

SENATE BILL REPORT

SB 5153

As Reported by Senate Committee On:
Human Services & Corrections, February 7, 2013

Title: An act relating to strengthening families by allowing transfers between regional support networks to be closer to relatives or other strong personal supports.

Brief Description: Concerning transfers of clients between regional support networks.

Sponsors: Senators Kohl-Welles, Carrell, Darneille, Pearson and Schlicher.

Brief History:

Committee Activity: Human Services & Corrections: 1/24/13, 2/07/13 [DPS].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 5153 be substituted therefor, and the substitute bill do pass.

Signed by Senators Carrell, Chair; Pearson, Vice Chair; Baumgartner, Darneille, Ranking Member; Hargrove, Harper and Padden.

Staff: Kevin Black (786-7747)

Background: Adults and children in Washington who qualify for publicly-funded mental health services and have severe mental health needs are served by regional support networks (RSNs). An RSN is a locally-administered network of treatment providers which contracts with the state of Washington to provide outpatient, residential, and crisis mental health services within a defined geographic region. Washington is divided into 11 geographically distinct RSNs, which range in size from a single county to a group of up to ten counties.

RSNs receive a share of designated Medicaid and non-Medicaid funds based on a capitated reimbursement plan which provides funding based on the RSN's share of the state population. Each RSN assumes financial responsibility for providing services to all eligible persons within the RSN's geographic region. A client receiving services in one RSN may request to transfer services to a different RSN, either because the client has moved away from the region covered by the original RSN, or because the client wishes to move and is seeking advance approval. Advance approval may be required, for example, for a client receiving residential care who wishes to move to a residential care facility within the borders of a different RSN. Neither currently formulated RSN contracts nor state law specifies

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procedures for approving requests for transfers between RSNs. As a consequence, transfer requests are negotiated between the RSNs on an ad hoc basis, and an RSN may choose to not cooperate with a proposed transfer or to make acceptance of the transfer conditional on receipt of payments or guarantees from the referring RSN.

Summary of Bill (Recommended Substitute): By December 1, 2013, the Department of Social and Health Services (DSHS) must propose rules and procedures to govern transfers of clients between RSNs that allow DSHS to assume authority to resolve disputes. DSHS must work collaboratively with stakeholders, including representatives of consumers and families, in developing these rules and procedures.

EFFECT OF CHANGES MADE BY HUMAN SERVICES & CORRECTIONS COMMITTEE (Recommended Substitute): By December 1, 2013, DSHS must propose rules and procedures to govern transfers of clients between RSNs. DSHS must work collaboratively with stakeholders, including representatives of consumers and families, in developing these rules and procedures.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: PRO: This was brought forward by a constituent who struggled for two years to transfer her sister from eastern Washington to a residential placement near her home in King County. Because I eventually was able to bring my sister closer to family, she visits our home every weekend, and for the first time asked for help during a mental health crisis instead of making a suicide attempt. It is extremely important for treatment effectiveness for family members to participate, and it is also more humane. We suggest merging the two subsections of the bill into a single transfer process. We think the money should follow the client to ensure that services are available in the receiving RSN. In some cases, the period of support may need to extend longer than six months.

Persons Testifying: PRO: Senator Kohl-Welles, prime sponsor; Michele Morgan, citizen; Seth Dawson, National Alliance on Mental Illness (NAMI), NAMI WA; David Knutson, Optum Health Pierce RSN.