Master’s Level Therapists as Providers in the Workers’ Compensation System

Presented by Zachary Gray, MPH
ACHIEV Meeting
January 24, 2019
• Within workers’ compensation, most injured and ill workers experience a physical injury or illness and recover fully without additional assistance related to behavioral or mental health issues

• L&I’s medical provider system
  – About 27,000 approved attending providers
  – More than 1,000 mental health specialty providers (psychiatrists, psychiatric ARNPs, and psychologists)

• Currently, master’s level therapists (MLTs) are not allowed to treat under a workers’ compensation claim

• L&I was asked to change its rules and policy (e.g., WAC 296-21-270)
Vision

- Identify appropriate role(s) for qualified master’s level therapists to provide high quality behavioral and mental health services, focused on recovery and return to work, for workers with a work related injury or illness.
Addressing Access: Changes in Potential Access to Providers*, by County

+12,140 potential providers

*Providers include:
- Licensed Mental Health Counselor
- Licensed Independent Clinical Social Worker
- Licensed Advanced Social Worker
- Licensed Marriage and Family Therapists
What is In Scope?

• Identify appropriate role(s) for qualified master’s level therapists to treat injured workers
  – Determine qualifications, practice scope, best practices, and outcome measures

• Develop training materials for master’s level therapists regarding disability prevention and management, workers’ compensation, and integration with claims management, return-to-work, and vocational services

• Develop training materials and tools for internal staff (e.g., claim managers, occupational nurse consultants, provider hotline, etc.)

• Develop business requirements for integration with L&I core systems used by Claims Administration, Return-to-Work Partnerships, Office of the Medical Director, Health Services Analysis, and with Business Transformation

• Develop communications for internal and external stakeholders
Current Proposed Coverage

• Proposed behavioral health coverage
  – Intended to be a brief course of care with a focus on addressing psychosocial barriers that impede a worker’s recovery
  – Initiated by a referral from the attending provider
  – First set of visits does not require authorization (tentatively 6 “visits” based on CPT codes 96150 and 96151)
    • These are timed codes, so may be broken down to 24 units of service
  – Documentation is required to show progress and improvement
    • If the patient is progressing, more visits could be authorized, likely through a utilization review process

• Current mental health system will remain unchanged
  – If a mental health condition is present, it would go through our current mental health authorization process.
Stakeholder Group Meetings

• Next stakeholder meeting set for 2/4/2019
  – Will continue discussion of implementation approach, documentation requirements, and training materials

• Previous stakeholder meetings held on 10/31/2018 and 12/3/2018
  – Meetings discussed training needs for providers, implementation approach, and timelines
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*Dates subject to change
Questions and Comments?