**5749-S2 AMH APP H2612.1 - NOT FOR FLOOR USE**

**2SSB 5749** - H COMM AMD

By Committee on Appropriations

**NOT CONSIDERED 01/05/2018**

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec.**  The legislature finds that a prioritized recommendation of the children's mental health work group, as reported in December 2016, is to reduce burdensome and duplicative paperwork requirements for providers of children's mental health services. This recommendation is consistent with the recommendations of the behavioral health workforce assessment of the workforce training and education coordinating board to reduce time-consuming documentation requirements and the behavioral and primary health regulatory alignment task force to streamline regulations and reduce the time spent responding to inefficient and excessive audits.

The legislature further finds that duplicative and overly prescriptive documentation and audit requirements negatively impact the adequacy of the provider network by reducing workforce morale and limiting the time available for patient care. Such requirements create costly barriers to the efficient provision of services for children and their families. The legislature also finds that current state regulations are often duplicative or conflicting with research-based models and other state-mandated treatment models intended to improve the quality of services and ensure positive outcomes. These barriers can be reduced while creating a greater emphasis on quality, outcomes, and safety.

The legislature further finds that social service specialists and other direct service staff with the children's administration who are serving children are encumbered by burdensome paperwork requirements which can interfere with the effective delivery of services.

Therefore, the legislature intends to require the department of social and health services to take steps to reduce paperwork, documentation, and audit requirements that are inefficient or duplicative for social service specialists and other direct service staff with the children's administration who serve children and for providers of mental health services to children and families, and to encourage the use of effective treatment models to improve the quality of services.

NEW SECTION. **Sec.**  A new section is added to chapter 71.24 RCW to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, the department must immediately perform a review of its rules, policies, and procedures related to the documentation requirements for behavioral health services and identify areas in which duplicative or inefficient documentation requirements can be eliminated or streamlined for providers. Rules adopted by the department relating to the provision of behavioral health services must:

(a) Limit prescriptive requirements for individual initial assessments to allow clinicians to exercise professional judgment to conduct age-appropriate, strength-based psychosocial assessments, including current needs and relevant history according to current best practices;

(b) By April 1, 2018, provide a single set of regulations for agencies to follow that provide mental health, substance use disorder, and co-occurring treatment services;

(c) Exempt providers from duplicative state documentation requirements when the provider is following documentation requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety; and

(d) Be clear and not unduly burdensome in order to maximize the time available for the provision of care.

(2) Subject to the availability of amounts appropriated for this specific purpose, audits conducted by the department relating to provision of behavioral health services must:

(a) Rely on a sampling methodology to conduct reviews of personnel files and clinical records based on written guidelines established by the department that are consistent with the standards of other licensing and accrediting bodies;

(b) Treat organizations with multiple locations as a single entity. The department must not require annual visits at all locations operated by a single entity when a sample of records may be reviewed from a centralized location;

(c) Share audit results with behavioral health organizations to assist with their review process and, when appropriate, take steps to coordinate and combine audit activities;

(d) Coordinate audit functions between the department and the department of health to combine audit activities into a single site visit and eliminate redundancies;

(e) Not require information to be provided in particular documents or locations when the same information is included or demonstrated elsewhere in the clinical file, except where required by federal law; and

(f) Ensure that audits involving manualized programs such as wraparound with intensive services or other evidence or research-based programs are conducted to the extent practicable by personnel familiar with the program model and in a manner consistent with the documentation requirements of the program.

NEW SECTION. **Sec.**  A new section is added to chapter 71.24 RCW to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, the health care authority must immediately perform a review of its rules, policies, and procedures related to the documentation requirements for behavioral health services. Rules adopted by the health care authority relating to the provision of behavioral health services must:

(a) Identify areas in which duplicative or inefficient documentation requirements can be eliminated or streamlined for providers;

(b) Limit prescriptive requirements for individual initial assessments to allow clinicians to exercise professional judgment to conduct age-appropriate, strength-based psychosocial assessments, including current needs and relevant history according to current best practices;

(c) By April 1, 2018, provide a single set of regulations for agencies to follow that provide mental health, substance use disorder, and co-occurring treatment services;

(d) Exempt providers from duplicative state documentation requirements when the provider is following documentation requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety; and

(e) Be clear and not unduly burdensome in order to maximize the time available for the provision of care.

(2) Subject to the availability of amounts appropriated for this specific purpose, audits conducted by the health care authority relating to provision of behavioral health services must:

(a) Rely on a sampling methodology to conduct reviews of personnel files and clinical records based on written guidelines established by the health care authority that are consistent with the standards of other licensing and accrediting bodies;

(b) Treat organizations with multiple locations as a single entity. The health care authority must not require annual visits at all locations operated by a single entity when a sample of records may be reviewed from a centralized location;

(c) Share audit results with behavioral health organizations to assist with their review process and, when appropriate, take steps to coordinate and combine audit activities;

(d) Coordinate audit functions between the health care authority and the department of health to combine audit activities into a single site visit and eliminate redundancies;

(e) Not require information to be provided in particular documents or locations when the same information is included or demonstrated elsewhere in the clinical file, except where required by federal law; and

(f) Ensure that audits involving manualized programs such as wraparound with intensive services or other evidence or research-based programs are conducted to the extent practicable by personnel familiar with the program model and in a manner consistent with the documentation requirements of the program.

NEW SECTION. **Sec.**  (1) Subject to the availability of amounts appropriated for this specific purpose, the department of social and health services must immediately perform a review of casework documentation and paperwork requirements for social service specialists and other direct service staff with the children's administration who provide services to children. The review must identify areas in which duplicative or inefficient documentation and paperwork requirements can be eliminated or streamlined in order to allow social service specialists and other direct service staff with the children's administration to spend greater amounts of time and attention on direct services to children and their families. The department must complete the review by November 1, 2017. Upon completion of the review, the department must take immediate steps to amend department rules and procedures accordingly.

(2) This section expires December 31, 2018.

NEW SECTION. **Sec.**  Section 2 of this act takes effect only if neither Substitute House Bill No. 1388 (including any later amendments or substitutes) nor Substitute Senate Bill No. 5259 (including any later amendments or substitutes) is signed into law by the governor by the effective date of this section.

NEW SECTION. **Sec.**  Section 3 of this act takes effect only if Substitute House Bill No. 1388 (including any later amendments or substitutes) or Substitute Senate Bill No. 5259 (including any later amendments or substitutes) is signed into law by the governor by the effective date of this section."

Correct the title.

EFFECT: (1) Requires the Department of Social and Health Services (DSHS) to review documentation requirements for behavioral health services and identify areas in which duplicative or inefficient requirements can be eliminated or streamlined for providers.

(2) Changes the date by which the DSHS must provide a single set of regulations for mental health, substance use disorder, and co-occurring treatment services from October 1, 2017, to April 1, 2018.

(3) Exempts mental health providers from duplicative state documentation requirements when the provider is following documentation requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety.

(4) Limits the DSHS review of casework documentation and paperwork requirements to social service specialists and direct service staff within the Children's Administration.

(5) Provides for consistent agency designations in the event that either SHB 1388 or SSB 5259, relating to transferring responsibilities for behavioral health services from the Department of Social and Health Services to the Health Care Authority and the Department of Health, is enacted.

(6) Amends language in the findings and intent section.