

# HOUSE BILL REPORT

## E2SHB 1819

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### As Amended by the Senate

**Title:** An act relating to paperwork reduction in order to improve the availability of mental health services to protect children and families.

**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).

#### **Brief History:**

##### **Committee Activity:**

Early Learning & Human Services: 2/1/17, 2/8/17 [DPS];  
Appropriations: 2/21/17 [DP2S(w/o sub ELHS)].

##### **Floor Activity:**

Passed House: 3/1/17, 98-0.  
Senate Amended.  
Passed Senate: 4/5/17, 48-0.

#### **Brief Summary of Engrossed Second Substitute Bill**

- Requires the Department of Social and Health Services to reduce documentation and paperwork requirements for behavioral health services.

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### HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Kagi, Chair; Senn, Vice Chair; Dent, Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Frame, Goodman, Griffey, Kilduff, Klippert, Lovick, McCaslin, Muri and Ortiz-Self.

**Staff:** Dawn Eychaner (786-7135).

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### HOUSE COMMITTEE ON APPROPRIATIONS

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*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.*

**Majority Report:** The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Early Learning & Human Services. Signed by 33 members: Representatives Ormsby, Chair; Robinson, Vice Chair; Chandler, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Bergquist, Buys, Caldier, Cody, Condotta, Fitzgibbon, Haler, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Manweller, Nealey, Pettigrew, Pollet, Sawyer, Schmick, Senn, Springer, Stanford, Sullivan, Taylor, Tharinger, Vick, Volz and Wilcox.

**Staff:** Andy Toulon (786-7178).

### **Background:**

The Department of Social and Health Services (DSHS) licenses and 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 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.

### **Summary of Engrossed Second Substitute Bill:**

#### Review of Paperwork Rules, Policies, and Procedures.

The DSHS must immediately review its rules, policies, and procedures related to documentation and paperwork requirements for behavioral health services with regard to individual assessments. The review must identify areas where duplicative or inefficient requirements can be eliminated or streamlined. The review must be completed by November 1, 2017. 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 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.

### **EFFECT OF SENATE AMENDMENT(S):**

Subject to funds appropriated, the DSHS must adopt rules relating to the provision of behavioral health services that:

- limit prescriptive requirements for individual initial assessments and allow clinicians to exercise professional judgment;
- provide a single set of regulations by April 1, 2018, for agencies providing mental health, substance use disorder, and co-occurring treatment services to follow;
- exempt providers from state documentation requirements in certain circumstances;  
and

- are clear and not unduly burdensome in order to maximize time available for the provision of care.

Requirements are added, subject to funds appropriated, related to the DSHS' audits of the provision of behavioral health services. Audits must:

- rely on a sampling methodology to conduct reviews of personnel files and clinical 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 and coordinate audit activities as appropriate;
- coordinate audit activities between the DSHS and the Department of Health into a single site visit and eliminate redundancies;
- not require information to be provided in particular documents or locations when the same information is included elsewhere in the clinical file, except where required by federal law; and
- ensure audits involving manualized programs 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 program documentation requirements.

Subject to funds appropriated, the DSHS must immediately review casework documentation and paperwork requirements for social service specialists and direct service providers with the Children's Administration who provide services to children. The review must identify areas of duplicative or inefficient requirements that can be eliminated or streamlined and must be complete by November 1, 2017. Upon completion of the review the DSHS must take immediate steps to amend rules and procedures accordingly. This requirement expires December 31, 2018.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony (Early Learning & Human Services):**

(In support) Time spent by mental health professionals and children's case workers on paperwork requirements takes away from time available for patients and clients. Duplicative paperwork is a major burden for providers, sometimes creating nearly a 50-50 split between paperwork time and patient care time. The specific audit practices required by the bill are helpful, particularly the use of sampling methodology and treating multiple locations as one entity. The state has good intentions when making regulations to improve services, but the number of regulations has the opposite effect and gets in the way of providing the intended service.

(Opposed) None.

**Staff Summary of Public Testimony (Appropriations):**

(In support) This bill originates from the recommendations of the Children's Mental Health Workgroup. Providers are spending as much or more time on paperwork than they are with clients. Reducing paperwork would allow clinicians to be more efficient and see more clients.

The original bill is preferred over the substitute version. The original bill was based on recommendations from three different workgroups that met over the interim to study workforce shortages. Each group recommended reducing paperwork and streamlining audits as ways to improve staff morale and productivity. The provisions of the original bill requiring that audits use sample methodology and prohibiting annual visits at every location operated by a single entity should be restored. This will reduce the burden on providers so they can focus on services.

This bill is focused on reducing regulations that have not been shown to improve services at agencies. Passing an audit does not mean that there are quality services being provided. Some guidance should be included about what the reductions in regulations should be focused on, such as access to care, determination of medical necessity, eligibility for services, and ensuring that the services are related to the diagnosis being treated.

(Opposed) None.

**Persons Testifying** (Early Learning & Human Services): Representative Dent, prime sponsor; Mary Stone-Smith, Catholic Community Services Western Washington; Mike Hatchett, Washington Council for Behavioral Health; Margaret Amara; and Alicia Ferris, Community Youth Services.

**Persons Testifying** (Appropriations): Representative Dent, prime sponsor; Joan Miller, Washington Council for Behavioral Health; and Alicia Ferris, Community Youth Services.

**Persons Signed In To Testify But Not Testifying** (Early Learning & Human Services): None.

**Persons Signed In To Testify But Not Testifying** (Appropriations): None.