
SUBSTITUTE HOUSE BILL 2439

State of Washington

64th Legislature

2016 Regular Session

By House Early Learning & Human Services (originally sponsored by Representatives Kagi, Walsh, Senn, Johnson, Orwall, Dent, McBride, Reykdal, Jinkins, Tharinger, Fey, Tarleton, Stanford, Springer, Frame, Kilduff, Sells, Bergquist, and Goodman)

READ FIRST TIME 02/02/16.

1 AN ACT Relating to increasing access to adequate and appropriate
2 mental health services for children and youth; amending RCW
3 74.09.520; adding a new section to chapter 74.09 RCW; creating new
4 sections; and providing expiration dates.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** (1) The legislature understands that
7 adverse childhood experiences, such as family mental health issues,
8 substance abuse, serious economic hardship, and domestic violence,
9 all increase the likelihood of developmental delays and later health
10 and mental health problems. The legislature further understands that
11 early intervention services for children and families at high risk
12 for adverse childhood experience help build secure parent-child
13 attachment and bonding, which allows young children to thrive and
14 form strong relationships in the future. The legislature finds that
15 early identification and intervention are critical for children
16 exhibiting aggressive or depressive behaviors indicative of early
17 mental health problems. The legislature intends to improve access to
18 adequate, appropriate, and culturally responsive mental health
19 services for children and youth. The legislature further intends to
20 encourage the use of behavioral health therapies and other therapies

1 that are empirically supported or evidence-based and discourage the
2 use of psychotropic medications for children and youth.

3 (2) The legislature finds that nearly half of Washington's
4 children are enrolled in medicaid and have a higher incidence of
5 serious health problems compared to children who have commercial
6 insurance. The legislature recognizes that disparities also exist in
7 the diagnosis and initiation of treatment services for children of
8 color, with studies demonstrating that children of color are
9 diagnosed and begin receiving early interventions at a later age. The
10 legislature finds that within the current system of care, families
11 face barriers to receiving a full range of services for children
12 experiencing behavioral health problems. The legislature intends to
13 identify what network adequacy requirements, if strengthened, would
14 increase access, continuity, and coordination of behavioral health
15 services for children and families. The legislature further intends
16 to encourage managed care plans and behavioral health organizations
17 to contract with the same providers that serve children so families
18 are not required to duplicate mental health screenings, and to
19 recommend provider rates for mental health services to children and
20 youth which will ensure an adequate network and access to quality
21 based care.

22 (3) The legislature recognizes that early and accurate
23 recognition of behavioral health issues coupled with appropriate and
24 timely intervention enhances health outcomes while minimizing overall
25 expenditures. The legislature intends to assure that annual
26 depression screenings are done consistently with the highly
27 vulnerable medicaid population and that children and families benefit
28 from earlier access to services.

29 NEW SECTION. **Sec. 2.** (1) The children's mental health work
30 group is established to identify barriers to accessing mental health
31 services for children and families, and to advise the legislature on
32 statewide mental health services for this population.

33 (2)(a) The work group shall include diverse, statewide
34 representation from the public and nonprofit and for-profit entities.
35 Its membership shall reflect regional, racial, and cultural diversity
36 to adequately represent the needs of all children and families in the
37 state.

38 (b) The work group shall consist of not more than twenty-five
39 members, as follows:

1 (i) The president of the senate shall appoint one member and one
2 alternative member from each of the two largest caucuses of the
3 senate.

4 (ii) The speaker of the house of representatives shall appoint
5 one member and one alternative member from each of the two largest
6 caucuses in the house of representatives.

7 (iii) The governor shall appoint at least one representative from
8 each of the following: The department of early learning, the
9 department of social and health services, the health care authority,
10 and a representative of the governor.

11 (iv) The superintendent of public instruction shall appoint one
12 representative from the office of the superintendent of public
13 instruction.

14 (v) The governor shall request participation by a representative
15 of tribal governments.

16 (vi) The governor shall appoint one representative from each of
17 the following: Behavioral health organizations, community mental
18 health agencies, medicaid managed care organizations, pediatricians
19 or primary care providers, providers that specialize in early
20 childhood mental health, child health advocacy groups, early learning
21 and child care providers, the managed health care plan for foster
22 children, the evidence-based practice institute, parents or
23 caregivers who have been a recipient of early childhood mental health
24 services, and foster parents.

25 (c) The work group shall seek input and participation from
26 stakeholders interested in the improvement of statewide mental health
27 services for children and families.

28 (d) The work group shall choose two cochairs, one from among its
29 legislative membership and one representative of a state agency. The
30 representative from the health care authority shall convene the
31 initial meeting of the work group.

32 (3) The children's mental health work group shall review the
33 barriers that exist to identifying and treating mental health issues
34 in children with a particular focus on birth to five and report to
35 the appropriate committees of the legislature. At a minimum the work
36 group must:

37 (a) Review and recommend developmentally, culturally, and
38 linguistically appropriate assessment tools and diagnostic approaches
39 that managed care plans and behavioral health organizations should
40 use as the mechanism to establish eligibility for services;

1 (b) Identify and review billing issues related to serving the
2 parent or caregiver in a treatment dyad and the billing issues
3 related to services that are appropriate for serving children,
4 including children birth to five;

5 (c) Review workforce issues related to serving children and
6 families, including issues specifically related to birth to five;

7 (d) Recommend strategies for increasing workforce diversity and
8 the number of professionals qualified to provide children's mental
9 health services;

10 (e) Review and make recommendations on the development and
11 adoption of standards for training and endorsement of professionals
12 to become qualified to provide mental health services to children
13 birth to five and their parents or caregivers;

14 (f) Analyze, in consultation with the department of early
15 learning, the health care authority, and the department of social and
16 health services, existing and potential mental health supports for
17 child care providers to reduce expulsions of children in child care
18 and preschool; and

19 (g) Identify outreach strategies that will successfully
20 disseminate information to parents, providers, schools, and other
21 individuals who work with children and youth on the mental health
22 services offered through the health care plans, including referrals
23 to parenting programs, community providers, and behavioral health
24 organizations.

25 (4) Legislative members of the work group are reimbursed for
26 travel expenses in accordance with RCW 44.04.120. Nonlegislative
27 members are not entitled to be reimbursed for travel expenses if they
28 are elected officials or are participating on behalf of an employer,
29 governmental entity, or other organization. Any reimbursement for
30 other nonlegislative members is subject to chapter 43.03 RCW.

31 (5) The expenses of the work group must be paid jointly by the
32 senate and the house of representatives. Work group expenditures are
33 subject to approval by the senate facilities and operations committee
34 and the house of representatives executive rules committee, or their
35 successor committees.

36 (6) The work group shall report its findings and recommendations
37 to the appropriate committees of the legislature by December 1, 2016.

38 (7) Staff support for the committee must be provided by the house
39 of representatives office of program research, the senate committee
40 services, and the office of financial management.

1 (8) This section expires December 1, 2017.

2 NEW SECTION. **Sec. 3.** A new section is added to chapter 74.09
3 RCW to read as follows:

4 To better assure and understand issues related to network
5 adequacy and access to services, the authority and the department
6 shall report to the appropriate committees of the legislature by
7 December 1, 2017, and annually thereafter, on the status of access to
8 behavioral health services for children birth through age seventeen
9 using data collected pursuant to RCW 70.320.050. At a minimum, the
10 report must include the following components broken down by age,
11 gender, and race and ethnicity:

12 (1) The percentage of discharges for patients ages six through
13 seventeen who had a visit to the emergency room with a primary
14 diagnosis of mental health or alcohol or other drug dependence during
15 the measuring year and who had a follow-up visit with any provider
16 with a corresponding primary diagnosis of mental health or alcohol or
17 other drug dependence within thirty days of discharge;

18 (2) The percentage of health plan members with an identified
19 mental health need who received mental health services during the
20 reporting period; and

21 (3) The percentage of children served by regional support
22 networks and behavioral health organizations, including the types of
23 services provided.

24 NEW SECTION. **Sec. 4.** (1)(a) The health care authority shall
25 expand the partnership access line service by selecting a rural
26 inclusive region of the state to offer an additional level of child
27 mental health care support services for primary care, to be referred
28 to as the PAL plus pilot program.

29 (b) For purposes of the PAL plus pilot program, the health care
30 authority shall work in collaboration with faculty from the
31 University of Washington working on the integration of mental health
32 and medical care.

33 (2)(a) The PAL plus service is targeted to help children and
34 families with medicaid coverage who have mental health concerns not
35 already being served by the regional support network system or other
36 local specialty care providers, and who instead receive treatment
37 from their primary care providers. Services must be offered by
38 regionally based and multipractice shared mental health service

1 providers who deliver in person and over the telephone the following
2 services upon primary care request:

3 (i) Evaluation and diagnostic support;
4 (ii) Individual patient care progress tracking;
5 (iii) Behavior management coaching; and
6 (iv) Other evidence supported psychosocial care supports which
7 are delivered as an early and easily accessed intervention for
8 families.

9 (b) The PAL team of child psychiatrists and psychologists shall
10 provide mental health service providers with training and support,
11 weekly care plan reviews and support on their caseloads, direct
12 patient evaluations for selected enhanced assessments, and must
13 utilize a shared electronic reporting and tracking system to ensure
14 that children not improving are identified as such and helped to
15 receive additional services. The PAL team shall promote the
16 appropriate use of cognitive behavioral therapies and other
17 treatments which are empirically supported or evidence-based and
18 encourage providers to use psychotropic medications as a last resort.

19 (3)(a) The health care authority shall monitor PAL plus service
20 outcomes, including, but not limited to:

21 (i) Characteristics of the population being served;
22 (ii) Process measures of service utilization;
23 (iii) Behavioral health symptom rating scale outcomes of
24 individuals and aggregate rating scale outcomes of populations of
25 children served;
26 (iv) Claims data comparison of implementation versus
27 nonimplementation regions;
28 (v) Service referral patterns to local specialty mental health
29 care providers; and
30 (vi) Family and provider feedback.

31 (b) By December 31, 2017, the health care authority shall make a
32 preliminary evaluation of the viability of a statewide PAL plus
33 service program and report to the appropriate committees of the
34 legislature, with a final evaluation report due by December 31, 2018.
35 The final report must include recommendations on sustainability and
36 leveraging funds through behavioral health and managed care
37 organizations.

38 (4) This section expires December 31, 2019.

1 **Sec. 5.** RCW 74.09.520 and 2015 1st sp.s. c 8 s 2 are each
2 amended to read as follows:

3 (1) The term "medical assistance" may include the following care
4 and services subject to rules adopted by the authority or department:

5 (a) Inpatient hospital services; (b) outpatient hospital services;
6 (c) other laboratory and X-ray services; (d) nursing facility
7 services; (e) physicians' services, which shall include prescribed
8 medication and instruction on birth control devices; (f) medical
9 care, or any other type of remedial care as may be established by the
10 secretary or director; (g) home health care services; (h) private
11 duty nursing services; (i) dental services; (j) physical and
12 occupational therapy and related services; (k) prescribed drugs,
13 dentures, and prosthetic devices; and eyeglasses prescribed by a
14 physician skilled in diseases of the eye or by an optometrist,
15 whichever the individual may select; (l) personal care services, as
16 provided in this section; (m) hospice services; (n) other diagnostic,
17 screening, preventive, and rehabilitative services; and (o) like
18 services when furnished to a child by a school district in a manner
19 consistent with the requirements of this chapter. For the purposes of
20 this section, neither the authority nor the department may cut off
21 any prescription medications, oxygen supplies, respiratory services,
22 or other life-sustaining medical services or supplies.

23 "Medical assistance," notwithstanding any other provision of law,
24 shall not include routine foot care, or dental services delivered by
25 any health care provider, that are not mandated by Title XIX of the
26 social security act unless there is a specific appropriation for
27 these services.

28 (2) The department shall adopt, amend, or rescind such
29 administrative rules as are necessary to ensure that Title XIX
30 personal care services are provided to eligible persons in
31 conformance with federal regulations.

32 (a) These administrative rules shall include financial
33 eligibility indexed according to the requirements of the social
34 security act providing for medicaid eligibility.

35 (b) The rules shall require clients be assessed as having a
36 medical condition requiring assistance with personal care tasks.
37 Plans of care for clients requiring health-related consultation for
38 assessment and service planning may be reviewed by a nurse.

39 (c) The department shall determine by rule which clients have a
40 health-related assessment or service planning need requiring

1 registered nurse consultation or review. This definition may include
2 clients that meet indicators or protocols for review, consultation,
3 or visit.

4 (3) The department shall design and implement a means to assess
5 the level of functional disability of persons eligible for personal
6 care services under this section. The personal care services benefit
7 shall be provided to the extent funding is available according to the
8 assessed level of functional disability. Any reductions in services
9 made necessary for funding reasons should be accomplished in a manner
10 that assures that priority for maintaining services is given to
11 persons with the greatest need as determined by the assessment of
12 functional disability.

13 (4) Effective July 1, 1989, the authority shall offer hospice
14 services in accordance with available funds.

15 (5) For Title XIX personal care services administered by aging
16 and disability services administration of the department, the
17 department shall contract with area agencies on aging:

18 (a) To provide case management services to individuals receiving
19 Title XIX personal care services in their own home; and

20 (b) To reassess and reauthorize Title XIX personal care services
21 or other home and community services as defined in RCW 74.39A.009 in
22 home or in other settings for individuals consistent with the intent
23 of this section:

24 (i) Who have been initially authorized by the department to
25 receive Title XIX personal care services or other home and community
26 services as defined in RCW 74.39A.009; and

27 (ii) Who, at the time of reassessment and reauthorization, are
28 receiving such services in their own home.

29 (6) In the event that an area agency on aging is unwilling to
30 enter into or satisfactorily fulfill a contract or an individual
31 consumer's need for case management services will be met through an
32 alternative delivery system, the department is authorized to:

33 (a) Obtain the services through competitive bid; and

34 (b) Provide the services directly until a qualified contractor
35 can be found.

36 (7) Subject to the availability of amounts appropriated for this
37 specific purpose, the authority may offer medicare part D
38 prescription drug copayment coverage to full benefit dual eligible
39 beneficiaries.

1 (8) Effective January 1, 2016, the authority shall require
2 universal screening and provider payment for autism and developmental
3 delays as recommended by the bright futures guidelines of the
4 American academy of pediatrics, as they existed on August 27, 2015.
5 This requirement is subject to the availability of funds.

6 (9) Effective January 1, 2017, the authority shall require
7 universal annual screening and provider payment for depression for
8 children ages eleven through twenty-one as recommended by the bright
9 futures guidelines of the American academy of pediatrics, as they
10 existed on January 1, 2016. This requirement is subject to the
11 availability of funds.

12 NEW SECTION. Sec. 6. (1) The joint legislative audit and review
13 committee shall conduct an inventory of the mental health service
14 models available to students in schools, school districts, and
15 educational service districts and report its findings by October 31,
16 2016. The report must be submitted to the appropriate committees of
17 the house of representatives and the senate, in accordance with RCW
18 43.01.036.

19 (2) The committee must perform the inventory using data that is
20 already collected by schools, school districts, and educational
21 service districts. The committee must not collect or review student-
22 level data and must not include student-level data in the report.

23 (3) The inventory and report must include information on the
24 following:

25 (a) How many students are served by mental health services funded
26 with nonbasic education appropriations in each school, school
27 district, or educational service district;

28 (b) How many of these students are participating in medicaid
29 programs;

30 (c) How the mental health services are funded, including federal,
31 state, local, and private sources;

32 (d) Information on who provides the mental health services,
33 including district employees and contractors; and

34 (e) Any other available information related to student access and
35 outcomes.

36 (4) This section expires July 1, 2017.

37 NEW SECTION. Sec. 7. If specific funding for the purposes of
38 this act, referencing this act by bill or chapter number, is not

1 provided by June 30, 2016, in the omnibus appropriations act, this
2 act is null and void.

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