
SECOND SUBSTITUTE SENATE BILL 6494

State of Washington

64th Legislature

2016 Regular Session

By Senate Ways & Means (originally sponsored by Senators Darneille, Frockt, Rivers, O'Ban, Conway, Carlyle, Rolfes, Keiser, McAuliffe, and Hasegawa)

READ FIRST TIME 02/09/16.

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 overuse 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-six
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 the department of health, 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 behavioral health
22 organizations, including the types of services provided.

23 **Sec. 4.** RCW 74.09.520 and 2015 1st sp.s. c 8 s 2 are each
24 amended to read as follows:

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

27 (a) Inpatient hospital services; (b) outpatient hospital services;
28 (c) other laboratory and X-ray services; (d) nursing facility
29 services; (e) physicians' services, which shall include prescribed
30 medication and instruction on birth control devices; (f) medical
31 care, or any other type of remedial care as may be established by the
32 secretary or director; (g) home health care services; (h) private
33 duty nursing services; (i) dental services; (j) physical and
34 occupational therapy and related services; (k) prescribed drugs,
35 dentures, and prosthetic devices; and eyeglasses prescribed by a
36 physician skilled in diseases of the eye or by an optometrist,
37 whichever the individual may select; (l) personal care services, as
38 provided in this section; (m) hospice services; (n) other diagnostic,

1 screening, preventive, and rehabilitative services; and (o) like
2 services when furnished to a child by a school district in a manner
3 consistent with the requirements of this chapter. For the purposes of
4 this section, neither the authority nor the department may cut off
5 any prescription medications, oxygen supplies, respiratory services,
6 or other life-sustaining medical services or supplies.

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

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

16 (a) These administrative rules shall include financial
17 eligibility indexed according to the requirements of the social
18 security act providing for medicaid eligibility.

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

23 (c) The department shall determine by rule which clients have a
24 health-related assessment or service planning need requiring
25 registered nurse consultation or review. This definition may include
26 clients that meet indicators or protocols for review, consultation,
27 or visit.

28 (3) The department shall design and implement a means to assess
29 the level of functional disability of persons eligible for personal
30 care services under this section. The personal care services benefit
31 shall be provided to the extent funding is available according to the
32 assessed level of functional disability. Any reductions in services
33 made necessary for funding reasons should be accomplished in a manner
34 that assures that priority for maintaining services is given to
35 persons with the greatest need as determined by the assessment of
36 functional disability.

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

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

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

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

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

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

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

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

20 (b) Provide the services directly until a qualified contractor
21 can be found.

22 (7) Subject to the availability of amounts appropriated for this
23 specific purpose, the authority may offer medicare part D
24 prescription drug copayment coverage to full benefit dual eligible
25 beneficiaries.

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

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

37 NEW SECTION. Sec. 5. (1) The joint legislative audit and review
38 committee shall conduct an inventory of the mental health service
39 models available to students in schools, school districts, and

1 educational service districts and report its findings by October 31,
2 2016. The report must be submitted to the appropriate committees of
3 the house of representatives and the senate, in accordance with RCW
4 43.01.036.

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

9 (3) The inventory and report must include information on the
10 following:

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

14 (b) How many of these students are participating in medicaid
15 programs;

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

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

20 (e) Any other available information related to student access and
21 outcomes.

22 (4) The duties of this section must be carried out within
23 existing appropriations.

24 (5) This section expires July 1, 2017.

25 NEW SECTION. **Sec. 6.** If specific funding for the purposes of
26 this act, referencing this act by bill or chapter number, is not
27 provided by June 30, 2016, in the omnibus appropriations act, this
28 act is null and void.

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