

FINAL BILL REPORT

E2SHB 1819

C 207 L 17
Synopsis as Enacted

Brief Description: Reducing certain documentation and paperwork requirements in order to improve children's mental health and safety.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Dent, Senn, Kagi, Griffey, Johnson and McBride).

House Committee on Early Learning & Human Services
House Committee on Appropriations
Senate Committee on Human Services, Mental Health & Housing
Senate Committee on Ways & Means

Background:

The Department of Social and Health Services (DSHS) contracts with behavioral health organizations (BHOs) for the provision of community-based mental health and substance use disorder treatment. Contracts between the DSHS and BHOs must include performance measures linked to client outcomes, standards related to the financial integrity of the organization and the quality of services provided, and mechanisms for monitoring contract performance. The DSHS adopts rules related to the operation of BHOs and BHOs must comply with all applicable local, state, and federal rules and laws.

The Department of Health (DOH) licenses and inspects medical facilities, including establishments that treat mentally ill and chemically dependent persons.

The DSHS Children's Administration (CA) provides child welfare services to children and families. These services may include voluntary services, out-of-home placement, case management, and child protective services.

In 2016 legislation established the Children's Mental Health Work Group (Work Group) to identify barriers to accessing mental health services for children and families and to advise the Legislature on statewide mental health services for these populations. The Work Group published its final report and recommendations in December 2016. Reducing paperwork for behavioral health providers was one of the Work Group's recommendations.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Behavioral and Primary Health Regulatory Alignment Task Force (Task Force) was established in 2016 to align regulations between behavioral and primary health care settings and to simplify regulations for behavioral health care providers. The Task Force reported its findings to the Legislature in November 2016.

Summary:

Behavioral Health Rules, Policies, Procedures, and Audits.

The DSHS must immediately review its rules, policies, and procedures related to documentation and paperwork requirements for behavioral health services. Rules adopted by the DSHS related to behavioral health services must identify areas where duplicative or inefficient requirements can be eliminated or streamlined, and must limit prescriptive requirements for individual initial assessments. By April 1, 2018, the DSHS must provide a single set of regulations for agencies to follow concerning mental health, substance use disorder, and co-occurring disorder treatments. Regulations must be clear, not unduly burdensome on providers, and must exempt providers from duplicative state documentation requirements if the provider is following the requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety.

When conducting audits relating to the provision of behavioral health services, the DSHS must:

- rely on a sampling methodology for review of clinical files and records that is consistent with standards of other licensing and accrediting bodies;
- treat organizations with multiple locations as a single entity;
- share audit results with BHOs to assist with their review process and take steps to coordinate and combine audit activities when appropriate;
- coordinate audit functions with the DOH to combine audit activities into a single site visit and eliminate redundancies;
- not require duplicative information to be provided in particular documents or locations except when required by federal law; and
- ensure audits involving manualized evidence, such as Wraparound with Intensive Services or other evidence or research-based programs, are conducted by personnel familiar with the program model and in a manner consistent with the program requirements.

Documentation and Paperwork Requirements for Social Service Specialists.

The DSHS must immediately review casework documentation and paperwork requirements for social service specialists and other direct service staff with the CA in order to eliminate or streamline duplicative or inefficient requirements. The review must be completed by November 1, 2017, and the DSHS must take immediate steps to amend department rules according to the results of the review. This provision expires December 31, 2018.

Other.

If either House Bill 1388 or Senate Bill 5259 relating to transferring responsibilities for certain behavioral health services from the DSHS to the Health Care Authority (HCA) is enacted, the responsibility for reviewing documentation and paperwork requirements for behavioral health services and amending agency rules is changed from the DSHS to the HCA.

All provisions are subject to funds appropriated.

Votes on Final Passage:

House	98	0	
Senate	48	0	(Senate amended)
House	96	0	(House concurred)

Effective: July 23, 2017
Contingent (Sections 2 and 3)