

GREATER COLUMBIA BEHAVIORAL HEALTH

Policies and Procedures

Category: Fiscal Management
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Title: Provision of Priority State Funded Services

I. Scope:

This standard applies to the GCBH Regional Office, member governments, and subcontracted provider agencies. All State funded mental health services (reported and/or reimbursed) shall be delivered in accordance with this policy.

II. Purpose:

To provide clear standards for the prioritization of state funded services within available resources and for the delivery of each of the State funded mental health services within GCBH. In addition this standard describes the process by which GCBH integrates these services with other services (e.g., Medicaid Mental Health State Plan services) and makes them available to eligible individuals for whom the services are determined medically necessary.

III. Definitions:

- A. **Priority State Funded Services** include: crisis services, stabilization services, involuntary treatment act services, ancillary crisis services, freestanding evaluation and treatment, psychiatric inpatient services, and Medicaid personal care
- B. **Additional State Funded Services** include residential programs, brief intervention treatment, day support, family treatment, group treatment services, high intensity treatment, individual treatment services, intake evaluation, medication management, medication monitoring, mental health clubhouse, mental health services provided in residential settings, peer support, psychological assessment, rehabilitation case management, respite care, special population evaluation, supported employment, and therapeutic psychoeducation.

- C. **State Funded Mental Health Services** include both Priority State Funded Services and Additional State Funded Services.
- D. **Acutely Mentally Ill**: means a condition which is limited to a short-term severe crisis episode of:
1. A mental disorder as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020;
 2. Being gravely disabled as defined in RCW 71.05.020 or, in the case of a child, a gravely disabled minor as defined in RCW 71.34.020; or
 3. Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.
- E. **Chronically mentally ill adult**: means an adult who has a mental disorder and meets at least one of the following criteria:
1. Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or
 2. Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or
 3. Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the department by rule consistent with Public Law 92-603, as amended.
- F. **Severely emotionally disturbed child**: means a child who has been determined by the regional support network to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
1. Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;
 2. Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;
 3. Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;
 4. Is at risk of escalating maladjustment due to:
 - a. Chronic family dysfunction involving a mentally ill or inadequate caretaker;
 - b. Changes in custodial adult;
 - c. Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
 - d. Subject to repeated physical abuse or neglect;
 - e. Drug or alcohol abuse; or

f. Homelessness.

IV. Process/Procedures:

- A. Unless otherwise permitted, all state funded (reported and/or reimbursed) mental health services shall be delivered following an intake evaluation completed by a mental health professional. All services provided must be recommended by a mental health professional as evidenced by the mental health professional's signature on the consumer's individual service plan.
- B. Within available funds, state funded mental health services will be integrated and coordinated with other mental health services (including Washington State Mental Health Medicaid State Plan services) using the consumer's individual service plan as the planning tool. In addition services should be coordinated with other programs (e.g., substance abuse, aging, DDD, etc.). For example, residential placement and/or ITA services will be coordinated with medication management and individual services to provide a seamless array of medically necessary services to an individual based on their individual service plan.
- C. GCBH will only contract with licensed community mental health agencies for the provision of these services unless some Mental Health Division approved alternative licensure is present (e.g., Freestanding Evaluation and Treatment, Psychiatric Inpatient, out of state crisis services).
- D. Within available resources, GCBH will deploy state funded mental health services such that each eligible consumer has access to the medically necessary services he/she requires (see GCBH Network Sufficiency and Accessibility Standards).
- E. All consumers accessing state funded mental health services must meet DSHS-Mental Health Division Access to Care Standards.
- F. All expenditures for Medicaid and non-Medicaid services and clients must be clearly differentiated and tracked. Allocations strategies must be defensible. The RSN office will assist with any questions or arrange technical assistance.
- G. Any available third party resource must be pursued. This includes billing for Medicare reimbursable services.
- H. No non-Medicaid consumers should be admitted to state funded services unless they meet the criteria listed below. State funded consumers mean any consumer whose services are not 100% funded by another fund source (e.g., local funds, private insurance, or a contract).
 - 1. The consumer is acutely mentally ill per state statutory definition and is entering services through the crisis services system.
 - 2. A non-Medicaid consumer who has entered the RSN service system through the crisis system as described above or who has been released from an inpatient psychiatric facility may continue to receive

crisis outpatient services until they no longer meet the acutely mentally ill definition. These cases will be subject to RSN utilization review to determine the appropriateness of the service package. These consumers will be authorized for a full range of services for three months. Should the consumer continue to be acutely mentally ill per statutory definition or meet one of the other service criteria below they may be re-authorized for service for 3 months or per the standards of the other categories below. These consumers should be expected to pay for all or a portion of their services per a sliding fee scale.

3. The consumer is on a Less Restrictive Alternative.
4. Non-Medicaid adults with severe and persistent mental illness may be admitted if they meet the following criteria:
 - a. Meet Access to Care Standards
 - b. Have a major mental illness diagnosis on Axis I (e.g., Schizophrenia, Bi-polar, Major depression with psychotic features)
 - c. Meet the statutory definition of chronically mentally ill
5. Non-Medicaid children who are seriously emotionally disturbed may be admitted if they meet the following criteria:
 - a. Meet Access to Care Standards
 - b. Have provided documentation of application for Medicaid.
 - c. Meet the statutory definition of seriously emotionally disturbed
- I. GCBH expects its providers to assist consumers meeting these exceptions in applying for Medicaid coverage as quickly as possible.
- J. No consumer should be admitted to state funded services who does not meet one of the statutorily defined priority definitions (Acute, Chronic, Seriously Emotionally Disturbed Child, Seriously Disturbed) or whose GAF/CGAS score is greater than 60.
- K. The GCBH Board of Directors will periodically review this standard in order to insure that state mental health funding is appropriately utilized. Access parameters may be widened or narrowed to adjust for available funds.
- L. Additional requirements (beyond those stated in this standard) apply to the delivery of State Funded Mental Health Services. GCBH contracted and sub-contracted providers are responsible for meeting all of these requirements.
- M. GCBH will monitor compliance with the service delivery requirements by incorporating review of these service requirements into its routine monitoring activities. In addition GCBH may conduct additional concurrent reviews to assess compliance.

N. Priority State Funded Services:

1. Crisis Services shall be provided to all persons experiencing a crisis. These services shall be coordinated with ITA services through the use of integrated crisis teams. Crisis services may be provided prior to the completion of an intake evaluation. Crisis services shall be provided by or under the supervision of a mental health professional.
2. Stabilization Services shall be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services are integrated with crisis and ITA services through the use of integrated crisis teams. They may also be integrated with outpatient or residential services through the use of clinical staff or teams working in those areas. Stabilization services may be provided prior to an intake evaluation.
3. Involuntary Treatment Act Services are provided within each member county of GCBH. This includes integration of ITA services with crisis teams, arrangements for transportation, coordination of court services, etc. This service is available 24 hours a day, seven days a week throughout the region. The service mobile and goes where the consumer is whenever possible. Once a consumer is evaluated for involuntary treatment he/she is followed through the end of the commitment and then linked to additional services as necessary.
4. Ancillary Crisis Services are provided in the form of financial support to providers and consumers to cover the costs of crisis services not otherwise covered. This may include 24 hour toll-free crisis lines, wraparound funds for medications, transportation and housing; the cost of room and Board in hospital diversion settings (e.g., the Crisis Triage Center in Yakima) or freestanding Evaluation and Treatment facilities. Each service provider is provided wraparound funding to make available for these needs.
5. Freestanding Evaluation and Treatment services are occasionally purchased by GCBH when a consumer is outside the GCBH service area and requires inpatient care. GCBH only utilizes facilities licensed by the Department of Health and certified by the Mental Health Division.
6. Psychiatric Inpatient Services are purchased by GCBH from facilities licensed by the Department of Health and certified the Mental Health Division unless an enrollee is in another state. Services are authorized in accordance to the procedures contained in the latest version of DSHS numbered memorandum 01-03 MAA.
7. Medicaid Personal Care services are provided by GCBH contracted providers as well as by ADSA contracted providers. Upon receipt of a MPC referral from ADSA, GCBH designated individuals review the request to determine whether the person is authorized to receive

services within GCBH. If so, the referral is further reviewed to insure that the MPC service is required solely because of a psychiatric disability. Referrals not meeting the two criteria above are referred back to ADSA. If the two above criteria are met, the referral is reviewed to determine if the MPC service need could be met by providing some other GCBH service. A response to ADSA is required within 5 working days of the receipt of the referral. If a need for MPC services is determined to be present, GCBH utilizes the assigned CMHA to arrange for and/or provide the service. GCBH UM staff monitor the process to insure that services are provided satisfactorily.

O. Additional State Funded Services:

1. Residential Programs: GCBH provides a full range of residential programming through sub-contracts or through coordination agreements with other programs e.g., HCS, etc. GCBH occasionally purchases residential services from providers outside GCBH as an exception related to consumer request or other circumstance. GCBH offers the following levels of care:
 - a. A crisis triage center is operational in Yakima. A second crisis triage program is under development in Pasco.
 - b. Long-term intensive adaptive and rehabilitative psychiatric care is provided in Sunnyside and in the Tri-Cities.
 - c. GCBH also contracts for an integrated co-occurring disorder residential treatment program that is co-located with a DASA licensed chemical dependency residential program. The program is presently located in Buena but will be re-locating in the near future.
 - d. Supervised living programs e.g., boarding homes are operated in Gled (Yakima), Yakima, Tri-Cities, Dayton and Colfax. GCBH occasionally purchases supported living services from Quincy Inn in Quincy, WA.
 - e. Through its provider network, GCBH has access to placement in a highly specialized skilled nursing facility in Yakima. This facility specializes in persons with severe mental illness and co-occurring medical problems as well as persons with severe dementia and associated behavioral issues. The facility has both crisis and long-term placement capacity.
 - f. Supported housing services are provided in a variety of formats in Ellensburg, Yakima, Sunnyside, Goldendale, the Tri-Cities, Walla Walla, Dayton, Pomeroy, and Clarkston.
 - g. Crisis diversion placements are available in several of the ARRC facilities as well as in some supported housing placements.
 - h. Below is a full listing of the full residential array provided by GCBH:

- i. Brief Intervention Treatment must be provided by or under the supervision of a mental health professional. Enrollees who no longer meet the Washington State Medicaid State Plan requirements for this service shall be transitioned to longer term Individual Services or another appropriate modality if they are to continue in services.
- ii. Day Support services may be provided as an adjunctive treatment or as a primary intervention. These services will be coordinated with other services the consumer is receiving using the individual service plan as a planning and coordination tool. The staff to consumer ratio for the provision of this service shall be no more than 1:20. Services shall be provided by or under the supervision of a mental health professional. The service shall be available at least 5 hours/day, 5 days per week.
- iii. Family Treatment shall be provided by or under the supervision of a mental health professional. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining goals identified for the individual in their individual service plan.
- iv. Group Treatment Services shall be provided by or under the supervision of a mental health professional to two or more individuals at the same time. The staff to consumer ratio shall be no more than 1:12. No group shall be larger than 24 persons.
- v. High Intensity Treatment shall be available 24 hours a day, seven days a week if necessary. Services shall be provided by a multi-disciplinary team in the community. The maximum staff to consumer ratio for this service is 1:15.
- vi. Individual Treatment Services shall be congruent with the age, strengths, and cultural framework of the individual. Services shall be conducted with the individual, his or her family, or others at the individual's request who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. Services shall be offered at the location preferred by the individual. This service shall be provided by or under the supervision of a mental health professional.
- vii. Intake Evaluation must be provided prior to the provision of any other mental health service except crisis services, stabilization services and free-standing evaluation and treatment. Intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30)

working days. Intake evaluation must be provided by a mental health professional.

- viii. Medication Management must be provided face-to-face by a person licensed to provide such services.
- ix. Medication Monitoring must be provided face-to-face. This service shall be provided by or under the supervision of a mental health professional. Time spent with the enrollee is the only billable/reportable component of this modality.
- x. Mental Health Clubhouse services must use International Center for Clubhouse Development (ICCD) standards as guidelines. Clubhouses must operate at least 10 hours a week after 5:30 p.m., Monday through Friday, or anytime on Saturday or Sunday.
- xi. Mental Health Services provided in Residential Settings may not be provided in hospitals or IMDs. The mental health care provider must be sited at the residential location for extended hours to provide direct mental health care to a Medicaid enrollee. The services provided must not be for the purpose of providing custodial care, respite for the family, increasing social activity or as a substitute for other community-based resources. A minimum of 8 hours service per day must be provided. The costs of room and board, custodial care, and medical services are not included.
- xii. Peer Support provided by peer counselors will be noted in the consumer's individual service plan. The individual service plan will delineate specific goals that are flexibly tailored to the consumer and promote the use of community and natural supports. Providers of peer support services shall meet the requirements for peer counselors identified in WAC. Peer support services shall be available daily for no more than four (4) hours per day. The maximum ration for this service is no more than 1:20.
- xiii. Psychological Assessment must be provided by or under the supervision of a licensed psychologist. Psychological assessments shall be: culturally relevant, provide information relevant to a consumer's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.
- xiv. Rehabilitation Case Management services shall be provided by or under the supervision of a mental health professional. These services shall be closely coordinated between facilities such as state hospitals, psychiatric inpatient services and outpatient services.

- xv. Respite Care must be provided by or under the supervision of a mental health professional. Respite care services may not be offered to consumers who are eligible for this service through some other federal program.
- xvi. Special Population Evaluation shall be conducted by a child, geriatric, disabled, or ethnic minority mental health professional/specialist after an intake evaluation has occurred.
- xvii. Supported Employment services must be provided by or under the supervision of a mental health professional.
- xviii. Therapeutic Psychoeducation must be provided exclusively for the benefit of the individual and must be included in the individual's service plan. Services shall be provided at locations convenient to the consumer. Services shall be provided by or under the supervision of a mental health professional. Classroom style teaching, family treatment and individual treatment are not billable/reportable components of this service.

V. Expected Outcomes:

- A. State funded mental health services will be delivered in accordance with the requirements of legislative intent and contract requirements.
- B. State funded mental health services will be integrated with other mental health services for eligible recipients for whom the services are determined medically necessary.
- C. All services will be provided based on the recommendation of a mental health professional and delivered by qualified staff who, at a minimum, meet the qualifications established in the RCW, and WAC (whichever is higher).

VI. Scheduled Review of this Policy:

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

- A. by GCBH staff by August of odd years,
- B. by the Regional Advisory Board (RAB) by September of odd years,
- C. by the GCBH Board of Directors by October of odd years, and
- D. outside of the schedule if required.