SSB 6452 - H COMM AMD
By Committee on Early Learning & Human Services

NOT ADOPTED 03/01/2018

1 Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. (1) The health care authority and the office of the insurance commissioner shall consult with the University of Washington, Seattle children's hospital, medicaid managed care organizations, and health insurance carriers as defined in RCW 48.44.010 to develop an alternative funding model for the partnership access line. By December 1, 2018, the authority must provide a report to the appropriate committees of the legislature, and the children's mental health work group created in chapter . . ., Laws of 2018 (Engrossed Second Substitute House Bill No. 2779), if chapter . . ., Laws of 2018 (Engrossed Second Substitute House Bill No. 2779) is enacted by the effective date of this section. The funding model must identify potential sources to support:

(a) Current partnership access line services for primary care providers;
(b) An expansion of partnership access line services to include consultation services for primary care providers treating depression in pregnant women and new mothers; and
(c) An expansion of partnership access line services to include referrals to children's mental health services and other resources for parents and guardians with concerns related to their child's mental health.

(2) In the development of the alternative funding model, the authority and office of the insurance commissioner must:
(a) Consider a mechanism that determines the annual cost of operating the partnership access line and collects a proportional share of the program cost from each health insurance carrier;
(b) Differentiate between partnership access line activities eligible for medicaid funding from other nonmedicaid eligible activities; and
(c) Ensure that the expanded services identified in this subsection do not duplicate existing requirements for medicaid managed care organizations as required by RCW 74.09.492.

(3) This section expires December 30, 2018.

Sec. 2. RCW 71.24.061 and 2014 c 225 s 35 are each amended to read as follows:

(1) The department shall provide flexibility in provider contracting to behavioral health organizations for children's mental health services. Beginning with 2007-2009 biennium contracts, behavioral health organization contracts shall authorize behavioral health organizations to allow and encourage licensed community mental health centers to subcontract with individual licensed mental health professionals when necessary to meet the need for an adequate, culturally competent, and qualified children's mental health provider network.

(2) To the extent that funds are specifically appropriated for this purpose or that nonstate funds are available, a children's mental health evidence-based practice institute shall be established at the University of Washington division of public behavioral health and justice policy. The institute shall closely collaborate with entities currently engaged in evaluating and promoting the use of evidence-based, research-based, promising, or consensus-based practices in children's mental health treatment, including but not limited to the University of Washington department of psychiatry and behavioral sciences, (children's hospital and regional medical center) Seattle children's hospital, the University of Washington school of nursing, the University of Washington school of social work, and the Washington state institute for public policy. To ensure that funds appropriated are used to the greatest extent possible for their intended purpose, the University of Washington's indirect costs of administration shall not exceed ten percent of appropriated funding. The institute shall:

(a) Improve the implementation of evidence-based and research-based practices by providing sustained and effective training and consultation to licensed children's mental health providers and child-serving agencies who are implementing evidence-based or researched-based practices for treatment of children's emotional or behavioral disorders, or who are interested in adapting these practices to better serve ethnically or culturally
diverse children. Efforts under this subsection should include a
focus on appropriate oversight of implementation of evidence-based
practices to ensure fidelity to these practices and thereby achieve
positive outcomes;

(b) Continue the successful implementation of the "partnerships
for success" model by consulting with communities so they may select,
implement, and continually evaluate the success of evidence-based
practices that are relevant to the needs of children, youth, and
families in their community;

(c) Partner with youth, family members, family advocacy, and
culturally competent provider organizations to develop a series of
information sessions, literature, and online resources for families
to become informed and engaged in evidence-based and research-based
practices;

(d) Participate in the identification of outcome-based
performance measures under RCW 71.36.025(2) and partner in a
statewide effort to implement statewide outcomes monitoring and
quality improvement processes; and

(e) Serve as a statewide resource to the department and other
entities on child and adolescent evidence-based, research-based,
promising, or consensus-based practices for children's mental health
treatment, maintaining a working knowledge through ongoing review of
academic and professional literature, and knowledge of other
evidence-based practice implementation efforts in Washington and
other states.

(3) To the extent that funds are specifically appropriated for
this purpose, the ((department)) health care authority in
collaboration with the ((evidence-based practice institute))
University of Washington department of psychiatry and behavioral
sciences and Seattle children's hospital shall:

(a) Implement a ((pilot)) program to support primary care
providers in the assessment and provision of appropriate diagnosis
and treatment of children with mental and behavioral health disorders
and track outcomes of this program;

(b) Beginning January 1, 2019, implement a two-year pilot program
called the partnership access line for moms and kids to:

(i) Support obstetricians, pediatricians, primary care providers,
mental health professionals, and other health care professionals
providing care to pregnant women and new mothers through same-day
telephone consultations in the assessment and provision of

appropriate diagnosis and treatment of depression in pregnant women and new mothers; and

(ii) Facilitate referrals to children's mental health services and other resources for parents and guardians with concerns related to the mental health of the parent or guardian's child. Facilitation activities include assessing the level of services needed by the child; within seven days of receiving a call from a parent or guardian, identifying mental health professionals who are in-network with the child's health care coverage who are accepting new patients and taking appointments; coordinating contact between the parent or guardian and the mental health professional; and providing postreferral reviews to determine if the child has outstanding needs. In conducting its referral activities, the program shall collaborate with existing databases and resources to identify in-network mental health professionals.

(c) The program activities described in (a) and (b)(i) of this subsection shall be designed to promote more accurate diagnoses and treatment through timely case consultation between primary care providers and child psychiatric specialists, and focused educational learning collaboratives with primary care providers.

(4) The health care authority, in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle children's hospital, shall report on the following:

(a) The number of individuals who have accessed the resources described in subsection (3) of this section;

(b) The number of providers, by type, who have accessed the resources described in subsection (3) of this section;

(c) Demographic information, as available, for the individuals described in (a) of this subsection. Demographic information may not include any personally identifiable information and must be limited to the individual's age, gender, and city and county of residence;

(d) A description of resources provided;

(e) Average time frames from receipt of call to referral for services or resources provided; and

(f) Systemic barriers to services, as determined and defined by the health care authority, the University of Washington department of psychiatry and behavioral sciences, and Seattle children's hospital.

(5) Beginning December 30, 2019, and annually thereafter, the health care authority must submit, in compliance with RCW 43.01.036,
a report to the governor and appropriate committees of the legislature with findings and recommendations for improving services and service delivery from subsection (4) of this section.

(6) The health care authority shall enforce requirements in managed care contracts to ensure care coordination and network adequacy issues are addressed in order to remove barriers to access to mental health services identified in the report described in subsection (4) of this section."

Correct the title.

EFFECT: (1) Requires the Health Care Authority and the Office of the Insurance Commissioner to consult with the University of Washington, Seattle Children's Hospital, Medicaid managed care organizations, and health insurance carriers to develop an alternative funding model for the Partnership Access Line (PAL) by December 1, 2018.

(2) Removes the pilot designation for the existing PAL consultation services.

(3) Delays the implementation of the PAL for Moms and Kids pilot program until January 1, 2019.

(4) Delays the first annual report from the HCA on data for the PAL and the PAL for Moms and Kids programs until December 30, 2019.

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