

**WAC 182-531-0425 Collaborative care.** (1) Under the authority of RCW 74.09.497, and subject to available funds, the medicaid agency covers collaborative care provided in clinical care settings.

(2) For the purposes of this section:

(a) **Collaborative care** means a specific type of integrated care where medical providers and behavioral health providers work together to address behavioral health conditions, including mental health conditions and substance use disorders.

(b) **Collaborative care model** is a model of behavior health integration that enhances usual clinical care by adding two key services:

(i) Care management support for clients receiving behavioral health treatment; and

(ii) Regular psychiatric or board certified addiction medicine consultation with the clinical care team, particularly for clients whose conditions are not improving.

(c) **Collaborative care team** means a team of licensed behavioral health professionals operating within their scope of practice who participate on the clinical care team along with the collaborative care billing provider to provide collaborative care to eligible clients. The team must include a collaborative care billing provider, a behavioral health care manager, and a psychiatric consultant. Professionals making up this team include, but are not limited to:

(i) Advanced registered nurses;

(ii) Substance use disorder professionals (SUDP);

(iii) Substance use disorder professional trainees (SUDPT) under the supervision of a certified SUDP;

(iv) Marriage and family therapists;

(v) Marriage and family therapist associates under the supervision of a licensed marriage and family therapist or equally qualified mental health practitioner;

(vi) Mental health counselors;

(vii) Mental health counselor associates under the supervision of a licensed mental health counselor, psychiatrist, or physician;

(viii) Physicians;

(ix) Physician assistants under the supervision of a licensed physician;

(x) Psychiatrists;

(xi) Psychiatric advanced registered nurses;

(xii) Psychologists;

(xiii) Registered nurses;

(xiv) Social workers;

(xv) Social worker associate-independent clinical, under the supervision of a licensed independent clinical social worker or equally qualified mental health practitioner; and

(xvi) Social worker associate-advanced, under the supervision of a licensed independent clinical social worker, advanced social worker, or equally qualified mental health practitioner.

(3) The behavioral health care manager is a designated licensed professional with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the treating medical provider.

(4) The collaborative care billing provider must meet all of the following:

(a) Be enrolled with the agency as one of the following:

(i) A physician licensed under Titles 18 RCW and 246 WAC;

(ii) An advanced registered nurse practitioner licensed under Titles 18 RCW and 246 WAC;

- (iii) A federally qualified health center (FQHC);
  - (iv) A rural health clinic (RHC); or
  - (v) A clinic that is not an FQHC or RHC that meets the requirements of Titles 70 RCW and 247 WAC.
- (b) Complete, sign, and return the Attestation for Collaborative Care Model, form HCA 13-0017, to the agency; and
  - (c) Agree to follow the agency's guidelines for practicing a collaborative care model.
- (5) Providers of collaborative care must:
    - (a) Use a registry to track the client's clinical outcomes;
    - (b) Use at least one validated clinical rating scale;
    - (c) Ensure the registry is used in conjunction with the practice's electronic health records (EHR);
    - (d) Include a plan of care; and
    - (e) Identify outcome goals of the treatments.
  - (6) If a provider no longer meets the agreed upon requirements in the agency's Attestation for Collaborative Care Model, form HCA 13-0017, the provider must immediately notify the agency. The agency does not pay for collaborative care if a provider does not meet the agreed upon requirements.
  - (7) Providers are subject to post pay review by the agency. The agency may recoup payment if the provider is found to have not met the requirements for providing collaborative care as agreed to in the agency's Attestation for Collaborative Care Model, form HCA 13-0017.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 21-20-132, § 182-531-0425, filed 10/6/21, effective 11/6/21. Statutory Authority: RCW 41.05.021, 41.05.160 and 2017 c 226. WSR 19-13-022, § 182-531-0425, filed 6/10/19, effective 7/11/19.]