

**2014 Legislative Update**  
**Tribal Affairs Monthly Meeting**  
**March 25, 2014**

**The Budget Bill**

**ESSB 6002, Section 213 – 2013-15 Supplemental Operating Budget**

- Subsection 42 - Medicaid funds provided to the health benefit exchange are subject to compliance with state and federal regulations and policies governing the Washington apple health programs, including timely and proper application, eligibility, and enrollment procedures.
- Subsection 44 – Funds for the Medicaid breast and cervical cancer treatment program are restored.
- Subsection 47 - Removes the limitation that HCA monitor the cost of the habilitative benefit as part of the forecasting process, but not provide the benefit in the current Medicaid plan without appropriation.
- Subsection 53 - Funds are provided for Medicaid clients to select the Medicaid managed care organization of their choice within the Washington healthplanfinder online marketplace.
- Subsection 54 - Funds for autism screenings for children age eighteen months beginning July 1, 2014

**Bills of Interest that Did Not Pass**

**HB 2466 - Dental Health Aide Therapy Services**

- Authorizes tribes, tribal organizations, or certain federal programs to certify, train, and employ dental health aides to serve tribal populations.
- Authorizes a dental health aide to practice in a setting operated by an Indian health program or tribal non-profit organization.
- Requires HCA to coordinate Medicaid funding for dental health aide services.

**Bills of Interest Delivered to the Governor**

**E2SHB 2572 - State Health Care Innovation Plan/Transforming Health Care Delivery**

- HCA is to coordinate implementation of the State Health Care Innovation Plan and apply for a grant.
- The Joint Select Committee on Health Care Oversight is to provide oversight / approval of the federal grant application, and oversight of implementation activities and cross-agency efforts.
- HCA is to award grants for two pilot projects for communities of health.
- DOH is to establish a health extension program to disseminate tools, training, and resources to providers.
- A Governor-appointed committee is to identify and recommend standard statewide health performance measures. State agencies are to use the measures to inform and set benchmarks for purchasing decisions.
- HCA and DSHS may restructure Medicaid procurement of health care services with managed care systems to better integrate physical health, mental health, and chemical dependency treatment.
- A statewide all-payer health care claims database is created. Medicaid and the Public Employees Benefits Board program to be submitted to the database. Directs a lead organization selected by OFM to manage the database and prepare reports based on claims data.
- HCA to submit annual progress reports to the Legislature from January 1, 2015 through January 1, 2019.

### **E2SSB 6312 - Mental Health and Chemical Dependency Integration**

- Expands scope, work and membership of the Adult Behavioral Health System Task Force.
- DSHS and HCA are to establish regional service areas and a process for awarding contracts for behavioral health organizations in regional service areas.
- Establishes contract requirements for the purchase of behavioral health services for Medicaid and non-Medicaid clients and factors to consider in the purchasing process. Requires contracts to assure that primary care and behavioral health services are available in both settings.
- Allows certified chemical dependency professionals to treat patients in settings other than DSHS approved programs.
- Medicaid mental health, chemical dependency, and medical care services are to be fully integrated by January 1, 2020. DSHS and HCA are to report to Legislature by December 1, 2018 on regional readiness for full integration by January 2020.

### **ESSB 6228 – Health Care Cost and Quality Transparency Tools and Consumer Information**

- Requires health carriers to offer transparency tools for members with certain price and quality information.
- The Governor is to appoint a stakeholder committee to identify and recommend statewide measures of health performance. Statewide associations representing hospitals, physicians, and nurses appoint those members. The committee is chaired by the HCA Director.
- The committee must develop a transparent process to select performance measures, including opportunity for public comment, and is directed to submit the measures to HCA by January 1, 2015.
- The measures must include dimensions of prevention and screening, effective management of chronic conditions, key health outcomes, care coordination and patient safety, and use of the lowest cost, highest quality care for acute conditions.
- State agencies are to use the measures to inform and set benchmarks for their purchasing.

### **ESHB 2315 - Suicide Prevention Plan and Provider Training**

- Health professions one-time training in suicide assessment, treatment, and management. Model list of training programs are to be updated periodically and contain content specific to veterans.
- DOH - update its 2013 study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability to identify, refer, treat, and manage patients with suicidal ideation. Submit reports to the Legislature by November 2018 and November 2022.
- DSHS / HCA - plan for a pilot program to support primary care providers in the assessment, diagnosis and treatment of individuals with mental/behavioral health disorders and track program outcomes. The pilot is to include two sites (urban / rural). The agencies are to submit the plan to Legislature by November 15, 2014.
- Washington Plan for Suicide Prevention – DOH report to Legislature by November 15, 2015.

### **ESHB 2746 - Medicaid Personal Care**

- Refinances Medicaid personal care services for developmentally disabled individuals in need of long term care which can be provided through the Community First Choice Option program. This program provides the support/care needed so these individuals can live in their own homes or in a non-institutional setting. The program is to be implemented by August 30, 2015.
- By July 1, 2014 DSHS is to begin seeking stakeholder input on the program and system design prior to submitting the proposal to CMS. The program may include optional services in the benefit package.
- The Joint Legislative Executive Committee on Aging and Disability and the council that the DSHS must convene prior to submitting the proposal to CMS, must both provide recommendations for investments in home and community-based services. The final report from the Committee must explore the cost and benefit of rate enhancements for providers of long-term services and supports, restoration of hours for in-home

clients, additional investment in the family caregiver support program, and additional investment in the Individual and Family Services Program or other Medicaid services that support individuals with developmental disabilities.

#### **SSB 6387 – Developmental Disabilities Services**

- DSHS is to implement a Medicaid waiver to replace the Individual and Family Services (IFS) program no later than May 30, 2015.
- If additional federal funds are attained through the Community First Choice Option, then by June 30, 2017, at least 4,000 individuals will receive services within the new IFS waiver, and an additional 1,000 individuals will receive services under the existing Basic Plus waiver.
- Extends the certification exemption for individual providers who provide 20 hours or less of care for one person in any calendar year to July 1, 2016.
- Creates a certification exemption for individual providers who only provide respite services and work less than 300 hours in any calendar year until July 1, 2016.

#### **SSB 6124 - State Alzheimer's Plan**

- DSHS must convene an Alzheimer's disease work group to include the HCA director or designee, to develop a state Alzheimer's plan. The work group must examine the needs of individuals diagnosed with Alzheimer's, the services available to meet those needs, and the capacity of the state and providers to meet those needs.
- DSHS must submit a report of the working group's findings and recommendations, including any draft legislation needed to implement the plan, to the Legislature by January 1, 2016.

#### **SB 6419 – Expanding Access to Care in Medicaid Services in Border Communities**

- Requires all HCA and DSHS contracts for Medicaid services issued or renewed after July 1, 2014 to include provisions that allow for care to be accessed cross-border ensuring timely access to necessary care, including inpatient and outpatient services. The contracts must include reciprocal arrangements to allow Washington, Oregon, and Idaho border residents to access care when care is appropriate, available, and cost-effective.
- The agencies must jointly report to the Legislature by November 1, 2014, with an update on the contractual opportunities and the anticipated impacts on patient access to timely care, the impact on the availability of inpatient and outpatient services, and the fiscal implications for the Medicaid programs.

#### **ESSB 6511 – Health Care Prior Authorization**

- Requires the Office of the Insurance Commissioner to reauthorize efforts to develop processes, guidelines, and standards to streamline health care administration.
- OIC is to establish a work group to develop recommendations for prior authorization requirements. This workgroup is to especially focus on the pharmacy authorization process.
- Prohibits health carriers from requiring prior authorization for routine health care services for which a person may self-refer.
- Requires a health carrier to disclose its criteria and methods for establishing limits on access to network providers and its methods and clinical protocols for authorizing coverage of health care services.

**Request for Information or Respond to Questions:**

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