

SSB 6452 - H COMM AMD

By Committee on Early Learning & Human Services

NOT 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 and the
4 office of the insurance commissioner shall consult with the
5 University of Washington, Seattle children's hospital, medicaid
6 managed care organizations, and health insurance carriers as defined
7 in RCW 48.44.010 to develop an alternative funding model for the
8 partnership access line. By December 1, 2018, the authority must
9 provide a report to the appropriate committees of the legislature,
10 and the children's mental health work group created in chapter . . . ,
11 Laws of 2018 (Engrossed Second Substitute House Bill No. 2779), if
12 chapter . . . , Laws of 2018 (Engrossed Second Substitute House Bill
13 No. 2779) is enacted by the effective date of this section. The
14 funding model must identify potential sources to support:

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

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

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

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

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

29 (b) Differentiate between partnership access line activities
30 eligible for medicaid funding from other nonmedicaid eligible
31 activities; and

1 (c) Ensure that the expanded services identified in this
2 subsection do not duplicate existing requirements for medicaid
3 managed care organizations as required by RCW 74.09.492.

4 (3) This section expires December 30, 2018.

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

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

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

33 (a) Improve the implementation of evidence-based and
34 research-based practices by providing sustained and effective
35 training and consultation to licensed children's mental health
36 providers and child-serving agencies who are implementing
37 evidence-based or researched-based practices for treatment of
38 children's emotional or behavioral disorders, or who are interested
39 in adapting these practices to better serve ethnically or culturally

1 diverse children. Efforts under this subsection should include a
2 focus on appropriate oversight of implementation of evidence-based
3 practices to ensure fidelity to these practices and thereby achieve
4 positive outcomes;

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

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

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

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

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

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

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

37 (i) Support obstetricians, pediatricians, primary care providers,
38 mental health professionals, and other health care professionals
39 providing care to pregnant women and new mothers through same-day
40 telephone consultations in the assessment and provision of

1 appropriate diagnosis and treatment of depression in pregnant women
2 and new mothers; and

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

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

21 (4) The health care authority, in collaboration with the
22 University of Washington department of psychiatry and behavioral
23 sciences and Seattle children's hospital, shall report on the
24 following:

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

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

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

33 (d) A description of resources provided;

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

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

39 (5) Beginning December 30, 2019, and annually thereafter, the
40 health care authority must submit, in compliance with RCW 43.01.036,

1 a report to the governor and appropriate committees of the
2 legislature with findings and recommendations for improving services
3 and service delivery from subsection (4) of this section.

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

9 Correct the title.

EFFECT: (1) Requires the Health Care Authority and the Office of the Insurance Commissioner to consult with the University of Washington, Seattle Children's Hospital, Medicaid managed care organizations, and health insurance carriers to develop an alternative funding model for the Partnership Access Line (PAL) by December 1, 2018.

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

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

(4) 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.

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