

SENATE BILL REPORT

SHB 2728

As Reported by Senate Committee On:
Ways & Means, February 29, 2020

Title: An act relating to implementation of a sustainable funding model for the services provided through the children's mental health services consultation program and the telebehavioral health video call center.

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: House Committee on Appropriations (originally sponsored by Representatives Slatter, Davis, Senn, Bergquist, Frame, Fey and Pollet).

Brief History: Passed House: 2/16/20, 56-40.

Committee Activity: Ways & Means: 2/27/20, 2/29/20 [DPA, w/oRec].

Brief Summary of Amended Bill

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

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Frockt, Vice Chair, Operating, Capital Lead; Mullet, Capital Budget Cabinet; Braun, Ranking Member; Brown, Assistant Ranking Member, Operating; Becker,

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.

Billig, Carlyle, Conway, Darneille, Hasegawa, Hunt, Keiser, Liias, Muzzall, Pedersen, Rivers, Schoesler, Van De Wege, Wagoner and Warnick.

Minority Report: That it be referred without recommendation.

Signed by Senators Honeyford, Assistant Ranking Member, Capital; Wilson, L..

Staff: Sandy Stith (786-7710)

Background: Partnership Access Line. The PAL is a phone consultation service for primary care providers to consult with a pediatric psychiatrist. Seattle Children's Hospital delivers 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. 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 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.

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 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 Amended Bill: Tele-Behavioral Health Call Center/UW Psychiatry Consultation Line. Subject to the availability of funding appropriated for this purpose, 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 Collection. The UW and participating hospitals are responsible for collecting the following information for the PAL, PCL, and PAL for Moms and Kids programs:

- 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;
- 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:

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

PAL Funding Model. Beginning July 1, 2021, the funding model for the PAL and PCL programs will be determined as follows:

- HCA will consult with the UW and participating hospitals to determine the annual costs of operating each program, including administrative costs.
- For each program, 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.
- HCA must collect a proportional share of program costs, excluding administrative costs, from each of the following entities that are not under contract with 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 self-funding entities or employee welfare benefit plans.

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.

UW, in coordination with participating hospitals, must provide quarterly reports to HCA on the demographic data collected by each program, any performance measures specified by HCA, and systemic barriers to services.

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 patient issues related to access to mental health and substance use disorder services. The review is due to the Legislature by December 1, 2022.

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

EFFECT OF WAYS & MEANS COMMITTEE AMENDMENT(S):

- Changes the implementation date of the funding model from July 1, 2022 to July 1, 2021.
- Removes the reporting requirements from University of Washington for PAL for Moms and Kids.
- Removes the reporting requirement from the Health Care Authority on findings and recommendations for improving services provided by the PAL.
- Clarifies the calculation for determining the proportional share of program costs for entities that are not under contract with HCA as Medicaid managed care organizations exclude the costs covered by state and federal funds.
- Requires JLARC to consult with UW and HCA when conducting the review of PAL and PCL.
- Permits HCA to request data from the Washington Vaccine Association.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Substitute House Bill: *The committee recommended a different version of the bill than what was heard.* PRO: The CMHWG was directed by the Legislature to come back with a funding model. This is the funding model that was adopted. Up to this point, Medicaid and the general fund have been funding these programs. This is an opportunity share the costs across other providers. What these programs do is free parents and providers from time consuming activities and the anxiety those cause. Rather than having a parent or a provider make 25 calls to find a provider, the PAL makes those connections for them. The PAL began in 2008. Any provider can call it. Multiple providers provide coaching for both parents and other providers. Only 50 percent of the patients using the services have Medicaid. This is an opportunity to broaden the funding model.

OTHER: Plans participated in the workgroup and support the implementation of these programs access for kids for mental health services. The concern is that we want to make sure that the model implemented is a broad-based funding mechanism. Our goal, as part of the workgroup, is that this is not what is reflected in the bill. We believe the important sections of the bill are Sections 3, 4, and 6. These sections address performance measures, data collection, and the JLARC audit. These will all help us better understand these programs and their outcomes.

Persons Testifying: PRO: Laurie Lippold, Partners for Our Children; Rebecca Barclay, Seattle Children's Hospital.

OTHER: Christine Brewer, Association of Washington Healthcare Plans.

Persons Signed In To Testify But Not Testifying: No one.