

SENATE BILL REPORT

E2SHB 1819

As Passed Senate - Amended, April 5, 2017

Title: An act relating to paperwork reduction in order to improve the availability of mental health services to protect children and families.

Brief Description: Reducing certain documentation and paperwork requirements in order to improve children's mental health and safety.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Dent, Senn, Kagi, Griffey, Johnson and McBride).

Brief History: Passed House: 3/01/17, 98-0.

Committee Activity: Human Services, Mental Health & Housing: 3/14/17, 3/20/17 [DPA].
Ways & Means: 3/29/17 [DPA].

Floor Activity:

Passed Senate - Amended: 4/05/17, 48-0.

Brief Summary of Bill (As Amended by Senate)

- Requires the Department of Social and Health Services (DSHS) to amend its rules to reduce paperwork requirements for behavioral health providers.
- Requires DSHS to change its audit methodology and coordinate audit activities with other entities to reduce the burden of audits on behavioral health providers.
- Requires DSHS to review paperwork documentation requirements for social service specialists with the Children's Administration who provide services for children and eliminate inefficient or duplicative documentation requirements.
- Requires Health Care Authority to assume the duties outlined in this legislation if either SHB 1388 (2017) or SSB 5259 (2017) are signed into law by the Governor.

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Majority Report: Do pass as amended.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Carlyle, Hunt, Padden and Walsh.

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Braun, Chair; Brown, Vice Chair; Honeyford, Vice Chair, Capital Budget ; Ranker, Ranking Minority Member; Rolfes, Assistant Ranking Minority Member, Operating Budget; Frockt, Assistant Ranking Minority Member, Capital Budget; Bailey, Becker, Billig, Carlyle, Conway, Darneille, Fain, Hasegawa, Keiser, Miloscia, Padden, Pedersen, Rivers, Schoesler, Warnick and Zeiger.

Staff: Sandy Stith (786-7710)

Background: The Department of Social and Health Services (DSHS) licenses and certifies providers of behavioral health services. This includes establishing rules for providers, including documentation requirements for initial assessment, and auditing to monitor compliance with regulatory requirements. Two bills proposed this session would transfer oversight functions of DSHS to the Health Care Authority (HCA) and Department of Health.

The Children's Mental Health Work Group (CMHWG) is a workgroup that convened in 2016 pursuant to E2SHB 2439 (2016). The CMHWG published a final report and recommendations in December 2016. Recommendations relating to paperwork reduction were included in the body of the report and the appendices.

The Behavioral and Primary Health Regulatory Alignment Task Force (Task Force) is a taskforce that convened in 2016 pursuant to E3SHB 1713 (2016). The Task Force created a report dated November 8, 2016, which included recommendations related to paperwork reduction. The report of the Task Force was incorporated by reference in the CMHWG report recommendations.

Summary of Amended Bill: Subject to funds appropriated for this purpose, DSHS must amend its rules to:

- limit the 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;
- provide a single set of regulations for agencies to follow that provide mental health, substance use disorder, and co-occurring treatment services by April 1, 2018;
- exempt providers from state documentation requirements when the provider is following documentation requirements of an evidence-based, research-based, or state mandated program which provides adequate protection for patients safety; and
- be clear and not unduly burdensome in order to maximize the time available for provision of care.

Subject to funds appropriated for this purpose, audits conducted by DSHS must:

- rely on a sampling methodology to conduct reviews of personnel files and clinical records based on written guidelines established by DSHS that are consistent with the standards of other licensing and accrediting bodies;
- treat organizations with multiple locations as a single entity, and not require annual visits at all locations operated by a single entity when a sample of records may be reviewed from a centralized location;
- share audit results with behavioral health organizations (BHOs) to assist with their review process and, where appropriate, take steps to coordinate and combine audit activities;
- coordinate audit functions between DSHS and the Department of Health (DOH) to combine audit activities to a single site visit and eliminate redundancies;
- 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
- ensure that audits involving manualized programs such as WISe 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.

Subject to funds appropriated for this purpose, DSHS must immediately review its casework and documentation requirements for social workers 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 to spend greater amounts of time and attention on direct services to children and their families. DSHS must complete the review by November 1, 2017, and take immediate steps to amend its rules and procedures.

Health Care Authority must assume the duties prescribed in this legislation if either SSB 5259 (2017) or SHB 1388 (2017) are signed into law by the Governor.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Engrossed Second Substitute House Bill (Human Services, Mental Health & Housing): *The committee recommended a different version of the bill than what was heard.* PRO: This bill came from the Workforce Committee of the Children's Mental Health Work Group. For two hours spent with a client, the clinician might spend four to six hours doing paperwork. We can increase our workforce by decreasing their paperwork load. This is the best way to get more mileage out of existing funds. We have to be efficient and effective with the money we are spending. Please add components from the Senate bill. Please add a new provision exempting manualized models with their own documentation requirements from redundant state paperwork requirements.

Paperwork kills, and creates burnout. We prefer the Senate version which is more robust. Three workgroups over the interim made this same recommendation.

Persons Testifying (Human Services, Mental Health & Housing): PRO: Representative Dent, Prime Sponsor; Laurie Lippold, Partners for Our Children; Kathryn Kolan, WA State Medical Assn.; Andrea Davis, Coordinated Care; Joan Miller, WA Council for Behavioral Health; Alicia Ferris, Community Youth Services; Gary Romjue, Catholic Community Services.

Persons Signed In To Testify But Not Testifying (Human Services, Mental Health & Housing): No one.

Staff Summary of Public Testimony on the Bill as Amended by Human Services, Mental Health & Housing (Ways & Means): No public hearing was held.

Persons Testifying (Ways & Means): N/A.

Persons Signed In To Testify But Not Testifying (Ways & Means): N/A.