

2SSB 5749 - H COMM AMD

By Committee on Appropriations

NOT CONSIDERED 01/05/2018

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

3 "NEW SECTION. **Sec. 1.** The legislature finds that a prioritized
4 recommendation of the children's mental health work group, as
5 reported in December 2016, is to reduce burdensome and duplicative
6 paperwork requirements for providers of children's mental health
7 services. This recommendation is consistent with the recommendations
8 of the behavioral health workforce assessment of the workforce
9 training and education coordinating board to reduce time-consuming
10 documentation requirements and the behavioral and primary health
11 regulatory alignment task force to streamline regulations and reduce
12 the time spent responding to inefficient and excessive audits.

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

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

28 Therefore, the legislature intends to require the department of
29 social and health services to take steps to reduce paperwork,
30 documentation, and audit requirements that are inefficient or
31 duplicative for social service specialists and other direct service
32 staff with the children's administration who serve children and for

1 providers of mental health services to children and families, and to
2 encourage the use of effective treatment models to improve the
3 quality of services.

4 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.24
5 RCW to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

16 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24
17 RCW to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

29 NEW SECTION. **Sec. 4.** (1) Subject to the availability of amounts
30 appropriated for this specific purpose, the department of social and
31 health services must immediately perform a review of casework
32 documentation and paperwork requirements for social service
33 specialists and other direct service staff with the children's
34 administration who provide services to children. The review must
35 identify areas in which duplicative or inefficient documentation and
36 paperwork requirements can be eliminated or streamlined in order to
37 allow social service specialists and other direct service staff with
38 the children's administration to spend greater amounts of time and
39 attention on direct services to children and their families. The

1 department must complete the review by November 1, 2017. Upon
2 completion of the review, the department must take immediate steps to
3 amend department rules and procedures accordingly.

4 (2) This section expires December 31, 2018.

5 NEW SECTION. **Sec. 5.** Section 2 of this act takes effect only if
6 neither Substitute House Bill No. 1388 (including any later
7 amendments or substitutes) nor Substitute Senate Bill No. 5259
8 (including any later amendments or substitutes) is signed into law by
9 the governor by the effective date of this section.

10 NEW SECTION. **Sec. 6.** Section 3 of this act takes effect only if
11 Substitute House Bill No. 1388 (including any later amendments or
12 substitutes) or Substitute Senate Bill No. 5259 (including any later
13 amendments or substitutes) is signed into law by the governor by the
14 effective date of this section."

15 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.

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