

2SSB 5749 - H COMM AMD

By Committee on Early Learning & Human Services

NOT CONSIDERED 01/05/2018

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds that a prioritized  
4 recommendation of the children's mental health work group, as  
5 reported in December 2016, is to reduce burdensome and duplicative  
6 paperwork requirements for providers of children's mental health  
7 services. This recommendation is consistent with the recommendations  
8 of the behavioral health workforce assessment of the workforce  
9 training and education coordinating board to reduce time-consuming  
10 documentation requirements and the behavioral and primary health  
11 regulatory alignment task force to streamline regulations and reduce  
12 the time spent responding to inefficient and excessive audits.

13 The legislature further finds that duplicative and overly  
14 prescriptive documentation and audit requirements negatively impact  
15 the adequacy of the provider network by reducing workforce morale and  
16 limiting the time available for patient care. Such requirements  
17 create costly barriers to the efficient provision of services for  
18 children and their families. The legislature also finds that current  
19 state regulations are often duplicative or conflicting with research-  
20 based models and other state-mandated treatment models intended to  
21 improve the quality of services and ensure positive outcomes. These  
22 barriers can be reduced while creating a greater emphasis on quality,  
23 outcomes, and safety.

24 The legislature further finds that social workers serving  
25 children are encumbered by burdensome paperwork requirements which  
26 can interfere with the effective delivery of services.

27 Therefore, the legislature intends to require the department of  
28 social and health services to take steps to reduce paperwork,  
29 documentation, and audit requirements that are inefficient or  
30 duplicative for social workers who serve children and for providers  
31 of mental health services to children and families, and to encourage

1 the use of effective treatment models to improve the quality of  
2 services.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.24  
4 RCW to read as follows:

5 (1) Subject to the availability of amounts appropriated for this  
6 specific purpose, the department must immediately perform a review of  
7 its rules, policies, and procedures related to the documentation  
8 requirements for behavioral health services. Rules adopted by the  
9 department relating to the provision of behavioral health services  
10 must:

11 (a) Identify areas in which duplicative or inefficient  
12 documentation requirements can be eliminated or streamlined for  
13 providers;

14 (b) Limit prescriptive requirements for individual initial  
15 assessments to allow clinicians to exercise professional judgment to  
16 conduct age-appropriate, strength-based psychosocial assessments,  
17 including current needs and relevant history according to current  
18 best practices;

19 (c) By April 1, 2018, provide a single set of regulations for  
20 agencies to follow that provide mental health, substance use  
21 disorder, and co-occurring treatment services;

22 (d) Exempt providers from duplicative state documentation  
23 requirements when the provider is following documentation  
24 requirements of an evidence-based, research-based, or state-mandated  
25 program that provides adequate protection for patient safety; and

26 (e) Be clear and not unduly burdensome in order to maximize the  
27 time available for the provision of care.

28 (2) Subject to the availability of amounts appropriated for this  
29 specific purpose, audits conducted by the department relating to  
30 provision of behavioral health services must:

31 (a) Rely on a sampling methodology to conduct reviews of  
32 personnel files and clinical records based on written guidelines  
33 established by the department that are consistent with the standards  
34 of other licensing and accrediting bodies;

35 (b) Treat organizations with multiple locations as a single  
36 entity. The department must not require annual visits at all  
37 locations operated by a single entity when a sample of records may be  
38 reviewed from a centralized location;

1 (c) Share audit results with behavioral health organizations to  
2 assist with their review process and, when appropriate, take steps to  
3 coordinate and combine audit activities;

4 (d) Coordinate audit functions between the department and the  
5 department of health to combine audit activities into a single site  
6 visit and eliminate redundancies;

7 (e) Not require information to be provided in particular  
8 documents or locations when the same information is included or  
9 demonstrated elsewhere in the clinical file, except where required by  
10 federal law; and

11 (f) Ensure that audits involving manualized programs such as  
12 wraparound with intensive services or other evidence or research-  
13 based programs are conducted to the extent practicable by personnel  
14 familiar with the program model and in a manner consistent with the  
15 documentation requirements of the program.

16 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24  
17 RCW to read as follows:

18 (1) Subject to the availability of amounts appropriated for this  
19 specific purpose, the health care authority must immediately perform  
20 a review of its rules, policies, and procedures related to the  
21 documentation requirements for behavioral health services. Rules  
22 adopted by the health care authority relating to the provision of  
23 behavioral health services must:

24 (a) Identify areas in which duplicative or inefficient  
25 documentation requirements can be eliminated or streamlined for  
26 providers;

27 (b) Limit prescriptive requirements for individual initial  
28 assessments to allow clinicians to exercise professional judgment to  
29 conduct age-appropriate, strength-based psychosocial assessments,  
30 including current needs and relevant history according to current  
31 best practices;

32 (c) By April 1, 2018, provide a single set of regulations for  
33 agencies to follow that provide mental health, substance use  
34 disorder, and co-occurring treatment services;

35 (d) Exempt providers from duplicative state documentation  
36 requirements when the provider is following documentation  
37 requirements of an evidence-based, research-based, or state-mandated  
38 program that provides adequate protection for patient safety; and

1 (e) Be clear and not unduly burdensome in order to maximize the  
2 time available for the provision of care.

3 (2) Subject to the availability of amounts appropriated for this  
4 specific purpose, audits conducted by the health care authority  
5 relating to provision of behavioral health services must:

6 (a) Rely on a sampling methodology to conduct reviews of  
7 personnel files and clinical records based on written guidelines  
8 established by the health care authority that are consistent with the  
9 standards of other licensing and accrediting bodies;

10 (b) Treat organizations with multiple locations as a single  
11 entity. The health care authority must not require annual visits at  
12 all locations operated by a single entity when a sample of records  
13 may be reviewed from a centralized location;

14 (c) Share audit results with behavioral health organizations to  
15 assist with their review process and, when appropriate, take steps to  
16 coordinate and combine audit activities;

17 (d) Coordinate audit functions between the health care authority  
18 and the department of health to combine audit activities into a  
19 single site visit and eliminate redundancies;

20 (e) Not require information to be provided in particular  
21 documents or locations when the same information is included or  
22 demonstrated elsewhere in the clinical file, except where required by  
23 federal law; and

24 (f) Ensure that audits involving manualized programs such as  
25 wraparound with intensive services or other evidence or research-  
26 based programs are conducted to the extent practicable by personnel  
27 familiar with the program model and in a manner consistent with the  
28 documentation requirements of the program.

29 NEW SECTION. **Sec. 4.** (1) Subject to the availability of amounts  
30 appropriated for this specific purpose, the department of social and  
31 health services must immediately perform a review of casework  
32 documentation and paperwork requirements for social service  
33 specialists and other direct service staff with the children's  
34 administration who provide services to children. The review must  
35 identify areas in which duplicative or inefficient documentation and  
36 paperwork requirements can be eliminated or streamlined in order to  
37 allow social workers to spend greater amounts of time and attention  
38 on direct services to children and their families. The department  
39 must complete the review by November 1, 2017. Upon completion of the

1 review, the department must take immediate steps to amend department  
2 rules and procedures accordingly.

3 (2) This section expires December 31, 2018.

4 NEW SECTION. **Sec. 5.** Section 2 of this act takes effect only if  
5 neither Substitute House Bill No. 1388 (including any later  
6 amendments or substitutes) nor Substitute Senate Bill No. 5259  
7 (including any later amendments or substitutes) is signed into law by  
8 the governor by the effective date of this section.

9 NEW SECTION. **Sec. 6.** Section 3 of this act takes effect only if  
10 Substitute House Bill No. 1388 (including any later amendments or  
11 substitutes) or Substitute Senate Bill No. 5259 (including any later  
12 amendments or substitutes) is signed into law by the governor by the  
13 effective date of this section."

14 Correct the title.

EFFECT: (1) Requires the Department of Social and Health Services (DSHS) to review documentation requirements for behavioral health services and identify areas in which duplicative or inefficient requirements can be eliminated or streamlined.

(2) Changes the date by which the DSHS must provide a single set of regulations for mental health, substance use disorder, and co-occurring treatment services from October 1, 2017, to April 1, 2018.

(3) Exempts mental health providers from duplicative state documentation requirements when the provider is following documentation requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety.

(4) Limits the DSHS review of casework documentation and paperwork requirements for social workers to social service specialists and direct service staff within the Children's Administration.

(5) Provides for consistent agency designations in the event that either HB 1388 or SB 5259, relating to transferring responsibilities for behavioral health services from the Department of Social and Health Services to the Health Care Authority and the Department of Health, is enacted.

(6) Adds language to the findings and intent section.

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