

CERTIFICATION OF ENROLLMENT
ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1819

65th Legislature
2017 Regular Session

Passed by the House April 18, 2017
Yeas 96 Nays 0

Speaker of the House of Representatives

Passed by the Senate April 5, 2017
Yeas 48 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1819** as passed by House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1819

AS AMENDED BY THE SENATE

Passed Legislature - 2017 Regular Session

State of Washington **65th Legislature** **2017 Regular Session**

By House Appropriations (originally sponsored by Representatives Dent, Senn, Kagi, Griffey, Johnson, and McBride)

READ FIRST TIME 02/24/17.

1 AN ACT Relating to paperwork reduction in order to improve the
2 availability of mental health services to protect children and
3 families; adding new sections to chapter 71.24 RCW; creating new
4 sections; providing contingent effective dates; and providing an
5 expiration date.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** The legislature finds that a prioritized
8 recommendation of the children's mental health work group, as
9 reported in December 2016, is to reduce burdensome and duplicative
10 paperwork requirements for providers of children's mental health
11 services. This recommendation is consistent with the recommendations
12 of the behavioral health workforce assessment of the workforce
13 training and education coordinating board to reduce time-consuming
14 documentation requirements and the behavioral and primary health
15 regulatory alignment task force to streamline regulations and reduce
16 the time spent responding to inefficient and excessive audits.

17 The legislature further finds that duplicative and overly
18 prescriptive documentation and audit requirements negatively impact
19 the adequacy of the provider network by reducing workforce morale and
20 limiting the time available for patient care. Such requirements
21 create costly barriers to the efficient provision of services for

1 children and their families. The legislature also finds that current
2 state regulations are often duplicative or conflicting with research-
3 based models and other state-mandated treatment models intended to
4 improve the quality of services and ensure positive outcomes. These
5 barriers can be reduced while creating a greater emphasis on quality,
6 outcomes, and safety.

7 The legislature further finds that social workers serving
8 children are encumbered by burdensome paperwork requirements which
9 can interfere with the effective delivery of services.

10 Therefore, the legislature intends to require the department of
11 social and health services to take steps to reduce paperwork,
12 documentation, and audit requirements that are inefficient or
13 duplicative for social workers who serve children and for providers
14 of mental health services to children and families, and to encourage
15 the use of effective treatment models to improve the quality of
16 services.

17 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.24
18 RCW to read as follows:

19 (1) Subject to the availability of amounts appropriated for this
20 specific purpose, the department must immediately perform a review of
21 its rules, policies, and procedures related to the documentation
22 requirements for behavioral health services. Rules adopted by the
23 department relating to the provision of behavioral health services
24 must:

25 (a) Identify areas in which duplicative or inefficient
26 documentation requirements can be eliminated or streamlined for
27 providers;

28 (b) Limit prescriptive requirements for individual initial
29 assessments to allow clinicians to exercise professional judgment to
30 conduct age-appropriate, strength-based psychosocial assessments,
31 including current needs and relevant history according to current
32 best practices;

33 (c) By April 1, 2018, provide a single set of regulations for
34 agencies to follow that provide mental health, substance use
35 disorder, and co-occurring treatment services;

36 (d) Exempt providers from duplicative state documentation
37 requirements when the provider is following documentation
38 requirements of an evidence-based, research-based, or state-mandated
39 program that provides adequate protection for patient safety; and

1 (e) Be clear and not unduly burdensome in order to maximize the
2 time available for the provision of care.

3 (2) Subject to the availability of amounts appropriated for this
4 specific purpose, audits conducted by the department relating to
5 provision of behavioral health services must:

6 (a) Rely on a sampling methodology to conduct reviews of
7 personnel files and clinical records based on written guidelines
8 established by the department that are consistent with the standards
9 of other licensing and accrediting bodies;

10 (b) Treat organizations with multiple locations as a single
11 entity. The department must not require annual visits at all
12 locations operated by a single entity when a sample of records may be
13 reviewed from a centralized location;

14 (c) Share audit results with behavioral health organizations to
15 assist with their review process and, when appropriate, take steps to
16 coordinate and combine audit activities;

17 (d) Coordinate audit functions between the department and the
18 department of health to combine audit activities into a single site
19 visit and eliminate redundancies;

20 (e) Not require information to be provided in particular
21 documents or locations when the same information is included or
22 demonstrated elsewhere in the clinical file, except where required by
23 federal law; and

24 (f) Ensure that audits involving manualized programs such as
25 wraparound with intensive services or other evidence or research-
26 based programs are conducted to the extent practicable by personnel
27 familiar with the program model and in a manner consistent with the
28 documentation requirements of the program.

29 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24
30 RCW to read as follows:

31 (1) Subject to the availability of amounts appropriated for this
32 specific purpose, the health care authority must immediately perform
33 a review of its rules, policies, and procedures related to the
34 documentation requirements for behavioral health services. Rules
35 adopted by the health care authority relating to the provision of
36 behavioral health services must:

37 (a) Identify areas in which duplicative or inefficient
38 documentation requirements can be eliminated or streamlined for
39 providers;

1 (b) Limit prescriptive requirements for individual initial
2 assessments to allow clinicians to exercise professional judgment to
3 conduct age-appropriate, strength-based psychosocial assessments,
4 including current needs and relevant history according to current
5 best practices;

6 (c) By April 1, 2018, provide a single set of regulations for
7 agencies to follow that provide mental health, substance use
8 disorder, and co-occurring treatment services;

9 (d) Exempt providers from duplicative state documentation
10 requirements when the provider is following documentation
11 requirements of an evidence-based, research-based, or state-mandated
12 program that provides adequate protection for patient safety; and

13 (e) Be clear and not unduly burdensome in order to maximize the
14 time available for the provision of care.

15 (2) Subject to the availability of amounts appropriated for this
16 specific purpose, audits conducted by the health care authority
17 relating to provision of behavioral health services must:

18 (a) Rely on a sampling methodology to conduct reviews of
19 personnel files and clinical records based on written guidelines
20 established by the health care authority that are consistent with the
21 standards of other licensing and accrediting bodies;

22 (b) Treat organizations with multiple locations as a single
23 entity. The health care authority must not require annual visits at
24 all locations operated by a single entity when a sample of records
25 may be reviewed from a centralized location;

26 (c) Share audit results with behavioral health organizations to
27 assist with their review process and, when appropriate, take steps to
28 coordinate and combine audit activities;

29 (d) Coordinate audit functions between the health care authority
30 and the department of health to combine audit activities into a
31 single site visit and eliminate redundancies;

32 (e) Not require information to be provided in particular
33 documents or locations when the same information is included or
34 demonstrated elsewhere in the clinical file, except where required by
35 federal law; and

36 (f) Ensure that audits involving manualized programs such as
37 wraparound with intensive services or other evidence or research-
38 based programs are conducted to the extent practicable by personnel
39 familiar with the program model and in a manner consistent with the
40 documentation requirements of the program.

1 NEW SECTION. **Sec. 4.** (1) Subject to the availability of amounts
2 appropriated for this specific purpose, the department of social and
3 health services must immediately perform a review of casework
4 documentation and paperwork requirements for social service
5 specialists and other direct service staff with the children's
6 administration who provide services to children. The review must
7 identify areas in which duplicative or inefficient documentation and
8 paperwork requirements can be eliminated or streamlined in order to
9 allow social workers to spend greater amounts of time and attention
10 on direct services to children and their families. The department
11 must complete the review by November 1, 2017. Upon completion of the
12 review, the department must take immediate steps to amend department
13 rules and procedures accordingly.

14 (2) This section expires December 31, 2018.

15 NEW SECTION. **Sec. 5.** Section 2 of this act takes effect only if
16 neither Substitute House Bill No. 1388 (including any later
17 amendments or substitutes) nor Substitute Senate Bill No. 5259
18 (including any later amendments or substitutes) is signed into law by
19 the governor by the effective date of this section.

20 NEW SECTION. **Sec. 6.** Section 3 of this act takes effect only if
21 Substitute House Bill No. 1388 (including any later amendments or
22 substitutes) or Substitute Senate Bill No. 5259 (including any later
23 amendments or substitutes) is signed into law by the governor by the
24 effective date of this section.

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