

Status update: Behavioral Health respite options

In 2020, in response to a recommendation from the Children and Youth Behavioral Health Work Group, the Washington State Legislature enacted Proviso 82 in Senate Bill 5092 (2021) for the Washington State Health Care Authority (HCA) to contract with Mercer Government Human Services Consulting (Mercer) to evaluate options to provide respite care for youth experiencing behavioral health challenges.

The purpose is to provide the context needed for HCA to evaluate potential avenues for establishing respite services for children and youth with complex behavioral health needs, and their families, under Medicaid authority with the intent to draw federal matching funds. In addition, the report provides HCA with the information needed to avoid potential adverse impacts with existing respite waivers for families served through the Developmental Disabilities Administration and the Department of Children, Youth and Families.

What are respite services?

Respite services provide observation, direct support, and monitoring to meet the physical, emotional, social, and mental health needs of a child or youth by someone other than their parents or primary caregivers. Traditionally, services may be offered on a planned or emergent basis in a variety of settings such as in a youth, family, or caregiver's home, and should provide necessary relief to the child or youth and the caregivers. Currently, respite services for behavioral health are rarely available to families, regardless of insurance, in Washington state.

Since 2017, the Family Youth System Partner Round Table (FYSPRTs) have been asking for respite services as a pathway to keeping children and youth with their families and communities and avoiding the human and financial costs of hospitalization, incarceration, and homelessness. In their vision, respite services would include opportunities for families to learn and practice skills when they are not in crisis.

Findings: Implementation options

Mercer identified several avenues for Washington to pursue provision of behavioral health respite services under Medicaid through:

- A 1915(b) waiver¹ for provision of services through managed care organizations.
- Adding respite as a state plan service for both fee-for-service and managed care enrollees, through a State plan Amendment (SPA)².
- Development of "in lieu of" services which are state-defined alternative services that are medically appropriate, cost-effective substitutes for services in the state plan.
- Amendment of the state's existing 1115 waiver (Medicaid Transformation) to include respite services as a benefit under managed care.

Each of these pathways has advantages and disadvantages, which are described in detail in Mercer's report.

Next steps

HCA will take the information provided by Mercer and determine the best path forward in Washington state to provide respite services for children and youth with complex behavioral health needs and, if given authority by the Legislature, HCA will pursue implementation through that approach.

¹ Waivers allow states to "waive" certain federal requirements for a period of time to test new approaches in Medicaid. While 1915(b) waivers are limited to a particular program, 1115 waivers are much broader.

² The State Plan spells out all covered services in a state's Medicaid program; adding a program through a State Plan Amendment makes it a permanent part of the state's covered services.