

CERTIFICATION OF ENROLLMENT  
**SECOND SUBSTITUTE HOUSE BILL 1325**

67th Legislature  
2021 Regular Session

Passed by the House February 26, 2021  
Yeas 92 Nays 5

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**Speaker of the House of  
Representatives**

Passed by the Senate April 8, 2021  
Yeas 49 Nays 0

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 1325** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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SECOND SUBSTITUTE HOUSE BILL 1325

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Passed Legislature - 2021 Regular Session

State of Washington

67th Legislature

2021 Regular Session

**By** House Appropriations (originally sponsored by Representatives Callan, Eslick, Leavitt, Fitzgibbon, Thai, Duerr, Senn, Ortiz-Self, Davis, Bergquist, Ramos, Lekanoff, Pollet, Dent, and Goodman)

READ FIRST TIME 02/22/21.

1 AN ACT Relating to implementing policies related to children and  
2 youth behavioral health as reviewed and recommended by the children  
3 and youth behavioral health work group; amending RCW 71.24.061 and  
4 74.09.520; and creating a new section.

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

6 **Sec. 1.** RCW 71.24.061 and 2020 c 291 s 1 are each amended to  
7 read as follows:

8 (1) The authority shall provide flexibility to encourage licensed  
9 or certified community behavioral health agencies to subcontract with  
10 an adequate, culturally competent, and qualified children's mental  
11 health provider network.

12 (2) To the extent that funds are specifically appropriated for  
13 this purpose or that nonstate funds are available, a children's  
14 mental health evidence-based practice institute shall be established  
15 at the University of Washington department of psychiatry and  
16 behavioral sciences. The institute shall closely collaborate with  
17 entities currently engaged in evaluating and promoting the use of  
18 evidence-based, research-based, promising, or consensus-based  
19 practices in children's mental health treatment, including but not  
20 limited to the University of Washington department of psychiatry and  
21 behavioral sciences, Seattle children's hospital, the University of

1 Washington school of nursing, the University of Washington school of  
2 social work, and the Washington state institute for public policy. To  
3 ensure that funds appropriated are used to the greatest extent  
4 possible for their intended purpose, the University of Washington's  
5 indirect costs of administration shall not exceed ten percent of  
6 appropriated funding. The institute shall:

7 (a) Improve the implementation of evidence-based and  
8 research-based practices by providing sustained and effective  
9 training and consultation to licensed children's mental health  
10 providers and child-serving agencies who are implementing  
11 evidence-based or researched-based practices for treatment of  
12 children's emotional or behavioral disorders, or who are interested  
13 in adapting these practices to better serve ethnically or culturally  
14 diverse children. Efforts under this subsection should include a  
15 focus on appropriate oversight of implementation of evidence-based  
16 practices to ensure fidelity to these practices and thereby achieve  
17 positive outcomes;

18 (b) Continue the successful implementation of the "partnerships  
19 for success" model by consulting with communities so they may select,  
20 implement, and continually evaluate the success of evidence-based  
21 practices that are relevant to the needs of children, youth, and  
22 families in their community;

23 (c) Partner with youth, family members, family advocacy, and  
24 culturally competent provider organizations to develop a series of  
25 information sessions, literature, and online resources for families  
26 to become informed and engaged in evidence-based and research-based  
27 practices;

28 (d) Participate in the identification of outcome-based  
29 performance measures under RCW 71.36.025(2) and partner in a  
30 statewide effort to implement statewide outcomes monitoring and  
31 quality improvement processes; and

32 (e) Serve as a statewide resource to the authority and other  
33 entities on child and adolescent evidence-based, research-based,  
34 promising, or consensus-based practices for children's mental health  
35 treatment, maintaining a working knowledge through ongoing review of  
36 academic and professional literature, and knowledge of other  
37 evidence-based practice implementation efforts in Washington and  
38 other states.

39 (3) (a) To the extent that funds are specifically appropriated for  
40 this purpose, the authority in collaboration with the University of

1 Washington department of psychiatry and behavioral sciences and  
2 Seattle children's hospital shall implement the following access  
3 lines:

4 (i) (~~Implement a~~) The partnership access line to support  
5 primary care providers in the assessment and provision of appropriate  
6 diagnosis and treatment of children with mental and behavioral health  
7 disorders and track outcomes of this program;

8 (ii) (~~Beginning January 1, 2019, implement a two-year pilot~~  
9 ~~program to:~~

10 ~~(A) Create the~~) The partnership access line for moms to support  
11 obstetricians, pediatricians, primary care providers, mental health  
12 professionals, and other health care professionals providing care to  
13 pregnant women and new mothers through same-day telephone  
14 consultations in the assessment and provision of appropriate  
15 diagnosis and treatment of depression in pregnant women and new  
16 mothers; and

17 (~~(B) Create the partnership access line for kids referral and~~  
18 ~~assistance service~~) (iii) The mental health referral service for  
19 children and teens to facilitate referrals to children's mental  
20 health services and other resources for parents and guardians with  
21 concerns related to the mental health of the parent or guardian's  
22 child. Facilitation activities include assessing the level of  
23 services needed by the child; within an average of seven days (~~of~~  
24 ~~receiving a call~~) from call intake processing with a parent or  
25 guardian, identifying mental health professionals who are in-network  
26 with the child's health care coverage who are accepting new patients  
27 and taking appointments; coordinating contact between the parent or  
28 guardian and the mental health professional; and providing  
29 postreferral reviews to determine if the child has outstanding needs.  
30 In conducting its referral activities, the program shall collaborate  
31 with existing databases and resources to identify in-network mental  
32 health professionals.

33 (b) The program activities described in (a) (~~(i) and (a) (ii) (A)~~)  
34 of this subsection shall be designed to promote more accurate  
35 diagnoses and treatment through timely case consultation between  
36 primary care providers and child psychiatric specialists, and focused  
37 educational learning collaboratives with primary care providers.

38 (4) The authority, in collaboration with the University of  
39 Washington department of psychiatry and behavioral sciences and  
40 Seattle children's hospital, shall report on the following:

1 (a) The number of individuals who have accessed the resources  
2 described in subsection (3) of this section;

3 (b) The number of providers, by type, who have accessed the  
4 resources described in subsection (3) of this section;

5 (c) Demographic information, as available, for the individuals  
6 described in (a) of this subsection. Demographic information may not  
7 include any personally identifiable information and must be limited  
8 to the individual's age, gender, and city and county of residence;

9 (d) A description of resources provided;

10 (e) Average time frames from receipt of call to referral for  
11 services or resources provided; and

12 (f) Systemic barriers to services, as determined and defined by  
13 the health care authority, the University of Washington department of  
14 psychiatry and behavioral sciences, and Seattle children's hospital.

15 (5) Beginning December 30, 2019, and annually thereafter, the  
16 authority must submit, in compliance with RCW 43.01.036, a report to  
17 the governor and appropriate committees of the legislature with  
18 findings and recommendations for improving services and service  
19 delivery from subsection (4) of this section.

20 (6) The authority shall enforce requirements in managed care  
21 contracts to ensure care coordination and network adequacy issues are  
22 addressed in order to remove barriers to access to mental health  
23 services identified in the report described in subsection (4) of this  
24 section.

25 (~~((7) Subsections (4) through (6) of this section expire January~~  
26 ~~1, 2021.))~~)

27 **Sec. 2.** RCW 74.09.520 and 2017 c 202 s 4 are each amended to  
28 read as follows:

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

31 (a) Inpatient hospital services; (b) outpatient hospital services;  
32 (c) other laboratory and X-ray services; (d) nursing facility  
33 services; (e) physicians' services, which shall include prescribed  
34 medication and instruction on birth control devices; (f) medical  
35 care, or any other type of remedial care as may be established by the  
36 secretary or director; (g) home health care services; (h) private  
37 duty nursing services; (i) dental services; (j) physical and  
38 occupational therapy and related services; (k) prescribed drugs,  
39 dentures, and prosthetic devices; and eyeglasses prescribed by a

1 physician skilled in diseases of the eye or by an optometrist,  
2 whichever the individual may select; (l) personal care services, as  
3 provided in this section; (m) hospice services; (n) other diagnostic,  
4 screening, preventive, and rehabilitative services; and (o) like  
5 services when furnished to a child by a school district in a manner  
6 consistent with the requirements of this chapter. For the purposes of  
7 this section, neither the authority nor the department may cut off  
8 any prescription medications, oxygen supplies, respiratory services,  
9 or other life-sustaining medical services or supplies.

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

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

19 (a) These administrative rules shall include financial  
20 eligibility indexed according to the requirements of the social  
21 security act providing for medicaid eligibility.

22 (b) The rules shall require clients be assessed as having a  
23 medical condition requiring assistance with personal care tasks.  
24 Plans of care for clients requiring health-related consultation for  
25 assessment and service planning may be reviewed by a nurse.

26 (c) The department shall determine by rule which clients have a  
27 health-related assessment or service planning need requiring  
28 registered nurse consultation or review. This definition may include  
29 clients that meet indicators or protocols for review, consultation,  
30 or visit.

31 (3) The department shall design and implement a means to assess  
32 the level of functional disability of persons eligible for personal  
33 care services under this section. The personal care services benefit  
34 shall be provided to the extent funding is available according to the  
35 assessed level of functional disability. Any reductions in services  
36 made necessary for funding reasons should be accomplished in a manner  
37 that assures that priority for maintaining services is given to  
38 persons with the greatest need as determined by the assessment of  
39 functional disability.

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

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

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

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

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

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

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

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

22 (b) Provide the services directly until a qualified contractor  
23 can be found.

24 (7) Subject to the availability of amounts appropriated for this  
25 specific purpose, the authority may offer medicare part D  
26 prescription drug copayment coverage to full benefit dual eligible  
27 beneficiaries.

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

33 (9) Subject to the availability of amounts appropriated for this  
34 specific purpose, effective January 1, 2018, the authority shall  
35 require provider payment for annual depression screening for youth  
36 ages twelve through eighteen as recommended by the bright futures  
37 guidelines of the American academy of pediatrics, as they existed on  
38 January 1, 2017. Providers may include, but are not limited to,  
39 primary care providers, public health nurses, and other providers in

1 a clinical setting. This requirement is subject to the availability  
2 of funds appropriated for this specific purpose.

3 (10) Subject to the availability of amounts appropriated for this  
4 specific purpose, effective January 1, 2018, the authority shall  
5 require provider payment for maternal depression screening for  
6 mothers of children ages birth to six months. This requirement is  
7 subject to the availability of funds appropriated for this specific  
8 purpose.

9 (11) Subject to the availability of amounts appropriated for this  
10 specific purpose, the authority shall:

11 (a) Allow otherwise eligible reimbursement for the following  
12 related to mental health assessment and diagnosis of children from  
13 birth through five years of age:

14 (i) Up to five sessions for purposes of intake and assessment, if  
15 necessary;

16 (ii) Assessments in home or community settings, including  
17 reimbursement for provider travel; and

18 (b) Require providers to use the current version of the DC:0-5  
19 diagnostic classification system for mental health assessment and  
20 diagnosis of children from birth through five years of age.

21 NEW SECTION. Sec. 3. If specific funding for the purposes of  
22 this act, referencing this act by bill or chapter number, is not  
23 provided by June 30, 2021, in the omnibus appropriations act, this  
24 act is null and void.

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