
Early Learning & Human Services Committee

HB 1819

Brief Description: Reducing certain documentation and paperwork requirements in order to improve children's mental health and safety.

Sponsors: Representatives Dent, Senn, Kagi, Griffey, Johnson and McBride.

Brief Summary of Bill

- Requires the Department of Social and Health Services (DSHS) to establish a single set of regulations for providers of behavioral health services by October 1, 2017.
- Establishes requirements relating to the DSHS audits of the provision of behavioral health services.
- Requires the DSHS to reduce documentation and paperwork requirements for social workers serving children.

Hearing Date: 2/1/17

Staff: Dawn Eychaner (786-7135).

Background:

The Department of Social and Health Services (DSHS) licenses and contracts with behavioral health organizations (BHOs) for the provision of community-based mental health and substance use disorder treatment. Contracts between the DSHS and BHOs must include performance measures linked to client outcomes, standards related to financial integrity of the organization and the quality of services provided, and mechanisms for monitoring contract performance. The DSHS adopts rules related to the operation of BHOs, and BHOs must comply with all applicable local, state, and federal rules and laws.

In 2016 the DSHS and the Health Care Authority (HCA) convened a Behavioral and Primary Health Regulatory Alignment Task Force (Task Force) to develop recommendations to align

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regulations between behavioral health and primary care settings and simplify regulations for behavioral health providers. In December 2016 the Task Force reported its findings to the Legislature. Among the findings were recommendations for streamlining audit practices and the consolidation of rules for mental health and substance use disorder treatment.

The DSHS provides child welfare services to children and families in the event of allegations of abuse or neglect. These services may include voluntary services, out-of-home placement, case management, and child protective services.

Summary of Bill:

The DSHS must maintain regulations for the provision of behavioral health services that allow clinicians to exercise professional judgment when conducting age-appropriate, strength-based assessments according to current best practices. By October 1, 2017 the DSHS must provide a single set of regulations for providers of mental health, substance use disorder, and co-occurring disorder treatments. Regulations must be clear, not unduly burdensome on providers, and focus on quality, outcomes, and safety above process.

When conducting audits relating to the provision of behavioral health services, the DSHS must:

- focus on quality, outcomes and safety above process;
- rely on a sampling methodology consistent with standards of other licensing and accrediting bodies in the review of records;
- treat organizations with multiple locations as a single entity;
- share audit results with BHOs to assist with their review process and take steps to coordinate and combine audit activities when appropriate;
- coordinate audit functions with the Department of Health to combine audit activities into a single site visit and eliminate redundancies;
- not require duplicative information to be included in clinical files except where required by federal law; and
- ensure audits involving manualized evidence such as Wraparound with Intensive Services or research-based programs are conducted by personnel familiar with the program model, to the extent practicable, and in a manner consistent with documentation requirements of the program.

The DSHS must immediately review its rules, policies, and procedures related to casework documentation and paperwork requirements for social workers serving children. The review must identify areas where duplicative or inefficient requirements can be eliminated or streamlined and must be complete by November 1, 2017. The DSHS must take immediate steps to amend department rules according to the results of the review.

Appropriation: None.

Fiscal Note: Available.

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