



# Securing Accountability in the Behavioral Health Continuum of Services

## THE CHALLENGE

As HCA plans for the future of Medicaid health care including reprocurring its managed care health plan partners, we must address systemic gaps and barriers that prevent people from accessing the services they need and make Medicaid work for community behavioral health care.

## THE FIX

Now is the time to improve contractual standards through Medicaid reprocurement.



1. Conduct robust statewide community behavioral health system gaps/barriers/access analysis



2. Ensure that **county and regional voices are central in informing contractual standards** in the next statewide reprocurment and in an ongoing way.

3. Require a **statewide Medicaid reprocurement, within the next three years.**

4. Ensure that Washington's managed care plans have the **experience to address a wide range of behavioral health needs.**

5. Reward **reduction of administrative burdens** for community providers.

6. Promote paying for **outcomes and access** over just service hours or visits.

7. Promote **innovative regional partnerships** that can integrate other solutions to the **root causes** of behavioral health challenges.

8. **Maximize federal Medicaid dollars** available for crisis and long-term inpatient care that have been overly reliant on state funds.



9. Promote helping people **avoid long-term involuntary care** through increased accountability for managed care plans.

**Vote Yes!**  
and support the  
passage of  
**HB 1813**





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BEHAVIORAL HEALTH PRIORITY



## Inadequate Behavioral Healthcare

**People covered by Medicaid across our state endure chronically inadequate behavioral health care.**

People are waiting too long for services. The workforce is stretched thin. Facilities are closing their doors instead of opening them. Medicaid payment structures are fundamentally flawed, leaving community providers unable to deliver needed access to treatment.



## Inadequate Networks

Current Medicaid managed care policy defining adequate networks of behavioral health care **does not recognize the full range and scope of behavioral health capacity needs** in Washington's communities. This in turn limits needed service expansion and access improvements.



## Inadequate Service Delivery

The lack of strong policy direction to reduce provider burdens, make the most of effective payment models, and reinforce innovative partnerships **slows essential service delivery transformation.**



## BEHAVIORAL HEALTH SYSTEM BACKGROUND

In January 2020, all regions of the state transitioned to an integrated system for physical health, mental health, and substance use disorder (SUD) services in the Washington Apple Health (Medicaid) program. This is called integrated managed care (IMC). Under the IMC program, most services for Apple Health clients are provided through managed care organizations (MCOs). However, some services in the community, such as services for individuals experiencing a mental health crisis, must be available to all individuals, regardless of their insurance status or income level. For this reason, Behavioral Health Administrative Services Organizations (BHASOs) exist in each region to provide these critical crisis services.

## Role of Medicaid in Community Behavioral Health

**Medicaid is at the center of community behavioral health care.** Nearly two million Washingtonians depend on Medicaid managed care health plans to access health care through the state's Apple Health program, and at least 80 percent of people with mental health conditions or substance use disorders served by community-based providers rely on Medicaid.

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