

SSB 6452 - H COMM AMD
By Committee on Appropriations

ADOPTED 03/01/2018

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

3 "NEW SECTION. **Sec. 1.** (1) The health care authority shall
4 convene the University of Washington, Seattle children's hospital,
5 medicaid managed care organizations, organizations connecting
6 families to children's mental health services and providers, health
7 insurance carriers as defined in RCW 48.44.010, and the office of the
8 insurance commissioner to recommend:

9 (a) An alternative funding model for the partnership access line;
10 and

11 (b) A strategy to ensure that expanded services for the
12 partnership access line identified in subsection (2) of this section
13 do not duplicate existing requirements for medicaid managed care
14 organizations as required by RCW 74.09.492.

15 (2) The funding model must identify potential sources to support:

16 (a) Current partnership access line services for primary care
17 providers;

18 (b) An expansion of partnership access line services to include
19 consultation services for primary care providers treating depression
20 in pregnant women and new mothers; and

21 (c) An expansion of partnership access line services to include
22 referrals to children's mental health services and other resources
23 for parents and guardians with concerns related to their child's
24 mental health.

25 (3) In the development of the alternative funding model, the
26 authority and office of the insurance commissioner must:

27 (a) Consider a mechanism that determines the annual cost of
28 operating the partnership access line and collects a proportional
29 share of the program cost from each health insurance carrier; and

30 (b) Differentiate between partnership access line activities
31 eligible for medicaid funding from other nonmedicaid eligible
32 activities.

1 (4) By December 1, 2018, the authority must recommend a plan to
2 the appropriate committees of the legislature, and the children's
3 mental health work group created in chapter . . . , Laws of 2018
4 (Engrossed Second Substitute House Bill No. 2779), if chapter . . . ,
5 Laws of 2018 (Engrossed Second Substitute House Bill No. 2779) is
6 enacted by the effective date of this section.

7 (5) This section expires December 30, 2018.

8 **Sec. 2.** RCW 71.24.061 and 2014 c 225 s 35 are each amended to
9 read as follows:

10 (1) The department shall provide flexibility in provider
11 contracting to behavioral health organizations for children's mental
12 health services. Beginning with 2007-2009 biennium contracts,
13 behavioral health organization contracts shall authorize behavioral
14 health organizations to allow and encourage licensed community mental
15 health centers to subcontract with individual licensed mental health
16 professionals when necessary to meet the need for an adequate,
17 culturally competent, and qualified children's mental health provider
18 network.

19 (2) To the extent that funds are specifically appropriated for
20 this purpose or that nonstate funds are available, a children's
21 mental health evidence-based practice institute shall be established
22 at the University of Washington division of public behavioral health
23 and justice policy. The institute shall closely collaborate with
24 entities currently engaged in evaluating and promoting the use of
25 evidence-based, research-based, promising, or consensus-based
26 practices in children's mental health treatment, including but not
27 limited to the University of Washington department of psychiatry and
28 behavioral sciences, (~~children's hospital and regional medical~~
29 ~~center~~) Seattle children's hospital, the University of Washington
30 school of nursing, the University of Washington school of social
31 work, and the Washington state institute for public policy. To ensure
32 that funds appropriated are used to the greatest extent possible for
33 their intended purpose, the University of Washington's indirect costs
34 of administration shall not exceed ten percent of appropriated
35 funding. The institute shall:

36 (a) Improve the implementation of evidence-based and
37 research-based practices by providing sustained and effective
38 training and consultation to licensed children's mental health
39 providers and child-serving agencies who are implementing

1 evidence-based or researched-based practices for treatment of
2 children's emotional or behavioral disorders, or who are interested
3 in adapting these practices to better serve ethnically or culturally
4 diverse children. Efforts under this subsection should include a
5 focus on appropriate oversight of implementation of evidence-based
6 practices to ensure fidelity to these practices and thereby achieve
7 positive outcomes;

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

13 (c) Partner with youth, family members, family advocacy, and
14 culturally competent provider organizations to develop a series of
15 information sessions, literature, and online resources for families
16 to become informed and engaged in evidence-based and research-based
17 practices;

18 (d) Participate in the identification of outcome-based
19 performance measures under RCW 71.36.025(2) and partner in a
20 statewide effort to implement statewide outcomes monitoring and
21 quality improvement processes; and

22 (e) Serve as a statewide resource to the department and other
23 entities on child and adolescent evidence-based, research-based,
24 promising, or consensus-based practices for children's mental health
25 treatment, maintaining a working knowledge through ongoing review of
26 academic and professional literature, and knowledge of other
27 evidence-based practice implementation efforts in Washington and
28 other states.

29 (3) To the extent that funds are specifically appropriated for
30 this purpose, the ~~((department))~~ health care authority in
31 collaboration with the ~~((evidence-based—practice—institute))~~
32 University of Washington department of psychiatry and behavioral
33 sciences and Seattle children's hospital shall:

34 (a) Implement a ~~((pilot))~~ program to support primary care
35 providers in the assessment and provision of appropriate diagnosis
36 and treatment of children with mental and behavioral health disorders
37 and track outcomes of this program;

38 (b) Beginning January 1, 2019, implement a two-year pilot program
39 called the partnership access line for moms and kids to:

1 (i) Support obstetricians, pediatricians, primary care providers,
2 mental health professionals, and other health care professionals
3 providing care to pregnant women and new mothers through same-day
4 telephone consultations in the assessment and provision of
5 appropriate diagnosis and treatment of depression in pregnant women
6 and new mothers; and

7 (ii) Facilitate referrals to children's mental health services
8 and other resources for parents and guardians with concerns related
9 to the mental health of the parent or guardian's child. Facilitation
10 activities include assessing the level of services needed by the
11 child; within seven days of receiving a call from a parent or
12 guardian, identifying mental health professionals who are in-network
13 with the child's health care coverage who are accepting new patients
14 and taking appointments; coordinating contact between the parent or
15 guardian and the mental health professional; and providing
16 postreferral reviews to determine if the child has outstanding needs.
17 In conducting its referral activities, the program shall collaborate
18 with existing databases and resources to identify in-network mental
19 health professionals.

20 (c) The program activities described in (a) and (b)(i) of this
21 subsection shall be designed to promote more accurate diagnoses and
22 treatment through timely case consultation between primary care
23 providers and child psychiatric specialists, and focused educational
24 learning collaboratives with primary care providers.

25 (4) The health care authority, in collaboration with the
26 University of Washington department of psychiatry and behavioral
27 sciences and Seattle children's hospital, shall report on the
28 following:

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

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

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

37 (d) A description of resources provided;

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

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

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

9 (6) The health care authority shall enforce requirements in
10 managed care contracts to ensure care coordination and network
11 adequacy issues are addressed in order to remove barriers to access
12 to mental health services identified in the report described in
13 subsection (4) of this section."

14 Correct the title.

EFFECT: (1) Requires the Health Care Authority to convene a work group of specified organizations to recommend:

(a) An alternative funding model for the Partnership Access Line (PAL); and

(b) A strategy to ensure that expanded PAL services do not duplicate existing Managed Care Organization requirements.

(2) Adds the Office of the Insurance Commissioner and organizations connecting families to children's mental health services and providers to the group making recommendations.

(3) Removes the pilot designation for the existing PAL consultation services.

(4) Delays the implementation of the PAL for Moms and Kids pilot program until January 1, 2019.

(5) Delays the first annual report from the HCA on data for the PAL and the PAL for Moms and Kids programs until December 30, 2019.

--- END ---