



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 22, 2019

TIME: 3:31 PM

WSR 19-15-107

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes No If Yes, explain:

Purpose: The agency is revising this section to remove outdated language and implement provisions of SSB 5779 that promote integrated practice by removing nonessential limitations that restrict the scope and practice of behavioral health and primary care services, which include place-of-service restrictions for behavioral health providers.

Citation of rules affected by this order:

New:

Repealed:

Amended: 182-531-1400

Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.16, SSB 5779, 2017 Regular Session.

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 19-11-056 on May 14, 2019 (date).

Describe any changes other than editing from proposed to adopted version:

Proposed/Adopted	WAC Subsection	Reason
Original WAC #182-531-1400 (4)(a)		
Proposed	"When provided by a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner (ARNP), or psychiatric mental health nurse practitioner-board certified (PMHNP-BC);"	To clarify psychologists may perform treatment in conjunction with the prescribing provider.
Adopted	"When provided by a psychiatrist, psychologist , psychiatric advanced registered nurse practitioner (ARNP), or psychiatric mental health nurse practitioner-board certified (PMHNP-BC) <u>or psychologist in conjunction with the prescribing provider;</u> "	
Original WAC #182-531-1400 (8)(b)		
Proposed	"One individual or family/group psychotherapy visit, with or without the client, per day, per client."	To clarify the allowance of one or more individual or family/group psychotherapy visits, if medically necessary.
Adopted	"One <u>or more</u> individual or family/group psychotherapy visits, with or without the client, per day, per client, <u>when medically necessary.</u> "	

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:
Web site:
Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___

The number of sections adopted at the request of a nongovernmental entity:

New	___	Amended	___	Repealed	___
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The number of sections adopted on the agency's own initiative:

New	___	Amended	___	Repealed	___
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	___	Amended	1	Repealed	___
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The number of sections adopted using:

Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	___	Amended	1	Repealed	___

Date Adopted: July 22, 2019

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-531-1400 Psychiatric physician-related services and other professional mental health services. (1) The mental health services covered in this section are different from the mental health services covered under (~~chapter 388-865 WAC,~~) community mental health and involuntary treatment programs (~~(, administered by the division of behavioral health and recovery within the department of social and health services))~~ in chapter 182-538D WAC.

(2) Inpatient and outpatient mental health services not covered under chapter (~~388-865~~) 182-538D WAC(~~(,)~~) may be covered by the agency under this section.

Inpatient mental health services

(3) For hospital inpatient psychiatric admissions, providers must comply with chapter (~~388-865~~) 182-538D WAC.

(4) The agency covers professional inpatient mental health services as follows:

(a) When provided by a psychiatrist, psychiatric advanced registered nurse practitioner (ARNP), (~~(or)~~) psychiatric mental health nurse practitioner-board certified (PMHNP-BC), or psychologist in conjunction with the prescribing provider;

(b) The agency pays only for the total time spent on direct psychiatric client care during each visit, including services provided when making rounds. The agency considers services provided during rounds to be direct client care services and may include, but are not limited to:

- (i) Individual psychotherapy up to one hour;
- (ii) Family/group therapy; or
- (iii) Electroconvulsive therapy.

(c) One electroconvulsive therapy or narcosynthesis per client, per day, and only when performed by a psychiatrist.

Outpatient mental health services

(5) The agency covers outpatient mental health services when provided by the following licensed health care professionals who are eligible providers under chapter 182-502 WAC:

- (a) Psychiatrists;
- (b) Psychologists;
- (c) Psychiatric advanced registered nurse practitioners (ARNP);
- (d) Psychiatric mental health nurse practitioners-board certified (PMHNP-BC);
- (e) Mental health counselors;
- (f) Independent clinical social workers;
- (g) Advanced social workers; or
- (h) Marriage and family therapists.

(6) With the exception of licensed psychiatrists and psychologists, qualified health care professionals who treat clients age eighteen and younger must:

(a) Have a minimum of ((two years' experience in the diagnosis and treatment of clients age eighteen and younger, including one year of supervision by a mental health professional trained in child and family mental health)) one hundred actual hours of specialized study of child development and treatment and a minimum of one year of super-

vised experience in the diagnosis and treatment of clients age eight-
een and younger; or

(b) Be working under supervision of a professional who meets
these criteria.

(7) The agency does not limit the total number of outpatient mental health visits a licensed health care professional can provide.

(8) The agency evaluates a request for covered outpatient mental health services in excess of the limitations (~~or restrictions~~) in this section under WAC 182-501-0169. The agency covers outpatient mental health services with the following limitations:

(a) One psychiatric diagnostic evaluation, per provider, per client, per calendar year, unless significant change in the client's circumstances renders an additional evaluation medically necessary and is authorized by the agency.

(b) One or more individual or family/group psychotherapy visits, with or without the client, per day, per client, when medically necessary.

(c) One psychiatric medication management service, per client, per day, in an outpatient setting when performed by one of the following:

(i) Psychiatrist;

(ii) Psychiatric advanced registered nurse practitioner (ARNP);

or

(iii) Psychiatric mental health nurse practitioner-board certified (PMHNP-BC).

~~(9) ((Clients enrolled in the alternative benefits plan (defined in WAC 182-500-0010) are eligible for outpatient mental health services when used as a habilitative service to treat a qualifying condition in accordance with WAC 182-545-400.~~

~~(10) Mental health services must be provided in the appropriate place of service. The provider is responsible for referring the client to the behavioral health organization (BHO) to assess whether the client meets the BHO access to care standards.~~

~~(11) If anytime during treatment the provider suspects the client meets the BHO access to care standards, an assessment must be conducted. This assessment may be completed by either a health care professional listed in subsection (5) of this section or a representative of the BHO.~~

~~(12) After the client completes fifteen outpatient mental health visits under this benefit, the agency may request a written attestation that the client has been assessed for meeting access to care standards. This written attestation verifies the mental health services are being provided in the appropriate place of service. The treating provider must respond to this request.~~

~~(13) To support continuity of care, the client may continue under the care of the provider until a BHO can receive the client.~~

~~(14) To be paid)) To receive payment for providing mental health services, providers must bill the agency using the agency's published billing instructions.~~

~~((15) The agency considers a provider's acceptance of multiple payments for the same client for the same service on the same date to be a duplication of payment. Duplicative payments may be recouped by the agency under WAC 182-502-0230. Providers must keep documentation identifying the type of service provided and the contract or agreement under which it is provided.))~~