

# GREATER COLUMBIA BEHAVIORAL HEALTH

## Policies and Procedures

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**No.: FM819.00**

**Title: Delivery of Medicaid Mental Health Rehabilitation Services Policy**

### **I. Scope:**

This policy applies to the GCBH Regional Office, member governments, and subcontracted provider agencies. All Medicaid reported and/or reimbursed services shall be delivered in accordance with this policy.

### **II. Purpose:**

To provide clear standards for the delivery of each of the Washington State Medicaid State Plan mental health services within GCBH. In addition this standard describes the process by which the PIHP integrates these services with other services and makes them available to eligible individuals for whom the services are determined medically necessary.

### **III. Process/Procedures:**

- A. Unless otherwise permitted, all Medicaid reported and/or reimbursed 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. Consumers and/or families must be involved in the development of this plan.
- B. Within available funds, other mental health services not covered by the Washington State Mental Health Medicaid State Plan will be integrated and coordinated with 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. GCBH will deploy mental health services contained in the Washington State Mental Health Medicaid State Plan such that each eligible Medicaid enrollee has access to the medically necessary services he/she requires (see GCBH Network Sufficiency and Accessibility Standards).
- E. GCBH requires that services be provided will be delivered in a culturally appropriate, age/gender relevant and consumer oriented fashion.
- F. Additional requirements (beyond those stated in this standard but reflected in the WAC, MHD-RSN Contracts or other statutory/regulatory language) apply to the delivery of Washington State Mental Health Medicaid State Plan services. GCBH contracted and sub-contracted providers are responsible for meeting all of these requirements.
- G. 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.
- H. GCBH will through its provider network (or under special circumstances through out-of-network arrangements) assure that:
  - 1. 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.
  - 2. Crisis Services shall be provided to all Medicaid eligible 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.
  - 3. 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.

4. 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.
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. Group Treatment Services shall be provided by or under the supervision of a mental health professional to two or more Medicaid enrolled 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.
7. 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.
8. 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 Medicaid enrollee. This service shall be provided by or under the supervision of a mental health professional.
9. 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.
10. Medication Management must be provided face-to-face by a person licensed to provide such services.
11. 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.
12. 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.

13. 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.
14. Psychiatric Inpatient Services are purchased by GCBH form 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
15. 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.
16. 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.
17. Special Population Evaluation shall be conducted by a child, geriatric, disabled, or ethnic minority mental health professional/specialist after an intake evaluation has occurred.
18. 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.
19. Therapeutic Psychoeducation must be provided exclusively for the benefit of the Medicaid enrollee and must 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.

20. 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.
21. Supported Employment services must be provided by or under the supervision of a mental health professional. This service is only available to Medicaid enrollees who are currently neither receiving nor who are on a waiting list to receive federally funded vocational services such as those provided through the Department of Vocational Rehabilitation.
22. 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.

#### **IV. Expected Outcomes:**

- A. Medicaid mental health rehabilitation services provided for in the Washington State Medicaid State Plan will be delivered in accordance with the requirements of the plan.
- B. Medicaid mental health rehabilitation 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 Washington State Medicaid State Plan, RCW, and WAC (whichever is higher).
- D. All services are delivered under the auspices of an Individualized Service Plan that is developed with consumer and/or family input.

#### **V. 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.