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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
 - X - The requirements herein apply, verbatim, to GCBH and its network providers².
 - The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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PURPOSE: To define the circumstances under which clinical documentation generated by one Provider may be used by another to fulfill documentation requirements established by the State of Washington.

DEFINITIONS

- I. GCBH Network Provider: For the purpose of this policy, an entity authorized by the State of Washington to provide outpatient mental health services and contracted with Greater Columbia Behavioral Health, or one of its member governments, to provide such services.
- II. Open Authorization: An authorization for which the service period originally authorized has not expired, assuming that the episode of care to which that authorization applies was not terminated because the consumer no longer meets Access to Care criteria.
- III. Primary Provider: For the purposes of this policy, the GCBH Network Provider that initiated a request for authorization for Outpatient services, under which authorization services are subsequently rendered, while it is open, to the consumer by another GCBH Network Provider.
- IV. Episode of Care: A period of time beginning with an initial authorization and continuing until the consumer is discharged from treatment because s/he no longer desires it or no longer meets Access to Care criteria.

POLICY

- A. When a consumer has been authorized for outpatient services at the request of a GCBH Network Provider, and that authorization is still open (see definition for Open Authorization), Intakes and Treatment Plans generated by the Primary Provider may be shared with another GCBH Provider, and used by that Provider in place of newly-generated documents provided that (1) the consumer has signed a Release of Information (ROI) authorizing this, and (2) the use of an earlier-generated document will satisfy all timelines associated with that document, as defined by Washington Administrative Code.
- B. Services from a second Provider may be initiated at the request of a Primary Provider or of the consumer. In either event, there may be no duplication of services between the two Providers and rationale clearly supporting the need for services in two locations must

be noted in the clinical records generated by both Providers. Both Providers serving the consumer are responsible to ensure that service duplication does not occur.

- C. If an Intake or Treatment Plan generated by another Provider will be used in place of one generated by the Provider who requested it, it must be generated by an appropriately credentialed clinician and not by an individual who is without adequate credentials and therefore under the supervision of a credentialed clinician.
- D. The Provider requesting documents generated by another Provider is responsible for securing the necessary ROI, for determining that applicable WAC requirements will be met if they incorporate such documents into their own clinical record, and for ensuring that their content is sufficient to support services to be delivered on the basis of these documents.
- E. Before initiating services under an authorization requested by another Provider, the second Provider must have on file in the consumer's record a copy of the form authorizing services. The second Provider is responsible for requesting reauthorization on its own behalf if services will continue beyond the originally authorized period, and for ensuring that the original Provider is aware of its continuing involvement, if the consumer is still receiving services from both Providers.
- F. When two Providers are simultaneously serving the same consumer under the same authorization, the services delivered by both Providers must be responsive to one Treatment Plan and documentation in the clinical record must reflect ongoing collaboration between the two Providers. In such cases, the Primary Provider remains responsible for carrying out the 180-day reviews. The second Provider is responsible for ensuring that documentation demonstrating these reviews is included in its own clinical record for that consumer, and evaluations of the timeliness of such reviews will be based on that documentation—i.e., the second Provider will be evaluated on the basis of the Primary Provider's timeliness.

PROCEDURE

- 1. If the document received from another Provider is an Intake, it must be reviewed with the consumer by an MHP during the consumer's first appointment, to ensure its completeness. This review is submitted to GCBH as an Intake, using the H0031 encounter code with the 52 modifier.
 - 1.1. To avoid its inclusion in performance measures addressing the interval between a Request for Services and an Intake, no Request for Services (H0046) encounter is submitted by the second Provider for consumers who are entering treatment on the basis of an authorization obtained by another Provider.

APPROVAL

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