Summary of Rule Changes– Effective April 1, 2018

Chapter 388-877 WAC Licensing and Certification for Behavioral Health Agencies

The Division of Behavioral Health and Recovery (DBHR) has rewritten chapter 388-877 WAC regarding the licensure and certification of behavioral health agencies, consolidating five WAC chapters into one. DBHR is making this rule change at the advice of stakeholders and at the direction of E2SHB 1819 that passed in 2017 (which became RCW 71.24.870). This new statute tasks the department with consolidating behavioral health certification rules into one single set of regulations for behavioral health agencies to follow to provide mental health, substance use disorder, and co-occurring services, and identifying areas in which duplicative or inefficient documentation, assessment, and other requirements could be eliminated or streamlined for providers.

DBHR involved stakeholders at all stages of this rule change, including:

- A Co-occurring Disorder Workgroup led by DBHR that met over many months to establish the best path forward for the delivery of services to individuals with co-occurring disorders, identifying areas in the Medicaid State Plan, RCW, and WAC that will need to be amended;
- Meetings and conference calls with Legislative staff, members of the Children's Mental Health Workgroup, and stakeholders and advocates behind E2SHB 1819;
- A Focus Group of interested stakeholders including representatives from the above two groups and those that responded to the department's Preproposal Statement of Inquiry (CR 101) and other invitations to be involved in the project.
- External reviews of the WAC draft, including distribution via e-mail to hundreds of interested parties and the posting of the draft on the DBHR public web page.
- Participation in all groups by partners from the Department of Health and the Health Care Authority, organizations that will receive authority over DBHR rules July 1, 2018 according to the Behavioral Health Integration bill.

Here is a summary of some of the changes made to lessen the regulatory burden on behavioral health providers and make it easier to deliver services to individuals who have co-occurring disorders. DBHR:

- Consolidated the agency staff requirements, agency record requirements, assessment requirements, and individual service plans for mental health, substance use disorder, and problem and pathological gambling into one set of requirements and eliminated some elements that we no longer felt made sense.
- Removed time limits on how soon the elements of a clinical assessment must be completed and added language from E2SHB that allows for a "clinician to conduct an age-appropriate, strengths-based psychosocial assessment…according to best practices", while leaving in the former WAC's list of assessment elements for agencies who choose to still use them.
- Adjusted the definition of "mental health professional" to create both flexibility and structure for the differing needs of agencies – it can now be a designation given by DBHR or an attestation by the behavioral health agency.
- Eliminated some of the prescriptive requirements about agency staff training to allow providers to customize training in a way that suits their populations best.

- Added (in several places) physician assistants and psychiatric ARNPs or ARNPs to the list of professionals that staff have access to for consultation. Some Focus Group members indicated this would allow flexibility and cost savings for their practices.
- Added an exemption statement from E2SHB 1819 to the Clinical Assessment section and the Individual Service Plan section to allow a behavioral health agency an opportunity for an exemption if they are following similar documentation requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety.
- Changed the maximum size of therapy groups to sixteen across the board for mental health, substance use disorder, and problem and pathological gambling to remove barriers that some agencies experienced with the previous group sizes.
- Added American Society of Addiction Medicine (ASAM) information throughout the WAC including indicating ASAM levels for certain certified services.
- Clarified information about outpatient services that are provided in a residential treatment facility to remove barriers for residential eating disorder programs.
- Updated terminology to more closely match current usage (for example, using *withdrawal management* instead of *detoxification,* etc.).
- Created a new category of "Consumer-run recovery support" services for Clubhouses to make room for additional certifications for consumer-run services in the near future.
- Created some flexibility on how telephone screening could be conducted in Secure Withdrawal and Stabilization facilities to reduce costs for these providers.
- Updated or removed WAC language that has been superseded by changes in RCW.
- Made edits where necessary to make the rules easier to understand and follow.

Behavioral health agencies must be in compliance with these rules by July 1, 2018.

If you have questions about this rule change or if you would like information in the future about rule changes, please contact Stephanie Vaughn stephanie.vaughn@dshs.wa.gov or (360) 725-1342.