
SENATE BILL 6494

State of Washington

64th Legislature

2016 Regular Session

By Senators Darneille, Frockt, Rivers, O'Ban, Conway, Carlyle, Rolfes, Keiser, McAuliffe, and Hasegawa

Read first time 01/22/16. Referred to Committee on Human Services, Mental Health & Housing.

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 an expiration date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** (1) The legislature understands that the
7 adverse experiences a child has, 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 problems. The legislature finds that nearly half of Washington's
11 children are enrolled in medicaid and have a higher incidence of
12 serious health problems compared to children who have commercial
13 insurance. The legislature recognizes that disparities also exist in
14 the diagnosis and initiation of treatment services for children of
15 color; with studies demonstrating that children of color are
16 diagnosed and begin receiving early intervention services at a later
17 age. The legislature further understands that early intervention and
18 access to appropriate interventions can mitigate long-term societal
19 costs and improve education and health for children. The legislature
20 intends to improve access to adequate, appropriate, and culturally
21 responsive mental health services for children and youth.

1 (2) The legislature finds that within the current system of care,
2 families face barriers to receiving a full range of services for
3 children experiencing behavioral health problems. The legislature
4 intends to identify what network adequacy requirements, if
5 strengthened, would increase access, continuity, and coordination of
6 behavioral health services for children and families. The legislature
7 further intends to encourage managed care plans to contract with the
8 same providers that serve children who meet access to care standards
9 so families are not required to duplicate mental health screenings,
10 and to require that provider rates for mental health services to
11 children and youth are set at a level which ensures an adequate
12 network and access to quality based care.

13 (3) The legislature recognizes that early and accurate
14 recognition of behavioral health issues coupled with appropriate and
15 timely intervention enhances health outcomes while minimizing overall
16 expenditures. The legislature further understands that, at present,
17 medicaid apple health for kids does not provide payment for
18 behavioral health screenings, however, most private plans do. The
19 legislature intends to assure that depression screenings are done
20 consistently with the highly vulnerable medicaid population and that
21 children and families benefit from earlier access to services.

22 NEW SECTION. **Sec. 2.** (1) The children's mental health work
23 group is established to identify barriers to access of mental health
24 services for children and families, and to advise the legislature on
25 statewide mental health services for this population.

26 (2)(a) The work group shall include diverse, statewide
27 representation from the public and nonprofit and for-profit entities.
28 Its membership shall reflect regional, racial, and cultural diversity
29 to adequately represent the needs of all children and families in the
30 state.

31 (b) The work group shall consist of not more than twenty members,
32 as follows:

33 (i) The president of the senate shall appoint one member and one
34 alternative member from each of the two largest caucuses of the
35 senate.

36 (ii) The speaker of the house of representatives shall appoint
37 one member and one alternative member from each of the two largest
38 caucuses in the house of representatives.

1 (iii) The governor shall appoint at least one representative from
2 each of the following: The department of early learning, the
3 department of social and health services, the health care authority,
4 and a representative of the governor.

5 (iv) The superintendent of public instruction shall appoint one
6 representative from the office of the superintendent of public
7 instruction.

8 (v) The governor shall request participation by a representative
9 of tribal governments.

10 (vi) The governor shall appoint one representative from each of
11 the following: Behavioral health organizations, community mental
12 health agencies, medicaid managed care organizations, commercial
13 insurance providers, child health advocacy groups, child care
14 providers, and the managed health care plan for foster children.

15 (c) The work group shall seek input and participation from
16 stakeholders interested in the improvement of statewide mental health
17 services for children and families.

18 (d) The work group shall choose two cochairs, one from among its
19 legislative membership and one representative of a state agency. The
20 cochairs shall convene the initial meeting of the work group.

21 (3) The children's mental health work group shall review the
22 barriers that exist to identifying and treating mental health issues
23 in children with a particular focus on birth to five and report to
24 the appropriate committees of the legislature. At a minimum the work
25 group must:

26 (a) Review and recommend appropriate assessment tools that
27 managed care plans and behavioral health organizations should use as
28 the mechanism to establish eligibility for services;

29 (b) Identify and review billing issues related to serving the
30 parent or caregiver in a treatment dyad and the billing issues
31 related to services that are appropriate for serving children birth
32 to five;

33 (c) Review workforce issues related to serving children and
34 families, including issues specifically related to birth to five;

35 (d) Recommend strategies for increasing the number of
36 professionals qualified to provide children's mental health services;

37 (e) Review and make recommendations on the development and
38 adoption of standards for training and endorsement of professionals
39 to become qualified to provide mental health services to parents of
40 children birth to five; and

1 (f) Analyze, in consultation with the department of early
2 learning, the health care authority, and the department of social and
3 health services, existing and potential mental health supports for
4 child care providers to reduce expulsions of children in child care
5 and preschool.

6 (4) Legislative members of the work group are reimbursed for
7 travel expenses in accordance with RCW 44.04.120. Nonlegislative
8 members are not entitled to be reimbursed for travel expenses if they
9 are elected officials or are participating on behalf of an employer,
10 governmental entity, or other organization. Any reimbursement for
11 other nonlegislative members is subject to chapter 43.03 RCW.

12 (5) The expenses of the work group must be paid jointly by the
13 senate and the house of representatives. Work group expenditures are
14 subject to approval by the senate facilities and operations committee
15 and the house of representatives executive rules committee, or their
16 successor committees.

17 (6) The work group shall report its findings and recommendations
18 to the appropriate committees of the legislature by December 1, 2016.

19 (7) Staff support for the committee must be provided by the house
20 of representatives office of program research, the senate committee
21 services, and the office of financial management.

22 (8) This section expires December 1, 2017.

23 NEW SECTION. **Sec. 3.** A new section is added to chapter 74.09
24 RCW to read as follows:

25 To better assure and understand issues related to network
26 adequacy and access to services, the authority and the department
27 shall report to the appropriate committees of the legislature by
28 December 1, 2017, and annually thereafter, on the status of access to
29 behavioral health services for children birth through age seventeen
30 using data collected pursuant to RCW 70.320.050. At a minimum, the
31 report must include the following components broken down by age,
32 gender, and race and ethnicity:

33 (1) The percentage of discharges for patients ages six through
34 seventeen who had a visit to the emergency room with a primary
35 diagnosis of mental health or alcohol or other drug dependence during
36 the measuring year and who had a follow-up visit with any provider
37 with a corresponding primary diagnosis of mental health or alcohol or
38 other drug dependence within thirty days of discharge; and

1 (2) The percentage of health plan members with an identified
2 mental health need who received mental health services during the
3 reporting period.

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

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

- 8 (a) Inpatient hospital services; (b) outpatient hospital services;
9 (c) other laboratory and X-ray services; (d) nursing facility
10 services; (e) physicians' services, which shall include prescribed
11 medication and instruction on birth control devices; (f) medical
12 care, or any other type of remedial care as may be established by the
13 secretary or director; (g) home health care services; (h) private
14 duty nursing services; (i) dental services; (j) physical and
15 occupational therapy and related services; (k) prescribed drugs,
16 dentures, and prosthetic devices; and eyeglasses prescribed by a
17 physician skilled in diseases of the eye or by an optometrist,
18 whichever the individual may select; (l) personal care services, as
19 provided in this section; (m) hospice services; (n) other diagnostic,
20 screening, preventive, and rehabilitative services; and (o) like
21 services when furnished to a child by a school district in a manner
22 consistent with the requirements of this chapter. For the purposes of
23 this section, neither the authority nor the department may cut off
24 any prescription medications, oxygen supplies, respiratory services,
25 or other life-sustaining medical services or supplies.

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

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

35 (a) These administrative rules shall include financial
36 eligibility indexed according to the requirements of the social
37 security act providing for medicaid eligibility.

38 (b) The rules shall require clients be assessed as having a
39 medical condition requiring assistance with personal care tasks.

1 Plans of care for clients requiring health-related consultation for
2 assessment and service planning may be reviewed by a nurse.

3 (c) The department shall determine by rule which clients have a
4 health-related assessment or service planning need requiring
5 registered nurse consultation or review. This definition may include
6 clients that meet indicators or protocols for review, consultation,
7 or visit.

8 (3) The department shall design and implement a means to assess
9 the level of functional disability of persons eligible for personal
10 care services under this section. The personal care services benefit
11 shall be provided to the extent funding is available according to the
12 assessed level of functional disability. Any reductions in services
13 made necessary for funding reasons should be accomplished in a manner
14 that assures that priority for maintaining services is given to
15 persons with the greatest need as determined by the assessment of
16 functional disability.

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

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

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

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

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

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

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

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

38 (b) Provide the services directly until a qualified contractor
39 can be found.

1 (7) Subject to the availability of amounts appropriated for this
2 specific purpose, the authority may offer medicare part D
3 prescription drug copayment coverage to full benefit dual eligible
4 beneficiaries.

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

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

16 NEW SECTION. Sec. 5. If specific funding for the purposes of
17 this act, referencing this act by bill or chapter number, is not
18 provided by June 30, 2016, in the omnibus appropriations act, this
19 act is null and void.

--- END ---