

# GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Clinical  
Approved On: 11/7/05  
Approved By: The Board of Directors  
Last Revision Date: 00/0000  
Effective Date: 15 days from approval/ last revision  
Last Review Date: 09/12/07 (no changes)

**No.:CL335.00**

**Title: Psychiatric Inpatient Policy**

## **I. Scope:**

This service provision policy applies to all Greater Columbia Behavioral Health (GCBH) Regional Office, Member Governments, and subcontractors.

## **II. Purpose(s):**

The purpose of this policy is to provide GCBH Regional Office, Member Governments, and subcontractors with clearly defined standards for the provision of access to and oversight of psychiatric inpatient services.

## **III. Policy:**

GCBH shall ensure that the Regional Office, Member Governments and subcontractors provide access to psychiatric inpatient services prior to intake for all individuals who meet either voluntary admission criteria outlined in Exhibit D of the Prepaid Inpatient Health Plan (PIHP) and Exhibit D of the State Mental Health Contract or meet the requirements of RCW 71.05 or 71.34.

## **IV. Responsibility:**

GCBH through its contracted provider network delegates the responsibility for access to psychiatric inpatient services prior to intake.

## **V. Requirements:**

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- A. Psychiatric inpatient services must be authorized prior to admission by the appropriate Mental Health Division designee (PIHP Exhibit D, Attachment II).
- B. Psychiatric inpatient services must be determined to be medically necessary.
- C. Medical necessity criteria for voluntary Psychiatric inpatient services shall be met when:
  - 1. Ambulatory care resources available in the community do not meet the treatment needs of the client;
  - 2. Proper treatment of the client's psychiatric condition requires services on an inpatient basis under the direction of a physician;
  - 3. The inpatient services can be reasonably expected to improve the client's condition or prevent further regression so that the services will no longer be needed; AND
  - 4. The client has been diagnosed as having an emotional/behavioral disturbance as a result of a mental disorder as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association, the edition current at the time of admission.
- D. When a decision is made to approve voluntary admission, the MHD designee must document this decision on the Certification Form and provide this form to the hospital. (*Attachment III, Exhibit D, PIHP Contract, Form and Instructions*).
- E. Requirements for certification of medical necessity for involuntary admission are satisfied through the initial detention process for involuntary treatment in accordance with chapters 71.05 or 71.34 RCW.

## **VI. Scheduled Review of this Policy:**

The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by September of even years,

- B. by the Regional Advisory Board (RAB) by October of even years,
- C. by the GCBH Board of Directors by November of even years, and
- D. outside of the schedule if required.

Approved:

Date:

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William Wilson, DrPH  
Director

09/12/07 review date