TENTATIVE AGREEMENT ONLY.
This tentative agreement will only become final if it is first found to be financially feasabile by OFM and subsequently funded by the Legislature in the 2024 supplemental budget.

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE STATE OF WASHINGTON
AND
THE HEALTH CARE AUTHORITY
AND
THE ADULT FAMILY HOME COUNCIL

Community Behavioral Health Support Services Tiered Rates

Pursuant to ESSB 5187 Sec.215(7)(iii), the Health Care Authority has been directed to coordinate with Department of Social and Health Services (DSHS) to submit a 1915(i) state plan for these services to be covered by Medicaid under a Home and Community-Based Services benefit.

> "The authority shall coordinate with the department of social and health services to develop and submit to the centers for Medicare and Medicaid services an application to provide a 1915(i) state plan home and community-based services benefit. The application shall be developed to allow for the delivery of wraparound supportive behavioral health services for individuals with mental illness who also have a personal care needs. The 1915(i) state plan shall be developed to standardize coverage and administration, improve the current benefit design, and clarify roles in administration of the behavioral health personal care services benefit."

The Community Behavioral Health Support Services (CBHS) benefit will include of supportive supervision and oversight (SSO), services, with AFH providers contracting directly with the Managed Care Organizations (MCOs) for managed care Medicaid enrollees. Fee for service Medicaid enrollees will receive services through providers with direct contracts with HCA.

The parties agreed to the following terms:

1) The Community Behavioral Health Support Services Tiered Assignment structure will be effective on July 1, 2024, for new clients. **Residents currently receiving Behavioral Health Personal Care (BHPC) will be evaluated for transition for 1915(i) state plan services and paid in accordance with Attachment A on the following schedule:**

    - **July 1, 2024 - 25% of BHPC Residents who are eligible for 1915(i) services**

- September 30, 2024 – an additional 25% of BHPC Residents who are eligible for 1915(i) services
- November 30, 2024 – an additional 25% of BHPC Residents who are eligible for 1915(i) services
- January 31, 2025 – the remaining 25% of BHPC Residents who are eligible for 1915(i) services

2) The Tiered Assignment Rate Structure is outlined on Attachment A and will be the rate used for these services, subject to CMS approval.

3) Billing Modality: HCA will contract with a clearinghouse to be the single point of contact between the Adult Family Home Provider's and the MCO's for billing for services rendered. While HCA works to implement a clearing house the following provisions apply:

    A. HCA will facilitate a standard spreadsheet process to submit 1915(i) related claims to the MCOs. This spreadsheet will be a standard template and include the same data elements as a standard social services claim, except for diagnosis code (this will not change from week to week) and a modifier that will indicate which tiered rate the client is assigned.

    B. HCA will provide the following support:
        1) Assist with AFHs with creating a template for their residents so providers would have to update one or two on a weekly basis, for example dates of service. There will be many elements that will not change week to week.
        2) The number of claims submitted by AFHs will be provided to the Council.
        3) The HCA will convene weekly rapid response support calls to AFHs who have questions about the claims process or questions for the MCOs.

    C. As the facilitator for the Clearinghouse contract, HCA will ensure that the following data points are captured by the clearinghouse and that this data is submitted to the AFHC monthly:
        1) The number of claims submitted by AFHs
        2) The number of claims that needed technical assistance to ensure accuracy.
        3) The speed by which claims are submitted from the clearinghouse to the MCS's, eg: AFH submits the claim to the clearinghouse then submits the claim with X# of days.

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4) The Health Care Authority is committed to be transparent about program aggregate data. HCA will provide a monthly report to the AFHC, that provides the following data points:

   A. Names of each AFH receiving CBHS
   B. The MCO's associated with each AFH
   C. Total number of residents receiving CBHS
   D. Total number of authorizations per tier

   The data report information above is being shared for contract administration purposes and the AFHC agrees the information will not be re-disclosed or shared and will not be used to identify individual clients.

   The council understands that the report will be based on the data available at the time the report is due. The parties will meet within the first quarter to discuss any data or reporting challenges related to the delivery of this report.

5) HCA and the Council will meet quarterly to discuss any issues that may arise in the implementation of the program and discuss additional data that will be provided by the agency through December 31, 2025. The council will share concerns with HCA ten (10) business days in advance of the meeting.

6)_HCA will ensure that MCO led provider training or symposium meetings include comprehensive provider training that includes at a minimum:

   A. Overview of the Explanation of Benefit (EOB) statement
   B. The MCO provider appeal process
   C. HCA's post-implementation Rapid Response process
   D. When and how to contact HCA's Managed Care Contract and Compliance team

7) HCA will publish clear criteria about what assessment elements shall be utilized for authorizing residents to an appropriate tier within the tiered rate structure outlined on Attachment A. Once this information is available, the document will be shared with the AFHC and all bargaining unit members.

   This information is being shared with the AFHC for informational purposes only and the content of the document is not subject to bargaining.

8) Under this agreement, MCOs are not authorized to approve any DSHS Exception To Rule (ETR)Agreements for the services agreed upon under this MOU.

The funding for this MOU is subject to financial feasibility and legislative approval consistent with RCW 41.56.029.

This MOU will expire on June 30, 2025.

Dated 08/29/2023

For the State	For the Council
Brenda Moen	[signature]
Brenda Moen, Negotiator	John Ficker, Executive Director

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Attachment A

Community Behavioral Health Support Services (Supportive Supervision and Oversight)

Per Diem Add-On Rates

Effective July 1, 2024, Managed Care Organizations who are contracted through the Health Care Authority for Behavioral Health Personal Care services, shall pay adult family home providers serving Medicaid enrollees through a contract at the tiered assignment rate listed below for protective supervision and oversight.

Note: This payment is a per diem that is paid based upon the agreed to plan of care for the individual. The plan includes determination of the level of service hours necessary based upon behaviors displayed and agreed upon tier necessary.

Tier Assignment	Number of Hours served on a per day basis	Daily Rate
Tier 1	.5-2	$36.30
Tier 2	2.1-6	$98.01
Tier 3	6.1-10	$194.81
Tier 4	10.1-15	$303.71
Tier 5	15.1-20	$424.71
Tier 6	20.1-24	$528.00