

 <p>SPOKANE COUNTY Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: Residential Services		Policy # RD-1
	Signature: Signature on file	Revised: 8/31/07	
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed:	
	Signature Date: 8/31/07	Signing by authority of Res. No. 2007-0038	

Applies to: Internal External

References

WAC 388-865-0235
RCW 71.12
WAC 246-337
WAC 388-78A

Scope

SCRSN/PIHP and its contracted providers.

Policy

SCRSN/PIHP subcontracts shall ensure: Active promotion of consumer access to, and choice in, safe and affordable independent housing that is appropriate to the consumer's age, culture, and residential needs.

The availability of community support services, with an emphasis of supporting consumers in their own home or where they live in the community, with residences and residential supports prescribed in the consumer's treatment plan. This includes a full range of residential services as required in RCW [71.24.025](#) (7) and (14); and [71.24.025](#)(14).(See definitions.)

That eligible consumers in residential facilities receive mental health services consistent with their residential service plan, and are advised of their rights, including long-term care rights (chapter [70.129](#) RCW).

If supervised residential services are needed they are provided only in licensed facilities.

- An adult family home that is licensed under chapter [388-76](#) WAC.
- A boarding home facility that is licensed under chapter [388-78A](#) WAC.
- An adult residential rehabilitative center facility that is licensed under chapter 246- 337 WAC.

Definitions

RCW 71.24.025 (7)

"Community support services" means services authorized, planned, and coordinated emergency crisis intervention available twenty-four hours, seven days a week, prescreening determinations for mentally ill persons being considered for placement in nursing homes as required by federal law, screening for patients being considered for admission to residential services, diagnosis and treatment for acutely mentally ill and severely emotionally disturbed children discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation,

legal, and other nonresidential services under chapter [71.05](#) RCW, case management assuring transfer of relevant patient information between service providers, recovery services, and other services determined by regional support networks

RCW 71.24.025 (14)

"Licensed service provider" means an entity licensed according to this chapter or chapter [71.05](#) RCW or an entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department, that meets state minimum standards or persons licensed under chapter [18.57](#), [18.71](#), [18.83](#), or [18.79](#) RCW, as it applies to registered nurses and advanced registered nurse practitioners.

ARRC: Adult Residential Rehabilitation Center: A SCRSN contracted residential treatment facility that offers a sub-acute psychiatric management environment 24 hours per day. Medicaid enrolled individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less restrictive environment and do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. Staff is sited at the residential location for extended hours. Therapeutic interventions both in individual and group format may include medication management and monitoring, nursing care, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service does not include room and board. WAC 388-513-1301(3)

CCF: The Mental Health Facility is a licensed boarding home (See WAC 388-78A & WAC 388-513-1301(2)) which contracts with SCRSN to provide short term limited residential services to persons with mildly acute and/or chronic mental illness. The goal is to provide SCRSN eligible mentally ill consumers a supervised living environment that supports consumer stabilization in order to prevent further psychiatric hospitalizations and develop independent living skills. Providers utilize program and community resources to meet the medical, psychiatric and psychosocial service needs of consumers, while working to promote the highest possible levels of functioning and independence. Average length of stay for consumers should be less than one (1) year, and reauthorization for services will be completed every six months based on an assessment completed by the SCRSN.

"Boarding home" means any home or other institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care, consistent with this chapter to seven or more residents after July 1, 2000. However, a boarding home that is licensed for three to six residents prior to or on July 1, 2000, may maintain its boarding home license as long as it is continually licensed as a boarding home. WAC 388.78 A-2020

"Adult family home" means a residential home in which a person or persons provide personal care, special care, room, and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services. WAC 388-76-540, RCW 70.128.010 (2)

"Residential treatment facility" or "RTF" means a facility for purposes of evaluation and treatment or evaluation and referral of any individual with a chemical dependency or mental disorder. WAC 246-337-005 (33)

"Mental health RTF" means all or part of a RTF providing twenty-four hour evaluation, stabilization and treatment services for persons with a mental disorder and certified by DSHS under chapters [71.05](#) or [71.34](#) RCW, within one or more of the following service categories: WAC 246-337-005(30)

Procedures/Mechanisms

1. SCRSN/PIHP will require that network providers comply with the relevant CFRs, RCW's WAC's regarding residential services.
2. SCRSN or designee will triage all requests for residential placement and provide authorization according to consumer choice, established priorities, as resources allow, assuring placement of consumers with the greatest need. Consumers are prioritized according to the following classifications:
 - 2.1 PRIORITY A: Consumers in residence at Eastern State Hospital or community hospitals who have been determined ready to return to the community but who would not be able to sustain their community placement without access to residential services.
 - 2.2 PRIORITY B: Consumers currently in the community who have been assessed as being in danger of psychiatric inpatient admission as evidenced by a history of frequent or lengthy hospitalizations, recurring suicidal ideation or attempts, grave disability due to a persistently severe mental health disorder.
3. The SCRSN or designee discharge planner directs all requests for residential placement to SCRSN or designee after obtaining consumer choice of facility and agreement to acquire placement.
 - 3.1 If the identified consumer is currently psychiatrically hospitalized, the primary responsible party will collaborate with hospital staff to determine appropriate level of care and will fax a completed Residential Services Request form, including required related documents to the SCRSN or designee.
 - 3.2 If the identified consumer is currently living in the community, the primary responsible party will fax a completed Residential Services Request form including required related documents to the SCRSN or designee.
4. The SCRSN or designee reviews the submitted clinical information, eligibility status, level of care appropriateness, resource capacity and service prioritization. The review includes consultations with the requesting primary responsible party, provider, any ancillary or special services, the enrolled responsible and the hospital discharge planner in active search of comprehensive resources.
5. Upon review of this information the SCRSN or designee negotiates a diversion, formulates an alternative plan with the primary responsible party, or pre-approves the

request. Once the request is pre-approved and a facility is agreed upon, the primary responsible party contacts the facility to discuss placement.

6. If the authorization for admission is denied, reduced, suspended or terminated a Notice of Action will be issued.
 - 6.1 The SCRSN must mail the Notice of Action within the following timeframes: (1) for termination, suspension, or reduction of previously authorized services, at least ten (10) days before the date of the action; (2) for denial of payment for services, at the time of any action affecting the claim. (3) for standard services authorization decisions that deny or limit services, as expeditiously as the consumer's health status requires, and within fourteen (14) days of the request for services (4) for service authorization decisions not reached within fourteen (14) days, on the date the timeframes expire (5) for expedited service authorizations, as expeditiously as the consumer's health status requires, and no later than three (3) days of the receipt of a request for services and (6) in the case of probable consumer fraud, at least five (5) days before the date of the Notice of Action.
7. A consumer, or provider, may request, and be granted an extension of the fourteen (14) day timeframe for the standard services authorization of up to fourteen (14) additional days and an extension of the three (3) day timeframe for the expedited services authorization of up to fourteen (14) additional days
8. The SCRSN may request and be granted an extension of the fourteen (14) day Timeframe for the standard services authorization of up to fourteen (14) additional days, subject to the approval of the MHD and an extension of the three (3) day timeframe for the expedited services authorization of up to fourteen (14) additional days subject to the approval of the MHD. If the SCRSN or designee elects to grant an extension of either timeframe, the SCRSN or designee must notify the consumer or responsible party, giving the reasons for the delay and extension and informing the consumer of the right to file an appeal if he/she disagrees with the extension, and the ASO/SCRSN must utilize the period of extension as expeditiously as possible, and as the consumer's health status requires.
- 9.0 Exceptions to the Advance Notice Requirements: The SCRSN may mail a Notice of Action not later than the date of the action, in the case of the following occurrences:
 - 9.1 the death of a consumer;
 - 9.2 a consumer no longer desires services;
 - 9.3 a consumer has been admitted to an institution and becomes ineligible for services;
 - 9.4 a consumer's whereabouts becomes unknown;
 - 9.5 the consumer has been accepted for Medicaid services in another jurisdiction, or
 - 9.6 any of the other three (3) exceptions listed in the federal statute (CFR 431.213(f)(g)(h)).

NOTE: If a consumer's services are discontinued due to his/her unknown whereabouts, the services must be reinstated if his/her whereabouts becomes known during the time when he/she is eligible for services (CFR 431.231(d)).
10. If the consumer wishes to appeal a Notice of Action the consumer or their advocate would be referred to the procedure outlined in the Appeal Policy.

11. Once placement is designated, the SCRSN or designee will provide verbal authorization to the facility that the admission has been approved. This authorization will be finalized in the data system upon the facility submitting the proper data forms to the SCRSN. The initial authorization given by the SCRSN or designee can be for a period up to 180 days, consistent with acuity and in accordance with the SCRSN eligibility policy.
12. Once the residential facility has received the verbal authorization from SCRSN or designee the facility contacts the MHCP/hospital discharge planner to facilitate admission.
13. The facility submits a DSHS Notice of Action form to SCRSN or designee within one business day of admission or of discharge for any SCRSN consumer. Notice is also directed to the primary responsible party initiating the site specific clinical oversight and monitoring processes.
 - 13.1 If the facility declines admission of the consumer and that decision is disputed by the SCRSN, the facility documents the reason within 2 working days in a letter submitted to SCRSN or designee.
 - 13.2 Within five (5) working days of admission the facility will submit the following data forms to SCRSN: Client Residential Episode and Residential Authorization Information.

Provider Monitoring

This policy will be monitored through the annual contracted provider monitoring, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.