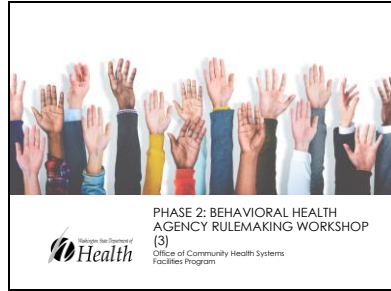


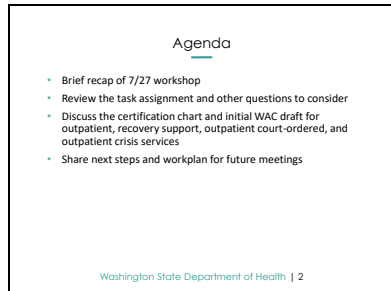
Behavioral Health Agency Rulemaking Workshop – Notes August 2, 2021

Slide 1



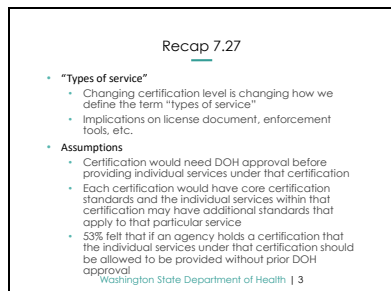
Welcome back everyone! Today is going to be fun because we've taken some concepts that we've discussed over the past two weeks and drafted some language so that we have a visual to work with. We have quite a bit to think through and discuss today so I'm going to jump right in.

Slide 2



The plan for today is to briefly recap what we discussed last week including reviewing the assignment that we had started working on. I have a few additional questions that I want to throw out for you to keep in mind as we do our work today. Then we'll begin discussing some visuals I created for us including some draft language. I'm hoping we will have time to get through outpatient, recovery supports, outpatient court-ordered services and outpatient crisis services today. Then, we will determine next steps and I'll share with you a workplan and tentative agenda for the rest of our meetings.

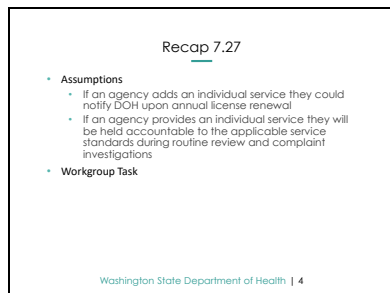
Slide 3



For those of you that weren't with us last week I want to catch you up-to-speed on a couple things. We discussed how the work we are doing is essentially defining "types of service". Currently types of service means every individual service, but moving forward we are exploring a broader definition to types of service and thinking about it more in terms of an overarching category of services. We talked about how changing the way we define "types of service" could have implications on things like license documents, enforcement tools, and such.

We also verified some assumptions that are helping structure our idea. The majority agreed that in order to issue a certification DOH approval would be needed prior to providing the individual services under that certification. Each certification would have core certification standards and the individual services under that certification may have additional standards that need to be followed. 53% of attendees felt that an agency that holds a certification should be able to provide the individual services under that certification without having to get pre-approval from DOH.

Slide 4



Recap 7.27

- Assumptions
 - If an agency adds an individual service they could notify DOH upon annual license renewal
 - If an agency provides an individual service they will be held accountable to the applicable service standards during routine review and complaint investigations
- Workgroup Task

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We also talked about the logistics of how an agency would notify DOH if they added an individual service under their certification. Many attendees felt that following the hospital model, agencies could notify DOH of any additions or subtractions of individual services upon the annual renewal of their DOH license.

Regardless of when DOH would be notified the agency would still be held accountable to the applicable standards during DOH review and if DOH received a complaint.

Keeping these assumptions in mind we began having discussions about ways we could break down or organize certifications and individual services.

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Workgroup Task

- Review existing WAC organization (handout) and ask:
 - Are the individual services in the correct category?
 - Can we apply a standard set of core general requirements (certification standards) to all of the individual services in this category?
 - Would we be comfortable with agencies adding any of the individual services within this category without prior approval?
- If the answer to any of the above is “no” then do we create a separate certification for that service?

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We utilized the current WAC organization as our starting place and the intention was to run certifications and individual services through this algorithm asking ourselves (see slide bullets). We didn't systematically go through these questions necessarily, but they did lead us to some really good discussion. We will continue to apply these questions in our work today.

In addition to these questions, I have some others that we don't necessarily need to answer right now, but that I'd like you be considering during our conversations. I've also incorporated some of them into the draft language so you could see what it might look like.

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Additional Questions

- If a service doesn't have applicable service standards (just a description of the service) do we still list it and track it as an individual service?
- Are there some we should bundle instead?
- Are there some we should remove?
- Any we should add?

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See slide.

Notes: *After we did our phase 1 work last summer, some of our services no longer have any substantial service standards. Do we still want to track those? Are there some that we want to bundle? Remove? Add?*

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Additional Questions

- Can certifications build off each other?
 - Ex. If I'm certified for outpatient services, does that give me the ability to provide support services without having to get an additional support service certification and approval? Or withdrawal management can automatically provide residential SUD services without a separate certification and approval?

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Notes: *Should our certifications build off of each other? Kind of separating these into levels of care. You can provide a lower level of care without getting a certification if you have a certification for higher levels of care? Ex: You have withdrawal management; you can add residential SUD without a new certification.*

Q: David Crump: *How do you determine a higher or lower level of care? Inpatient & day treatment?*
Answer: *There are differences in how people define levels of care. See Certification Chart.*

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Next Steps/ Work Plan

- August 10th- Inpatient/Residential
- Break August 17th and 24th
- August 31st- "Big reveal" and identify areas that might benefit from goal #2.
- September 7th- Part 2 work
- September 14th- Part 3 work (telehealth and ???)
- September 21st- Review draft
- September 28th- Finalize draft

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Part #2 of this project is to Determine if we have the appropriate level of regulation for the types of services and adjust as needed.

Goals:

- Scope rules to align more closely with the specific rule-making authority in RCW 71.24.037
- Develop a more consistent level of regulation across service types

Part #3 is to circle back to any leftover topics from last summer that we have time to address.

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Talk to you soon!

Any ideas, concerns, questions...contact:

Julie.Tomaro@DOH.WA.GOV

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