
Health Care & Wellness Committee

HB 1860

Brief Description: Preventing homelessness among persons discharging from inpatient behavioral health settings.

Sponsors: Representatives Davis, Eslick, Callan, Jacobsen, Macri, Santos, Shewmake, Orwall, Tharinger, Simmons, Chopp, Bergquist and Valdez.

Brief Summary of Bill

- Requires the Performance Measures Coordinating Committee to establish performance measures that track rates of homelessness and housing instability among medical assistance clients who have recently exited inpatient behavioral health settings.
- Requires the Health Care Authority to require that any contract with a Managed Care Organization include a requirement to provide housing-related care coordination services to enrollees who are discharged from inpatient behavioral health settings.

Hearing Date: 1/20/22

Staff: Kim Weidenaar

Background:

Medicaid and Foundational Community Supports.

The Health Care Authority (HCA) administers the Medicaid program which is a state-federal program that pays for health care for low-income state residents who meet certain eligibility criteria. Washington's Medicaid program, known as Apple Health, offers a medical benefits package to eligible families, children under age 19, low-income adults, certain disabled individuals, and pregnant women. The HCA contracts with managed care organizations (MCOs)

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and behavioral health administrative services organizations to provide integrated medical care services, including behavioral health care services, to Medicaid clients.

In 2017 the HCA received federal waiver approval for the Foundational Community Supports Program which provides supported employment and supported housing services to Medicaid clients that meet certain eligibility criteria. Supported housing services are services that help individuals obtain and keep housing, including supports that assess housing needs, identify appropriate resources, and develop the independent living skills necessary to remain in stable housing. Supported housing services do not pay for rent or other room and board related costs.

Performance Measures.

In 2014 the Performance Measures Coordinating Committee was established to identify and recommend standard statewide measures of health performance to inform health care purchasers and set benchmarks. State law requires the HCA to employ performance measures in contracts with MCOs and these contracts must include performance measures targeting the following outcomes:

- improvements in client health status and wellness;
- increases in client participation in meaningful activities including employment and education;
- reductions in client involvement with criminal justice systems;
- enhanced safety and access to treatment for forensic patients;
- reductions in avoidable costs in hospitals, emergency rooms, crisis services, and jail and prisons;
- increases in stable housing in the community;
- improvements in client satisfaction and quality of life; and
- reductions in population-level health disparities.

Value-based Purchasing.

The HCA has also implemented certain value-based purchasing (VBP) provisions into contracts for Medicaid managed care, plans offered to public employees, and other programs. The stated goal of VBP is to improve the quality and value of health care services, while ensuring that health plans and providers are accountable for providing high-quality and high-value care. This type of purchasing uses value-based payment, which rewards providers for the quality of health care, rather than the volume of patients seen.

Summary of Bill:

The Performance Measures Coordinating Committee must establish performance measures which track rates of homelessness and housing instability among medical assistance clients who have exited inpatient behavioral health settings within the previous 12 months. The Health Care Authority (HCA) must set improvement targets related to these measures.

By October 1, 2022, the HCA must require that any contract with a managed care organization (commonly known as an MCO) include a requirement to provide housing-related care

coordination services to enrollees who are discharged from inpatient behavioral health settings. These services include services provided to enrollees prior to and upon discharge from an inpatient behavioral health setting that ensure that the enrollee is discharged to an appropriate housing situation for the enrollee's needs, including:

- meeting with the enrollee to understand what is important to the enrollee in a living situation, identifying any housing assistance programs for which the enrollee may be eligible, and assisting the enrollee with applying for appropriate housing assistance programs;
- locating developmentally appropriate housing options for transition-aged youth under 25 years old;
- assuring that the enrollee has a safe and realistic immediate transition plan if there is a gap between inpatient discharge and entry into housing; and
- when appropriate, preparing persons in the enrollee's housing setting to be able to assist the enrollee in meeting the enrollee's physical and behavioral health needs.

By October 1, 2023, the HCA must report to the Governor and appropriate committees of the Legislature options and recommendations for integrating value-based purchasing terms and a performance improvement project into managed health care contracts related to increasing stable housing in the community.

Appropriation: None.

Fiscal Note: Requested on January 10, 2022.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.