

FINAL BILL REPORT

SSB 5779

PARTIAL VETO C 226 L 17 Synopsis as Enacted

Brief Description: Concerning behavioral health integration in primary care.

Sponsors: Senate Committee on Human Services, Mental Health & Housing (originally sponsored by Senators Brown and O'Ban).

Senate Committee on Human Services, Mental Health & Housing
Senate Committee on Ways & Means
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: Washington provides publically-funded health services to low-income residents who meet eligibility requirements through the state Medicaid program, branded Apple Health, through behavioral health organizations (BHOs), and other programs. The Apple Health program is delivered through private health plans called managed care organizations (MCOs) which contract with the state Health Care Authority (HCA). The MCOs provide physical health services to all clients and low-level mental health services to clients who do not meet Access to Care Standards. BHOs are provider networks managed by a county authority or group of county authorities that contract with the Department of Social and Health Services (DSHS). BHOs provide substance use disorder services and crisis services to all clients, and mental health services to clients who meet Access to Care Standards. Access to Care Standards are functional tests applied by BHO providers to determine a level of impairment caused by the presence of a mental health disorder.

Based on legislation adopted in 2014, the community behavioral health system in Washington, which is currently administered by BHOs, must be fully integrated in a managed care health system that provides behavioral health and medical care services to Medicaid clients by January 1, 2020. One region of Washington State is an early adopter of full integration and has been operating under fully integrated managed care contracts since January 1, 2016.

The Statewide Common Measure Set is a set of performance metrics established by the Performance Measures Coordinating Committee, pursuant to 2014 legislation. The Committee is charged with developing a manageable set of performance measures to track value and performance in the health care system.

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 Dr. Robert Bree Collaborative is an organization funded by HCA which convenes public and private stakeholders to improve the quality, health outcomes, and cost effectiveness of health care in Washington State. Members of the Collaborative are appointed by the Governor. The Collaborative has published reports on topics such as accountable payment models, addiction and dependence treatment, cardiovascular health, obstetrics, potentially avoidable hospital readmissions, and pediatric psychotropic use.

A chemical dependency professional (CDP) is a person certified in chemical dependency counseling who meets education and training requirements established by DSHS. A CDP or CDP trainee may not practice in settings that are not licensed or certified as substance use disorder treatment facilities unless the CDP holds a second license as an advanced registered nurse practitioner, marriage and family therapist, mental health counselor, advanced social worker, independent clinical social health worker, psychologist, osteopathic physician, osteopathic physician assistant, physician, or physician assistant.

Summary: HCA must complete a review of payment codes available to health plans and providers related to primary care and behavioral health by August 1, 2017, and make adjustments to payment rules if needed to facilitate bidirectional integration of behavioral health with primary care and primary care with behavioral health. The review must include stakeholder involvement and include consideration of enumerated principles, including:

- allowing professionals to operate within their full scope of practice;
- allowing medically necessary behavioral health services for covered patients to be provided in any setting, including reimbursement of health and behavioral codes for services delivered by a specified list of behavioral health professionals;
- allowing medically necessary primary care services for covered patients to be provided in any setting;
- facilitating integration of physical and behavioral health through multifaceted models; and
- limiting restrictions relating to same day billing, prior authorization for low-level or routine behavioral health care, and requiring the patient to be present during service delivery to situations consistent with national coding conventions and consonant with accepted best practices in the field.

HCA must create matrices listing all behavioral health related and all physical health related codes available for provider payment, and clearly explain applicable payment rules to increase awareness among providers, standardize billing practices, and reduce common and avoidable billing errors. HCA must disseminate this information in a manner calculated to maximally reach all relevant plans and providers and update the Provider Billing Guide to maintain consistency of information. HCA must inform the Governor and Legislature by letter of the steps taken and results achieved once the work is complete.

HCA and DSHS must establish a performance measure to be integrated into the Statewide Common Measure Set which tracks effective integration of behavioral health services in primary care settings.

A restriction on CDPs and CDP trainees is repealed which prevents the CDP or CDP trainee from treating patients in settings that are not licensed or certified as substance use disorder treatment facilities unless the CDP holds a second license as an advanced registered nurse

practitioner, marriage and family therapist, mental health counselor, advanced social worker, independent clinical social health worker, psychologist, osteopathic physician, osteopathic physician assistant, physician, or physician assistant.

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

- ensuring individuals secure appointments;
- 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, the languages spoken by these providers, 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.

Votes on Final Passage:

Senate	49	0	
House	94	3	(House amended)
Senate	48	0	(Senate concurred)

Effective: July 23, 2017
Contingent (Sections 2 and 3)

Partial Veto Summary: The vetoed section required HCA, subject to appropriation, to establish a methodology and rate to provide increased reimbursement to health care providers for behavioral health services provided to patients in primary care settings.