
HOUSE BILL 1325

State of Washington

67th Legislature

2021 Regular Session

By Representatives Callan and Eslick

1 AN ACT Relating to implementing policies related to children and
2 youth behavioral health as reviewed and recommended by the children
3 and youth behavioral health work group; and amending RCW 71.24.061
4 and 74.09.520.

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

6 **Sec. 1.** RCW 71.24.061 and 2020 c 291 s 1 are each amended to
7 read as follows:

8 (1) The authority shall provide flexibility to encourage licensed
9 or certified community behavioral health agencies to subcontract with
10 an adequate, culturally competent, and qualified children's mental
11 health provider network.

12 (2) To the extent that funds are specifically appropriated for
13 this purpose or that nonstate funds are available, a children's
14 mental health evidence-based practice institute shall be established
15 at the University of Washington department of psychiatry and
16 behavioral sciences. The institute shall closely collaborate with
17 entities currently engaged in evaluating and promoting the use of
18 evidence-based, research-based, promising, or consensus-based
19 practices in children's mental health treatment, including but not
20 limited to the University of Washington department of psychiatry and
21 behavioral sciences, Seattle children's hospital, the University of

1 Washington school of nursing, the University of Washington school of
2 social work, and the Washington state institute for public policy. To
3 ensure that funds appropriated are used to the greatest extent
4 possible for their intended purpose, the University of Washington's
5 indirect costs of administration shall not exceed ten percent of
6 appropriated funding. The institute shall:

7 (a) Improve the implementation of evidence-based and
8 research-based practices by providing sustained and effective
9 training and consultation to licensed children's mental health
10 providers and child-serving agencies who are implementing
11 evidence-based or researched-based practices for treatment of
12 children's emotional or behavioral disorders, or who are interested
13 in adapting these practices to better serve ethnically or culturally
14 diverse children. Efforts under this subsection should include a
15 focus on appropriate oversight of implementation of evidence-based
16 practices to ensure fidelity to these practices and thereby achieve
17 positive outcomes;

18 (b) Continue the successful implementation of the "partnerships
19 for success" model by consulting with communities so they may select,
20 implement, and continually evaluate the success of evidence-based
21 practices that are relevant to the needs of children, youth, and
22 families in their community;

23 (c) Partner with youth, family members, family advocacy, and
24 culturally competent provider organizations to develop a series of
25 information sessions, literature, and online resources for families
26 to become informed and engaged in evidence-based and research-based
27 practices;

28 (d) Participate in the identification of outcome-based
29 performance measures under RCW 71.36.025(2) and partner in a
30 statewide effort to implement statewide outcomes monitoring and
31 quality improvement processes; and

32 (e) Serve as a statewide resource to the authority and other
33 entities on child and adolescent evidence-based, research-based,
34 promising, or consensus-based practices for children's mental health
35 treatment, maintaining a working knowledge through ongoing review of
36 academic and professional literature, and knowledge of other
37 evidence-based practice implementation efforts in Washington and
38 other states.

39 (3) (a) To the extent that funds are specifically appropriated for
40 this purpose, the authority in collaboration with the University of

1 Washington department of psychiatry and behavioral sciences and
2 Seattle children's hospital shall implement the following access
3 lines:

4 (i) (~~Implement a~~) The partnership access line to support
5 primary care providers in the assessment and provision of appropriate
6 diagnosis and treatment of children with mental and behavioral health
7 disorders and track outcomes of this program;

8 (ii) (~~Beginning January 1, 2019, implement a two-year pilot~~
9 ~~program to:~~

10 ~~(A) Create the~~) The partnership access line for moms to support
11 obstetricians, pediatricians, primary care providers, mental health
12 professionals, and other health care professionals providing care to
13 pregnant women and new mothers through same-day telephone
14 consultations in the assessment and provision of appropriate
15 diagnosis and treatment of depression in pregnant women and new
16 mothers; and

17 (~~(B) Create the partnership access line for kids referral and~~
18 ~~assistance service~~) (iii) The mental health referral service for
19 children and teens to facilitate referrals to children's mental
20 health services and other resources for parents and guardians with
21 concerns related to the mental health of the parent or guardian's
22 child. Facilitation activities include assessing the level of
23 services needed by the child; within seven days of receiving a call
24 from a parent or guardian, identifying mental health professionals
25 who are in-network with the child's health care coverage who are
26 accepting new patients and taking appointments; coordinating contact
27 between the parent or guardian and the mental health professional;
28 and providing postreferral reviews to determine if the child has
29 outstanding needs. In conducting its referral activities, the program
30 shall collaborate with existing databases and resources to identify
31 in-network mental health professionals.

32 (b) The program activities described in (a) (~~(i) and (a) (ii) (A)~~)
33 of this subsection shall be designed to promote more accurate
34 diagnoses and treatment through timely case consultation between
35 primary care providers and child psychiatric specialists, and focused
36 educational learning collaboratives with primary care providers.

37 (4) The authority, in collaboration with the University of
38 Washington department of psychiatry and behavioral sciences and
39 Seattle children's hospital, shall report on the following:

1 (a) The number of individuals who have accessed the resources
2 described in subsection (3) of this section;

3 (b) The number of providers, by type, who have accessed the
4 resources described in subsection (3) of this section;

5 (c) Demographic information, as available, for the individuals
6 described in (a) of this subsection. Demographic information may not
7 include any personally identifiable information and must be limited
8 to the individual's age, gender, and city and county of residence;

9 (d) A description of resources provided;

10 (e) Average time frames from receipt of call to referral for
11 services or resources provided; and

12 (f) Systemic barriers to services, as determined and defined by
13 the health care authority, the University of Washington department of
14 psychiatry and behavioral sciences, and Seattle children's hospital.

15 (5) Beginning December 30, 2019, and annually thereafter, the
16 authority must submit, in compliance with RCW 43.01.036, a report to
17 the governor and appropriate committees of the legislature with
18 findings and recommendations for improving services and service
19 delivery from subsection (4) of this section.

20 (6) The authority shall enforce requirements in managed care
21 contracts to ensure care coordination and network adequacy issues are
22 addressed in order to remove barriers to access to mental health
23 services identified in the report described in subsection (4) of this
24 section.

25 (~~(7) Subsections (4) through (6) of this section expire January~~
26 ~~1, 2021.~~)

27 **Sec. 2.** RCW 74.09.520 and 2017 c 202 s 4 are each amended to
28 read as follows:

29 (1) The term "medical assistance" may include the following care
30 and services subject to rules adopted by the authority or department:

- 31 (a) Inpatient hospital services; (b) outpatient hospital services;
32 (c) other laboratory and X-ray services; (d) nursing facility
33 services; (e) physicians' services, which shall include prescribed
34 medication and instruction on birth control devices; (f) medical
35 care, or any other type of remedial care as may be established by the
36 secretary or director; (g) home health care services; (h) private
37 duty nursing services; (i) dental services; (j) physical and
38 occupational therapy and related services; (k) prescribed drugs,
39 dentures, and prosthetic devices; and eyeglasses prescribed by a

1 physician skilled in diseases of the eye or by an optometrist,
2 whichever the individual may select; (l) personal care services, as
3 provided in this section; (m) hospice services; (n) other diagnostic,
4 screening, preventive, and rehabilitative services; and (o) like
5 services when furnished to a child by a school district in a manner
6 consistent with the requirements of this chapter. For the purposes of
7 this section, neither the authority nor the department may cut off
8 any prescription medications, oxygen supplies, respiratory services,
9 or other life-sustaining medical services or supplies.

10 "Medical assistance," notwithstanding any other provision of law,
11 shall not include routine foot care, or dental services delivered by
12 any health care provider, that are not mandated by Title XIX of the
13 social security act unless there is a specific appropriation for
14 these services.

15 (2) The department shall adopt, amend, or rescind such
16 administrative rules as are necessary to ensure that Title XIX
17 personal care services are provided to eligible persons in
18 conformance with federal regulations.

19 (a) These administrative rules shall include financial
20 eligibility indexed according to the requirements of the social
21 security act providing for medicaid eligibility.

22 (b) The rules shall require clients be assessed as having a
23 medical condition requiring assistance with personal care tasks.
24 Plans of care for clients requiring health-related consultation for
25 assessment and service planning may be reviewed by a nurse.

26 (c) The department shall determine by rule which clients have a
27 health-related assessment or service planning need requiring
28 registered nurse consultation or review. This definition may include
29 clients that meet indicators or protocols for review, consultation,
30 or visit.

31 (3) The department shall design and implement a means to assess
32 the level of functional disability of persons eligible for personal
33 care services under this section. The personal care services benefit
34 shall be provided to the extent funding is available according to the
35 assessed level of functional disability. Any reductions in services
36 made necessary for funding reasons should be accomplished in a manner
37 that assures that priority for maintaining services is given to
38 persons with the greatest need as determined by the assessment of
39 functional disability.

1 (4) Effective July 1, 1989, the authority shall offer hospice
2 services in accordance with available funds.

3 (5) For Title XIX personal care services administered by aging
4 and disability services administration of the department, the
5 department shall contract with area agencies on aging:

6 (a) To provide case management services to individuals receiving
7 Title XIX personal care services in their own home; and

8 (b) To reassess and reauthorize Title XIX personal care services
9 or other home and community services as defined in RCW 74.39A.009 in
10 home or in other settings for individuals consistent with the intent
11 of this section:

12 (i) Who have been initially authorized by the department to
13 receive Title XIX personal care services or other home and community
14 services as defined in RCW 74.39A.009; and

15 (ii) Who, at the time of reassessment and reauthorization, are
16 receiving such services in their own home.

17 (6) In the event that an area agency on aging is unwilling to
18 enter into or satisfactorily fulfill a contract or an individual
19 consumer's need for case management services will be met through an
20 alternative delivery system, the department is authorized to:

21 (a) Obtain the services through competitive bid; and

22 (b) Provide the services directly until a qualified contractor
23 can be found.

24 (7) Subject to the availability of amounts appropriated for this
25 specific purpose, the authority may offer medicare part D
26 prescription drug copayment coverage to full benefit dual eligible
27 beneficiaries.

28 (8) Effective January 1, 2016, the authority shall require
29 universal screening and provider payment for autism and developmental
30 delays as recommended by the bright futures guidelines of the
31 American academy of pediatrics, as they existed on August 27, 2015.
32 This requirement is subject to the availability of funds.

33 (9) Subject to the availability of amounts appropriated for this
34 specific purpose, effective January 1, 2018, the authority shall
35 require provider payment for annual depression screening for youth
36 ages twelve through eighteen as recommended by the bright futures
37 guidelines of the American academy of pediatrics, as they existed on
38 January 1, 2017. Providers may include, but are not limited to,
39 primary care providers, public health nurses, and other providers in

1 a clinical setting. This requirement is subject to the availability
2 of funds appropriated for this specific purpose.

3 (10) Subject to the availability of amounts appropriated for this
4 specific purpose, effective January 1, 2018, the authority shall
5 require provider payment for maternal depression screening for
6 mothers of children ages birth to six months. This requirement is
7 subject to the availability of funds appropriated for this specific
8 purpose.

9 (11) Subject to the availability of amounts appropriated for this
10 specific purpose, the authority shall:

11 (a) Allow otherwise eligible reimbursement for the following
12 related to mental health assessment and diagnosis of children from
13 birth through five years of age:

14 (i) Up to five sessions for purposes of intake and assessment, if
15 necessary;

16 (ii) Assessments in home or community settings, including
17 reimbursement for provider travel; and

18 (b) Require providers to use the current version of the DC:0-5
19 diagnostic classification system for mental health assessment and
20 diagnosis of children from birth through five years of age.

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