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**Early Learning & Human Services  
Committee**

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**HB 1713**

**Brief Description:** Implementing recommendations from the children's mental health work group.

**Sponsors:** Representatives Senn, Dent, Kagi and Kilduff.

**Brief Summary of Bill**

- Requires the Health Care Authority to coordinate mental health resources for Medicaid-eligible children, maintain an adequate provider network, and require screenings for depression for children and youth ages 11-21.
- Requires behavioral health organizations to reimburse providers for providing mental health services through telemedicine.
- Provides mental health resources for childcare providers and educational service districts.
- Requires a workforce survey of children's mental health clinician data and establishes child psychiatrist residencies.

**Hearing Date:** 2/1/17

**Staff:** Dawn Eychaner (786-7135).

**Background:**

The 2016 Legislature established the Children's Mental Health Work Group (Work Group) to identify barriers to accessing mental health services for children and families, and to advise the legislature on statewide mental health services for this population. The Work Group published its final report and recommendations in December 2016.

Medicaid Managed Care for Children.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

The Health Care Authority (HCA) administers Apple Health, the state-federal Medicaid program that provides health care for eligible low-income individuals. Apple Health for Kids is available at low or no cost for children whose families meet income eligibility criteria. Benefits for children and youth up to age 21 who are enrolled through Apple Health managed care organizations (MCOs) include the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), which covers regularly scheduled health screening (well-child visits) to evaluate a child's growth, development, and general physical and mental health.

When purchasing managed care for Medicaid participants, the HCA must ensure that managed care organizations demonstrate the ability to supply an adequate provider network. Federal regulations and state law require managed care organizations to maintain a network of appropriate providers sufficient to provide adequate access to all services covered under the contract.

#### Behavioral Health Organizations.

The Department of Social and Health Services (DSHS) contracts with behavioral health organizations (BHOs) for the provision of community-based mental health and substance use disorder treatment. BHOs contract with mental health and substance use disorder treatment programs to provide services to Medicaid enrollees who have a medical need and meet Access to Care Standards established by the DSHS.

Access to Care Standards are guidelines published by the DSHS for BHOs and their contracted mental health providers to use when determining eligibility for mental health services for individuals being served through the state public mental health system.

By January 1, 2020, behavioral health services must be fully integrated into managed care organizations that provide mental health services, substance use disorder services, and medical care services to Medicaid clients.

#### Telemedicine.

Telemedicine is the use of electronic communications to provide health care services to a patient at a distance. Electronic communication through audio-visual equipment allows real-time interaction between a patient and provider. Health plans offered by health carriers and Medicaid managed care organizations must reimburse health care providers for eligible health care services provided through telemedicine. In addition, originating sites other than a person's home may charge a facility fee for infrastructure and preparation of the patient.

#### Mental Health in K-12 Schools.

In October 2016 the Joint Legislative Audit Review Committee (JLARC) completed an inventory of mental health services available to students through schools, school districts, and educational service districts. The JLARC reported that of the approximately 55,000 children aged 5-17 who received Medicaid-funded mental health services in 2015, approximately 10,000 students received those services in their schools. The remainder of students who received Medicaid-funded mental health services were served through MCOs or BHOs.

#### Child Care Consultation Pilot.

In 2008 the Department of Early Learning (DEL) conducted a childcare consultation pilot project and project evaluation. The pilot linked childcare providers with resources to support the care of

infants and young children with behavioral concerns. Services included targeted consultation and training on social and emotional supports for providers.

#### Partnership Access Line.

The Partnership Access Line (PAL) is a telephone consultation service based at Seattle Children's Hospital and is available at no charge to primary care providers who wish to consult with a pediatric psychiatrist. The DSHS implemented PAL as a pilot program in 2008 in partnership with the University of Washington. In 2016 the Legislature authorized the HCA to implement the PAL Plus expansion pilot to provide limited, regionally based, in-person counseling sessions for Medicaid patients.

#### Mental Health Workforce.

The Workforce Training and Education Coordinating Board (Workforce Board) advises the Governor and Legislature on workforce development policy. The Workforce Board convenes and provides staff support to the Health Workforce Council (Council). The Council researches factors affecting shortages in the healthcare professions and recommends strategies to ensure an adequate supply of health care personnel.

The Accreditation Council for Graduate Medical Education (ACGME) accredits medical education and residency programs and associated sponsoring institutions. Examples of psychiatry residency programs in Washington include the Providence Psychiatry Residency located at the Spokane Teaching Health Clinic on the Washington State University (WSU) Spokane campus, and the University of Washington (UW) Child and Adolescent Psychiatry Residency Program based at Seattle Children's Hospital.

#### **Summary of Bill:**

#### Medicaid Managed Care for Children.

Until June 30, 2020, the HCA must oversee the coordination of mental health resources and services for Medicaid-eligible children, regardless of whether the referral occurred through primary care, school-based services, or another practitioner. The HCA must require each managed care organization to develop adequate capacity to facilitate child mental health treatment services by:

- ensuring individuals secure and complete appointments,
- tracking individual utilization of services,
- coordinating with primary care providers on individual treatment plans and medication management,
- providing information to plan members and primary care providers about the behavioral health resource line, and
- maintaining an accurate list of providers contracted to provide mental health services to children and youth. The list must contain current information about provider availability and be made available to plan members and primary care providers.

The HCA must report on the number of children's mental health providers available in the previous year and the overall percentage of providers who were actively accepting new patients in its annual report to the legislature on the status of access for behavioral health services for children.

Depression Screenings for Children and Adolescents.

Beginning January 1, 2018, the HCA must require universal screening and provider payment for depression for children ages 11-21 as recommended by the Bright Futures Guidelines of the American Academy of Pediatrics.

Telemedicine.

Beginning January 1, 2018, BHOs contracting with the DSHS must reimburse providers for behavioral health services provided through telemedicine. The DSHS must adopt rules to implement this requirement.

Mental Health Leads in Educational Service Districts.

Each Educational Service District (ESD) must establish a lead staff person for mental health. The Office of the Superintendent of Public Instruction (OSPI) must employ a children's mental health services coordinator to provide support for the ESD leads. The OSPI must designate one ESD as a "lighthouse" to provide technical assistance to the other ESDs, including technical assistance with Medicaid billing for schools and school districts.

Childcare Provider Consultation.

The DEL must establish a childcare consultation program for providers caring for young children who exhibit behavioral concerns.

Partnership Access Line.

The DSHS must determine the annual cost of operating the PAL program and collect a proportional share of program costs from each health carrier.

Mental Health Workforce.

The Workforce Training and Education Coordinating Board must conduct a workforce survey for clinicians qualified to provide children's mental health services and report the results to the Legislature by December 1, 2018.

The WSU and the UW must each offer one 24-month residency position to a resident specializing in child and adolescent psychology. The WSU residency must be located in Eastern Washington and UW residency must be located in Western Washington.

**Appropriation:** None.

**Fiscal Note:** Requested on January 26, 2017.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.