
SUBSTITUTE HOUSE BILL 1813

State of Washington

69th Legislature

2025 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Macri, Doglio, Parshley, Davis, Ormsby, Scott, and Pollet)

READ FIRST TIME 02/21/25.

1 AN ACT Relating to the reprocurement of medical assistance
2 services, including the realignment of behavioral health crisis
3 services for medicaid enrollees; amending RCW 71.24.380 and
4 74.09.871; reenacting and amending RCW 71.24.045; adding a new
5 section to chapter 74.09 RCW; and providing an effective date.

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

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 74.09
8 RCW to read as follows:

9 (1)(a) As provided in RCW 71.24.380, the authority shall contract
10 with the behavioral health administrative services organizations to
11 provide all of the behavioral health services identified in RCW
12 71.24.045, as they exist on January 1, 2027. Consistent with RCW
13 71.24.380(3)(b), beginning January 1, 2027, this contract must
14 include administration of behavioral health crisis services, as
15 defined in RCW 71.24.045(1), for medicaid enrollees eligible for
16 enrollment in managed care organizations. The authority shall
17 distribute the funds through contracts with the behavioral health
18 administrative services organizations.

19 (b) The authority shall conduct a comprehensive funding analysis
20 by January 1, 2026, to determine the financial needs of each
21 behavioral health administrative services organization region for the

1 delivery of the behavioral health services identified in RCW
2 71.24.045, as they exist on January 1, 2027. This funding analysis
3 must evaluate both medicaid and nonmedicaid financial needs to assure
4 that funding supports all individuals in need, regardless of their
5 insurance status. The funding analysis must include:

6 (i) A review of service delivery models within each behavioral
7 health administrative services organization region, including mobile
8 crisis response, facility-based crisis stabilization services, and
9 other crisis services;

10 (ii) A calculation of the funding required to maintain the
11 region's 24 hour a day, continuously operating crisis response system
12 that fulfills the requirements of the authority's contract with the
13 behavioral health administrative services organization and is
14 available to the region's population regardless of insurance status,
15 factoring in both medicaid reimbursements and any additional funding
16 requirements to support nonmedicaid populations, including
17 individuals with private insurance or no insurance; and

18 (iii) Recommendations for establishing budgets for each region to
19 assure adequate service delivery, including staffing levels,
20 infrastructure, and service accessibility with a continuous review
21 policy that includes analysis of utilization trends or other measures
22 of regional need.

23 (c) When new programs or facilities including, but not limited
24 to, those programs and facilities described in RCW 71.24.045(1)(e) as
25 it exists on January 1, 2027, are established or existing services
26 are expanded in a region, the authority shall direct the state's
27 medicaid actuaries to promptly adjust the region's medicaid rates to
28 include a programmatic adjustment related to the new or expanded
29 service. The state contract with the relevant behavioral health
30 administrative services organization must be promptly adjusted to
31 reflect the projected increase or decrease in service capacity.
32 Adjustments must be based on the operational costs of the new or
33 expanded facility or program, including staffing and resources
34 required to support the delivery of services and the projected number
35 of individuals served, assuring that both medicaid and nonmedicaid
36 populations are served effectively.

37 (2) (a) The authority shall collaborate with the behavioral health
38 administrative services organizations, managed care organizations,
39 and tribes and Indian health care providers to establish a
40 comprehensive transition plan for those behavioral health crisis

1 services that will transition from the managed care organizations to
2 the behavioral health administrative services organizations no later
3 than January 1, 2027.

4 (b) The transition plan must address, at a minimum, strategies
5 for:

6 (i) Assuring seamless coordination between behavioral health
7 administrative services organizations, managed care organizations,
8 tribes and Indian health care providers, and local behavioral health
9 services providers during the transition period;

10 (ii) Establishing timelines and milestones for phasing in the
11 behavioral health crisis services that will transition administration
12 by the managed care organizations to the behavioral health
13 administrative services organizations, including key responsibilities
14 for the authority, the behavioral health administrative services
15 organizations, and the managed care organizations; and

16 (iii) Developing plans for managing the opening of new programs,
17 facilities, and services, as they become available.

18 (c) The authority shall complete and submit the transition plan
19 to the governor and both houses of the legislature by December 31,
20 2025.

21 (3)(a) Within existing funds, the authority shall adopt a
22 strategic plan to prepare for the reprocurement of services to
23 enrollees of medical assistance programs authorized under this
24 chapter. The strategic plan development process shall include the
25 opportunity for comment by key stakeholders, to the extent allowed by
26 applicable state and federal procurement standards, including tribes,
27 patient groups, health care providers and facilities, counties, and
28 behavioral health administrative services organizations. The
29 strategic plan must consider:

30 (i) The full participation and inclusion of the interests of
31 tribes, tribal health care providers, and urban Indian health care
32 providers in the contract development process to assure that there is
33 no disruption to the tribal health care delivery system and that
34 opportunities to promote the health of American Indians are
35 considered;

36 (ii) Contract standards to maximize care coordination between the
37 managed care organizations and the behavioral health administrative
38 services organizations;

39 (iii) The most effective methodologies for measuring network
40 access and adequacy for each provider type subject to network access

1 and adequacy standards and tailored to the particular needs of the
2 regional service areas, to be implemented in the reprocurement to
3 assure access to appropriate and timely behavioral health services in
4 each region;

5 (iv) The optimal number of managed care organizations for each
6 regional service area;

7 (v) Appropriate outcome measures for inclusion in managed care
8 contracts;

9 (vi) Timelines for new contracts to be executed and each step in
10 the procurement process to reach the finalization of the new
11 contracts;

12 (vii) Provisions for best practices regarding contract revisions
13 and future reprocurement timelines; and

14 (viii) Opportunities to amend managed care contract requirements
15 to further streamline and standardize processes to reduce
16 administrative burden for providers.

17 (b) The authority shall submit the strategic plan to the governor
18 and the legislature by July 1, 2026.

19 **Sec. 2.** RCW 71.24.045 and 2024 c 368 s 3 and 2024 c 209 s 30 are
20 each reenacted and amended to read as follows:

21 (1) The behavioral health administrative services organization
22 contracted with the authority pursuant to RCW 71.24.381 shall:

23 (a) Administer crisis services for the assigned regional service
24 area. Such services must include:

25 (i) A behavioral health crisis hotline that operates 24 hours a
26 day every day for its assigned regional service area that provides
27 immediate support, triage, and referral for individuals experiencing
28 behavioral health crises, including the capacity to connect
29 individuals with trained crisis counselors and, when appropriate,
30 dispatch additional crisis services;

31 (ii) Crisis response services 24 hours a day, seven days a week,
32 365 days a year;

33 (iii) Services related to involuntary commitments under chapters
34 71.05 and 71.34 RCW;

35 (iv) Tracking of less restrictive alternative orders issued
36 within the region by superior courts, and providing notification to a
37 managed care organization in the region when one of its enrollees
38 receives a less restrictive alternative order so that the managed
39 care organization may ensure that the person is connected to services

1 and that the requirements of RCW 71.05.585 are complied with. If the
2 person receives a less restrictive alternative order and is returning
3 to another region, the behavioral health administrative services
4 organization shall notify the behavioral health administrative
5 services organization in the home region of the less restrictive
6 alternative order so that the home behavioral health administrative
7 services organization may notify the person's managed care
8 organization or provide services if the person is not enrolled in
9 medicaid and does not have other insurance which can pay for those
10 services;

11 (v) Additional noncrisis behavioral health services, within
12 available resources, to individuals who meet certain criteria set by
13 the authority in its contracts with the behavioral health
14 administrative services organization. These services may include
15 services provided through federal grant funds, provisos, and general
16 fund state appropriations;

17 (vi) Care coordination, diversion services, and discharge
18 planning for nonmedicaid individuals transitioning from state
19 hospitals or inpatient settings to reduce rehospitalization and
20 utilization of crisis services, as required by the authority in
21 contract;

22 (vii) Regional coordination, cross-system and cross-jurisdiction
23 coordination with tribal governments, and capacity building efforts,
24 such as supporting the behavioral health advisory board and efforts
25 to support access to services or to improve the behavioral health
26 system; and

27 (viii) Duties under RCW 71.24.432;

28 (b) Administer and provide for the availability of an adequate
29 network of evaluation and treatment services to ensure access to
30 treatment, investigation, transportation, court-related, and other
31 services provided as required under chapter 71.05 RCW;

32 (c) Coordinate services for individuals under RCW 71.05.365;

33 (d) Administer and provide for the availability of resource
34 management services, residential services, and community support
35 services as required under its contract with the authority;

36 (e) Contract with a sufficient number, as determined and funded
37 by the authority, of licensed or certified providers for crisis
38 services (~~(and other)~~), including:

1 (i) Mobile crisis response to provide behavioral health
2 assessments, interventions, and support in response to behavioral
3 health crises;

4 (ii) In-home and in-community crisis stabilization services;

5 (iii) Behavioral health agency facility-based crisis services to
6 care for individuals in behavioral health crises; and

7 (iv) Other behavioral health services required by the authority;

8 ~~(f) ((Maintain adequate reserves or secure a bond as required by~~
9 ~~its contract with the authority))~~ Collaborate with the authority to
10 identify a business-sound model for establishing adequate reserve
11 thresholds during the implementation of the contract in section 1(1)
12 of this act;

13 (g) Establish and maintain quality assurance processes;

14 (h) Meet established limitations on administrative costs for
15 agencies that contract with the behavioral health administrative
16 services organization; and

17 (i) Maintain patient tracking information as required by the
18 authority.

19 (2) The behavioral health administrative services organization
20 must collaborate with the authority and its contracted managed care
21 organizations to develop and implement strategies to coordinate care
22 with tribes and community behavioral health providers for individuals
23 with a history of frequent crisis system utilization.

24 (3) The behavioral health administrative services organization
25 shall:

26 (a) Assure that the special needs of minorities, older adults,
27 individuals with disabilities, children, and low-income persons are
28 met;

29 (b) Collaborate with local and tribal government entities to
30 ensure that policies do not result in an adverse shift of persons
31 with mental illness into state, local, and tribal correctional
32 facilities; and

33 (c) Work with the authority to expedite the enrollment or
34 reenrollment of eligible persons leaving state or local correctional
35 facilities and institutions for mental diseases.

36 (4) The behavioral health administrative services organization
37 shall employ an assisted outpatient treatment program coordinator to
38 oversee system coordination and legal compliance for assisted
39 outpatient treatment under RCW 71.05.148 and 71.34.815.

1 (5) The behavioral health administrative services organization
2 shall comply and ensure their contractors comply with the tribal
3 crisis coordination plan agreed upon by the authority and tribes for
4 coordination of crisis services, care coordination, and discharge and
5 transition planning with tribes and Indian health care providers
6 applicable to their regional service area.

7 (6)(a) The authority shall collect data on the outcomes and
8 utilization of behavioral health crisis services by medicaid
9 enrollees including, but not limited to:

10 (i) The number of individuals served by crisis services;
11 (ii) Demographic data of individuals accessing services; and
12 (iii) Key outcomes such as reductions in hospital admissions, law
13 enforcement involvement, and recidivism to crisis care.

14 (b) Beginning December 1, 2027, and each December 1st thereafter,
15 the authority shall submit an annual report to the governor and each
16 house of the legislature detailing the utilization and effectiveness
17 of the provision of behavioral health crisis and stabilization
18 services for medicaid enrollees by behavioral health administrative
19 services organizations and fee-for-service providers, including
20 recommendations for further improvements or adjustment in funding.

21 (c) Each behavioral health administrative services organization
22 shall submit annual reports to the authority outlining their regional
23 performance in serving medicaid enrollees, including metrics on
24 service availability, coordination, and outcomes, as well as any
25 identified challenges in implementing the transition plan in section
26 1(2) of this act.

27 (7)(a) The authority shall collaborate with public health
28 agencies, tribes and Indian health care providers, community
29 organizations, and law enforcement agencies to develop an outreach
30 campaign informing the public of the availability of behavioral
31 health crisis services, including the 988 crisis line, mobile crisis
32 response, and other programs and facilities described in section
33 1(1)(b)(i) and (ii) of this act.

34 (b) Each behavioral health administrative services organization
35 shall coordinate regionally to implement local outreach and education
36 campaigns to increase public awareness and encourage access to
37 available crisis services, subject to the availability of funding
38 from the authority for this purpose.

1 **Sec. 3.** RCW 71.24.380 and 2023 c 51 s 32 are each amended to
2 read as follows:

3 (1) The director shall purchase behavioral health services
4 primarily through managed care contracting, but may continue to
5 purchase behavioral health services directly from providers serving
6 medicaid clients who are not enrolled in a managed care organization.

7 (2) The director shall require that contracted managed care
8 organizations have a sufficient network of providers to provide
9 adequate access to behavioral health services for residents of the
10 regional service area that meet eligibility criteria for services,
11 and for maintenance of quality assurance processes. Contracts with
12 managed care organizations must comply with all federal medicaid and
13 state law requirements related to managed health care contracting,
14 including RCW 74.09.522.

15 (3) ~~((A))~~ (a) Until January 1, 2027, a managed care organization
16 must contract with the authority's selected behavioral health
17 administrative services organization for the assigned regional
18 service area for the administration of crisis services. The contract
19 shall require the managed care organization to reimburse the
20 behavioral health administrative services organization for behavioral
21 health crisis services delivered to individuals enrolled in the
22 managed care organization.

23 (b) Beginning January 1, 2027, as provided in section 1 of this
24 act, the director shall contract with the authority's selected
25 behavioral health administrative services organization for the
26 assigned regional service area for the administration of behavioral
27 health crisis services, as defined in RCW 71.24.045(1), for medicaid
28 enrollees enrolled in managed care organizations.

29 (4) The authority must contract with the department of commerce
30 for the provision of behavioral health consumer advocacy services
31 delivered to individuals enrolled in a managed care organization by
32 the advocacy organization selected by the state office of behavioral
33 health consumer advocacy established in RCW 71.40.030. The contract
34 shall require the authority to reimburse the department of commerce
35 for the behavioral health consumer advocacy services delivered to
36 individuals enrolled in a managed care organization.

37 (5) ~~((A managed care organization))~~ Managed care organizations
38 and behavioral health administrative services organizations must
39 collaborate with the authority ~~((and its contracted behavioral health~~
40 ~~administrative services organization))~~ to develop and implement

1 strategies to coordinate care with tribes and community behavioral
2 health providers for individuals with a history of frequent crisis
3 system utilization.

4 (6) A managed care organization must work closely with designated
5 crisis responders, behavioral health administrative services
6 organizations, and behavioral health providers to maximize
7 appropriate placement of persons into community services, ensuring
8 the client receives the least restrictive level of care appropriate
9 for their condition. Additionally, the managed care organization
10 shall work with the authority to expedite the enrollment or
11 reenrollment of eligible persons leaving state or local correctional
12 facilities and institutions for mental diseases.

13 ~~((7) As an incentive to county authorities to become early
14 adopters of fully integrated purchasing of medical and behavioral
15 health services, the standards adopted by the authority shall provide
16 for an incentive payment to counties which elect to move to full
17 integration by January 1, 2016. Subject to federal approval, the
18 incentive payment shall be targeted at ten percent of savings
19 realized by the state within the regional service area in which the
20 fully integrated purchasing takes place. Savings shall be calculated
21 in alignment with the outcome and performance measures established in
22 RCW 71.24.435, 70.320.020, and 71.36.025, and incentive payments for
23 early adopter counties shall be made available for up to a six-year
24 period, or until full integration of medical and behavioral health
25 services is accomplished statewide, whichever comes sooner, according
26 to rules to be developed by the authority.))~~

27 **Sec. 4.** RCW 74.09.871 and 2023 c 292 s 2 are each amended to
28 read as follows:

29 (1) Any agreement or contract by the authority to provide
30 behavioral health services as defined under RCW 71.24.025 to persons
31 eligible for benefits under medicaid, Title XIX of the social
32 security act, and to persons not eligible for medicaid must include
33 the following:

34 (a) Contractual provisions consistent with the intent expressed
35 in RCW 71.24.015 and 71.36.005;

36 (b) Standards regarding the quality of services to be provided,
37 including increased use of evidence-based, research-based, and
38 promising practices, as defined in RCW 71.24.025;

1 (c) Accountability for the client outcomes established in RCW
2 71.24.435, 70.320.020, and 71.36.025 and performance measures linked
3 to those outcomes;

4 (d) Standards requiring behavioral health administrative services
5 organizations and managed care organizations to maintain a network of
6 appropriate providers that is supported by written agreements
7 sufficient to provide adequate access to all services covered under
8 the contract with the authority and to protect essential behavioral
9 health system infrastructure and capacity, including a continuum of
10 substance use disorder services;

11 (e) Provisions to require that medically necessary substance use
12 disorder and mental health treatment services be available to
13 clients;

14 (f) Standards requiring the use of behavioral health service
15 provider reimbursement methods that incentivize improved performance
16 with respect to the client outcomes established in RCW 71.24.435 and
17 71.36.025, integration of behavioral health and primary care services
18 at the clinical level, and improved care coordination for individuals
19 with complex care needs;

20 (g) Standards related to the financial integrity of the
21 contracting entity. This subsection does not limit the authority of
22 the authority to take action under a contract upon finding that a
23 contracting entity's financial status jeopardizes the contracting
24 entity's ability to meet its contractual obligations;

25 (h) Mechanisms for monitoring performance under the contract and
26 remedies for failure to substantially comply with the requirements of
27 the contract including, but not limited to, financial deductions,
28 termination of the contract, receivership, reprocurement of the
29 contract, and injunctive remedies;

30 (i) Provisions to maintain the decision-making independence of
31 designated crisis responders; and

32 (j) Provisions stating that public funds appropriated by the
33 legislature may not be used to promote or deter, encourage, or
34 discourage employees from exercising their rights under Title 29,
35 chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

36 (2) At least six months prior to releasing a medicaid integrated
37 managed care procurement, but no later than January 1, 2025, the
38 authority shall adopt statewide network adequacy standards that are
39 assessed on a regional basis for the behavioral health provider
40 networks maintained by managed care organizations pursuant to

1 subsection (1)(d) of this section. The standards shall require a
2 network that ensures access to appropriate and timely behavioral
3 health services for the enrollees of the managed care organization
4 who live within the regional service area. At a minimum, these
5 standards must address each behavioral health services type covered
6 by the medicaid integrated managed care contract. This includes, but
7 is not limited to: Outpatient, inpatient, and residential levels of
8 care for adults and youth with a mental health disorder; outpatient,
9 inpatient, and residential levels of care for adults and youth with a
10 substance use disorder; ~~((crisis and stabilization services;))~~
11 providers of medication for opioid use disorders; specialty care;
12 other facility-based services; and other providers as determined by
13 the authority through this process. The authority shall apply the
14 standards regionally and shall incorporate behavioral health system
15 needs and considerations as follows:

16 (a) Include a process for an annual review of the network
17 adequacy standards;

18 (b) Provide for participation from counties and behavioral health
19 providers in both initial development and subsequent updates;

20 (c) Account for the regional service area's population;
21 prevalence of behavioral health conditions; types of minimum
22 behavioral health services and service capacity offered by providers
23 in the regional service area; number and geographic proximity of
24 providers in the regional service area; an assessment of the needs or
25 gaps in the region; and availability of culturally specific services
26 and providers in the regional service area to address the needs of
27 communities that experience cultural barriers to health care
28 including but not limited to communities of color and the LGBTQ+
29 community;

30 (d) Include a structure for monitoring compliance with provider
31 network standards and timely access to the services;

32 (e) Consider how statewide services, such as residential
33 treatment facilities, are utilized cross-regionally; and

34 (f) Consider how the standards would impact requirements for
35 behavioral health administrative service organizations.

36 (3) Before releasing a medicaid integrated managed care
37 procurement, the authority shall identify options that minimize
38 provider administrative burden, including the potential to limit the
39 number of managed care organizations that operate in a regional
40 service area.

1 (4) The following factors must be given significant weight in any
2 medicaid integrated managed care procurement process under this
3 section:

4 (a) Demonstrated commitment and experience in serving low-income
5 populations;

6 (b) Demonstrated commitment and experience serving persons who
7 have mental illness, substance use disorders, or co-occurring
8 disorders;

9 (c) Demonstrated commitment to and experience with partnerships
10 with county and municipal criminal justice systems, housing services,
11 and other critical support services necessary to achieve the outcomes
12 established in RCW 71.24.435, 70.320.020, and 71.36.025;

13 (d) The ability to provide for the crisis service needs of
14 medicaid enrollees, consistent with the degree to which such services
15 are funded;

16 (e) Recognition that meeting enrollees' physical and behavioral
17 health care needs is a shared responsibility of contracted behavioral
18 health administrative services organizations, managed care
19 organizations, service providers, the state, and communities;

20 (f) Consideration of past and current performance and
21 participation in other state or federal behavioral health programs as
22 a contractor;

23 (g) The ability to meet requirements established by the
24 authority;

25 (h) The extent to which a managed care organization's approach to
26 contracting simplifies billing and contracting burdens for community
27 behavioral health provider agencies, which may include but is not
28 limited to a delegation arrangement with a provider network that
29 leverages local, federal, or philanthropic funding to enhance the
30 effectiveness of medicaid-funded integrated care services and promote
31 medicaid clients' access to a system of services that addresses
32 additional social support services and social determinants of health
33 as defined in RCW 43.20.025;

34 (i) Demonstrated prior national or in-state experience with a
35 full continuum of behavioral health services that are substantially
36 similar to the behavioral health services covered under the
37 Washington medicaid state plan, including evidence through past and
38 current data on performance, quality, and outcomes; and

39 (j) Demonstrated commitment by managed care organizations to the
40 use of alternative pricing and payment structures between a managed

1 care organization and its behavioral health services providers,
2 including provider networks described in subsection (b) of this
3 section, and between a managed care organization and a behavioral
4 administrative service organization, in any of their agreements or
5 contracts under this section, which may include but are not limited
6 to:

7 (i) Value-based purchasing efforts consistent with the
8 authority's value-based purchasing strategy, such as capitated
9 payment arrangements, comprehensive population-based payment
10 arrangements, or case rate arrangements; or

11 (ii) Payment methods that secure a sufficient amount of ready and
12 available capacity for levels of care that require staffing 24 hours
13 per day, 365 days per year, to serve anyone in the regional service
14 area with a demonstrated need for the service at all times,
15 regardless of fluctuating utilization.

16 (5) The authority may use existing cross-system outcome data such
17 as the outcomes and related measures under subsection (4)(c) of this
18 section and chapter 338, Laws of 2013, to determine that the
19 alternative pricing and payment structures referenced in subsection
20 (4)(j) of this section have advanced community behavioral health
21 system outcomes more effectively than a fee-for-service model may
22 have been expected to deliver.

23 (6)(a) The authority shall urge managed care organizations to
24 establish, continue, or expand delegation arrangements with a
25 provider network that exists on July 23, 2023, and that leverages
26 local, federal, or philanthropic funding to enhance the effectiveness
27 of medicaid-funded integrated care services and promote medicaid
28 clients' access to a system of services that addresses additional
29 social support services and social determinants of health as defined
30 in RCW 43.20.025. Such delegation arrangements must meet the
31 requirements of the integrated managed care contract and the national
32 committee for quality assurance accreditation standards.

33 (b) The authority shall recognize and support, and may not limit
34 or restrict, a delegation arrangement that a managed care
35 organization and a provider network described in (a) of this
36 subsection have agreed upon, provided such arrangement meets the
37 requirements of the integrated managed care contract and the national
38 committee for quality assurance accreditation standards. The
39 authority may periodically review such arrangements for effectiveness
40 according to the requirements of the integrated managed care contract

1 and the national committee for quality assurance accreditation
2 standards.

3 (c) Managed care organizations and the authority may evaluate
4 whether to establish or support future delegation arrangements with
5 any additional provider networks that may be created after July 23,
6 2023, based on the requirements of the integrated managed care
7 contract and the national committee for quality assurance
8 accreditation standards.

9 (7) The authority shall expand the types of behavioral health
10 crisis services that can be funded with medicaid to the maximum
11 extent allowable under federal law, including seeking approval from
12 the centers for medicare and medicaid services for amendments to the
13 medicaid state plan or medicaid state directed payments that support
14 the 24 hours per day, 365 days per year capacity of the crisis
15 delivery system when necessary to achieve this expansion.

16 (8) The authority shall, in consultation with managed care
17 organizations, review reports and recommendations of the involuntary
18 treatment act work group established pursuant to section 103, chapter
19 302, Laws of 2020 and develop a plan for adding contract provisions
20 that increase managed care organizations' accountability when their
21 enrollees require long-term involuntary inpatient behavioral health
22 treatment and shall explore opportunities to maximize medicaid
23 funding as appropriate.

24 (9) In recognition of the value of community input and consistent
25 with past procurement practices, the authority shall include county
26 and behavioral health provider representatives in the development of
27 any medicaid integrated managed care procurement process. This shall
28 include, at a minimum, two representatives identified by the
29 association of county human services and two representatives
30 identified by the Washington council for behavioral health to
31 participate in the review and development of procurement documents.

32 (10) For purposes of purchasing behavioral health services and
33 medical care services for persons eligible for benefits under
34 medicaid, Title XIX of the social security act and for persons not
35 eligible for medicaid, the authority must use regional service areas.
36 The regional service areas must be established by the authority as
37 provided in RCW 74.09.870.

38 (11) Consideration must be given to using multiple-biennia
39 contracting periods.

1 (12) Each behavioral health administrative services organization
2 operating pursuant to a contract issued under this section shall
3 serve clients within its regional service area who meet the
4 authority's eligibility criteria for mental health and substance use
5 disorder services within available resources.

6 NEW SECTION. **Sec. 5.** Section 2 of this act takes effect January
7 1, 2027.

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