
HOUSE BILL 1813

State of Washington

69th Legislature

2025 Regular Session

By Representatives Macri, Doglio, Parshley, Davis, Ormsby, Scott, and Pollet

Read first time 02/04/25. Referred to Committee on Health Care & Wellness.

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) The authority shall initiate a competitive bid process for
10 the reprocurement of services to enrollees of medical assistance
11 programs authorized under this chapter. The reprocurement process
12 must comply with the contract requirements and procurement standards
13 established in RCW 74.09.871. The reprocurement process must be open
14 for bid no later than July 31, 2026.

15 (b)(i) Except as provided in (b)(ii) of this subsection (1), the
16 reprocurement in (a) of this subsection (1) shall include all
17 services provided through medical assistance programs authorized
18 under this chapter, including physical health services, behavioral
19 health services, long-term services and supports, and other medical
20 assistance-related services, as determined by the authority.

1 (ii) The reprocurement in (a) of this subsection (1) may not
2 include behavioral health crisis services, as those services are
3 identified in RCW 71.24.045 to exist on January 1, 2027. The
4 reprocurement shall also exclude funding and contractual authority
5 for mobile crisis response, mobile rapid response crisis teams,
6 community-based crisis teams, crisis stabilization, 23-hour crisis
7 observation facilities, and crisis intervention services. These
8 medicaid services and program types shall transition to the authority
9 of the behavioral health administrative services organizations
10 pursuant to subsection (2) of this section no later than January 1,
11 2027.

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

22 (b) The authority shall conduct a comprehensive funding analysis
23 by January 1, 2026, to determine the financial needs of each
24 behavioral health administrative services organization region for the
25 delivery of the behavioral health services identified in RCW
26 71.24.045, as they exist on January 1, 2027. This funding analysis
27 must evaluate both medicaid and nonmedicaid financial needs to assure
28 that funding supports all individuals in need, regardless of their
29 insurance status. The rate analysis must include:

30 (i) A review of service delivery models within each behavioral
31 health administrative services organization region, including mobile
32 crisis response, facility-based crisis stabilization services, and
33 other crisis services;

34 (ii) A calculation of the funding required to maintain the
35 region's 24 hour a day, continuously operating crisis response system
36 that fulfills the requirements of the authority's contract with the
37 behavioral health administrative services organization and is
38 available to the region's population regardless of insurance status,
39 factoring in both medicaid reimbursements and any additional funding

1 requirements to support nonmedicaid populations, including
2 individuals with private insurance or no insurance; and

3 (iii) Recommendations for establishing budgets for each region to
4 assure adequate service delivery, including staffing levels,
5 infrastructure, and service accessibility with a continuous review
6 policy that includes analysis of utilization trends or other measures
7 of regional need.

8 (c) When new programs or facilities including, but not limited
9 to, those programs and facilities described in subsection (1)(b)(i)
10 and (ii) of this section are established or existing services are
11 expanded in a region, the authority shall direct the state's medicaid
12 actuaries to promptly adjust the region's medicaid rates to include a
13 programmatic adjustment related to the new or expanded service. The
14 state contract with the relevant behavioral health administrative
15 services organization must be promptly adjusted to reflect the
16 projected increase or decrease in service capacity. Adjustments must
17 be based on the operational costs of the new or expanded facility or
18 program, including staffing and resources required to support the
19 delivery of services and the projected number of individuals served,
20 assuring that both medicaid and nonmedicaid populations are served
21 effectively.

22 (3)(a) The authority shall collaborate with the behavioral health
23 administrative services organizations and managed care organizations
24 to establish a comprehensive transition plan for those behavioral
25 health crisis services that will transition from the managed care
26 organizations to the behavioral health administrative services
27 organizations no later than January 1, 2027.

28 (b) The transition plan must address, at a minimum, strategies
29 for:

30 (i) Assuring seamless coordination between behavioral health
31 administrative services organizations, managed care organizations,
32 and local behavioral health services providers during the transition
33 period;

34 (ii) Establishing timelines and milestones for phasing in the
35 behavioral health crisis services that will transition administration
36 by the managed care organizations to the behavioral health
37 administrative services organizations, including key responsibilities
38 for the authority, the behavioral health administrative services
39 organizations, and the managed care organizations; and

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

3 (c) The authority shall complete and submit the transition plan
4 to the governor and both houses of the legislature by December 31,
5 2025.

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

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

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

12 (i) A behavioral health crisis hotline that operates 24 hours a
13 day every day for its assigned regional service area that provides
14 immediate support, triage, and referral for individuals experiencing
15 behavioral health crises, including the capacity to connect
16 individuals with trained crisis counselors and, when appropriate,
17 dispatch additional crisis services;

18 (ii) Crisis response services 24 hours a day, seven days a week,
19 365 days a year;

20 (iii) Services related to involuntary commitments under chapters
21 71.05 and 71.34 RCW;

22 (iv) Tracking of less restrictive alternative orders issued
23 within the region by superior courts, and providing notification to a
24 managed care organization in the region when one of its enrollees
25 receives a less restrictive alternative order so that the managed
26 care organization may ensure that the person is connected to services
27 and that the requirements of RCW 71.05.585 are complied with. If the
28 person receives a less restrictive alternative order and is returning
29 to another region, the behavioral health administrative services
30 organization shall notify the behavioral health administrative
31 services organization in the home region of the less restrictive
32 alternative order so that the home behavioral health administrative
33 services organization may notify the person's managed care
34 organization or provide services if the person is not enrolled in
35 medicaid and does not have other insurance which can pay for those
36 services;

37 (v) Additional noncrisis behavioral health services, within
38 available resources, to individuals who meet certain criteria set by
39 the authority in its contracts with the behavioral health

1 administrative services organization. These services may include
2 services provided through federal grant funds, provisos, and general
3 fund state appropriations;

4 (vi) Care coordination, diversion services, and discharge
5 planning for nonmedicaid individuals transitioning from state
6 hospitals or inpatient settings to reduce rehospitalization and
7 utilization of crisis services, as required by the authority in
8 contract;

9 (vii) Regional coordination, cross-system and cross-jurisdiction
10 coordination with tribal governments, and capacity building efforts,
11 such as supporting the behavioral health advisory board and efforts
12 to support access to services or to improve the behavioral health
13 system; and

14 (viii) Duties under RCW 71.24.432;

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

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

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

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

26 (i) Mobile crisis response to provide behavioral health
27 assessments, interventions, and support in response to behavioral
28 health crises;

29 (ii) Facility-based crisis services to care for individuals in
30 behavioral health crises, such as crisis stabilization services as
31 defined in RCW 71.24.025, walk-in centers, peer-run crisis services,
32 and outreach programs;

33 (iii) Peer support service provided by certified peer
34 specialists; and

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

36 (f) (~~Maintain adequate reserves or secure a bond as required by~~
37 ~~its contract with the authority~~) Collaborate with the authority to
38 identify a business-sound model for establishing adequate reserve
39 thresholds during the implementation of the contract in section 1(2)
40 of this act;

1 (g) Establish and maintain quality assurance processes;

2 (h) Meet established limitations on administrative costs for
3 agencies that contract with the behavioral health administrative
4 services organization; and

5 (i) Maintain patient tracking information as required by the
6 authority.

7 (2) The behavioral health administrative services organization
8 must collaborate with the authority and its contracted managed care
9 organizations to develop and implement strategies to coordinate care
10 with tribes and community behavioral health providers for individuals
11 with a history of frequent crisis system utilization.

12 (3) The behavioral health administrative services organization
13 shall:

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

17 (b) Collaborate with local and tribal government entities to
18 ensure that policies do not result in an adverse shift of persons
19 with mental illness into state, local, and tribal correctional
20 facilities; and

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

24 (4) The behavioral health administrative services organization
25 shall employ an assisted outpatient treatment program coordinator to
26 oversee system coordination and legal compliance for assisted
27 outpatient treatment under RCW 71.05.148 and 71.34.815.

28 (5) The behavioral health administrative services organization
29 shall comply and ensure their contractors comply with the tribal
30 crisis coordination plan agreed upon by the authority and tribes for
31 coordination of crisis services, care coordination, and discharge and
32 transition planning with tribes and Indian health care providers
33 applicable to their regional service area.

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

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

1 (b) Beginning December 1, 2027, and each December 1st thereafter,
2 the authority shall submit an annual report to the governor and each
3 house of the legislature detailing the utilization and effectiveness
4 of the provision of behavioral health crisis and stabilization
5 services for medicaid enrollees by behavioral health administrative
6 services organizations, including recommendations for further
7 improvements or adjustment in funding.

8 (c) Each behavioral health administrative services organization
9 shall submit annual reports to the authority outlining their regional
10 performance in serving medicaid enrollees, including metrics on
11 service availability, coordination, and outcomes, as well as any
12 identified challenges in implementing the transition plan in section
13 1(3) of this act.

14 (7)(a) The authority shall collaborate with public health
15 agencies, community organizations, and law enforcement agencies to
16 develop an outreach campaign informing the public of the availability
17 of behavioral health crisis services, including the 988 crisis line,
18 mobile crisis response, and other programs and facilities described
19 in section 1(1)(b)(i) and (ii) of this act.

20 (b) Each behavioral health administrative services organization
21 shall coordinate regionally to implement local outreach and education
22 campaigns to increase public awareness and encourage access to
23 available crisis services, subject to the availability of funding
24 from the authority for this purpose.

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

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

31 (2) The director shall require that contracted managed care
32 organizations have a sufficient network of providers to provide
33 adequate access to behavioral health services for residents of the
34 regional service area that meet eligibility criteria for services,
35 and for maintenance of quality assurance processes. Contracts with
36 managed care organizations must comply with all federal medicaid and
37 state law requirements related to managed health care contracting,
38 including RCW 74.09.522.

1 (3) ~~((A))~~(a) Until January 1, 2027, a managed care organization
2 must contract with the authority's selected behavioral health
3 administrative services organization for the assigned regional
4 service area for the administration of crisis services. The contract
5 shall require the managed care organization to reimburse the
6 behavioral health administrative services organization for behavioral
7 health crisis services delivered to individuals enrolled in the
8 managed care organization.

9 (b) Beginning January 1, 2027, as provided in section 1 of this
10 act, the director shall contract with the authority's selected
11 behavioral health administrative services organization for the
12 assigned regional service area for the administration of behavioral
13 health crisis services, as defined in RCW 71.24.045(1), for medicaid
14 enrollees enrolled in managed care organizations.

15 (4) The authority must contract with the department of commerce
16 for the provision of behavioral health consumer advocacy services
17 delivered to individuals enrolled in a managed care organization by
18 the advocacy organization selected by the state office of behavioral
19 health consumer advocacy established in RCW 71.40.030. The contract
20 shall require the authority to reimburse the department of commerce
21 for the behavioral health consumer advocacy services delivered to
22 individuals enrolled in a managed care organization.

23 (5) ~~((A managed care organization))~~ Organizations and behavioral
24 health administrative services organizations must collaborate with
25 the authority ~~((and its contracted behavioral health administrative~~
26 ~~services organization))~~ to develop and implement strategies to
27 coordinate care with tribes and community behavioral health providers
28 for individuals with a history of frequent crisis system utilization.

29 (6) A managed care organization must work closely with designated
30 crisis responders, behavioral health administrative services
31 organizations, and behavioral health providers to maximize
32 appropriate placement of persons into community services, ensuring
33 the client receives the least restrictive level of care appropriate
34 for their condition. Additionally, the managed care organization
35 shall work with the authority to expedite the enrollment or
36 reenrollment of eligible persons leaving state or local correctional
37 facilities and institutions for mental diseases.

38 ~~((7) As an incentive to county authorities to become early~~
39 ~~adopters of fully integrated purchasing of medical and behavioral~~
40 ~~health services, the standards adopted by the authority shall provide~~

1 ~~for an incentive payment to counties which elect to move to full~~
2 ~~integration by January 1, 2016. Subject to federal approval, the~~
3 ~~incentive payment shall be targeted at ten percent of savings~~
4 ~~realized by the state within the regional service area in which the~~
5 ~~fully integrated purchasing takes place. Savings shall be calculated~~
6 ~~in alignment with the outcome and performance measures established in~~
7 ~~RCW 71.24.435, 70.320.020, and 71.36.025, and incentive payments for~~
8 ~~early adopter counties shall be made available for up to a six-year~~
9 ~~period, or until full integration of medical and behavioral health~~
10 ~~services is accomplished statewide, whichever comes sooner, according~~
11 ~~to rules to be developed by the authority.))~~

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

14 (1) Any agreement or contract by the authority to provide
15 behavioral health services as defined under RCW 71.24.025 to persons
16 eligible for benefits under medicaid, Title XIX of the social
17 security act, and to persons not eligible for medicaid must include
18 the following:

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

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

24 (c) Accountability for the client outcomes established in RCW
25 71.24.435, 70.320.020, and 71.36.025 and performance measures linked
26 to those outcomes;

27 (d) Standards requiring behavioral health administrative services
28 organizations and managed care organizations to maintain a network of
29 appropriate providers that is supported by written agreements
30 sufficient to provide adequate access to all services covered under
31 the contract with the authority and to protect essential behavioral
32 health system infrastructure and capacity, including a continuum of
33 substance use disorder services;

34 (e) Provisions to require that medically necessary substance use
35 disorder and mental health treatment services be available to
36 clients;

37 (f) Standards requiring the use of behavioral health service
38 provider reimbursement methods that incentivize improved performance
39 with respect to the client outcomes established in RCW 71.24.435 and

1 71.36.025, integration of behavioral health and primary care services
2 at the clinical level, and improved care coordination for individuals
3 with complex care needs;

4 (g) Standards related to the financial integrity of the
5 contracting entity. This subsection does not limit the authority of
6 the authority to take action under a contract upon finding that a
7 contracting entity's financial status jeopardizes the contracting
8 entity's ability to meet its contractual obligations;

9 (h) Mechanisms for monitoring performance under the contract and
10 remedies for failure to substantially comply with the requirements of
11 the contract including, but not limited to, financial deductions,
12 termination of the contract, receivership, reprocurement of the
13 contract, and injunctive remedies;

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

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

20 (2) At least six months prior to releasing a medicaid integrated
21 managed care procurement, but no later than January 1, 2025, the
22 authority shall adopt statewide network adequacy standards that are
23 assessed on a regional basis for the behavioral health provider
24 networks maintained by managed care organizations pursuant to
25 subsection (1)(d) of this section. The standards shall require a
26 network that ensures access to appropriate and timely behavioral
27 health services for the enrollees of the managed care organization
28 who live within the regional service area. At a minimum, these
29 standards must address each behavioral health services type covered
30 by the medicaid integrated managed care contract. This includes, but
31 is not limited to: Outpatient, inpatient, and residential levels of
32 care for adults and youth with a mental health disorder; outpatient,
33 inpatient, and residential levels of care for adults and youth with a
34 substance use disorder; ~~((crisis and stabilization services;))~~
35 providers of medication for opioid use disorders; specialty care;
36 other facility-based services; and other providers as determined by
37 the authority through this process. The authority shall apply the
38 standards regionally and shall incorporate behavioral health system
39 needs and considerations as follows:

1 (a) Include a process for an annual review of the network
2 adequacy standards;

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

5 (c) Account for the regional service area's population;
6 prevalence of behavioral health conditions; types of minimum
7 behavioral health services and service capacity offered by providers
8 in the regional service area; number and geographic proximity of
9 providers in the regional service area; an assessment of the needs or
10 gaps in the region; and availability of culturally specific services
11 and providers in the regional service area to address the needs of
12 communities that experience cultural barriers to health care
13 including but not limited to communities of color and the LGBTQ+
14 community;

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

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

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

21 (3) Before releasing a medicaid integrated managed care
22 procurement, the authority shall identify options that minimize
23 provider administrative burden, including the potential to limit the
24 number of managed care organizations that operate in a regional
25 service area.

26 (4) The following factors must be given significant weight in any
27 medicaid integrated managed care procurement process under this
28 section:

29 (a) Demonstrated commitment and experience in serving low-income
30 populations;

31 (b) Demonstrated commitment and experience serving persons who
32 have mental illness, substance use disorders, or co-occurring
33 disorders;

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

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

1 (e) Recognition that meeting enrollees' physical and behavioral
2 health care needs is a shared responsibility of contracted behavioral
3 health administrative services organizations, managed care
4 organizations, service providers, the state, and communities;

5 (f) Consideration of past and current performance and
6 participation in other state or federal behavioral health programs as
7 a contractor;

8 (g) The ability to meet requirements established by the
9 authority;

10 (h) The extent to which a managed care organization's approach to
11 contracting simplifies billing and contracting burdens for community
12 behavioral health provider agencies, which may include but is not
13 limited to a delegation arrangement with a provider network that
14 leverages local, federal, or philanthropic funding to enhance the
15 effectiveness of medicaid-funded integrated care services and promote
16 medicaid clients' access to a system of services that addresses
17 additional social support services and social determinants of health
18 as defined in RCW 43.20.025;

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

24 (j) Demonstrated commitment by managed care organizations to the
25 use of alternative pricing and payment structures between a managed
26 care organization and its behavioral health services providers,
27 including provider networks described in subsection (b) of this
28 section, and between a managed care organization and a behavioral
29 administrative service organization, in any of their agreements or
30 contracts under this section, which may include but are not limited
31 to:

32 (i) Value-based purchasing efforts consistent with the
33 authority's value-based purchasing strategy, such as capitated
34 payment arrangements, comprehensive population-based payment
35 arrangements, or case rate arrangements; or

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

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

8 (6)(a) The authority shall urge managed care organizations to
9 establish, continue, or expand delegation arrangements with a
10 provider network that exists on July 23, 2023, and that leverages
11 local, federal, or philanthropic funding to enhance the effectiveness
12 of medicaid-funded integrated care services and promote medicaid
13 clients' access to a system of services that addresses additional
14 social support services and social determinants of health as defined
15 in RCW 43.20.025. Such delegation arrangements must meet the
16 requirements of the integrated managed care contract and the national
17 committee for quality assurance accreditation standards.

18 (b) The authority shall recognize and support, and may not limit
19 or restrict, a delegation arrangement that a managed care
20 organization and a provider network described in (a) of this
21 subsection have agreed upon, provided such arrangement meets the
22 requirements of the integrated managed care contract and the national
23 committee for quality assurance accreditation standards. The
24 authority may periodically review such arrangements for effectiveness
25 according to the requirements of the integrated managed care contract
26 and the national committee for quality assurance accreditation
27 standards.

28 (c) Managed care organizations and the authority may evaluate
29 whether to establish or support future delegation arrangements with
30 any additional provider networks that may be created after July 23,
31 2023, based on the requirements of the integrated managed care
32 contract and the national committee for quality assurance
33 accreditation standards.

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

1 (8) The authority shall, in consultation with managed care
2 organizations, review reports and recommendations of the involuntary
3 treatment act work group established pursuant to section 103, chapter
4 302, Laws of 2020 and develop a plan for adding contract provisions
5 that increase managed care organizations' accountability when their
6 enrollees require long-term involuntary inpatient behavioral health
7 treatment and shall explore opportunities to maximize medicaid
8 funding as appropriate.

9 (9) In recognition of the value of community input and consistent
10 with past procurement practices, the authority shall include county
11 and behavioral health provider representatives in the development of
12 any medicaid integrated managed care procurement process. This shall
13 include, at a minimum, two representatives identified by the
14 association of county human services and two representatives
15 identified by the Washington council for behavioral health to
16 participate in the review and development of procurement documents.

17 (10) For purposes of purchasing behavioral health services and
18 medical care services for persons eligible for benefits under
19 medicaid, Title XIX of the social security act and for persons not
20 eligible for medicaid, the authority must use regional service areas.
21 The regional service areas must be established by the authority as
22 provided in RCW 74.09.870.

23 (11) Consideration must be given to using multiple-biennia
24 contracting periods.

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

30 NEW SECTION. **Sec. 5.** Section 2 of this act takes effect January
31 1, 2027.

--- END ---