

Greater Columbia Behavioral Health, LLC -ASO

RESOLUTION # 25-02

IN THE MATTER OF ESTABLISHING THE GREATER COLUMBIA BEHAVIORAL HEALTH, LLC, AN ADMINISTRATIVE SERVICES ORGANIZATION (GCBH-ASO) FISCAL YEAR FUNDING POLICY

WHEREAS, the GCBH-ASO will continue its contract with the state of Washington Healthcare Authority on January 1, 2025;

WHEREAS, the GCBH-ASO will be required review and update the ASO Funding Policy;

WHEREAS, the Executive Committee has asked that the GCBH-ASO Funding and Fiscal Operations Committee participate in review and update annually of the ASO funding policy;

WHEREAS, it is in the best interest of the ASO provider network that timely payment be made;

BE IT RESOLVED the Executive Committee has elected to approve the attached sub-capitation funding policy.

(SEE ATTACHED: GCBH-ASO Funding Policy FM804.)

DATED this 5TH day of December, 2024.

Asotin County

Kittitas County

Benton County

Walla Walla County

Columbia County

Whitman County

Franklin County

Yakima County

Garfield County

Constituting the Executive Committee of
Greater Columbia Behavioral Health

GREATER COLUMBIA BEHAVIORAL HEALTH, LLC. BH-ASO

Policies and Procedures

Category: Fiscal Management
Approved On: 12/05/2019
Approved By: The Executive Directors
Revised: 12-3-2021; 12-1-2022; 12-7-2023, 12-5-2024
Effective Date: 01-01-2025

No: FM804

Title: **Funding Allocation Policy (ASO)**

DEFINITIONS

ADMINISTRATIVE SERVICES ORGANIZATION (ASO): An entity formed to administer Behavioral Health Crisis Services through contracts with the State Healthcare Authority (HCA) and 4 regional Managed Care Organizations.

JAIL PROVISIO FUNDING: Funding to provide mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health service upon mentally ill offenders' release from confinement. This includes efforts to expedite applications for new or re- instated Medicaid benefits.

CJTA – CRIMINAL JUSTICE TREATMENT ACCOUNT: Funds received, through a designated account in the State treasury, for expenditure on: a) SUD treatment and treatment support services for offenders with an addition of a SUD that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State; b) the provision of drug and alcohol treatment services and treatment support services for nonviolent offenders within a drug court program.

CJTA Therapeutic Drug Court: Funding to set up of new therapeutic courts for cities or counties or for the expansion of services being provided to an already existing therapeutic court that engages in evidence-based practices, to include medication assisted treatment in jail settings pursuant to RCW 71.24.580.

DCA – DEDICATED CANNABIS ACCOUNT: Funding to provide a) outpatient and residential SUD Treatment for youth and children; b) PPW case management, housing supports and residential treatment program; c) contracts for specialized fetal alcohol services; d) youth drug courts; and e) programs that support intervention, treatment, and recovery support services for middle and high school aged students. All new programs services must direct at least eighty-five percent of funding to evidence-based on research-based programs and practices.

MEDICAID REVENUE-MH(PIHP): Capitation payment received by the ASO on a per member per month basis to provide contracted Mental Health and Substance Use Disorder Crisis Services on behalf of the MCOs.

STATE-ONLY FUNDING: Funds appropriated by the state legislature for the purpose of providing prioritized levels of care not covered by Medicaid. They include Crisis Services, Inpatient Hospitalization, Stabilization Services, Secure Detox, MH and SUD Residential treatment and supports, ITA related costs, and when available Other Outpatient Services not covered under Medicaid.

PACT TEAM FUNDING: The MCOs in the region will manage the Medicaid portion of this funding, while the ASO will be asked to manage the SO portion. These resources are only available for funding of the GCBH PACT Team(s).

FEDERAL BLOCK GRANTS: Direct and Indirect Federal dollars allocated to the GCBH-ASO region for use providing both Mental Health and Substance Use Disorder treatment to individuals not covered by Medicaid, or for services to Medicaid individuals that are not covered by Medicaid.

BEHAVIORAL HEALTH ENHANCEMENT FUNDS: Funding for the implementation of regional enhancement plans originally funded under ESSB 6032 and continued in ESHB 1109.SL Section 215(23).

DISCHARGE PLANNERS: Funds received for a position solely responsible for discharge planning.

TRUEBLOOD MISDEMEANOR DIVERSION FUNDS: Funds for non-Medicaid costs associated with serving individuals in crisis triage, outpatient restoration, Forensic PATH, Forensic HARPS, or other programs that divert individuals with behavioral health disorders from the criminal justice system.

FUNDS AVAILABLE FOR DISTRIBUTION: A term used to describe resources available for distribution to the provider network during a given period of time that is to be used for providing BH treatment to non-Medicaid individuals and or services not covered by Medicaid.

METHODOLOGY

A clear separation of Federal and State Dollars was initiated by the Department of Social and Health Services (DSHS) and Healthcare Authority. Contract requirements initiated by the Center for Medicare and Medicaid Services (CMS) state that only Medicaid individuals be served using Medicaid resources.

In keeping with these requirements, the **FY25** monthly funding distributions made by Greater Columbia Behavioral Health ASO (GCBH-ASO) will be prioritized in the following order:

State-Only Funding is distributed to the provider network based on the percentage of general population listed for each county of the RSA on the State of Washington Office of Financial Management website for April 2024. State-Only Funding will include all state based revenue streams that are not specifically spelled out as State Proviso Funds

PIHP Funding (Medicaid) is distributed to the network based on the number of Medicaid Eligible Individuals residing in each county of the RSA.

Federal Block Grant Funding is first allocated to counties based on general population and then need. Network Providers may then submit plan documents describing how these resources will be used during the upcoming contract cycle. In some instances, grant funding may be allocated to a different service provider if the original provider is unable to expend these resources in a given year. These plans are then approved by the Behavioral Health Advisory Board, the State Advisory Board, and the GCBH Executive Committee. In the event a network provider is unable to expend its allocation of FBG funding during the contract cycle, available resources can be shifted to another program within the GCBH catchment area.

PACT: The funding to pay the SO portion of a PACT Team in Yakima County that is run by Comprehensive Healthcare.

JAIL Proviso: Funding is first allocated to counties based on general population and released to the provider network to provide mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health service upon mentally ill offenders' release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits.

CJTA – CRIMINAL JUSTICE TREATMENT ACCOUNT Proviso: Funding is first allocated to counties based on general population and released to the provider network, through a designated account in the State treasury, for expenditure on: a) SUD treatment and treatment support services for offenders with an addition of a SUD that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State; b: the provision of drug and alcohol treatment services and treatment support services for nonviolent offenders within a drug court program.

CJTA Therapeutic Drug Court Proviso: Funding is first allocated to counties based on general population and released to the provider network to set up of new therapeutic courts for cities or counties or for the expansion of services being provided to an already existing therapeutic court that engages in evidence-based practices, to include medication assisted treatment in jail settings pursuant to RCW 71.24.580.

DCA – DEDICATED CANNABIS ACCOUNT Proviso: Funding is first allocated to counties based on general population and released to the provider network to provide a) outpatient and residential SUD Treatment for youth and children; b) PPW case management, housing supports and residential treatment program; c) contracts for specialized fetal alcohol services; d) youth drug courts; and e) programs that support intervention, treatment, and recovery support services for middle and high school aged students. All new programs services must direct at least eighty-five percent of funding to evidence-based on research-based programs and practices.

BEHAVIORAL HEALTH ENHANCEMENT FUNDS Proviso: Funding is first allocated to counties based on general population and released to the state only provider network for the implementation of regional enhancement plans originally funded under ESSB 6032 and continued in ESHB 1109.SL Section 215(23).

E&T DISCHARGE PLANNERS Proviso: Funds received for a position solely responsible for discharge planning with the contracted network provider.

TRUEBLOOD MISDEMEANOR DIVERSION FUNDS: Funds for non-Medicaid costed associated with serving individuals in crisis triage, outpatient restoration, Forensic PATH, Forensic HARPS, or other programs that divert individuals with behavioral health disorders from the criminal justice system.

HARPS (State Only and Block Grant Funding): A program that helps find housing and provides housing supports to GCBH individuals in Walla Walla County and other counties that Comprehensive operates within the RSA.

Governor's Housing/Homeless Initiative: For Rental Vouchers and Bridge Program Funds to create a rental voucher and bridge program and implement strategies to reduce instances where an individual leave a state operated behavioral or private behavioral health facility directly into homelessness. Funds must be prioritized for individuals being discharged from state operated behavioral health facilities.

FYSPRT: GCBH is required to maintain a Regional FYSPRT committee as part contract requirements. The funding for the FYSPRT is very specific and can only be used for costs associated with the FYSPRT committee.

SB 5092(65) Added Crisis Teams/including Child Crisis Teams: Funds to support the purchase of new mobile crisis team capacity or enhancing existing mobile crisis staffing and to add to enhance youth/child Mobile crisis teams.

SB 5476 Blake decision – SUD Regional Administrator: Funds to support the regional administrator position responsible for assuring compliance with the recover navigator program standards, including staffing standards.

SB 5476 Blake decision Navigator Program: Funds available to implement the recovery navigator plan that meets program requirements including demonstrating the ability to fully comply with statewide program standards.

Youth Behavioral Health Navigator Program: Funds to develop a regional multidisciplinary team designed to improve access to and coordination of services for children and youth experiencing behavioral health crises.

SB 5073 – ASO monitoring Conditional Release/Less Restrictive Alternative: Funds to support resources needed to coordinate and manage Non-Medicaid conditional Release Individuals in transitional status who will transfer back to the region they resided in prior to entering the state hospital upon completion of transitional care.

HB 1773 AOT LRA/LRO FTE Coordinator to ASO – Funds for each BH-ASO to employ or subcontract an Assisted Outpatient Treatment Program Coordinator. The AOT Coordinator will oversee the system coordination and legal compliance for assisted outpatient treatment under RCW 71.05.148 and RCW 71.34.755.

HB 1773 AOT LRA/LRO Service and Hearing Funds – Funding for treatment and hearing costs specific to enhanced AOT LRA/LRO Program.

SB 5071– Full FY amount available – Provider cost of monitoring CR/LRA State Hospital discharged Individual: Funds to support the treatment services for Individuals released from a state hospital in accordance with RCW 10.77.086(4), competency restoration. BH-ASOs may submit an A-19, not to exceed \$9,000 per Individual. Amounts are statewide pooled funds and are limited to funds available.

MHBG ARPA (BH-ASO) Peer Pathfinders Transition from Incarceration Pilot: Funds to support the Peer Pathfinders Transition from Incarceration Pilot Program intended to serve Individuals exiting correctional facilities in Washington State who have either a serious mental illness or co-occurring conditions

MHBG ARPA Enhancement Treatment – Crisis Services: Funds to supplement Non-Medicaid Individuals and Non-Medicaid crisis services and systems.

MHBG ARPA Enhancement Mental Health Services Non-Medicaid services and Individuals: Funds to supplement Non-Medicaid Individuals and Non-Medicaid mental health services that meet MHBG requirements.

MHBG ARPA Enhancement – Peer Bridger Participant Relief Funds: Peer Bridger Participants Relief Funds to assist Individual's with engaging, re-engaging, and supporting service retention aligned/associated with continuing in treatment for mental health and/or SUD.

MHBG ARPA Enhancement – Addition of Certified Peer Counselor to BH-ASO Mobile Crisis Response Teams: FBG Stimulus funds for Contractor to enhance mobile crisis services by adding certified peer counselors.

SABG ARPA Enhancement BH-ASO Treatment Funding: Funds to supplement Non-Medicaid Individuals and Non-Medicaid Substance Use Disorder services that meet federal block grant requirements.

SABG ARPA Enhance Peer Pathfinders Transition from Incarceration Pilot: Funds to support the Peer Pathfinders Transition from Incarceration Pilot Program intended to serve Individuals who are exiting correctional facilities in Washington State who have a substance use disorder or co-occurring condition.

Utilization of funding by the GCBH Provider Network must continue to follow the terms and conditions listed in each of the GCBH Mental Health and Substance Use Disorder contracts under both the State (HealthCare Authority) and Medicaid (Managed Care Organizations). These contracts detail specific elements of the Behavioral Health Service System and are identified in the contract between GCBH and the State Health Care Authority and the 4 Managed Care Organizations.

It is the policy of GCBH that upon meeting contract reserve requirements, any and all funds received by the ASO on or before the end of budget cycle will be released to the provider network when applicable. These amounts, when determined at the close of each fiscal year, will be distributed using the allocation methods listed above, or upon Executive Committee approval, used to fund ASO wide special projects such as Infrastructure improvements, Capital purchases, or other projects deemed beneficial to the individuals served by GCBH.

Scheduled Review of this Procedure:

The Funding Allocation Policy will be reviewed as needed in order for the ASO to gain a better understanding of funding levels for the ASO. Certain aspects of the HCA Contract for State Only Funding and the 4 MCO contracts continue to change throughout the 12 month picture of how actual funding levels for Non-Medicaid and Medicaid individuals will be achieved.

Because of this, it has been determined that the ASO Executive Committee will re-evaluate the Funding Policy as needed.

APPROVAL

Karen Richardson or Sindi Saunders
GCBH Co-Directors

Date