Washington State House of Representatives Office of Program Research



Appropriations Committee

HB 2728

Brief Description: Implementing a sustainable funding model for the services provided through the children's mental health services consultation program and the telebehavioral health video call center.

Sponsors: Representatives Slatter, Davis, Senn, Bergquist, Frame, Fey and Pollet.

Brief Summary of Bill

- Directs the Health Care Authority (HCA) to implement the Tele-Behavioral Health Call Center/Psychiatry Consultation Line (PCL).
- Changes data and reporting requirements for the PAL, PCL, and PAL for Moms and Kids programs.
- Establishes a funding model for the Partnership Access Line (PAL) and PCL programs.
- Creates the Tele-behavioral Health Access Account.
- Directs the Joint Legislative Audit and Review Committee (JLARC) to conduct a review of the PAL for Moms and Kids pilot program.

Hearing Date: 1/27/20

Staff: Meghan Morris (786-7119).

Background:

Partnership Access Line.

The Partnership Access Line (PAL) is a phone consultation service for primary care providers to consult with a pediatric psychiatrist. Seattle Children's Hospital delivers the PAL consultation services in affiliation with the University of Washington Department of Psychiatry and Behavioral Sciences (UW) through a contract with the Health Care Authority (HCA).

PAL for Moms and Kids.

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.

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The PAL for Moms pilot program provides consultation for health care professionals to assess and treat depression in pregnant women and new mothers. The PAL for Kids Referral Assist pilot program facilitates referrals to children's mental health services and other resources for parents and guardians. The PAL for Moms and Kids pilot program will conclude in 2021.

Tele-Behavioral Health Call Center/UW Psychiatry Consultation Line.

The pilot Tele-Behavioral Health Call Center/Psychiatry Consultation Line (PCL) is a telephone and video-based call center that offers consultation services to emergency department providers, primary care providers, and municipal correctional facility providers. Funding for the PCL was provided in the 2019-2021 Omnibus Operating Budget for the program to operate from 8 a.m. to 5 p.m. Monday through Friday during fiscal year 2020; and 24 hours a day, seven days a week during fiscal year 2021. The psychiatric consultation team provides psychiatric and substance use disorder clinical consultation on the same day or within 24 hours of the next business day.

Children's Mental Health Work Group.

The Children's Mental Health Work Group (CMHWG) was established 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 CMHWG expires in December 2020.

The HCA convened a CMHWG advisory group consisting of representatives from the UW, Seattle Children's Hospital, Managed Care Organizations (MCOs), organizations connecting families to children's mental health services and providers, health insurance carriers, and the Office of the Insurance Commissioner (OIC). In 2019 the advisory group recommend an alternative funding model for the behavioral health consultation and referral services: PAL, PAL for Moms, PAL for Kids Referral Assist Service, and PCL. The funding model builds upon work completed by the HCA in 2018 and creates a mechanism to:

- determine the annual cost of operating the PAL;
- collect a proportional share of program costs from each health insurance carrier; and
- differentiate between PAL activities eligible for Medicaid funding and activities that are non-Medicaid eligible.

Summary of Bill:

<u>Tele-Behavioral Health Call Center/UW Psychiatry Consultation Line (PCL).</u>

Subject to the availability of funding appropriated for this purpose, the HCA, in collaboration with the UW, will continue implementing the tele-behavioral health video call center (PCL) to provide emergency department providers, primary care providers, and county and municipal correctional facility providers with on-demand access to psychiatric and substance use disorder clinical consultation for adult patients. The clinical consultation may also involve direct assessment of patients using tele-video technology. As of July 1, 2021, the services will be available 24/7.

Data and Reporting.

The UW and participating hospitals are responsible for collecting the following information for the PAL, PCL, and PAL for Moms and Kids program:

• the number of individuals served;

- demographic information regarding the individuals served, as available, including the individual's age, gender, and city and county of residence. Demographic information may not include any personally identifiable information;
- demographic information regarding the providers placing the calls, including type of practice, and city and county of practice;
- insurance information, including health plan and carrier, as available;
- a description of the resources provided; and
- provider satisfaction.

For the PAL for Moms and Kids program, the UW, in coordination with any participating hospital, will also collect the:

- average time frames from receipt of the call to referral for services or resources provided;
- most frequently requested issues that providers are asking for assistance with;
- most frequently requested issues that families are asking for referral assistance with; and
- number of individuals that receive an appointment based on referral assistance.

By December 1, 2021, the UW must submit a report to the Governor and appropriate committees of the Legislature outlining the collected information on the PAL, PCL, and PAL for Moms and Kids programs.

PAL Funding Model.

Beginning July 1, 2022, the funding model for the PAL and PCL programs will be as follows:

- The HCA will consult with the UW and participating hospitals to determine the annual costs of operating each program, including administrative costs.
- For each program, the HCA must calculate the proportion of clients that are covered by Medicaid or state medical assistance programs based on data collected by the UW and participating hospitals. The state must cover the cost for clients covered under Medicaid or state medical assistance programs.
- The HCA must collect a proportional share of program costs, excluding administrative costs, from each of the following entities that are not under contract with the HCA as Medicaid managed care organizations:
 - Health carriers:
 - Self-funded multiple employer welfare arrangements; and
 - Employers or other entities that provide health care in this state, including selffunding entities or employee welfare benefit plans.

The HCA may contract with a third-party administrator to calculate and administer the assessments, which will be deposited into the newly created Tele-behavioral Health Access Account to support tele-behavioral health programs. HCA must develop separate performance measures for the PAL and PCL.

The UW, in coordination with participating hospitals, must provide quarterly reports to the HCA on the demographic data collected by each program, any performance measures specified by the HCA, and systemic barriers to services. The HCA must submit a report to the Governor and appropriate committees of the Legislature, including the CMHWG, with findings and recommendations for improving services and service delivery.

JLARC Review.

JLARC must conduct a review of the PAL for Moms and Kids pilot program. The review will cover the period from January 1, 2019, through June 30, 2020, and evaluate the programs' success at addressing patients' issues related to access to mental health and substance use disorder services. The review is due to the Legislature by December 1, 2020.

The PAL funding model will also be used for PAL for Moms and Kids if the Legislature decides to continue the program.

Appropriation: None.

Fiscal Note: Requested on January 19, 2020.

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