

SPE Consortium Meeting June 11, 2012





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Presented by

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Study conducted by

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Study Methodology

- Contacted 14 single-state-agencies that reported using some form of substance abuse prevention fee-for-service (FFS) rates.
 - 5 participated in interview.
- Interviewed 3 substance abuse prevention experts.
- Attempted to identify program costs of DBHR's most commonly administered programs.



States with Rates

<u>Illinois</u>- Developed contracts with set reportable hours per FTE.

<u>Louisiana</u>- Rate is per enrollee of EBP session (universal \$75, selective \$100, and indicated \$150).

New Jersey- Uses per-session rates for Strengthening Families Program.

<u>South Dakota</u>- Allows billing by 15 minute units of service provided.

<u>Tennessee</u>- Rate per person directly served. Rate is based on outpatient therapy rate (excludes environmental).

- All have contracts and budget caps.
- Most allow for administration costs at set percentage.



- Noticeable increase in accountability, improved reporting, efficiencies, and defined target audience.
- Getting specific cost information is crucial.
- The state can decide on a mix of fee for service (FFS) and cost reimbursement.
- State contracting requirements halted implementation of FFS.
- Provider's capacity to bill and report using technology.
- Challenging to identify components of rates.





Determining Feasibility

Things to consider:

- Is there a mandate to improve prevention services?
- Are state staffing resources available?
- Are there contracting regulations that need changing to allow for FFS?
- Can the current MIS accept claims?
- What steps are needed to identify codes for prevention?
- What is the timeline?
- Who will be involved in the process?
- Will the rates vary by program or by category?
- What components will the rates include?



Feasibility of Substance Abuse Prevention Professional Certification and Agency Licensure Requirements

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Study conducted by

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Study Methodology

- Review other states with certification or agency requirements.
- Interview national contacts,
 Washington State stakeholders and coalition coordinators.
- Conduct online survey for 120 contacts from 11 counties and 6 tribes.
 - 80% response rate.



Certification Conclusions

- Prevention Specialist Certification Board of Washington (PSCBW) certified 73 Prevention Professionals (CPP) over last ten years.
- 15 new CPPs since 2007 with 79% exam pass rate.
 - Currently, PSCBW doesn't have high volume capacity.
 - Several in favor of grandfathering process.
- Washington lacks minimum academic standards for certification.
- Provider experience is high or low with little in between.



Certification Recommendations

- Develop a Generalist Prevention
 Specialist designation with specialty options to establish standards.
- Work with Higher Education to develop prevention certificate or degree program.
- Increase access to training for new providers with webinars, video training and distance learning.



Agency Conclusions

- At least 375 agencies in Washington currently provide prevention related services.
- Most services are provided in agency building or in schools.
 - About 20% are off-site services.
- A few states have tiered staffing requirements in prevention contracts.
- Very few states have agency licensure for prevention.



Agency Recommendations

- Propose new rules to establish administrative standards.
 - Requires Sunrise Review Process.
- Use the tiered certification structure for staffing requirements within agency licensure.
- Engage in the work of Behavioral Health rules stakeholder group to include Prevention with CD, MH, Problem Gambling in WAC.