

# Washington State Health Care Authority

## Medicaid Benefit Changes for 2014

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# Benefit Changes

## Drivers to Change:

- Implement our defined alternative benefit plan (ABP) for the Expansion Population
- Offer an ABP that is the same as the benefit plan for current clients (Classic Medicaid)
  - Change the benefits in Classic to meet our ABP
  - Changes approved by Legislature
- Make other changes mandated by Legislature, keeping Classic and ABP the same, except for Habilitative Services - per budget proviso for ABP only

# Benefit Changes

**When:** January 1, 2014

## **What's Changing?**

1) Restoration of Dental Benefits for Adults (FFS) (BUD)

- ❖ Restorative
- ❖ Preventative
- ❖ Dentures

# Benefit Changes

## 2) Preventive Care Changes

- ❖ Add shingles vaccination for clients over 60 years of age (ACA)
  
- ❖ Add Naturopathic physicians to the list of eligible providers for primary care services for all clients (BUD)
  - No coverage for homeopathic interventions

# Benefit Changes

- ❖ Add screenings of children for autism by primary care providers (BUD)
- ❖ Add screening, brief intervention and referral for treatment (SBIRT) by trained certified providers for clients known to be or at high risk for substance abuse, to include alcohol and drugs w/wo anxiety and depression (ACA)
- ❖ Add prescription fills of oral contraceptives for 12 months at a time for female clients (BUD)

# Benefit Changes

## 3) Changes to Mental Health (MH) benefit -achieve MH Parity– (ACA)

- ❖ No limits on number of visits - all ages (12, 20)
- ❖ Expansion of eligible providers to provide counseling services for adults:
  - Licensed Psychologists
  - Licensed Advanced Registered Nurse Practitioners
  - Licensed Advanced Social Workers
  - Licensed Independent Social Workers
  - Licensed Mental Health Counselors
  - Licensed Marriage and Family Therapists

# Benefit Changes

For Expansion population **ONLY** (ACA)

## 4) Habilitative services -

Are medically necessary services provided to assist the client in partially or fully attaining, learning, keeping or improving developmental-age appropriate skills that were never present as a result of a congenital, genetic, or early acquired health condition and required to maximize, to the extent practical, the client's ability to function within their environment.

# Benefit Changes

These services will be covered equivalent to the current outpatient rehabilitation services (6 visits each for physical, occupational and speech therapy) and subject to limitation extensions as determined medically necessary via prior authorization.

Devices provided for this purpose are covered under the DME benefit.

# Benefit Changes

These services do not include:

Day habilitation services designed to provide training, structured activities and specialized services to adults.

Chore services to assist with basic needs.

Vocational services.

Custodial services.

Respite.

Recreational care.

Residential treatment.

Social services.

Educational services of any kind.