waiver (0410.R03.00)	Individuals with a developmental disability any age	5,038	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Residential Support Waiver (1086.R00.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals age 65 and above	2,750	DSHS/Aging and Long-Term Support Administration (AL TSA)	None
WA Community Protection Waiver (0411.R03.00)	Individuals with autism and/or I/DD ages 18+	484	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Children's Intensive In-Home Behavioral Support (40669.R02.00)	Individuals with autism and/or I/DD ages 8 to 20	115	Department of Social and Health Services/Developmental Disabilities Administration	None

# E. State Behavioral Health Administration & Finance System



# E.1. WBH

## Organization Chart



- During the 2018 legislative session, House Bill 1388 was signed into law. The law moves:
  - Community-based mental health services and addiction prevention and treatment services from the Department of Social and Health Services to the Washington Health Care Authority.
  - Behavioral health licensing to the Department of Health.
  - The state hospitals will remain under the Department of Social and Health Services.
- The Washington Health Care Authority has not updated their organizational chart to reflect the integration of the Department of Social & Health Services

## E.2. WBH

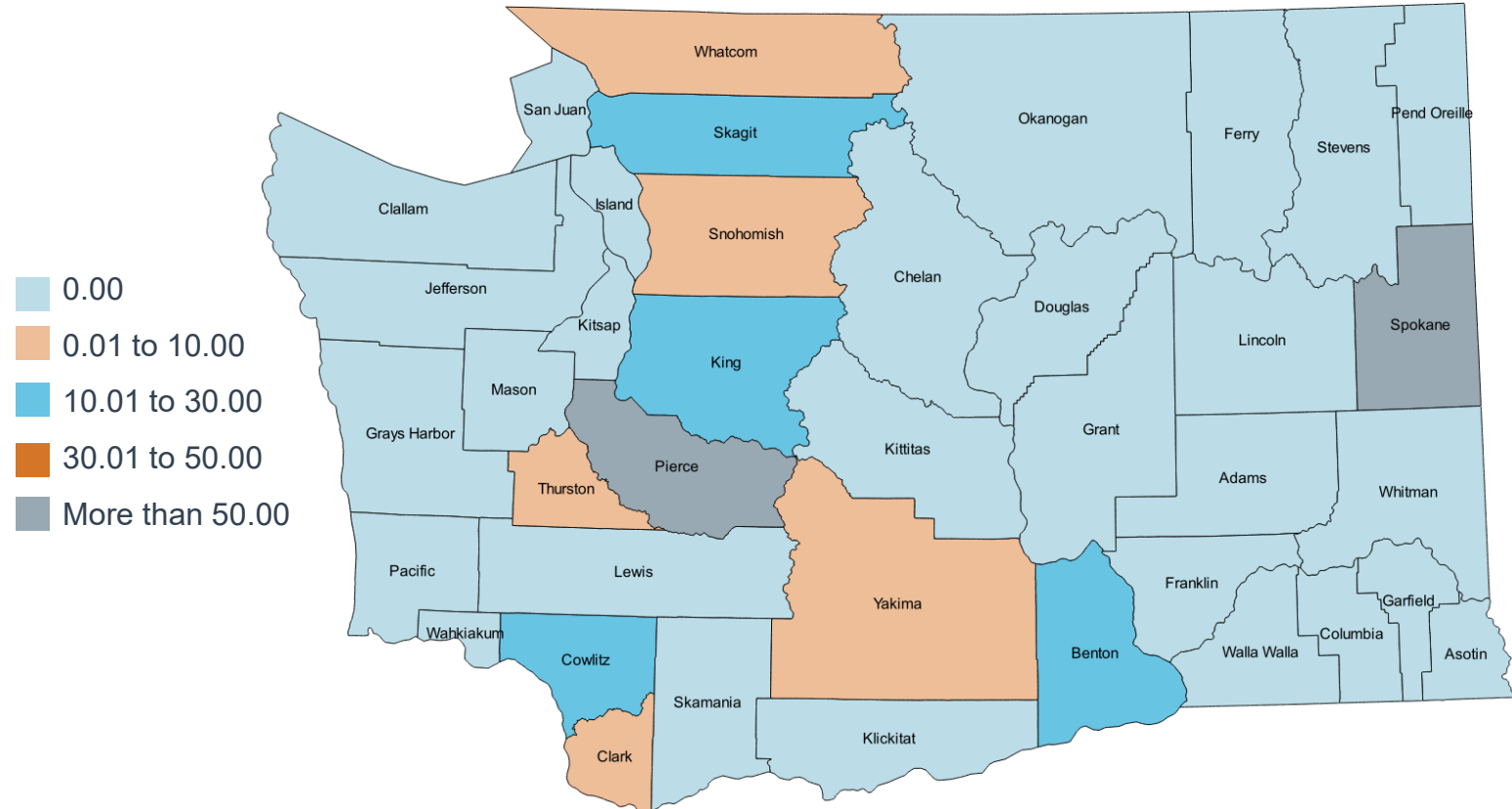
### Key Leadership

Name	Position	Department
Sue Birch	Director	Washington Health Care Administration (HCA)
Louis McDermott	Deputy Director	HCA
MaryAnne Lindeblad	State Medicaid Director	HCA
Chris Imhoff	Director	HCA, Behavioral Health and Recovery Division
Dr. Charissa Fotinos	Director of Behavioral Health Integration and Evidence-Based Policy	HCA

# E.3. Mental Health & Addiction Bed Distribution

Mental Health & Addiction Hospital Beds Per 100,000 Population

Mental Health & Addiction Treatment Bed Capacity	
Total number of hospitals with mental health and addiction beds	20
Number mental health and addiction beds	1,656
Number mental health and beds per 100,000 population	22.72



## E.4. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	2019 Licensed Beds
Eastern State Hospital	Medical Lake	317
Western State Hospital	Lakewood	842
<b>Total</b>		<b>1,159</b>



## E.5. Behavioral Health Safety-Net Delivery System

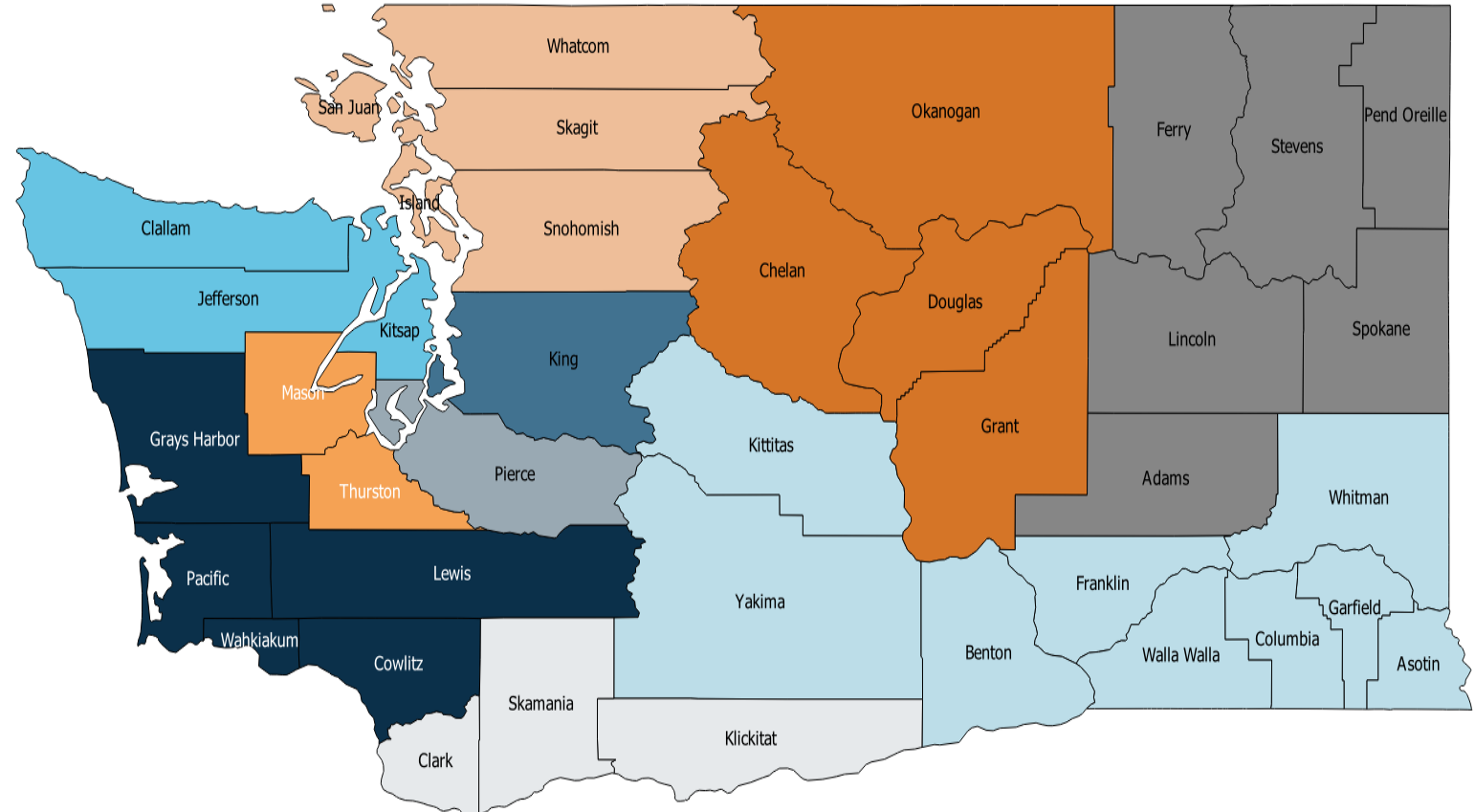
- Washington's behavioral health safety-net system is in a period of transition as a result of the move to integrate Medicaid physical and behavioral health services. By January 2020, all Apple Health managed care will be integrated.
- In April 2016, the state began integrating Medicaid mental health and addiction treatment services by region. The type of safety-net system used depends on whether the region has moved to integrated managed care (IMC) or is a transitional county.
- Transitional county: DSHS contracts with behavioral health organizations (BHOs) to manage behavioral health services for the uninsured population. The BHOs are not at-risk for the services provided. The BHOs also manage specialty mental health services provided to the Medicaid population. This model operates in 3 of the 10 regions.
- IMC: The state contracts with a behavioral health administrative services organization (BH-ASO) to manage services for the uninsured population, as well as crisis services for all populations (Medicaid and non-Medicaid). The BH-ASO model is currently implemented in the Southwest, North Central, North Sound (July 2019), Greater Columbia, King, Pierce, and Spokane regions of the state.
  - Services provided to the uninsured population include mental health treatment and evaluation for individuals who are involuntarily or voluntarily detained, residential addiction treatment services for individuals who are involuntarily detained, outpatient mental health and addiction treatment services in accordance with less restrictive alternative court order, and additional mental health and addiction treatment services if resources are available.
- The BHOs will be phased out in favor of regional BH-ASOs for service delivery to the uninsured population by 2020.

# E.6. Behavioral Health Safety-Net Delivery System

## BHO Areas

### Behavioral Health Safety-Net Organizations

- Salish BHO
- Great Rivers BHO
- Thurston-Mason BHO
- Southwest IMC
- Pierce IMC
- King IMC
- North Sound IMC
- North Central IMC
- Spokane IMC
- Greater Columbia IMC



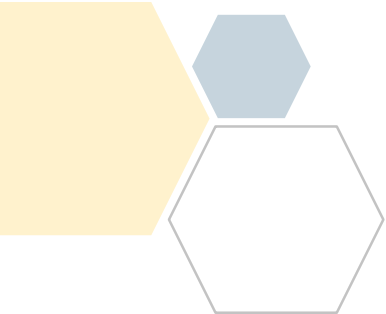
# E.6. Behavioral Health Safety-Net Delivery System (Continued)

## BHO Areas

Region	Organization	Type	Counties
Greater Columbia	BHO-ASO	IMC	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima
King	BHO-ASO	IMC	King
North Central	BHO-ASO	IMC	Chelan, Douglas, Grant, Okanogan
North Sound	BHO-ASO	IMC	Island, San Juan, Skagit, Snohomish, Whatcom
Pierce	BHO-ASO	IMC	Pierce
Salish*	Salish BHO	BHO	Clallam, Jefferson, Kitsap
Spokane	BHO-ASO	IMC	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens
Southwest	BHO-ASO	IMC	Clark, Klickitat, Skamania
Thurston-Mason*	Thurston-Mason BHO	BHO	Mason, Thurston
Great Rivers*	Great Rivers BHO	BHO	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum

\*The Salish, Thurston-Mason, and Great Rivers BHOs will move to integrated managed care starting January 2020.

## F. Appendices



# F.1. Acronym Legend

Acronym	Term	Acronym	Term	Acronym	Term	Acronym	Term
ABD	Aged, Blind, & Disabled	CMS	Centers For Medicare & Medicaid Services	HCBS	Home- & Community-Based Services	PCCM	Primary Care Case Management
ACA / PPACA	Patient Protection & Affordable Care Act	COMPASS	Creating Opportunities For Medicaid Participants To Achieve Self-Sufficiency	HWA	Health & Wellness Accounts	PCMH	Patient-Centered Medical Home
ACO	Accountable Care Organization	CSB	Community Service Board	ICF/IDD	Intermediate Care Facilities For Individuals With Intellectual Or Developmental Disabilities	RFP	Request For Proposal
APM	Alternative Payment Model	DBHDS	Department Of Behavioral Health & Developmental Services	ICP	Individualized Care Plans	SBIRT	Screening, Brief Intervention, & Referral To Treatment
ARTS	Addiction & Recovery Treatment Services	DMAS	Department Of Medical Assistance Services	IDD	Intellectual Or Developmental Disabilities	SMI	Serious Mental Illness
ASO	Administrative Services Organization	D-SNP	Dual-Eligible Special Needs Plan	IMD	Institution For Mental Disease	SNP	Special Needs Plan
BHSA	Behavioral Health Service Administrator	EPSDT	Early & Periodic Screening & Diagnosis & Treatment	LTSS	Long-Term Services & Supports	STEP-VA	System Transformation Excellence & Performance
CCBHC	Certified Community Behavioral Health Clinic	FFS	Fee-For-Service	MAT	Medication-Assisted Treatment	TDO	Temporary Detention Orders
CCC	Commonwealth Coordinated Care	FPL	Federal Poverty Level	MCO	Managed Care Organization	TEEOP	Training, Education, Employment & Opportunity Program
CHIP	Children's Health Insurance Program	FQHC	Federally-Qualified Health Center	MSA	Metropolitan Statistical Area	UHC	UnitedHealthcare
CL	Community Living	GAP	Governors Access Plan	OTP / OBOT	Opioid Treatment Program / Office-Based Opioid Treatment	VA	Virginia

## F.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of providers—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of consumers. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The organization bears the risk for all claims.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Generally the entity assumes full-risk for the cost of each enrollee's care.
Carve-Out		A Medicaid financing model where some portion of Medicaid behavioral health benefits— mental health outpatient, psychiatric inpatient, addiction treatment, pharmacy, etc. —is separately managed and/or financed. This can either be on an at-risk basis by another organization, or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.
Commonwealth Coordinated Care Plus	CCC Plus	Virginia's managed care and MLTSS program for the aged, blind, and disabled populations.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Community Service Boards	CSB	Local governments establish entities for the provision of mental health, addiction disorder, and developmental treatment services to the safety-net population. CSBs serve as the single point of entry for publicly-funded services, including access to state hospitals. They can provide services directly or contract with other provider organizations.
Delivery System Reform Incentive Payment	DSRIP	A program that administers federal and state 1115 waiver savings to provider organizations to develop and implement transformative delivery systems through infrastructure development and innovative care models. The goals of these transformations is to improve care for individuals, improve care for populations, and lower costs through efficiencies.
Disproportionate Share Hospital	DSH	Hospitals that serve an above average number of low-income and uninsured patients. State Medicaid programs provide DSH payments to these hospitals to ease the burden of serving low-income and uninsured patients.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2018, the FPL is \$12,140 for an individual and \$25,100 for a family of four.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Fee-For-Service	FFS	A system in which provider organizations are reimbursed for each covered service such as an office visit, test, or procedure according to rates set by the payer.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services.
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online service where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive residential addiction treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions and/or age.



## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Managed Care/ Managed Care Organization	<b>MCO</b>	A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore usually contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid State Plan in order to test out new ways to deliver health coverage. Importantly, the waivers must be budget neutral.
Medicaid Waiver Section 1115	<b>1115 waiver</b>	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	<b>1915(b) waiver</b>	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit people's choice of providers.
Medicaid Waiver Section 1915(c)	<b>1915(c) waiver</b>	States can apply for waivers to provide long-term care services in home and community-based settings, rather than institutional settings.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Medicaid Waiver Concurrent Section 1915(b) & 1915(c)		States can apply to simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area of 50,000 or more population plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.
Pay-For-Performance	P4P	A health care payment model that offers financial rewards to organizations that meet or exceed pre-determined quality benchmarks. Typically, services continue to be reimbursed FFS.
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided. Some states consider PCCM a managed care delivery model, while other states consider it an FFS delivery model.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

# F.3. Sources

## A. Executive Summary

### A.1. Physical Health Care Coverage Map

- Information compiled from sources provided throughout the profile.

### A.2. Behavioral Health Care Coverage Map

- Information compiled from sources provided throughout the profile.

### A.3. Medicaid System Overview

- Information compiled from sources provided throughout the profile.

### A.4. Medicaid Care Coordination Initiatives

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### A.5. Behavioral Health Safety-Net Delivery System: Overview

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