
SUBSTITUTE HOUSE BILL 1713

State of Washington

65th Legislature

2017 Regular Session

By House Early Learning & Human Services (originally sponsored by Representatives Senn, Dent, Kagi, and Kilduff)

1 AN ACT Relating to implementing recommendations from the
2 children's mental health work group; amending RCW 74.09.495 and
3 74.09.520; adding a new section to chapter 74.09 RCW; adding a new
4 section to chapter 43.215 RCW; adding a new section to chapter
5 28A.310 RCW; adding a new section to chapter 28A.300 RCW; adding a
6 new section to chapter 28B.30 RCW; adding a new section to chapter
7 28B.20 RCW; adding a new section to chapter 71.24 RCW; creating new
8 sections; providing an effective date; and providing an expiration
9 date.

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

11 NEW SECTION. **Sec. 1.** The legislature finds that children and
12 their families face systemic barriers to accessing necessary mental
13 health services. These barriers include a workforce shortage of
14 mental health providers throughout the system of care. Of particular
15 concern are shortages of providers in underserved rural areas of our
16 state and a shortage of providers statewide who can deliver
17 culturally and linguistically appropriate services. The legislature
18 further finds that greater coordination across systems, including
19 early learning, K-12 education, workforce development, and health
20 care, is necessary to provide children and their families with
21 coordinated care.

1 The legislature further finds that until mental health and
2 physical health services are fully integrated in the year 2020,
3 children who are eligible for medicaid services and require mental
4 health treatment should receive coordinated mental health and
5 physical health services to the fullest extent possible.

6 The legislature further finds that in 2013, the department of
7 social and health services and the health care authority reported
8 that only forty percent of the children on medicaid who had mental
9 health treatment needs were receiving services and that mental health
10 treatment needs increase with the number of adverse childhood
11 experiences that a child has undergone.

12 The legislature further finds that children with mental health
13 service needs have higher rates of emergency room use, criminal
14 justice system involvement, and an increased risk of homelessness,
15 and that trauma-informed care can mitigate some of these negative
16 outcomes.

17 Therefore, the legislature intends to implement recommendations
18 from the children's mental health work group, as reported in December
19 2016, in order to improve mental health care access for children and
20 their families through the early learning, K-12 education, and health
21 care systems. The legislature further intends to encourage providers
22 to use behavioral health therapies and other therapies that are
23 empirically supported or evidence-based and only prescribe
24 medications for children and youth as a last resort.

25 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
26 RCW to read as follows:

27 (1) For children who are eligible for medical assistance and who
28 have been identified as requiring mental health treatment, the
29 authority must oversee the coordination of resources and services
30 through (a) the managed health care system as defined in RCW
31 74.09.325 and (b) tribal organizations providing health care
32 services. The authority must ensure the child receives treatment and
33 appropriate care based on their assessed needs, regardless of whether
34 the referral occurred through primary care, school-based services, or
35 another practitioner.

36 (2) The authority must require each managed health care system as
37 defined in RCW 74.09.325 and each behavioral health organization to
38 develop and maintain adequate capacity to facilitate child mental
39 health treatment services in the community or transfers to a

1 behavioral health organization, depending on the level of required
2 care. Managed health care systems and behavioral health organizations
3 must:

4 (a) Follow up with individuals to (i) ensure an appointment has
5 been secured and completed; and (ii) track the individual's
6 utilization of services;

7 (b) Coordinate with and report back to primary care provider
8 offices on individual treatment plans and medication management, in
9 accordance with patient confidentiality laws;

10 (c) Provide information to health plan members and primary care
11 providers about the behavioral health resource line available twenty-
12 four hours a day, seven days a week; and

13 (d) Maintain an accurate list of providers contracted to provide
14 mental health services to children and youth. The list must contain
15 current information regarding the providers' availability to provide
16 services. The current list must be made available to health plan
17 members and primary care providers.

18 (3) This section expires June 30, 2020.

19 **Sec. 3.** RCW 74.09.495 and 2016 c 96 s 3 are each amended to read
20 as follows:

21 To better assure and understand issues related to network
22 adequacy and access to services, the authority and the department
23 shall report to the appropriate committees of the legislature by
24 December 1, 2017, and annually thereafter, on the status of access to
25 behavioral health services for children birth through age seventeen
26 using data collected pursuant to RCW 70.320.050.

27 (1) At a minimum, the report must include the following
28 components broken down by age, gender, and race and ethnicity:

29 ~~((+1))~~ (a) The percentage of discharges for patients ages six
30 through seventeen who had a visit to the emergency room with a
31 primary diagnosis of mental health or alcohol or other drug
32 dependence during the measuring year and who had a follow-up visit
33 with any provider with a corresponding primary diagnosis of mental
34 health or alcohol or other drug dependence within thirty days of
35 discharge;

36 ~~((+2))~~ (b) The percentage of health plan members with an
37 identified mental health need who received mental health services
38 during the reporting period; and

1 (~~(3)~~) (c) The percentage of children served by behavioral
2 health organizations, including the types of services provided.

3 (2) The report must also include the number of children's mental
4 health providers available in the previous year and the overall
5 percentage of children's mental health providers who were actively
6 accepting new patients.

7 **Sec. 4.** RCW 74.09.520 and 2015 1st sp.s. c 8 s 2 are each
8 amended to read as follows:

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

11 (a) Inpatient hospital services; (b) outpatient hospital services;
12 (c) other laboratory and X-ray services; (d) nursing facility
13 services; (e) physicians' services, which shall include prescribed
14 medication and instruction on birth control devices; (f) medical
15 care, or any other type of remedial care as may be established by the
16 secretary or director; (g) home health care services; (h) private
17 duty nursing services; (i) dental services; (j) physical and
18 occupational therapy and related services; (k) prescribed drugs,
19 dentures, and prosthetic devices; and eyeglasses prescribed by a
20 physician skilled in diseases of the eye or by an optometrist,
21 whichever the individual may select; (l) personal care services, as
22 provided in this section; (m) hospice services; (n) other diagnostic,
23 screening, preventive, and rehabilitative services; and (o) like
24 services when furnished to a child by a school district in a manner
25 consistent with the requirements of this chapter. For the purposes of
26 this section, neither the authority nor the department may cut off
27 any prescription medications, oxygen supplies, respiratory services,
28 or other life-sustaining medical services or supplies.

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

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

1 (a) These administrative rules shall include financial
2 eligibility indexed according to the requirements of the social
3 security act providing for medicaid eligibility.

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

8 (c) The department shall determine by rule which clients have a
9 health-related assessment or service planning need requiring
10 registered nurse consultation or review. This definition may include
11 clients that meet indicators or protocols for review, consultation,
12 or visit.

13 (3) The department shall design and implement a means to assess
14 the level of functional disability of persons eligible for personal
15 care services under this section. The personal care services benefit
16 shall be provided to the extent funding is available according to the
17 assessed level of functional disability. Any reductions in services
18 made necessary for funding reasons should be accomplished in a manner
19 that assures that priority for maintaining services is given to
20 persons with the greatest need as determined by the assessment of
21 functional disability.

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

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

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

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

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

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

38 (6) In the event that an area agency on aging is unwilling to
39 enter into or satisfactorily fulfill a contract or an individual

1 consumer's need for case management services will be met through an
2 alternative delivery system, the department is authorized to:

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

4 (b) Provide the services directly until a qualified contractor
5 can be found.

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

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

15 (9) Effective January 1, 2018, the authority shall require
16 provider payment for depression screening for youth ages twelve
17 through eighteen as recommended by the bright futures guidelines of
18 the American academy of pediatrics, as they existed on January 1,
19 2017. Providers may include, but are not limited to, primary care
20 providers, public health nurses, and other providers in a clinical
21 setting. This requirement is subject to the availability of funds
22 appropriated for this specific purpose.

23 (10) Effective January 1, 2018, the authority shall require
24 provider payment for maternal depression screening for mothers of
25 children ages birth to five. This requirement is subject to the
26 availability of funds appropriated for this specific purpose.

27 NEW SECTION. Sec. 5. A new section is added to chapter 43.215
28 RCW to read as follows:

29 (1) The department must collaborate with stakeholders to develop
30 an early childhood mental health training and consultation program
31 focused on the provision of trauma-informed care for infants and
32 young children. The training and consultation must be made available
33 to participants in the early achievers program under RCW 43.215.100
34 and must:

35 (a) Assist child care providers in recognizing the signs and
36 symptoms of trauma in children;

37 (b) Incorporate an understanding of the impact of trauma on
38 children's mental health and the potential paths for recovery;

1 (c) Provide onsite consultation and resources for child care
2 providers that are evidence-based and established best practices for
3 the provision of trauma-informed care; and

4 (d) Include training on best practices for screening and
5 providing referrals for children who need additional services.

6 (2) The department must contract with an entity with expertise in
7 child development and experience in implementing early achievers
8 training to provide the training and consultation program.

9 NEW SECTION. **Sec. 6.** A new section is added to chapter 28A.310
10 RCW to read as follows:

11 Each educational service district must establish a lead staff
12 person for mental health. The lead staff person must have the primary
13 responsibility of coordinating medicaid billing for schools and
14 school districts, facilitating partnerships with community mental
15 health agencies and other providers, sharing service models, seeking
16 public and private grant funding, and ensuring the adequacy of other
17 system level supports for students with mental health needs. The lead
18 staff person must collaborate with the office of the superintendent
19 of public instruction as provided in section 7 of this act.

20 NEW SECTION. **Sec. 7.** A new section is added to chapter 28A.300
21 RCW to read as follows:

22 (1) The office of the superintendent of public instruction must
23 employ a children's mental health services coordinator to coordinate
24 and provide support for the activities of the mental health lead
25 staff person in each educational service district, as provided in
26 section 6 of this act.

27 (2) The office must designate one educational service district as
28 a "lighthouse" to provide technical assistance to educational service
29 district mental health leads. Technical assistance must include: (a)
30 Facilitating peer-to-peer training opportunities; (b) providing
31 information about the impact of racial and other disparities on
32 children's mental health; (c) serving as a model for best practices
33 for mental health coordination; and (d) training on medicaid billing
34 for schools and school districts. The designated lighthouse must have
35 experience in providing mental health services and in medicaid
36 billing.

1 NEW SECTION. **Sec. 8.** Subject to the availability of amounts
2 appropriated for this specific purpose, the health workforce council
3 of the state workforce training and education coordinating board
4 shall collect and analyze workforce survey and administrative data
5 for clinicians qualified to provide children's mental health
6 services. The survey and administrative data must include the race
7 and ethnicity of providers, languages spoken by providers, the ages
8 of patients served, provider use of screening tools and assessments
9 that are culturally relevant and linguistically valid and
10 appropriate, and the amount of culturally relevant training providers
11 receive. The board must submit its findings and recommendations to
12 the governor and appropriate committees of the legislature by
13 December 1, 2018.

14 NEW SECTION. **Sec. 9.** A new section is added to chapter 28B.30
15 RCW to read as follows:

16 Subject to the availability of amounts appropriated for this
17 specific purpose, Washington State University shall offer one twenty-
18 four month residency position that is approved by the accreditation
19 council for graduate medical education to one resident specializing
20 in child and adolescent psychiatry. The residency must include a
21 minimum of twelve months of training in settings where children's
22 mental health services are provided under the supervision of
23 experienced psychiatric consultants and must be located east of the
24 crest of the Cascade mountains.

25 NEW SECTION. **Sec. 10.** A new section is added to chapter 28B.20
26 RCW to read as follows:

27 Subject to the availability of amounts appropriated for this
28 specific purpose, the child and adolescent psychiatry residency
29 program at the University of Washington shall offer one additional
30 twenty-four month residency position that is approved by the
31 accreditation council for graduate medical education to one resident
32 specializing in child and adolescent psychiatry. The residency must
33 include a minimum of twelve months of training in settings where
34 children's mental health services are provided under the supervision
35 of experienced psychiatric consultants and must be located west of
36 the crest of the Cascade mountains.

1 NEW SECTION. **Sec. 11.** A new section is added to chapter 71.24
2 RCW to read as follows:

3 (1) Upon initiation or renewal of a contract with the department,
4 a behavioral health organization shall reimburse a provider for a
5 behavioral health service provided to a covered person who is under
6 eighteen years old through telemedicine or store and forward
7 technology if:

8 (a) The behavioral health organization in which the covered
9 person is enrolled provides coverage of the behavioral health service
10 when provided in person by the provider; and

11 (b) The behavioral health service is medically necessary.

12 (2)(a) If the service is provided through store and forward
13 technology there must be an associated visit between the covered
14 person and the referring provider. Nothing in this section prohibits
15 the use of telemedicine for the associated office visit.

16 (b) For purposes of this section, reimbursement of store and
17 forward technology is available only for those services specified in
18 the negotiated agreement between the behavioral health organization
19 and provider.

20 (3) An originating site for a telemedicine behavioral health
21 service subject to subsection (1) of this section means an
22 originating site as defined in rule by the department or the health
23 care authority.

24 (4) Any originating site, other than a home, under subsection (3)
25 of this section may charge a facility fee for infrastructure and
26 preparation of the patient. Reimbursement must be subject to a
27 negotiated agreement between the originating site and the behavioral
28 health organization. A distant site or any other site not identified
29 in subsection (3) of this section may not charge a facility fee.

30 (5) A behavioral health organization may not distinguish between
31 originating sites that are rural and urban in providing the coverage
32 required in subsection (1) of this section.

33 (6) A behavioral health organization may subject coverage of a
34 telemedicine or store and forward technology behavioral health
35 service under subsection (1) of this section to all terms and
36 conditions of the behavioral health organization in which the covered
37 person is enrolled, including, but not limited to, utilization
38 review, prior authorization, deductible, copayment, or coinsurance
39 requirements that are applicable to coverage of a comparable
40 behavioral health care service provided in person.

1 (7) This section does not require a behavioral health
2 organization to reimburse:

3 (a) An originating site for professional fees;

4 (b) A provider for a behavioral health service that is not a
5 covered benefit under the behavioral health organization; or

6 (c) An originating site or provider when the site or provider is
7 not a contracted provider with the behavioral health organization.

8 (8) For purposes of this section:

9 (a) "Distant site" means the site at which a physician or other
10 licensed provider, delivering a professional service, is physically
11 located at the time the service is provided through telemedicine;

12 (b) "Hospital" means a facility licensed under chapter 70.41,
13 71.12, or 72.23 RCW;

14 (c) "Originating site" means the physical location of a patient
15 receiving behavioral health services through telemedicine;

16 (d) "Provider" has the same meaning as in RCW 48.43.005;

17 (e) "Store and forward technology" means use of an asynchronous
18 transmission of a covered person's medical or behavioral health
19 information from an originating site to the provider at a distant
20 site which results in medical or behavioral health diagnosis and
21 management of the covered person, and does not include the use of
22 audio-only telephone, facsimile, or email; and

23 (f) "Telemedicine" means the delivery of health care or
24 behavioral health services through the use of interactive audio and
25 video technology, permitting real-time communication between the
26 patient at the originating site and the provider, for the purpose of
27 diagnosis, consultation, or treatment. For purposes of this section
28 only, "telemedicine" does not include the use of audio-only
29 telephone, facsimile, or email.

30 (9) The department must, in consultation with the health care
31 authority, adopt rules as necessary to implement the provisions of
32 this section.

33 NEW SECTION. **Sec. 12.** Section 11 of this act takes effect
34 January 1, 2018.

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