

CRRT Criteria and Source References

#	Section	Review Criterion	Source
1	Intake	The Intake was done by a mental health professional, as evidenced by signature with credentials.	WAC 388-865-0420 (2) The intake evaluation must: (a) Be provided by a mental health professional
2	Intake	The Intake was completed within 30 working days of its initiation.	WAC 388-865-0420 (2) The intake evaluation must: (b) Be initiated within ten working days from the date on which the individual or their parent or other legal representative requests services and completed within thirty working days of the initiation of the intake.
3	Intake	There is evidence that cultural and age relevant issues were assessed during Intake.	WAC 388-865-0420 (2) The intake evaluation must: (c) Be culturally and age relevant. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.8. The degree to which mental health services delivered are age, culturally and linguistically competent.
4	Intake	The Intake documents presenting problem(s) as described by the individual, and is inclusive of input from people who provide active support to the individual, if requested or if the individual is less than 13 years old.	WAC 388-865-0420 (2) The intake evaluation must: (d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include (i) Presenting problem(s) as described by the individual, including a review of any documentation of a mental health condition provided by the individual. It must be inclusive of people who provide active support to the individual, if the individual so requests, or if the individual is under thirteen years of age. PIHP 8.2.2. The annual review must at least address... PIHP 8.2.2.7 Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the enrollee and those they identify as family
5	Intake	The intake documents the individual's current physical health status, including any medication the individual is taking.	WAC 388-865-0420 (2) The intake evaluation must: (d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include...(ii) Current physical health status, including any medications the individual is taking;
6	Intake	The GAINS-SS was administered, completed and signed by the individual at intake. If the GAIN-SS scores met the criteria for doing a quadrant placement assessment, one was completed by the first treatment review following the screening. If the Quadrant Placement was a III or IV the clinician discussed the need for a chemical dependency assessment with the individual and documented his/her response.	WAC 388-865-0420 (2) The intake evaluation must: (d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include...(iii) Current substance use and abuse and treatment status (GAIN-SS) 7.15.4. The Contractor must complete a co-occurring mental health and chemical dependency disorder assessment...to determine a quadrant placement for the individual when the individual scores a two (2) or higher on either of the first two scales (ID Screen & ED Screen) and a two (2) or higher on the third (SD Screen). 7.15.4.1. The assessment is required during the next outpatient treatment planning review following the screening. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.6. The implementation of the GAIN-SS and the co-occurring assessment for quadrant placement of individuals.

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7	Intake	The Intake documents all 5 Axes, including GAF Score AND there is sufficient information to justify the diagnosis and establish medical necessity.	WAC 388-865-0420 (2) The intake evaluation must: (d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include (iv) Sufficient clinical information to justify the provisional diagnosis using diagnostic and statistical manual (DSM IV TR) criteria, or its successor.
8	Intake	An assessment of risk for suicide/homicide and self-harm was completed AND, if warranted, a referral for provision of emergency/crisis services was made.	WAC 388-865-0420 (2) The intake evaluation must: (d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include (v) An identification of risk of harm to self and others, including suicide/homicide. Note: A referral for provision of emergency/crisis services, consistent with WAC 388-865-0452, must be made if indicated in the risk assessment.
9	Intake	There is evidence that, during the Intake process (i.e., within 30 days of the initial intake session) that the individual was asked whether s/he is under supervision of the department of corrections, or volunteered that information.	WAC 388-865-0420 (2) The intake evaluation must: (d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include (vi) Whether they are under the supervision of the department of corrections.
10	Intake	The Intake includes a recommendation regarding the course of treatment.	WAC 388-865-0420 (2) The intake evaluation must: (d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include (vii) A recommendation of a course of treatment.
11	Intake	If there was an EPSDT referral, there is evidence that the Physician, ARNP, PA, trained public health nurse, or RN who made the EPSDT referral was responded to with a written notice including at least the date of Intake and the diagnosis. If the enrollee is under 21 and does not identify a primary care provider, there is evidence that the CMHC provider assisted the Enrollee in calling the 1-800 number to locate a physical health care provider.	PIHP 13.9.2 EPSDT requires [response] to referrals from primary medical care providers. This must include at least: 13.9.2.1. A written notice replying to the Physician, ARNP, Physician Assistant, trained public health nurse or RN who made the EPSDT referral...[that includes] at least the date of intake and diagnosis. 13.9.2.2. In the event the Enrollee does not have a primary care provider, use the following number to assist them to locate a provider. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.2. Consistent coordination efforts with primary medical care.
12	Service Plan	There is evidence that the service plan was initiated with at least one goal identified by the individual (or legal representative) at the time of Intake or during the first routine service appointment following the Intake.	WAC 388-865-0425 The community mental health agency must develop a consumer-driven, strength-based individual service plan that meets the individual's unique mental health needs [and is]...developed in collaboration with the individual, or the individual's parent or other legal representative if applicable. [It] must (1) Be initiated with at least one goal identified by the individual, or their...legal representative...at the intake evaluation or the first session following the intake evaluation. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family.

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13	Service Plan	The medical record contains a completed service plan that was developed within the 30 days following the first routine services appointment after the Intake.	WAC 388-865-0425 The service plan must (2) Be developed within thirty days from the first session following the intake evaluation
14	Service Plan	The service plan is age and culturally competent, and reflects/incorporates consumer-identified strengths.	WAC 388-865-0425 The community mental health agency must develop a consumer-driven, strength-based individual service plan that meets the individual's unique mental health needs [and is]...developed in collaboration with the individual, or the individual's parent or other legal representative if applicable.(3) Address age, cultural, or disability issues identified by the individual, or their parent or other legal representative if applicable, as relevant to treatment. PIHP 8.2.2. The annual [contract compliance] review must at least address... 8.2.2.8. The degree to which mental health services delivered are age, culturally and linguistically competent
15	Service Plan	The treatment goals in the service plan are stated in terms that are sufficiently specific to allow for a Yes/No answer concerning whether they have been accomplished, and an evaluation of the individual's progress toward recovery.	WAC 388-865-0425 The service plan must (4) Include treatment goals or objectives that are measurable and that allow the provider and individual to evaluate progress toward the individual's identified recovery goals.
16	Service Plan	The service plan is written in language generally considered understandable by the population served, AND the participation of the individual, or family or significant others as requested by the individual, is evidenced by the individual's signature and/or quotes documented in the plan.	WAC 388-865-0425 The service plan must (5) Be in language and terminology that is understandable to individuals and their family, and (7) Demonstrate the individual's participation in the development of the individual service plan. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family.
17	Service Plan	The service plan identifies the necessary service modalities, AND there is documentation demonstrating that the individual and provider have reached agreement as to the services to be provided during the current treatment episode OR describing the individual's disagreement with the treatment recommendations and evidencing that the individual has been advised of his/her right to file an appeal.	WAC 388-865-0425 The service plan must (6) Identify medically necessary service modalities, mutually agreed upon by the individual and provider, for this treatment episode. (10) If an individual disagrees with specific treatment recommendations or is denied a requested treatment service, they may pursue their rights under WAC 388-865-0255. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family.
18	Service Plan	If the service plan was not generated by a Mental Health Professional, approval by an MHP is demonstrated via MHP signature.	WAC 388-865-0425 (7) If the provider developing the plan is not a mental health professional, the plan must also document approval by a mental health professional.

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19	Service Plan	There is evidence that the service plan was reviewed at least every 180 days, and was updated to reflect any changes in the individual's needs or desires concerning treatment. The review process includes assessment of the currently authorized Level of Care (i.e., the continuing need for that Level of Care) and the effectiveness of the plan of treatment, and discussion with the individual regarding progress toward the treatment goals, and changes in the level of functionality in daily activities.	WAC 388-865-0425 The service plan must (8) Include documentation that the individual service plan was reviewed at least every one hundred eighty days [and] updated to reflect any changes in the individual's treatment needs or as requested by the individual, or their parent or other legal representative if applicable. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family. 8.2.2.10. A review of services that are being provided that promote recovery and resiliency.
20	Service Plan	The service plan defines the contribution of formal and informal supports to achieve outcomes, including coordination with any family service plan when the child is under three years of age, AND there is evidence that the individual (or his/her legal representative) has consented to the sharing of information necessary to coordination between the provider and these support systems.	WAC 388-865-0425 The service plan must (9) With the individual's consent, or their parent or other legal representative if applicable, coordinate with any systems or organizations the individual identifies as being relevant to the individual's treatment. This includes coordination with any individualized family service plan (IFSP) when serving children under three years of age. PIHP 10.3.3. The Individual Service Plan must address the overall identified needs of the Enrollee, including those that best met by another service delivery system, such as education, primary medical care, child welfare, drug and alcohol, developmental disabilities, aging and adult services, corrections and juvenile justice as appropriate. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family.
21	Service Plan	There are no "rule out" or provisional diagnoses in the clinical record for an episode of care that are older than 180 days.	Acumentra, CRR Standard V. The treatment plan diagnosis and the prescriber diagnosis is consistent. Rule out or provisional diagnosis is resolved in a timely manner.
22	Service Plan	If the individual has suspected or identified physical health problems that impact or relate to the Mental Health diagnosis, the service plan identifies them and includes plans to address them.	PIHP 13.8.2. The Contractor must ensure that for Enrollees who have a suspected or identified physical health care problem the...individualized service plan identifies medical concerns and plans to address them. PIHP 8.2.2. The annual [contract compliance] review must at least address the following: 8.2.2.11. Local efforts to provide services that are integrated and coordinated with other formal/informal service delivery systems.
23	Service Delivery	There is evidence in the clinical record of ongoing awareness of, and responsiveness to, issues unique to the individual's age, culture, gender and physical	WAC 388-865-415 The provider must (3) Assure that services are...sensitive to the age, culture,...gender and physical condition of the consumer. 8.2.2. The annual [contract compliance] review must at least address the following: 8.2.2.8. The degree to which

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		condition.	mental health services delivered are age, culturally and linguistically competent.
24	Service Delivery	If the individual's primary language is not English, or the individual has a sensory impairment, appropriate mechanisms were employed for all interactions.	PIHP 5.1.1.4 [The Contractor shall] Provide interpreter services for Enrollees who speak a primary language other than English for all interactions between the Enrollee and the Contractor 5.1.1.6. [The Contractor shall] Ensure that Mental Health Professionals and MHCPs have an effective mechanism to communicate with Enrollees with sensory impairments. 8.2.2. The annual [contract compliance] review must at least address the following: 8.2.2.8. The degree to which mental health services delivered are...linguistically competent.
25	Service Delivery	Services are provided in the least restrictive setting at locations convenient for the consumer (home, community, etc).	WAC 388-865-0415 The provider must (6) Bring services to the consumer or locate services at sites where transportation is available to consumers. 8.2.2. The annual [contract compliance] review must at least address: 8.2.2.9. ... that attempts are made to provide mental health services in the least restrictive environment.
26	Service Delivery	There is evidence that attention to the specific abilities, interests and functional strengths of the individual/child/family is an ongoing aspect of service delivery.	PIHP 8.2.2. The annual [contract compliance] review must at least address: 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family. 8.2.2.10. A review of services that are being provided that promote recovery and resiliency.
27	Service Delivery	Documentation demonstrates that regular efforts are made to integrate and coordinate mental health services with those provided by other formal/informal service delivery systems.	PIHP 8.2.2. The annual [contract compliance] review must address: 8.2.2.11. Local efforts to provide services that are integrated and coordinated with other formal/informal service delivery systems.
28	Service Delivery	If the individual had an LRA order, periodic evaluation occurred at least monthly while the order was in effect to determine readiness for release from the Order.	WAC 388-865-0466 [For] consumers on a less restrictive alternative court order...The provider must (1) Document in the consumer clinical record and otherwise ensure: (c) Development and implementation of an individual service plan which addresses the conditions of the less restrictive alternative court order and a plan for transition to voluntary treatment;
29	Service Delivery	If the individual had an LRA order, services were provided at least weekly for the first 14 days, and monthly during the 90 and 180 day periods of involuntary commitment, unless there is documentation that a physician determined that another schedule was more appropriate.	WAC 388-865-0466 [For] consumers on a less restrictive alternative court order...The provider must (1) Document in the consumer clinical record and otherwise ensure: (d) That the consumer receives psychiatric treatment including medication management for the assessment and prescription of psychotropic medications appropriate to the needs of the consumer. Such services must be provided: (i) At least weekly during the fourteen-day period; (ii) Monthly during the ninety-day and one-hundred eighty day periods of involuntary treatment unless the attending physician determines another schedule is more appropriate, and they record the new schedule and the reasons for it in the consumer's clinical record.

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30	Med Mgmt	If the individual has been prescribed medication, there is documentation that an appropriately licensed prescriber reviewed the medication for effects, interactions and side effects at least every 3 months.	WAC 388-865-0458 (4) Medications are only prescribed and administered by persons consistent with their license and related requirements; (5) Medications are reviewed at least every three months;
31	Med Mgmt	If the individual has been prescribed medications to treat symptoms related to a mental illness, target symptoms for each medication have been identified.	WAC 388-865-0458 (1) Document the assessment and prescription of psychotropic medications appropriate to the needs of the consumer. (6) Medication information is maintained in the clinical record and documents...(a) Name and purpose of medication;
32	Med Mgmt	If the individual has been prescribed an atypical or “novel” antipsychotic medication, there is documentation demonstrating that the prescriber is monitoring for weight gain, blood lipid changes and blood sugar changes on initiation and at least annually thereafter, AND that any abnormal findings have been addressed.	WAC 388-865-0458 (1) Document the assessment and prescription of psychotropic medications appropriate to the needs of the consumer. (6) Medication information is maintained in the clinical record and documents...(d) The effects, interactions, and side effects the staff observes or the consumer reports spontaneously or as the result of questions from the staff. (e) Any laboratory findings.
33	Med Mgmt	If the individual has been prescribed medication, there is documentation demonstrating that sufficient information was provided to enable informed consent by the individual or his/her legal guardian to the medication AND that it was provided in consultation with the individual AND that consent occurred.	WAC 388-865-0458 (1)....Document that consumers and, as appropriate, family members are informed about the medication and possible side effects in language that is understandable to the consumer. WAC 388-865-0430 The clinical record must contain (12) Documentation that the individual, or their parent or other legal representative if applicable, are informed about the benefits and possible side effects of any medications prescribed for the individual in language that is understandable. 8.2.2. The annual [contract compliance] review must at least address 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family.
34	Med Mgmt	If the individual has been prescribed an antipsychotic, the prescriber screens for Abnormal Involuntary Movements on initiation of the medication and at least every six months.	Board-approved GCBH Best Practice
35	Med Mgmt	If the individual has been prescribed Lithium Carbonate, there is documentation that Lithium levels have been obtained and reviewed at least quarterly for the duration of the prescription.	Board-approved GCBH Best Practice
36	Clinical Record	There is evidence in the medical record that consumer (or legal representative) received and	WAC 388-865-0430 The clinical record must contain (2) Evidence that the consumer rights statement was provided to the individual, or their parent or other legal

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		understands the consumer's rights statement.	representative if applicable. WAC 388-865-0410: The provider must document that consumers, prospective consumers, or legally responsible others are informed of consumer rights at admission to community support services in a manner that is understandable to the individual.
37	Clinical Record	The medical record contains either a copy of the consumer's <u>Mental Health</u> Advance Directives, or documentation that an attempt was made to get them.	WAC 388-865-0430 The clinical record must contain (3) Documentation that the provider requested a copy of and inserted into the clinical record if provided...(a) Mental health advance directives
38	Clinical Record	The medical record contains either a copy of the consumer's <u>Medical</u> Advance Directives, or documentation that an attempt was made to get them.	WAC 388-865-0430 The clinical record must contain (3) Documentation that the provider requested a copy of and inserted into the clinical record if provided...(b) Medical advance directives
39	Clinical Record	The medical record contains either a copy of guardianship papers or other legal documentation pertaining to custody, if applicable, or documentation of efforts to obtain such materials.	WAC 388-865-0430 The clinical record must contain (3) Documentation that the provider requested a copy of and inserted into the clinical record if provided...(d) Letters of guardianship, parenting plans and/or court order for custody.
40	Clinical Record	If the individual is receiving high intensity services, or is at risk of hospitalization, the record includes documentation concerning the need for a crisis plan AND/OR any crisis plan that was developed. If a crisis plan is present, there must be evidence of the individual's involvement in its development, and it must reflect strategies intended to stabilize the individual, prevent further deterioration, and provide services in the least restrictive environment available.	WAC 388-865-0430 The clinical record must contain (4) Any crisis plan that has been developed. PIHP 10.3.1 The Contractor shall require that consumers are actively included in the development of their...crisis plans. PIHP 13.5.2. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family. 8.2.2.10. A review of services that are being provided that promote recovery and resiliency.
41	Clinical Record	If the consumer is a member of a special population, there is evidence that the need for consultation with, or oversight by, a specialist was considered, and documentation of that consultation/oversight is included in the record.	WAC 388-865-0430 The clinical record must contain (7) Documentation of any clinical consultation or oversight provided by a mental health specialist. WAC 388-865-0405 (5) Mental health services to children, older adults, ethnic minorities or persons with disabilities must be provided by, under the supervision of, or with consultation from the appropriate mental health specialist(s) when the consumer: (a) Is a child as defined in WAC 388-865-0150; (b) Is or becomes an older person as defined in WAC 388-865-0150; (c) Is a member of a racial/ethnic group as defined in WAC 388-865-0105, or (d) Is disabled as defined in WAC 388-865-0150. PIHP 8.2.2. The annual [contract compliance] review must at least address... PIHP 8.2.2.8. The degree to which mental

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			health services delivered are age, culturally and linguistically competent.
42	Clinical Record	The clinical record demonstrates congruence between the Intake Assessment, Service Plan, and Service delivery (including extraordinary treatments and deviations from treatment plan), documents objective progress toward achieving treatment goals, and reflects attention to changes in the individual's circumstance.	WAC 388-865-0430 The clinical record must contain (8) Documentation of: (a) All service encounters;(b) Objective progress toward established goals as outlined in the treatment plan; and (c) How any major changes in the individual's circumstances were addressed.
43	Clinical Record	If there is indication that abuse, neglect or exploitation is suspected or evident, the clinical record includes documentation demonstrating that it was reported to the appropriate authorities.	WAC 388-865-0430 The clinical record must contain (9) Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters 26.44 and 74.34 RCW has occurred.
44	Clinical Record	If the provider has information indicating that an individual is on a less restrictive alternative or department of corrections order, there is documentation that the department of corrections was notified in the manner required by WAC.	WAC 388-865-0430 The clinical record must contain (10) Documentation that the department of corrections was notified by the provider when an individual on a less restrictive alternative or department of corrections order for mental health treatment informs the provider that the individual is under supervision by the department of corrections. Notification can be either written or oral. If oral notification, it must be confirmed by a written notice, including e-mail and fax. The disclosure to department of corrections does not require the person's consent.
45	Clinical Record	The clinical record includes <u>either</u> a consent for treatment signed by the consumer or his/her legal representative, <u>or</u> a copy of the detention or involuntary treatment order.	WAC 388-865-0430 The clinical record must contain (11) Either documentation of informed consent to treatment by the individual or parent or other legal representative or if treatment is court ordered, a copy of the detention or involuntary treatment order.
46	Clinical Record	The clinical records includes documentation demonstrating that the consumer was asked for the (1) name of his/her primary medical care provider AND (2) whether s/he had any current physical health concerns, AND the consumer's responses to these questions are included.	WAC 388-865-0430 The clinical record must contain (14) For individuals receiving community support services, the following information must be requested from the individual and the responses documented: (a) The name of any current primary medical care provider; (b) Any current physical health concerns; PIHP 8.2.2 The annual [contract compliance] review must address: PIHP 8.2.2.11. Local efforts to provide services that are integrated and coordinated with other formal/informal service delivery systems.
47	Clinical Record	The clinical record describes the individual's functional strengths and needs as they pertain to daily life domains (including housing/food/clothing, ADLs, support network, social/recreational, spiritual/cultural, physical health, mental health,	WAC 388-865-0430 The clinical record must contain (15) A description of the individual's strengths and resources. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.7. Efforts to create the expectation and support the delivery of mental health services that are driven by and incorporate the voice of the Enrollee and those they identify as family.

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		safety, substance abuse) .	
48	Clinical Record	The clinical record contains a description of the individual's self-identified culture which includes statements made by the individual or his/her legal guardian. NOTE: This requirement encompasses ALL consumers, not just those considered part of a "special population".	WAC 388-865-0430 The clinical record must contain (16) A description of the individual's self-identified culture. PIHP 8.2.2. The annual [contract compliance] review must address PIHP 8.2.2.8. The degree to which mental health services delivered are...culturally...competent.
49	Clinical Record	The record contains an authorization to release information that is signed by the consumer or legal guardian if any information is provided to anyone besides the consumer, legal guardian, provider agency, or entity legally entitled by WAC or RCW, including identified non-psychiatric medical provider.	Acumentra CRR Standard III (2b) Consent is signed for exchange of information with agency, specifies information to be exchanged and is current with signatures and dates.
50	Clinical Record	If the individual has suspected or identified physical health care problems, there is evidence that a referral was made to a physical health care provider, if the individual does not already have one AND documentation of consistent coordination efforts with the individual's primary medical care provider OR evidence that the individual refused to receive care from a medical provider.	PIHP 13.8.2. The Contractor must ensure that for Enrollees who have a suspected or identified physical health care problem... (1) Appropriate referrals are made to a physical health care provider. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.2. Consistent coordination efforts with primary medical care.
51	Clinical Record	Documentation of service delivery throughout the clinical record (i.e., Intake, Service Planning, Service Delivery) reflects attention to the GCBH Practice Guidelines relevant to the individual's care. The GCBH Practice Guidelines are: (1) APA - Psychiatric Evaluation of Adults, (2) Tx of Patients With Major Depressive Disorder.	PIHP 7.11.2. The Contractor shall adopt and implement a minimum of two (2) Practice Guidelines...7.11.1. Practice Guidelines are ...designed to assist in decisions about appropriate mental health treatment [and]...to assist practitioners in the prevention, diagnosis, treatment, and management of clinical conditions. 8.2.2. The annual [contract compliance] review must address 8.2.2.5. ...the provider implementation of Practice Guidelines.
52	Clinical Record	If authorized services were reduced...or suspended during the authorization period without the Enrollee's agreement, there is evidence that the decision to do so was made by GCBH, or its formal designee, and that a Notice of Action was issued to the Enrollee in a timely manner.	PIHP 9.3.1. The PIHP responsibilities of the Care Management, Authorization Standards and Quality Management sections of this Agreement may not be delegated to a Contracted Network CMHA. PIHP 7.7.3. The Contractor or its formal designee shall provide a written Notice of Determination or Notice of Action (in accordance with 42 CFR§438.404), to the Enrollee or their legal representative within 14 days of the authorization decision.

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53	Crisis	If the individual experienced crisis, services were provided by or under the supervision of an MHP.	PIHP 13.5.2 Crisis Services: Services are provided by or under the supervision of a Mental Health Professional.
54	Crisis	If the individual received emergency crisis services, there is documentation demonstrating that crisis staff remained with the individual until the crisis was resolved or a referral to another service was accomplished.	WAC 388-865-0452 Emergency crisis intervention services — The...provider...must assure that (1) (b) ...staff remain with the consumer in crisis to stabilize and support him/her until the crisis is resolved or a referral to another service is accomplished;
55	Crisis	If the individual experienced crisis, documentation reflects that efforts were made to resolve the crisis in the least restrictive manner possible.	WAC 388-865-0452 The...provider...must assure ...(1)(c) Resolving the crisis in the least restrictive manner possible. PIHP 8.2.2. The annual [contract compliance] review must address PIHP 8.2.2.9 Monitoring activities are in place to make sure that attempts are made to provide mental health services in the least restrictive environment.
56	Crisis	If the individual experienced crisis and there is indication that non-psychiatric medical services were necessary, they were obtained, and are described (i.e., at least named) in the clinical record.	WAC 388-865-0452 Emergency crisis intervention services (6) Provide access to necessary services including: (a) Medical services, which means at least emergency services, preliminary screening for organic disorders, prescription services, and medication administration. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.11. Local efforts to provide services that are integrated and coordinated with other formal/informal service delivery systems.
57	Crisis	If the individual had a limited ability to communicate in English, or had sensory disabilities, interpretive services were obtained during crisis events.	WAC 388-865-0452 Emergency crisis intervention services (6) Provide access to necessary services including: (b) Interpretive services to enable staff to communicate with consumers who have limited ability to communicate in English, or have sensory disabilities; PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.8. The degree to which mental health services delivered are age, culturally and linguistically competent.
58	Crisis	If the individual received emergency crisis services, documentation includes all the elements required by WAC 388-865-0452 (7)(a-d), and that mental health care occurred within 2 hours of a request from any source.	WAC 388-865-0452, Emergency crisis intervention services (7) Document all telephone and face-to-face crisis response contacts, including: (a) Source of referral; (b) Nature of crisis; (c) Time elapsed from the initial contact to face-to-face response; and (d) Outcomes, including basis for decision not to respond in person, follow-up contacts made, and referrals made. PIHP 7.6.1.1. Emergent mental health care must occur with two (2) hours of a request for mental health services from any source.
59	Crisis	If the consumer received crisis services, a GAIN-SS was conducted unless (1) the crisis service resulted in a referral for an Intake, (2) the individual was involuntarily detained, (3) the crisis service was provided exclusively by phone, or (4) there is documentation that the person conducting the	PIHP 7.15.1. The Contractor must attempt to screen all individuals aged thirteen (13) and above through the use of HRSA provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS) during...The provision of each crisis episode of care including ITA investigations services, except when: --- The service results in a referral for an intake assessment. ---The service results in an involuntary detention under RCW 71.05, 71.34 or 70.96B. ---The contact is by telephone only. ---The professional conducting the crisis

#	Section	Review Criterion	Source
		crisis service/ITA investigation had information that the consumer had completed a GAIN-SS during the previous 12 months.	intervention or ITA investigation has information that the individual completed a GAIN-SS screening within the previous 12 months. ---7.15.4.1. The assessment...is not required during crisis interventions or ITA investigations.
60	Crisis	If the individual experienced crisis AND there is evidence that notification of another agency (e.g., Adult or Child Protective Services, DOH, etc.) was warranted, as required by law, there is documentation indicating that such notification occurred.	PIHP 3.6. The RSN or Subcontractor shall notify the following agencies or any others when required by law: ---3.6.1. Adult Protective Services ---3.6.2. Child Protective Services ---3.6.3. Department of Health ---3.6.4. Local Law Enforcement ---3.6.5. Medicaid Fraud Control Unit ---3.6.6. Washington State Patrol
61	Crisis	If a DMHP assessed for the need for detention, the clinical record includes evidence that the DMHP attempted to personally interview the individual and discuss voluntary treatment at an E & T or crisis stabilization unit prior to filing a petition.	RCW 71.05.150 - Detention of mentally disordered persons for evaluation and treatment — Before filing the petition, the designated mental health professional must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility or in a crisis stabilization unit. PIHP 8.2.2. The annual [contract compliance] review must address 8.2.2.9. Monitoring activities performed are in place to make sure that attempts are made to provide mental health services in the least restrictive environment.
62	Crisis	If the individual was detained and subsequently escorted to a facility, the DMHP documented efforts to safeguard the individual's property, as required by WAC 388-865-0245.	WAC 388-865-0245 Administration of the Involuntary Treatment Act. (3) Ensuring that when a peace officer or designated mental health professional escorts a consumer to a facility, the designated mental health professional must take reasonable precautions to safeguard the consumer's property including: (a) Safeguarding the consumer's property in the immediate vicinity of the point of apprehension; (b) Safeguarding belongings not in the immediate vicinity if there may be possible danger to those belongings; (c) Taking reasonable precautions to lock and otherwise secure the consumer's home or other property as soon as possible after the consumer's initial detention.