Discussion Matrix for November 14, 2014, ABHS Task Force Meeting – Final Update 11/10/14

Proposed Finding	Source	Preliminary Fiscal Impact	Task Force Recommendation	Comments
1) The state should provide a comprehensive CD service package that provides rapid access to billable services comparable to those included in the mental health Medicaid state plan. These would include case management, peer services, recovery supports, and medication monitoring/management.	Chemical Dependency Integration Work Group	Potentially significant, but estimates cannot be made until benefit package is clearly defined and actuarial study is complete.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the CD Integration Work Group.
2) State agencies should openly share information about actuarial rate development with stakeholders and be open to feedback from CD and MH providers. Actuarial costs should represent the actual cost of doing business, and not just be based on historic rates.	Chemical Dependency Integration Work Group	No impact.	□ Endorse □ Need more Information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the CD Integration Work Group.
3) The state should maintain financial support for CD services that are not reimbursable by Medicaid, including sobering, outreach, childcare, and services to individuals ineligible for Medicaid.	Chemical Dependency Integration Work Group	No impact to maintain current levels.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the CD Integration Work Group.
4) The state should collaborate with the Attorney General's Office and stakeholders to develop standardized privacy guidelines under HIPAA and 42 CFR part 2 that facilitate bi-directional care coordination (e.g., like Illinois)	Chemical Dependency Integration Work Group	Administrative costs of $25,000 - $100,000.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	
5) The state should maintain financial support for CD services provided in IMD	Chemical Dependency	No impact to maintain current levels.	□ Endorse □ Need more information □ Do not prioritize	

(greater than 16 bed) facilities that are not reimbursable by Medicaid.	Integration Work Group		□ Delete from draft □ Other: _____	
6) The state should collaborate with stakeholders to undertake a detailed comparison of mental health and chemical dependency regulations, and recommend standardization where appropriate.	Chemical Dependency Integration Work Group	Administrative costs of $25,000 - $100,000.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	
7) The state should create (or purchase) an integrated data reporting system for MH and CD providers that combines the strengths of the existing separate data systems.	Chemical Dependency Integration Work Group	DSHS has $703,000 agency request for the FY 2015-17 budget.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	
8) DSHS should provide an analysis of the impact of proposed budget cuts on behavioral health integration	Chemical Dependency Integration Work Group	No impact.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	
9) Executive agencies should build service reimbursement rates that support integrated care models. For example, rates should allow for billing of primary care, mental health, and chemical dependency services on same day; allow for extra time needed to serve complex populations, and provide rates that reflect the care received (e.g., CD residential treatment providers may bill for psychiatric care but rate is based on CD services only).	Early Adopter/Full Integration Work Group	Unknown-requires further detail to provide estimate. DSHS has $6.9 million agency request for the FY 2015-17 budget related to the cost to adjust the CD Medicaid reimbursement rate.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the Early Adopter/Full Integration Work Group.
10) Agencies, purchasers, and providers should actively pursue statewide policies and funding to support the workforce development activities needed to a) train	Early Adopter/Full Integration Work Group	Unknown-requires further detail to provide estimate.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft	

the current workforce to deliver integrated services; b) ensure there will be a future workforce capable of meeting integrated health care needs; and c) ensure a diverse and culturally competent workforce.			□ Other:	
11) DSHS and HCA should share procurement documents and draft contracts developed for early adopter regions with the Early Adopter/Full Integration Work Group for comment before they are released.	Early Adopter/Full Integration Work Group	No impact.	Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the Early Adopter/Full Integration Work Group.
12) DSHS and HCA should lead a process to align regulations across CD/MH/primary care in order to reduce administrative burdens.	Early Adopter/Full Integration Work Group	Administrative costs of $25,000 - $100,000.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the Early Adopter/Full Integration Work Group.
13) The state should consider a phased approach to full integration that has timelines flexible enough to allow regions to proceed at various paces. Full integration must first include clinical integration, supported by fiscal integration.	Early Adopter/Full Integration Work Group	Unknown-requires further detail to provide estimate.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	
14) State agencies should develop a data system/data sharing plan and funding mechanism to allow for real time data sharing.	Early Adopter/Full Integration Work Group	Unknown-requires further detail to provide estimate.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	
15) The Legislature should expand availability of peer services by addressing credentialing barriers such as criminal history while ensuring consumer and community safety	Public Safety/ITA Work Group	Unknown-requires further data to provide estimate.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the Public Safety/ITA Work Group. Endorsed by Chemical Dependency Integration Work Group.

16) Access to chemical dependency ITA services should be expanded by increasing the number of residential ITA beds, implementing secure detox beds, and increasing rates paid to providers.	Public Safety/ITA Work Group	Unknown- impact will depend on the size of the rate increase and number of new beds.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the Public Safety/ITA Work Group.
17) DSHS should prioritize reduction of violence at state hospitals using evidence-based and best practices.	Public Safety/ITA Work Group	DSHS has $11.5 million agency request (three distinct steps) for the FY 2015-17 budget.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	Identified as a top 3 priority for the Public Safety/ITA Work Group.
18) The Legislature should specify in statute how crisis services and other non-Medicaid services are to be provided and funded in regional services areas that ask to become early adopters of full integration and do not contemplate county participation in a BHO.	Public Safety/ITA Work Group	Unknown- costs will depend on policy decisions in the bill.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	
19) DSHS should develop a plan to divert people with dementia, traumatic brain injuries, and other cognitive impairments from ITA beds into more appropriate placements.	Public Safety/ITA Work Group	Administrative costs of $25,000 - $100,000 to develop the plan. Costs of community resources needed will depend on details of the plan.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	
20) A supported housing benefit should be added to the Medicaid state plan	Work Session on Supported Housing	Likely to be over $1 million, but requires further definition and actuarial analysis.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	

21) A supported employment benefit should be added to the Medicaid state plan	Work Session on Supported Employment	Likely to be over $1 million, but requires further definition and actuarial analysis.	□ Endorse □ Need more information □ Do not prioritize □ Delete from draft □ Other: _____	