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Utilization Management Program

Spokane Regional Behavioral Health (Administrative Services Organization)

Spokane County Community Services,
Housing, and Community Development
312 W. 8th Avenue
Spokane, WA 99204

Utilization Management Program

Contents

Chapter I

1. Spokane County Community Services, Housing and Community Development (CSHCD), Spokane County Regional Behavioral Health (SCRBH) (Administrative Services Organization)

The CSHCD SCRBH Scope

Spokane County Community Services, Housing and Community Development (CSHCD), Spokane County Regional Behavioral Health (SCRBH) (Administrative Services Organization) is a public behavioral health administrator for crisis services, including involuntary treatment act evaluations, for all regional residents and an administrator for all behavioral health services for Non-Medicaid Individuals on Less Restrictive Alternative Court Orders or Conditional Release, and non-crisis behavioral health services for Individual who are not Medicaid eligible and at or below the 220% Federal Poverty Level (FPL) in the Spokane Regional Service Area (RSA). The RSA constitutes 6 counties in northeast Washington State, including: Spokane, Stevens, Ferry, Lincoln, Adams and Pend Oreille. The CSHCD SCRBH is governed by the Spokane County Board of Commissioners (BOCC) with an interlocal agreement established in conjunction with northeast county commissioners.

CSHCD SCRBH is dedicated to strengthening our communities and helping our region's most vulnerable residents achieve and maintain healthier and more independent lives in a safe environment.

The CSHCD SCRBH Mission Statement

It is the mission of the CSHCD SCRBH to help those seeking to recover from mental illness and/or substance use disorder (SUD) live safer, healthier, and more independent lives. We ensure that our range of care, resources, and services are person-driven, build on strengths and opportunities, and are available and accessible to Individuals and their families. The CSHCD SCRBH offers services and resources that value:

- Safety and health
- Cultural diversity, social justice, and sensitivity
- Belief that achieving wellness is a reality
- The dignity of each Individual to determine their own path
- Active partnerships with related services that also assist the Individual
- Promoting a purposeful, satisfying quality of life in one's own community

The CSHCD SCRBH Vision Statement

The CSHCD SCRBH's vision is to be a leader in transforming the delivery of high-quality behavioral health care through integrated services that are responsive to Individual needs.

The CSHCD SCRBH is dedicated to a culture of continuous quality assessment and performance improvement. Standards and goals for the crisis system are aligned with the National Committee for Quality Assurance (NCQA).

The CSHCD SCRBH is responsible for contracting and funding the following services for Individuals in Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens counties:

- Mental health and substance use disorder crisis services and involuntary treatment evaluations for Individuals within the Spokane RSA;
- Involuntary detentions to psychiatric facilities or secure withdrawal management and stabilization services for Non-Medicaid Individuals within the Spokane RSA;
- Treatment and monitoring of Non-Medicaid Individuals within the Spokane RSA who have active Less Restrictive Alternative (LRA) court orders or Conditional Release orders; and
- Non-crisis behavioral health services for Non-Medicaid Individuals in the Spokane RSA who are at or below the 220% Federal Poverty Level utilizing General Fund State (GFS) or Federal Block Grants (FBG).

Chapter II

2. Utilization Management Program Purpose

The CSHCD SCRBH strives to provide a behavioral health system of care which offers timely access to medical necessary recovery-focused behavioral health services, supports, and care coordination. The clinical philosophy emphasizes a care management system with access to the most appropriate level and setting of quality behavioral health services, including mental health and/or substance use services, for Individuals in the Spokane Regional Service Area (RSA), which includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties.

The CSHCD SCRBH Utilization Management (UM) program serves to implement a process that actively evaluates and manages utilization of behavioral health care resources delivered to all Individuals, and to actively pursue identified opportunities for improvement. The program serves to:

- Assure Individuals receive the appropriate quantity and quality of behavioral health services within available resources
- Assure that the behavioral health services are delivered at the appropriate time
- Assure that the setting in which the behavioral health services are delivered is consistent with the treatment care needs of the Individual

The utilization management system supports behavioral health providers in delivering clinically necessary and effective care. Both Utilization Management (UM) and Care Management activities are conducted by Washington State Department of Health licensed behavioral health professionals, which operate under the guidance of a board-certified psychiatrist and Addictionologist. Together, UM and Care Management provide essential functions for quality care and support for behavioral health providers in the delivery of effective behavioral health treatment services and supports.

The CSHCD SCRBH ensures consistent application of Utilization Management (UM) review criteria for authorization decisions under the guidance, leadership and oversight of the CSHCD

SCRBH Behavioral Health Medical Director who is a board-certified psychiatrist and board-certified in Addiction Psychiatry.

The CSHCD SCRBH utilizes a standard protocol applying UM criteria and medical necessity criteria for making authorization decisions for financially-eligible Individuals for routine outpatient behavioral health services funded with state non-Medicaid or block grant funds within Available Resources.

The CSHCD SCRBH UM program provides a reliable mechanism to review, monitor, evaluate, recommend and implement actions on identification and correction of potential and actual utilization and resource allocation issues.

Authorization reviews shall be conducted by state licensed Behavioral Health Professionals with experience working with the populations and/or settings under review. The CSHCD SCRBH employs professional staff that meet or exceed the Washington State Department of Health (DOH) requirements for a licensed behavioral health professional (i.e. LMHC, LICSW, LMFT, etc.) for all mental health authorization activities. The CSHCD SCRBH also employs professional staff that meet the Department of Health Substance Use Disorder Professional (SUDP) certification for all SUD authorization activities.

The CSHCD SCRBH has board-certified psychiatrists, including board-certified psychiatrists in child or adolescent psychiatry or Addiction Medicine, available 24 hours, 7 days per week, 365 days per year for any authorization decisions that result in a denial for covered behavioral health services for Non-Medicaid Individuals in the Spokane RSA. Additionally, the CSHCD SCRBH has board-certified psychiatrists available for peer review and consultation of authorization decisions. The CSHCD SCRBH shall consult with the requesting provider when appropriate, prior to issuing an authorization determination.

The CSHCD SCRBH shall not structure compensation to Individuals or entities that conduct utilization management activities so as to provide incentives for the Individual or entity to deny, limit, or discontinue medically necessary services to any Individual.

3. Utilization Management Program Accessibility

The CSHCD SCRBH provides Utilization Management (UM) services 24 hours, 7 days per week, 365 days per year for Non-Medicaid covered behavioral health services for eligible Individuals in the Spokane Regional Service Area (RSA). Any authorization requests for Medicaid Enrollees in the Spokane RSA will be referred to the Enrollee's assigned Managed Care Organization (MCO).

The CSHCD SCRBH licensed utilization management staff, including board-certified psychiatrists for any denials, are available to answer routine utilization management and authorization questions from 8:00 AM to 5:00 PM Pacific Time, Monday through Friday, year-round except on recognized federal or state holidays. The CSHCD SCRBH utilization management services available during non-business hours, weekends, and holidays are for the acknowledge receipt of a standard authorization requests for inpatient mental health and withdrawal management or residential substance use disorder (SUD) admissions.

Authorizations will only be provided for behavioral health treatment within the CSHCD SCRBH provider network of mental health and substance use disorder treatment facilities with the

exception of acute psychiatric inpatient admissions and involuntary secure withdrawal management and stabilization services admissions.

All authorization decisions shall be completed within required timeframes discussed in Chapter II, Section 9 of this guide.

Utilization management staff will identify themselves by name, title and the organization name when answering, initiating or returning calls regarding utilization management issues. Communication regarding utilization management during after business hours may be accomplished using any of the following methods: telephone, CSHCD SCRBH Raintree Data System messaging, and/or fax, as appropriate.

Local and Toll-Free Telephone Access to the CSHCD SCRBH Behavioral Health UM Team is available 24/7 at **509-477-4600 or 1-877-226-0741**

Secure Fax at **509-232-3130** for CSHCD SCRBH UM is monitored during business hours 8:00 AM to 5:00 PM Pacific Time, Monday through Friday, year-round except on recognized federal or state holidays

Secure Messaging in the CSHCD SCRBH Raintree Data System for contracted behavioral health providers.

Inpatient treatment facilities may **send an encrypted email** to SCRBHUM@spokanecounty.org or a

secure fax to 509-232-3130 to confirm an Individual's arrival date and time for admissions and/or discharge date and time.

Language and Communication Support

CSHCD SCRBH shall contract for interpreter services to ensure these services are provided during business hours for utilization management calls with Individuals with a primary language other than English, free of charge. Utilization management staff shall have access to TDD/TTY technology for utilization management calls with Individuals who are deaf or hearing impaired. Interpreter services shall be provided during business hours for all interactions between the Individual and the CSHCD SCRBH utilization management staff when the need is indicated. CSHCD SCRBH will provide a separate phone number for receiving TDD/TTY messages.

4. Utilization Management Program Structure

The CSHCD SCRBH Behavioral Health Medical Director is a board-certified psychiatrist and board-certified in Addiction Psychiatry. The Behavioral Health Medical Director functions as a physician advisor for behavioral health services. The Behavioral Health Medical Director also

provides guidance, oversight, and leadership of the CSHCD SCRBH Utilization Management (UM) Program. The following activities are carried out in conjunction with administrative and clinical staff, but are the responsibility of the Behavioral Health Medical Director to oversee:

- Processes for evaluation and referral to services;
- Review of consistent application of criterial for provision of services within Available Resources and review of related Grievances;
- Review of assessment and treatment services against clinical practice standards. Clinical practice standards include, but are not limited to evidence-based practice guidelines, culturally appropriate services, discharge planning guidelines, and activities such as coordination of care;
- Monitor for over-utilization and under-utilization of services, including crisis services; and
- Ensure that resource management and UM activities are not structured in such a way as to provide incentives for any Individual or entity to deny, limit, or discontinue medically necessary behavioral health services.

The Behavioral Health Medical Director works with a team of professionals to ensure structures and processes meet the National Committee for Quality Assurance (NCQA) standards and to establish or adopt clinical practice guidelines, and oversight of the utilization management (UM), care management (CM), and credentialing programs for behavioral health services, which include mental health and substance use disorders (SUD).

The Behavioral Health Medical Director reviews behavioral healthcare and service requests against established clinical guidelines and make approval and denial determinations in accordance with evidence-based standards, organizational policies and procedures, and clinical judgment. The Behavioral Health Medical Director acts as the physician reviewer for utilization management decisions based on medical necessity and the Washington State Health Care Authority Behavioral Health Administrative Services Organization (BHASO) contract requirements.

The Behavioral Health Medical Director reviews, investigates, and completes appeals related to medical necessity, appropriate level of service, and benefit coverage. The Behavioral Health Medical Director manages escalated and expedited member and provider appeals and, as required.

The CSHCD SCRBH UM team operates under the guidance of the CSHCD SCRBH Behavioral Health Medical Director, and consists of the CSHCD SCRBH Assistant Director, Integrated Behavioral Health Quality Supervisor, and UM Integrated Care Coordinators who are Washington state licensed behavioral health professionals.

The CSHCD SCRBH shall have a sufficient number of behavioral health clinical reviewers available to conduct denial and appeal reviews or to provide clinical consultation on complex case review and other treatment needs.

The CSHCD SCRBH maintains written job descriptions of all CSHCD SCRBH Utilization Management (UM) staff. CSHCD SCRBH staff that review denials of care based on medical necessity have job descriptions that describe required education, training or professional experience in medical or clinical practice and evidence of a current, non-restricted license, including HIPAA training compliance.

The CSHCD SCRBH ensures all UM staff making service authorization decisions have been trained in working with the specific area of service in which they are authorizing and managing. The CSHCD SCRBH has UM Integrated Care Coordinators who are licensed by Washington State Department of Health as Licensed Mental Health Counselors or Licensed Independent Clinical Social Workers and have experience with mental health and substance use disorders, and experience working with the populations, and/or settings under utilization review.

The CSHCD SCRBH UM team includes Washington State licensed behavioral health professionals who are Children's Mental Health Specialists for treatment authorizations for children, youth and adolescents. There are dually licensed mental health professionals with Substance Use Disorder Professional credentials who conduct Substance Used Disorder (SUD) treatment authorizations, including Individuals receiving medication-assisted treatment.

The CSHCD SCRBH shall have mechanisms for at least annual assessment of interrater reliability of all clinical professionals and non-clinical staff involved in UM determinations.

The CSHCD SCRBH contracts with a designated entity for after-hours mental health inpatient and SUD residential authorizations requests, board-certified psychiatrist determination of authorization denials, and/or psychiatrist peer review and consultation within the following parameters:

- The CSHCD SCRBH UM phone numbers will be rolled over to the designated entity at 5 pm at the end of each business day until 8 am the following business day. The contracted designated entity will dedicate one line on their end that the Spokane Regional Service Area's BH-ASO Non-Medicaid authorization calls will be rolled over to, and that dedicated number is 206-573-5371.
- Employ a licensed psychiatrist to oversee the responsibilities of the Contractor's utilization management responsibilities and staff to provide guidance, leadership, oversight, utilization and quality assurance.
- Authorization reviews shall be conducted by state licensed Behavioral Health Professionals with experience working with the populations and/or settings under review.
    - The Contractor shall also employ professional staff that meet or exceed the Washington State Department of Health (DOH) requirements for a licensed behavioral health professional (i.e. LMHC, LICSW, LMFT, etc.) for all mental health authorization activities.
    - The Contractor shall also employ professional staff that meet the Department of Health Substance Use Disorder Professional (SUDP) certification for all SUD authorization activities.
- Review behavioral healthcare and service requests against established clinical guidelines and makes approval and denial determinations in accordance with evidence-based standards, organizational policies and procedures, and clinical judgment.
- Demonstrate consistent application of Medical Necessity criteria and utilization management standards for initial authorizations;
- Provide utilization review and provide authorization for requests for inpatient/residential SUD admissions for Non-Medicaid Individuals at or below the 220% Federal Poverty Level. The CSHCD SCRBH is not financially responsible for voluntary behavioral health treatment costs for Individuals above the 220% Federal Poverty Level.
- Provide utilization review for all initial voluntary inpatient authorization requests from community hospitals and evaluation and treatment facilities for non-Medicaid Individuals at

or below the 220% Federal Poverty Level. CSHCD SCRBH (ASO) is not financially responsible for voluntary behavioral health treatment costs for Individuals above the 220% Federal Poverty Level.

- Provide notification and utilization review for all initial involuntary inpatient admissions for community hospitals, evaluation and treatment facilities, and Secure Withdrawal Management and Stabilization Services for any Non-Medicaid Individuals.
- Act as the board-certified psychiatrist review for utilization management decisions based on medical necessity and CSHCD SCRBH (ASO) contract requirements as needed. Adverse utilization review determinations based on medical necessity including any decision to authorize a service in an amount, duration or scope that is less than requested shall be conducted by:
    - A physician board-certified or board-eligible in General Psychiatry or Child and Adolescent Psychiatry for psychiatric treatment.
    - A physician board-certified or board-eligible in Addiction Medicine, a Subspecialty in Addiction Psychiatry for SUD treatment.
- Any denials shall be documented in the Management Information System (MIS) system, Raintree. A Notice of Action (NOA) will be generated for the facility and Individual when a denial occurs.
- Any dispute between an inpatient facility and the Psychiatrist must be documented and communicated to CSHCD Leadership on a timely basis. If authorization is denied, CSHCD SCRBH (ASO) shall issue the appropriate Notice to the Individual or legal representative and the requesting facility.
- Available for telephonic clinical peer review and/or consultation with other contracted psychiatrist for second opinions as needed via (206) 573-5371.
- Participate in interrater reliability peer reviews to focus on quality improvement.
- Conduct utilization reviews for any denials on a 24/7 basis for child and adolescent authorizations or any denials during periods when the CSHCD SCRBH Behavioral Health Medical Director is unavailable.

Quality Assessment Performance Improvement (QAPI) Committee

The UM team works collaboratively with the CSHCD SCRBH QAPI Committee to evaluate the quality of the CSHCD UM Program. The CSHCD SCRBH QAPI Committee will utilize an analytical review data for authorization and denial percentages, behavioral health levels of care and service settings, lengths of stay, continuity of care, and any service gaps to develop improvement action plans, ongoing monitoring, and evaluation.

5. Utilization Management Program Scope

The UM activities are developed, implemented and conducted by the Spokane County Community Services, Housing and Community Development (CSHCD), Spokane County Regional Behavioral Health (SCRBH) (Administrative Services Organization) under the oversight of the Behavioral Health Medical Director and the direction of the Assistant Director. The UM team performs specific activities.

Specific functions performed include:

- Prior approval, concurrent and retrospective utilization reviews for medical necessity, appropriateness of behavioral health hospital, evaluation and treatment (E&T) facility, or crisis stabilization facility admission, level of care, and continued stay. This review is performed cooperatively with the facility care team which may consist of the attending physician(s) or psychiatrist(s), Advance Registered Nurse Practitioner(s), Registered Nurse(s), and any associated behavioral health or health care personnel who can provide information that will substantiate medical necessity and level of care.
- Prior approval and concurrent utilization reviews for medical necessity, appropriateness of substance use disorder residential treatment admission, level of care, and continued stay. This review is performed cooperatively with the facility care team which may consist of Substance Use Disorder Professional(s), physician(s), psychiatrist(s), Advance Registered Nurse Practitioner(s), Registered Nurse(s), and any associated behavioral health or health care personnel who can provide information that will substantiate medical necessity and UM criteria.
- Discharge planning in collaboration with inpatient or residential care team
- Concurrent review of outpatient mental health and substance use disorder treatment
- Use of the American Society of Addiction Medicine (ASAM) standards
- Use of mental health UM criteria
- Use of Washington Administrative Code (WAC) and Revised Code of Washington (RCW)
- Review authorization requests for caregiver respite for youth and families and mental health residential placement for adults
- Review inpatient and outpatient UM data to determine appropriateness of Individual and provider utilization patterns

6. Medical Necessity

The goal of Utilization Management (UM) is to ensure that all services that are authorized meet the Washington State Health Care Authority's definition of medical necessity, which means a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in an Individual that endangers life, or cause suffering of pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity, or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the Individual requesting the service. "Course of treatment" may include mere observation or, where appropriate, no treatment at all.

UM Criteria or Level of Care Guidelines

The CSHCD SCRBH Level of Care (LOC) Guidelines is a tool to provide coordination and authorization for medically necessary services for eligible children, youth, adults and older adults receiving behavioral health treatment for mental health and substance use disorders. CSHCD SCRBH maintains Level of Care and Authorization Criteria guidelines that incorporates medical necessity criteria for initial authorization.

The CSHCD SCRBH contracts with InterQual for Utilization Management criteria to consistently apply evidence-based clinical decision support in determining medical necessity for levels of care in behavioral health authorizations.

CSHCD SCRBH utilizes the American Society of Addiction Medicine (ASAM) standards for substance use disorders. Medical necessity and authorization time frames are defined in the CSHCD SCRBH Substance Use Disorder Utilization Management Protocols.

There are four (4) Levels of Care for outpatient mental health treatment services, which are described in the CSHCD SCRBH Policy CSL – 1 Outpatient Level of Care. All service authorizations are contingent upon available resources.

Levels One (1) and Two (2) are included within the CSHCD SCRBH Automated Authorization process, and Level Three (3) services require prior authorization, except for Program for Assertive Community Treatment (PACT).

Level Four (4) is for Individuals who need short-term (less than 14 days per episode) 24/7 crisis stabilization services in a Crisis Stabilization Facility to provide safety for the Individual and face-to-face assistance with life skills training and understanding medication effects.

Inpatient psychiatric authorizations are discussed in the CSHCD SCRBH Policy CSI – 1 Inpatient Authorization.

Determining Appropriate Services

The CSHCD SCRBH UM team reviews an Individual's diagnoses and clinical condition to determine the most appropriate services based on medical necessity and the appropriate UM criteria. As part of that review process, the provider and the CSHCD SCRBH Integrated Care Coordinator:

- Review, discuss and evaluate behavioral health information about an Individual that has been provided by qualified professionals who have personally evaluated the Individual within their scope of practice, who have taken into consideration the Individual's clinical history including the impact of previous treatment and service interventions and who have consulted with other qualified health care professionals, as appropriate.
- Consider the views and choices of the Individual or the Individual's legal guardian, or authorized representative regarding the proposed covered service as provided by the clinician or through referrals from other behavioral health providers.

In order to evaluate the appropriateness of a requested service, the CSHCD SCRBH UM team and the requesting provider review four parameters:

- Diagnoses and severity of the condition
- Intensity of service
- Psychosocial, cultural, linguistic factors, and
- Least restrictive setting

Severity of Condition

The severity of current signs, symptoms, and functional impairments resulting from the presence of a behavioral health disorder diagnosis are evaluated in determining the specified level which is most appropriate at a given point in time. In addition, the presence of certain "high risk" clinical factors warrant consideration in evaluating an Individual to determine his/her severity of condition. These factors include, but are not limited to:

- Repeated attempts at self-harm or aggressiveness to others, with documented suicidal or homicidal intent

- Risk factors or potential for serious likelihood of negative consequences without treatment
- Significant co-morbidities (e.g., psychiatric/medical; psychiatric/substance use,
- psychiatric/intellectual disability/developmental disability; substance use/medical)
- Coexisting pregnancy and substance use disorder
- Medication non-adherence
- Unstable DSM 5 or ICD-10, or any successor, mental health and/or substance use disorder (SUD)
- History of Individual or family violence
- History of inpatient psychiatric admissions or SUD withdrawal management or residential treatment admissions
- Decline in ability to maintain previous levels of functioning, or
- Significant impairment in one or more areas of functioning

Intensity of Service

The level of care authorized should match the Individual's condition, taking into consideration his or her strengths and limitations (e.g., physical, psychological, social, cognitive) and psychosocial needs. Person centered treatment planning should occur throughout the course of treatment, which is Individualized and describes the treatment benefits an Individual can reasonably expect to receive, any actions an Individual and his/her support system are expected to take, treatment modalities, and discharge planning from admission. Family members of children, youth, or of adult members, with consent, are to be included as an active participant in all treatment and discharge planning activities.

Psychosocial, Cultural, and Linguistic Factors

These considerations represent factors that are either aggravating an Individual's clinical condition or need to be addressed to assure effective treatment. An inappropriate or more intensive level of care may result if the issues are not addressed. Common stressors/barriers to progress may include:

- Preferred language or hearing impairment;
- Psychosocial factors
- Lack of culturally appropriate services
- Inadequate housing or homelessness
- Lack of effective family or social support
- Gender-specific issues
- Physical disability or illness
- Intellectual disability

Least Restrictive Setting

In general, Individual's respond better to treatment and have better clinical outcomes when they can remain in their homes as an integral part of their families and community. Therefore, the CSHCD SCRBH UM team and requesting behavioral health provider will carefully consider whether the treatment and setting being requested is the least restrictive environment in which the most appropriate care and treatment can be safely provided.

7. Triage and Referral

Access to Behavioral Health Services

The CSHCD SCRBH is responsible for crisis services, including involuntary treatment act evaluations, for all regional residents and an administrator for all behavioral health services for Non-Medicaid Individuals on Less Restrictive Alternative Court Orders or Conditional Release, and non-crisis behavioral health services for Individuals who are not Medicaid eligible and at or below the 220% Federal Poverty Level (FPL) in the Spokane Regional Service Area (RSA). The RSA constitutes 6 counties in northeast Washington State, including: Spokane, Stevens, Ferry, Lincoln, Adams and Pend Oreille.

The CSHCD SCRBH does not have a centralized triage and referral process. Individuals may obtain behavioral health services in numerous ways based on the county in which they are accessing services and/or the behavioral health provider the Individual has selected.

Individuals may directly call or self-present for services at a CSHCD SCRBH contracted behavioral health provider agency. Physicians, schools, family, natural supports, and/or other referral sources may refer Individuals to behavioral health services. The CSHCD SCRBH provider directory and contact information may be found on line at: https://www.spokanecounty.org/1250/SCRBH-Contracted-Providers.

The CSHCD SCRBH applies medical necessity criteria for the provision or denial of the following services:

- Assessment
- Brief Intervention
- Brief Outpatient Treatment
- Case Management.
- Day Support
- Engagement and Referral
- Evidenced Based/Wraparound Services
- Interim Services
- Opiate Dependency/HIV Services Outreach
- E&T Services provided at Community Hospitals or E&T facilities
- Family Treatment
- Group Therapy
- High Intensity Treatment
- Individual Therapy
- Inpatient Psychiatric Services
- Intake Evaluation
- Intensive Outpatient Treatment – SUD
- Intensive Inpatient Residential Treatment Services – SUD
- Long Term Care Residential – SUD
- Medication Management
- Medication Monitoring
- Mental Health Residential
- Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)
- Outpatient Treatment

- Peer Support
- Psychological Assessment
- Recovery House Residential Treatment – SUD
- Rehabilitation Case Management
- Special Population Evaluation
- TB Counseling, Screening, Testing and Referral
- TB Screening/Skin Test
- Therapeutic Psychoeducation
- Urinalysis/Screening Test
- Withdrawal Management – Acute
- Withdrawal Management – Sub-Acute

The CSHCD SCRBH provides funding for the following services where medical necessity does not apply:

- Sobering
- Childcare
- Community Outreach
- Pregnant, Post-Partum, or Parenting Women (PPW) Housing Support Services
- Sobering Services
- Therapeutic Interventions for Children in Specialized (PPW) SUD Treatment Programs

Priority Populations

Substance Abuse Block Grant (SABG) funded services shall be provided to financially eligible Individuals in the following order of priority:

- Pregnant injecting drug users
- Pregnant substance abusers
- Women with dependent children
- Injecting drug users

The following are additional priority populations, in no particular order, for SABG services:

- Postpartum women up to one (1) year, regardless of pregnancy outcome)
- Patients transitioning from residential care to outpatient care
- Youth
- Offenders as defined in RCW 70.96.350

Within Available Resources, the CSHCD SCRBH ensures the provision of non-crisis behavioral health services via state general funds, to Individuals who meet financial eligibility standards and meet one of the following criteria:

- Are uninsured;
- Have insurance, but are unable to pay the co-pay or deductible for services;
- Are using excessive crisis services due to inability to access non-crisis behavioral health services; and

- Have more than five (5) visits over six (6) months to the emergency department, a withdrawal management/detox facility, or sobering center due to a SUD disorder.

Behavioral Health Crisis Services

The CSHCD SCRBH ensures there are Behavioral Health Crisis Response Services available 24 hours, 7 days per week, 365 days per year to all Individuals within the Spokane Regional Service Area (RSA), which includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties. Crisis services, including Involuntary Treatment Act services, shall be provided regardless of an Individual's health insurance or ability to pay.

Crisis services provide immediate and short-term intervention aimed at assisting Individuals to stabilize during an actual or perceived urgent or emergent situation that occurs when an Individual's stability or functioning is disrupted and there is an immediate need to resolve the situation, to prevent a serious deterioration in the Individual's mental or physical health, or to prevent the need for referral to a significantly higher level of care.

Crisis services are intended to stabilize an Individual by providing immediate treatment and intervention in a location best suited to meet the needs of the Individual and provide treatment services in the least restrictive environment available. Crisis behavioral health services, including Involuntary Treatment Act services, may be provided without an intake evaluation or screening process and do not require prior authorization.

Behavioral health crisis services are provided to Individuals experiencing mental health or substance use related symptoms, which are impacting an Individual's safety, well-being and functioning. Crisis services include:

 Behavioral Health Crisis Hotline services staffed by skilled professionals to assess, resolve crisis by phone, make appropriate referrals, and/or dispatch mobile teams or the Designated Crisis Responder. The Spokane Regional Service Area Behavioral Health Crisis Hotline Number is **1(877) 266-1818**;

 Walk-In crisis services during business hours to contracted behavioral health crisis providers within the Spokane RSA, which include:

- Adams County: Adams County Integrated Health Care
  - 425 E. Main Street, Suite 600, Othello, WA 99334;
- Ferry, Lincoln, and Stevens Counties: North East Washington Alliance Counseling Services
  - Ferry County: 65 N. Keller, Republic, WA 99166
  - Lincoln County: 1211 Merriam Street, Davenport, WA 99122
  - Stevens County: 165 E. Hawthorne Avenue, Colville, WA 99114 or 301 E. Clay, Suite 201, Chewelah, WA 99109
- Pend Oreille County: Pend Oreille County Counseling Services
  - 105 S. Garden Avenue, Newport, WA 99156;
- Spokane County: Frontier Behavioral Health

- 107 S. Division Street, Spokane, WA 99202;

 Mobile crisis response services with the ability to respond to a behavioral health crisis in the community (e.g., homes, schools, or hospital emergency rooms);

 Involuntary Treatment Act (ITA) services includes all clinical services and administrative functions for the evaluation for involuntary detention or involuntary treatment of Individuals in accordance with RCW 71.05 and RCW 71.34. Crisis services become ITA services when a Designated Crisis Responder (DCR) determines an Individual must be evaluated for involuntary behavioral health treatment. ITA services continue until the end of an involuntary commitment.

 A range of short-term crisis stabilization services (e.g., least restrictive alternative in the community with natural supports to assist in implementing a safety plan, Crisis Stabilization facilities, Sobering, Withdrawal Management); and

 Urgent and Emergent care services with the capacity for immediate clinical intervention, triage, and stabilization (e.g., Crisis Stabilization facilities, Evaluation and Treatment centers, Secure Withdrawal Management and Stabilization Services facilities, inpatient psychiatric admissions, single bed certification placement).

8. Customer Care Services

The CSHCD SCRBH has Behavioral Healthcare Customer Care Representatives available Monday through Friday, except holidays, from 8:00 a.m. to 5:00 p.m. for the Spokane Regional Service Area (RSA), which includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens Counties.

 **Local and Toll-Free Telephone Access Customer Care Services** available Monday – Friday, except holidays, from 8:00 am to 5:00 pm at **509-477-4600 or 1-877-226-0741**

Customer care services are considered the first line-of-support responsible for providing prompt and responsive telephone assistance to callers regarding behavioral health benefits, eligibility information, and referrals to the CSHCD SCRBH-contracted behavioral health providers and/or other support resources or service systems.

Customer Care Representatives will triage and resolve complaints, grievances and appeals. Customer Care Representatives will provide information and education on the regional Ombuds to Individuals or the family member(s) of Individuals in services as a resource. Interested Individuals will be provided a warm hand-off to the Ombuds. Complaints, grievances, and appeals will be reported in compliance with CSHCD SCRBH policy standards.

Referrals may also be provided to other support resources or service systems, such as Medicaid services administered by Managed Care Organizations (MCO's), Ombuds, crisis responders, criminal justice system, and social services.

Customer Care Representatives will provide a telephonic warm hand-off to transfer clinical calls to a clinician, Designated Crisis Responder (DCR), 911 Dispatch, or refer the Individual to his/her service provider when appropriate. The CSHCD SCRBH Customer Care Representatives have the capacity to provide warm-line transfers to clinicians, crisis responders, or 911, live or recorded call monitoring, and instant messaging technology to maximize call triage.

9. Utilization Management Process

The CSHCD SCRBH applies written, objective, criteria and considers the Individual's circumstance, and community resources when making medical necessity determinations for behavioral health care services.

Working with practitioners and providers of care, the following factors are taken into consideration when applying guidelines to utilization review:

- Input from the assessing or treating behavioral health provider
- Clinical indications necessitating services or referral
- Age of Individual
- Behavioral Diagnoses
- Symptom presentation and acuity
- Medical history and comorbidities in existence
- Complications
- Behavioral health treatment history
- Progress of treatment
- Risk Factors
- Psychosocial situation
- Home environment
- Less Restrictive Alternatives (LRAs)
- Level of care and treatment setting requested

The following are types of utilization review that CSHCD SCRBH conducts:

Prior Approval or Pre-Authorization

CSHCD SCRBH must make a determination if a prior approval or pre-authorization is warranted and notify the Individual, his/her authorized representative, and the provider of the determination. Initial authorization lengths are identified in Authorization and Extension Lengths Table on pages 24-25.

 **Local and Toll-Free Telephone Access** to the CSHCD SCRBH Behavioral Health UM Team is available 24/7 year-round at **509-477-4600 or 1-877-226-0741.**

The CSHCD SCRBH must acknowledge receipt of a standard authorization requests for acute psychiatric inpatient admissions within two (2) hours and provide a decision within twelve (12) hours of receipt of the request for Individuals who are not eligible for Medicaid and detained, or not Medicaid eligible and at or below the 220% Federal Poverty Level for

voluntary admissions. The CSHCD SCRBH follows the Washington Health Care Authority Mental Health Services Billing Guide.

- **Age of Consent for Voluntary Inpatient Psychiatric Care**

Age	Consent Requirement
Minors age 12 and younger	May be admitted to treatment only with the permission of the minor's parent/legal guardian
Minors age 13 and older	May be admitted to treatment with the permission of any of the following: • The minor and the minor's parent/guardian • The minor without parental consent • The minor's parent/legal guardian without the minor's consent
Age 18 and older	May be admitted to treatment only with the Individual's voluntary and informed, written consent. In cases where the Individual has a legal guardian, the guardian's consent is required.
Members of Indian Tribes	The age of consent of the associated tribe supersedes the requirements above.

- **Involuntary Inpatient Psychiatric Care**

  Only Individuals age 13 and older may be detained under the provisions of the Involuntary Treatment Act (ITA) as defined by Chapters 71.05 and 71.34 RCW. Consent is not required.

- **Behavioral Health Treatment That Requires Prior Approval or Pre-Authorization Include**:
  - Out of region or out of network psychiatric inpatient treatment in a community hospital or Evaluation and Treatment (E&T) facilities.
  - Out of region or out of network Crisis Stabilization Facility admissions.
  - CSHCD SCRBH contracted Substance Use Disorder (SUD) treatment agencies for SUD Residential Treatment, which include ASAM Levels 3.5, 3.3, and 3.1.
  - Caregiver Respite for youth and families.
  - Mental Health Residential placement in the CSHCD SCRBH contracted Assisted Living Facilities or the Adult Residential Treatment Facility (ARTF) for adults.

  - **Behavioral Health Treatment That Requires Notification or Authorization Request Within 24 Hours of Admission Include:**
    - The CSHCD SCRBH contracted in-region Evaluation and Treatment (E&T) and Crisis Stabilization Facility (CSF) located in the Spokane Regional Service Area require authorization request submission via the CSHCD SCRBH Raintree Data System by the next business day of the admission followed by concurrent review.
    - Single Bed Certifications at Spokane RSA Hospitals in lieu of a psychiatric facility for involuntary admissions requires **notification** to the CSHCD SCRBH

- Involuntary detentions to a psychiatric inpatient or secure withdrawal management and stabilization services facilities outside of the Spokane RSA require **notification** to the CSHCD SCRBH.
- The CSHCD SCRBH contracted Secure Withdrawal Management and Stabilization Services facility/facilities in the Spokane Regional Service Area require authorization request submission via the CSHCD SCRBH Raintree Data System by the next business day of the admission followed by concurrent review.

- **SUD Residential Pre-Authorization Process for CSHCD SCRBH contracted providers:**

  The CSHCD SCRBH contracted SUD or COD outpatient or inpatient treatment agency determines a SUD residential/inpatient pre-authorization for ASAM Level 3.5, 3.3, or 3.1 is recommended and enters the ASAM, the CSHCD SCRBH Consent to Release Confidential Information (CROI) with a "Yes" enabled status, SUD substances, diagnosis, and the authorization request into the CSCHD SCRBH Raintree Data System. Pre-Authorizations must be submitted within five days of the current ASAM.

  The CSHCD SCRBH Raintree Data System entries with a CROI of "Yes" (meaning the CROI was signed by the Individual) enables the CSHCD SCRBH contracted SUD residential treatment agency to have the option of copying forward the information submitted by the assessing SUD or COD agency.

  If the Individual did not elect to sign the CROI, the assessing SUD agency's information cannot be copied forward, and the SUD residential provider will have to enter the ASAM, the SUD diagnosis, and demographic information as identified under Authorizations for CSHCD SCRBH Contracted SUD Residential Treatment Admissions.

  The CSHCD SCRBH contracted SUD or COD agency enters a pre-authorization request via the CSHCD SCRBH Raintree Data System. If time critical, the agency may contact CSHCD SCRBH UM team at **(509) 477-4600** to request approval for the SUD residential pre-authorization between 08:00-04:00 PM Monday through Friday, except holidays.

  The CSHCD SCRBH UM team will review the submitted information for medical necessity and Pend, Deny, or Approve the SUD residential pre-authorization request. Any denials will be conducted by a board-certified psychiatrist who is an Addictionologist. The CSHCD SCRBH UM team will document their decision in the Approver Notes. The CSHCD SCRBH shall consult with the requesting provider when appropriate, prior to issuing an authorization determination.

  If a pre-authorization is pended or denied, the SUD or COD provider will respond and correct/add needed information, including a dated note in the CSHCD SCRBH Raintree Requester Notes. The pre-authorization request will be reviewed again.

  The SUD residential placement may be pursued once a pre-authorization is approved. Pre-Authorizations are effective for 30 days, from date of authorization approval, and can be utilized at more than one agency consecutively. An ASAM update is not required if used

within the 30-day authorization timeframe. Pre-Authorization requests can be entered at the same time as outpatient authorization requests.

- **Authorizations for CSHCD SCRBH Contracted SUD Residential Treatment Admissions:**

  There are four different options to request a CSHCD SCRBH contracted provider SUD Residential placement:

  1) The CSHCD SCRBH contracted SUD residential treatment facility submits required information obtained from the SUD or COD outpatient provider into the CSHCD SCRBH Raintree Data System within 24 hours of admission;
  2) The CSHCD SCRBH contracted SUD residential provider completes and submits an assessment into the CSHCD SCRBH Raintree Data System and requests an Authorization within 24 hours of admission;
  3) The CSHCD SCRBH contracted SUD residential facility activates CSHCD SCRBH Pre-Authorization from a CSHCD SCRBH contracted SUD or COD treatment agency via the CSHCD SCRBH Raintree Data System; or
  4) The CSHCD SCRBH contracted SUD residential facility may call CSHCD SCRBH for an Authorization, prior to the admission, at **(509) 477-4600**, and provide current demographic information, SUD diagnosis, and ASAM to obtain verbal authorization. Phones are answered by 24 hours a day. The SUD residential facility must enter the authorization request into the CSHCD SCRBH Raintree Data System.

- **Authorizations for CSHCD SCRBH In-Region E&T and CSF Treatment Admissions:**

  There are two different options to request a CSHCD SCRBH contracted provider SUD Residential placement:

  1) The CSHCD SCRBH contracted in-region E&T or CSF treatment facility submits required information obtained from the Designated Crisis Responder or other referral source (Mental Health Professional, Hospital, etc.) into the CSHCD SCRBH Raintree Data System by the next business day of the admission; or
  2) The CSHCD SCRBH contracted in-region E&T or CSF may call CSHCD SCRBH for an Authorization, prior to the admission, at **(509) 477-4600**, and provide current demographic information, SUD diagnosis, and ASAM to obtain verbal authorization. Phones are answered by 24 hours a day, 365 days per year. The E&T or CSF facility must enter the authorization request into the CSHCD SCRBH Raintree Data System.

Concurrent Review for Treatment Extensions

The CSHCD SCRBH UM team determines medical necessity and appropriateness of a continued services to identify appropriate discharge planning needs, facilitate transition to an appropriate setting in a timely manner and ensure continuity and coordination of the Individual's behavioral health services or discharge to community resources. The CSHCD SCRBH UM staff collaborates with the social workers, mental health professionals, Substance Use Disorder Professionals, hospital liaisons, counselors, discharge planning staff, practitioners and their representatives to during these reviews.

After the initial authorization is given, the second and subsequent reviews focus on identifying progress in treatment and planning for discharge. It will be the responsibility of the provider to initiate the concurrent review process, specifically, to contact the UM Integrated Care Coordinators prior to the end date of the authorization to ensure continued authorization and service provision as appropriate.

 **Local and Toll-Free Telephone Access** to the CSHCD SCRBH Behavioral Health UM Team is available 24/7 year round at **509-477-4600 or 1-877-226-0741.**

When a provider makes a request for a Level of Care (LOC) that does not meet medical necessity criteria for the Individual, the provider is informed of this. The UM Integrated Care Coordinator will work with the provider to make them aware of alternatives to the requested LOC in terms of type, frequency, timing, site, extent, duration and effectiveness for the Individual's care needs. In situations where there is agreement, the level of care will be authorized. In situations when there is continued disagreement, the UM Integrated Care Coordinator will inform the provider that the case the Behavioral Health Medical Director for review.

Upon receiving all necessary clinical information required to make a level of care determination, a concurrent review decision is made. All times will be measured from the time the UM Integrated Care Coordinator or Behavioral Health Medical Director have received all requested information.

Concurrent reviews for psychiatric inpatient treatment, which includes community psychiatric hospitals, freestanding psychiatric hospitals, Evaluation and Treatment (E&T) facilities, and crisis stabilization facilities, are conducted once or twice a week as appropriate. The CSHCD SCRBH must make a determination if an approval for treatment extension is medically necessary.

The psychiatric facility should request a treatment course extension at least twenty-four (24) hours in advance. The CSHCD SCRBH should render a decision within twenty-four (24) hours of receipt of the request. Individuals and the facility are notified in writing when an adverse determination is made.

Administrative Days

The CSHCD SCRBH may issue approval for administrative days only when all of the following conditions are true:

- The Individual has a legal status of voluntary.
- The Individual no longer meets medical necessity criteria.
- The Individual no longer meets intensity of service criteria.
- Less restrictive alternatives are not available, posing a barrier to safe discharge.
- The hospital and CSHCD SCRBH UM staff mutually agree to the appropriateness of the administrative day.

For Individuals who have been authorized inpatient care, hospitals must notify a CSHCD SCRBH representative within twenty-four (24) hours of an Individual’s discharge, including in circumstances when the Individual left against medical advice prior to the expiration of the authorized period. Authorized days which extend past the date the Individual left the facility or was discharged are not covered.

Prior to or upon discharge from a psychiatric inpatient facility, the facility is responsible for providing the following information by calling **509-477-4600 or 1-877-226-0741** or faxing to **509-232-3130**:

- The Individual's discharge date
- The Individual's discharge plan (behavioral health treatment providers, medications, appointments, resources referred to, etc.)
- The Individual's discharge placement setting
- The Individual's residential and mailing address and phone number

The CSHCD SCRBH contracted Evaluation and Treatment (E&T) and crisis stabilization facilities in the Spokane Regional Service Area will enter discharge information into the CSHCD SCRBH Raintree Data System.

CSHCD SCRBH contracted withdrawal management/detoxification facilities should request a treatment course extension at least twenty-four (24) hours in advance. The CSHCD SCRBH should render a decision within twenty-four (24) hours of receipt of the request. Individuals and the facility are notified in writing when an adverse determination is made.

Concurrent reviews for treatment extensions (re-authorizations) for substance use disorder (SUD) residential treatment facility may be requested five (5) days prior to the end of the current authorization end date. The CSHCD SCRBH contracted SUD residential treatment facility provides current clinical information to demonstrate that the Individual continues to meet medical necessity criteria for continued stay at the requested level of care; including information on current clinical condition and movement towards a lower level of care. The CSHCD SCRBH contracted SUD Residential treatment facility calls CSHCD SCRBH Monday through Friday, excluding holidays, from 8:00am-4:00pm PST at **509-477-4600 or 1-877-226-0741** prior to the current authorization ending. The SUD residential treatment facility is notified in the CSHCD SCRBH Raintree Data System of the outcome of the determination. Individuals and his/her authorized representative are notified in writing when an adverse determination is made.

Retrospective Review

A retrospective review for medical necessity is a review conducted after services have been provided to an Individual. Retrospective reviews may also occur when a decision regarding the authorization of a service previously administratively denied is overturned on appeal. Under these circumstances, the service would be retrospectively reviewed for medical necessity.

Retrospective authorization may occur if it is discovered that an Individual did not have private insurance or Medicaid coverage after admission and is at or below the 220% Federal Poverty Level, or in rare situations where circumstances beyond the control of the hospital prevented the hospital from requesting an authorization prior to admission. Hospitals may request authorization after the Individual is admitted, or admitted and discharged. The CSHCD SCRBH has the authority to render authorization decisions for retrospective certification for an Individual's voluntary inpatient psychiatric admission, length of stay extension, or transfer when hospital notification did not occur within the timeframes stipulated in WAC 182-550-2600.

Retrospective reviews for medical necessity typically involve the review of the medical record for the dates of service in question. Providers are encouraged to submit a copy or portion of the medical record that will best assist in determining medical necessity, along with their request for a

retrospective review. When all the necessary clinical information accompanies the request, a decision will be rendered within 30 calendar days.

For retrospective certification requests prior to discharge, the hospital must submit a request for authorization for the current day and days forward. For these days, the CSHCD SCRBH representative must respond to the hospital or hospital unit within 2 hours of the request and provide certification and an authorization or denial decision within 12 hours of receipt of the request. For days prior to the current day (i.e. admission date to the day before the CSHCD SCRBH was contacted), the hospital must submit a separate request for authorization. The CSHCD SCRBH must provide a determination within 30 days upon receipt of the required clinical documentation for the days prior to notification.

For retrospective certification requests after the discharge, the hospital must submit a request for authorization as well as provide the required clinical information to the CSHCD SCRBH representative within 30 days of discharge. The CSHCD SCRBH representative must provide a determination within 30 days of the receipt of the required clinical documentation for the entire episode of care.

Behavioral Health Services That Do Not Require Prior Approval Within Available Resources

- Crisis Response Services
- Involuntary Treatment Act evaluations
- Sobering
- Housing and Recovery Through Peer Services (HARPS)
- Peer Bridger services
- Community Colleges of Spokane Supported Education Enhancing Rehabilitation (SEER) services
- The Criminal Justice Treatment Account (CJTA) Innovative Project at Spokane County Jail and Geiger Correctional Facility

The following services are automatically authorized for the CSHCD SCRBH contracted behavioral health provider network upon submission into the CSHCD SCRBH Raintree Data System for Individuals in the Spokane RSA who are at or below the 220% Federal Poverty Level and ineligible for Medicaid:

- The CSHCD SCRBH contracted in-region substance use disorder acute and subacute withdrawal management admissions, ASAM Level 3.2 and 3.7, in the Spokane RSA
- Mental health intakes or substance use disorder (SUD) assessments with CSHCD SCRBH contracted providers
- Outpatient behavioral health treatment services, including Opioid Treatment Program (OTP), Program for Assertive Community Treatment (PACT) and Spokane County Drug Court Treatment Program, with the CSHCD SCRBH contracted behavioral health providers
- Frontier Behavioral Health Evergreen Club
- Childcare services for parents with Medicaid or CSHCD SCRBH-funded SUD treatment in Spokane County

An automated authorization process will be utilized within Available Resources for the CSHCD SCRBH contracted SUD withdrawal management and detoxification services facilities in the Spokane Regional Service Area. The SUD withdrawal management and detoxification will submit the authorization request with the demographic information, SUD diagnosis, and ASAM via the CSHCD SCRBH Raintree Data System prior to or by the next business day of the admission followed by concurrent review. The initial authorization period will be seven days. Extensions will be based on medical necessity.

An automated authorization process will be utilized within Available Resources for routine outpatient non-crisis behavioral health services for the initial service period of up to three hundred sixty-five (365) days. The CSHCD SCRBH contracted behavioral health providers will submit data to the CSHCD SCRBH within five (5) days of any intake or assessment. An outpatient authorization is issued for up to three hundred sixty-five (365) days from the date of authorization request. The authorization process involves an automated Raintree data element review for completeness and meeting medical necessity.

A concurrent clinical review may occur to ensure Individuals meet medical necessity. Authorizations may be terminated if there are no longer Available Resources to fund non-crisis behavioral health services or the Individual is determined not to meet medical necessity. Notice of any reduction, suspension, or termination in services will be made within required timeframes.

Authorization and Extension Lengths Table

Authorization Type	Initial Authorization Days	Re-authorization or Extension Days
Mental Health & SUD Brief	**60**	**60**
Mental Health (LOC 1-3) & SUD Outpatient (Includes OTP) (ASAM 1.0 & 2.1)	**365**	**365**
Crisis Stabilization Facility	**3**	**Based on Medical Necessity**
Single Bed Certification	**20**	**7**
Involuntary Inpatient E&T	**18**	**Based on Medical Necessity**
Secure Withdrawal Management & Stabilization Services	**18**	**No Reauthorization (unless there are extenuating civil commitment reasons)**

Involuntary Inpatient Community Hospital	**20**	**Based on Medical Necessity**
Voluntary Inpatient Community Hospital or E&T Admission	**Based on Medical Necessity**	**Based on Medical Necessity**
Subacute Withdrawal Management (ASAM 3.2)	**7**	**Based on Medical Necessity**
Acute Withdrawal Management (ASAM 3.7)	**7**	**Based on Medical Necessity**
Clinically Managed Low-Intensity Residential (ASAM 3.1)	**30**	**Based on Medical Necessity**
Clinically Managed, Population-Specific, High-Intensity Residential Services (ASAM 3.3)	**PPW: 90** **LTC: 30**	**Based on Medical Necessity**
Clinically Managed High Intensity Residential (ASAM 3.5)	**15**	**Based on Medical Necessity**

In some cases, the initial authorization period may provide more time than an Individual needs at that specific level of care before transferring to a lower level of care that can meet the Individual's treatment needs. CSHCD SCRBH UM staff will communicate with behavioral health providers to monitor an Individual's progress and initiate a transition to a lower level of care once the Individual no longer meets medical necessity for the current level of care even if there are still days available in the initial authorization period. CSHCD SCRBH reserves the right to reduce the number of initial authorization days when an Individual no longer meets medical necessity for that level of care.

Utilization Review

The CSHCD SCRBH may conduct utilization reviews of behavioral health services to assess for over or under- utilization based on an Individual's level of care and person-centered treatment plan. The CSHCD SCRBH utilization review may include the following:

- A review of the Individual's diagnosis, level of functioning, acuity, any co-existing conditions, involvement in medication management, and co-existing medical conditions;
- Clinical review of family history and systems, formal and informal supports;
- Medical, developmental, and behavioral health history including risk factors such as recent hospitalizations;
- History of service utilization and intensity, duration of services, targeted outcomes and objectives;
- Treatment plan and crisis plan;
- Summary of proposed strategies and interventions planned to achieve outcomes in the forthcoming period while addressing factors that created barriers to care, discharge planning and transition to use of natural supports within the previous authorization period;

- An assessment of age, culture and broader community culturally diverse support systems, including consultation with specialists; and
- Level of Care review, if applicable.

The CSHCD SCRBH Integrated Care Coordinators may also conduct clinical record reviews. As an integral part of the overall QAPI Program, the Integrated Care Coordinators are verifying the quality and appropriateness of services provided. The CSHCD SCRBH contracted providers are required to cooperate with all clinical record reviews conducted by the CSHCD SCRBH. Findings of the reviews will be shared with the provider. During reviews that result in recommendations or findings, the behavioral health providers are given an opportunity to provide additional information and/or implement an improvement or corrective action plan.

Adverse Utilization Review Determinations

Adverse utilization review determinations based on medical necessity including any decision to authorize a service in an amount, duration or scope that is less than requested shall be conducted by:

- A physician board-certified or board-eligible in Psychiatry or Child and Adolescent Psychiatry;
- A physician board-certified or board-eligible in Addiction Medicine, a Subspecialty in Addiction Psychiatry; or
- A licensed, doctoral level clinical psychologist.

The CSHCD SCRBH shall consult with the requesting provider when appropriate, prior to issuing an authorization determination.

Timeframes for Authorization Decisions

The CSHCD SCRBH must provide written notice of action (NOA) to the Individual or his/her legal representative, if a denial, reduction, termination, or suspension occurs based on the UM criteria. The CSHCD SCRBH is required to adhere to the requirements set forth in Notification of Coverage and Authorization Determination below. The CSHCD SCRBH must provide the following timeframes for authorization decisions and notices:

- Acknowledge receipt of a standard authorization request for psychiatric inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.

- The CSHCD SCRBH or its designee shall provide for the following timeframes for authorization decisions and notices:

    - For denial of payment that may result in payment liability for the Individual, at the time of any action affecting the claim.

    - For termination, suspension, or reduction of previously contracted services, ten (10) calendar days prior to such termination, suspension, or reduction, unless the criteria stated in 42 C.F.R. § 431.213 and 431.214 are met.

- Standard authorizations for planned or elective service determinations: The authorization decisions are to be made and notices of Adverse Authorization Determinations are to be provided as expeditiously as the Individual's condition requires. The CSHCD SCRBH must make a decision to approve, deny, or request additional information from the provider within five (5) calendar days of the original receipt of the request. If additional information is required and requested, the CSHCD SCRBH must give the provider five (5) calendar days to submit the information and then approve or deny the request within four (4) calendar days of the receipt of the additional information.

    - An extension of up to fourteen (14) additional calendar days (not to exceed twenty-eight (28) calendar days total) is allowed under the following circumstances:

        - The Individual or the provider requests the extension; or

        - The CSHCD SCRBH justifies and documents a need for additional information and how the extension is in the Individual's interest.

    - If the CSHCD SCRBH extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:

        - The CSHCD SCRBH shall provide the Individual written notice within three (3) business days of the CSHCD SCRBH's decision to extend the timeframe. The notice shall include the reason for the decision to extend the timeframe and inform the Individual of the right to file a Grievance if he or she disagrees with that decision.
        - The CSHCD SCRBH shall issue and carry out its determination as expeditiously as the Individual's condition requires, and no later than the date the extension expires.

- Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or the Contractor determines, that following the timeframe for standard authorization decisions could seriously jeopardize the Individual's life or health, or ability to attain, maintain, or regain maximum function, the CSHCD SCRBH shall make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.

    - The CSHCD SCRBH will make the decision within two (2) calendar days if the information provided is sufficient; or request additional information within one (1) calendar day, if the information provided is not sufficient to approve or deny the request. The CSHCD SCRBH must give the provider two (2) calendar days to submit the requested information and then approve or deny the request within two (2) calendar days.

    - The CSHCD SCRBH may extend the expedited time-period by up to ten (10) calendar days under the following circumstances:

- The Individual requests the extension; or
- The CSHCD SCRBH justifies and documents a need for additional information and how the extension is in the Individual's best interest.

- Concurrent Review Authorizations: The CSHCD SCRBH must make its determination within one (1) business day of receipt of the request for authorization.
  - Requests to extend concurrent care review authorization determinations may be extended to within three (3) business days of the request of the authorization, if the CSHCD SCRBH has made at least one (1) attempt to obtain needed clinical information within the initial one (1) business day after the request for authorization of additional days or services.
  - Notification of the Concurrent Review determination shall be made within one (1) business day of the CSHCD SCRBH's decision.
  - Expedited appeal timeframes apply to Concurrent Review requests.
- For post-service authorizations, the CSHCD SCRBH shall make its determination within thirty (30) calendar days of receipt of the authorization request.
  - The CSHCD SCRBH shall notify the Individual, the requesting provider, and the facility in writing within three (3) business days of the determination.
  - Standard Appeal timeframes apply to post-service denials.
  - When post-service authorizations are approved they become effective the date the service was first administered

Notification of Coverage and Authorization Determinations

For all authorization determinations, the CSHCD SCRBH shall notify the Individual, the requesting facility, and ordering provider in writing. The CSHCD SCRBH must notify all parties, other than the Individual, in advance whether notification will be provided by mail, fax, or other means.

- For an authorization determination involving an expedited authorization request, the CSHCD SCRBH must notify the Individual in writing of the decision. The CSHCD SCRBH may initially provide notice orally to the Individual or the requesting provider. The CSHCD SCRBH shall send the written notice within one business day of the decision.
- Provide notice at least ten (10) calendar days before the effective date of Action or Adverse Authorization Determination when the decision is a termination, suspension, or reduction of previously authorized services.
  - The CSHCD SCRBH shall notify the requesting provider and give the individual written notice of any decision by the CSHCD SCRBH to deny a service authorization request, or to authorize a service in an amount, duration or scope

that is less than requested. The notice to the Individual and provider shall explain the following:

- The Action the CSHCD SCRBH has taken or intends to take.
- The reasons for the action, in easily understood language including citation to any CSHCD SCRBH guidelines, protocols, or other criteria that were used to make the decision, and how to access the guidelines, protocols or other criteria.
- A statement of whether the Individual has any liability for payment.
- Information regarding whether and how the Individual may appeal the decision.
- The Individual's right to receive the CSHCD SCRBH's assistance in filing an Appeal and how to request it, including access to services for Individuals with communication barriers or disabilities.

- The CSHCD SCRBH shall provide notification in accordance with the timeframes described above except in the following circumstances:
  - The Individual dies;
  - The CSHCD SCRBH has a signed statement from the Individual requesting service termination or giving information that makes the Individual ineligible and requiring termination or reduction of services (where the Individual understands that termination, reduction, or suspension of services is the result of supplying this information);
  - The Individual is admitted to a facility where he or she is ineligible for services.
  - The Individual's address is unknown and there is no forwarding address.
  - The Individual has moved out of the CSHCD SCRBH's service area.
  - The Individual requests a change in the level of care.
- Untimely Service Authorization Decision: When the CSHCD SCRBH does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations, it is considered a denial, and thus, an Adverse Authorization Determination, and must follow notification requirements.

Alien Emergency Medical

The CSHCD SCRBH shall serve as the point of contact for inpatient community psychiatric admissions for undocumented aliens to support HCA Alien Emergency Medical (AEM) Program.

The CSHCD SCRBH shall establish if the Individual is an undocumented alien, possibly qualifying for the AEM program, and instruct the requesting hospital to assist the Individual in submitting an AEM eligibility request.

The CSHCD SCRBH shall receive the admission notification for ITA admissions and make medical necessity determinations for voluntary psychiatric admissions.

The CSHCD SCRBH shall assure staff are trained and qualified in HCA's ProviderOne system to complete the direct data entry prior authorization request screen, completing all required fields and record the clinical information required through the ProviderOne provider portal within five (5) business days of the discharge. The required data and clinical information includes, but not limited to:

- The Individual's name and date of birth;
- The hospital to which the admission occurred;
- If the admission is an ITA or voluntary;
- The diagnosis code;
- The date of admission;
- The date of discharge;
- The number of covered days, with dates as indicated;
- The number of denied dates, with dates as indicated; and
- For voluntary admissions, a brief statement as to how the stay met medical necessity criteria.

If the information has not been submitted completely, the CSHCD SCRBH has five (5) business days to respond to inquiries for the designated HCA staff to obtain the information necessary to support completion on the prior authorization request record.

10. CSHCD SCRBH (ASO) Utilization Management and Care Management Policies

CSHCD SCRBH incorporates policies and procedures into its Utilization Management Program, which can be located on our website for review.

Policy Number	Policy Name
AD – 6	Age, Culturally, and Linguistically Competent Services
AD – 8	Program Integrity
AD – 14	Staff Qualifications and Mental Health Professional Exception Request
AD - 20	Coordination of Benefits and Third-Party Liability
AD - 22	Provider Credentialing and Recredentialing
AD - 23	Customer Care Services
CSE - 1	Eligibility Criteria
CSE - 4	Inter MCO/BH-ASO/BHO Transfer
CSE - 5	Notice of Action
CSI – 1	Inpatient Authorizations
CSI – 6	Retrospective Review
CSI – 8	Continued Provision Inpatient Services
CSI - 9	Community Reintegration
CSI – 10	Administrative Policy on the Involuntary Treatment Act
CSI - 11	CSHCD SCRBH DCR No Bed Policy
CSL – 1	Outpatient Level of Care
CSO – 1	Outpatient Authorization
RD – 1	Residential Services
RD - 6	Single Bed Certification
RD - 7	Children's Long Term Inpatient Program
QM - 3	Grievance System
QM - 4	Ombuds Services
QM – 8	Program Monitoring
QM - 13	Appeals and Administrative Hearings
QM - 15	Quality Assessment and Performance Improvement Program
QM - 16	Utilization Management Plan
QM - 17	Utilization Management Triage and Referral for Behavioral Healthcare
QM - 18	Utilization Management Communication Services
RS – 1	Residential Services
RD - 6	Single Bed Certification
RS – 17	Timely Access to Authorization
RS – 19	Resource Management
RS - 20	Access to Person Property
RS – 21	Available Resources
RS – 22	SABG Capacity Management
RS – 23	Cost Sharing Assistance for Private Health Insurance
RS – 25	SABG Treatment Services
RS - 24	Care Coordination
RS – 26	Criminal Justice Treatment Account
	CSHCD SCRBH SUD UM Protocols

Policies will be reviewed and revised at a minimum of every twenty-four (24) months, or more often when there is a change in standards or law requiring a modification.

Chapter III

11. Care Management

The CSHCD SCRBH values the Individual and his or her right to self-determination. The CSHCD SCRBH and its network providers shall provide a full range of services with variable resources designed from the perspective of hope, recovery, and resiliency. This perspective is based on a person-driven behavioral health system of care and a recovery and resiliency model focusing on strength-based concepts and the provision of responsive and effective services throughout the system of care.

Individuals enrolled in CSHCD SCRBH-funded behavioral health services may present with complex behavioral and physical health needs which require coordination of services between contracted providers and other systems of care, including primary health care and Apple Health Plan Managed Care Organizations or other healthcare plans when applicable. The need for coordination of care may occur at any time the Individual is enrolled.

Many factors in an Individual's life other than the underlying health condition contribute to an Individual's overall health, such as economic struggles, housing conditions or living situation, transportation challenges, and access to food and clothing. Care management includes connecting Individuals to resources and services that address their social determinants of health along with their physical and behavioral health care needs to support a path toward recovery and well-being.

As part of behavioral health service delivery, the CSHCD SCRBH Integrated Care Coordinators and contracted behavioral health providers provide referrals and linkage to medically necessary behavioral health services, physical health needs, medical services, services associated with the social determinants of health as needed, and referral to emergency resources. Emergency resources include, but are not limited to, food, emergency shelter, domestic violence advocacy and public assistance.

Care management starts at the point of engagement in services through to discharge to ensure each Individual's care needs are met to promote recovery. It assists Individuals in managing psychosocial stressors and overcoming barriers to stabilization and/or services to improve health and well-being.

Care Coordination

The CSHCD SCRBH and its network of behavioral health providers shall coordinate healthcare services for enrolled Individuals to ensure ongoing sources of care appropriate to the Individual's needs are identified and accessed and care is taken to prevent duplication of activities among service providers to the widest extent possible. The CSHCD SCRBH and its network providers shall ensure that in the process of coordinating care, each Individual's privacy is protected in accordance with the privacy requirements of HIPAA (45 CFR Part 160) and 42 CFR Part 2 when applicable.

The CSHCD SCRBH and its network of behavioral health providers will ensure information exchanged between the CSHCD SCRBH and the behavioral health providers is only to the extent necessary to assist in the valid administrative needs of the program receiving information and is

adequately stored and protected against unauthorized disclosure in accordance with the CSHCD SCRBH's and behavioral health provider's confidentiality policies.

Coordination of care strategies will seek to reduce utilization of higher level of services and crisis services by promoting relapse/crisis prevention planning and early intervention and outreach that addresses the development and incorporation of wellness recovery action plans and mental health advance directives in treatment planning.

The CSHCD SCRBH Integrated Care Coordinators, in collaboration with its network of behavioral health providers, collaborative work together to coordinate care for:

- Inpatient transition and/or discharge planning;
- Coordination of behavioral health services for continuity of care;
- Coordination of mental health residential adult residential treatment facility, assisted living facility, or step-down placements;
- Assisting Designated Crisis Responders with placement challenges; or
- Questions about eligibility, benefits, and procedures for accessing behavioral health services for eligible Individuals.

The CSHCD SCRBH shall coordinate continuity of care with the Apple Health Plan Managed Care Organizations for Individuals who transition between Medicaid eligibility and ineligibility (i.e. Spenddowns, etc.) to prevent crises and a disruption in medically necessary services. The CSHCD SCRBH also coordinates crisis planning for high-risk, high utilizers to prevent continued crisis escalation.

More information about care coordination may be found in the CSHCD SCRBH Policy RS – 24 Care Coordination.

Discharge Planning

The discharge planning process should begin as soon as possible to allow time for the arrangement of appropriate discharge placement, services, and resources for an Individual's care. Discharge planning involves assessing an Individual's continuing care needs to develop a plan designed to ensure the Individual's needs are met after discharge.

The CSHCD SCRBH utilizes a team approach in discharge planning. The CSHCD SCRBH Integrated Care Coordinators assist Individuals, behavioral health providers, and inpatient facilities in assessing an Individual's continued care needs, viable diversion or community-based services, residential placement options when needed, and resources. The Integrated Care Coordinators will assist in linkages and connections to the needed services and resources.

Chapter IV

12. Grievance

The CSHCD SCRBH must have a system in place that complies with WAC 182-538C. The CSHCD SCRBH appeals process is for non-Medicaid Individuals who are receiving services funded by CSHCD SCRBH. The CSHCD SCRBH grievance system must include:

- A Grievance Process;
    - The CSHCD SCRBH Policy QM-3 Grievance System provides policies and procedures for the CSHCD SCRBH grievance process.
- An Appeal Process; and
- Access to an administrative hearing process.
    - The CSHCD SCRBH Policy QM – 13 Appeals and Administrative Hearings provides policies and procedures for the CSHCD SCRBH Appeals and Administrative Hearing process.

A grievance means an expression of dissatisfaction about any matter other than an adverse benefit determination, as defined under the applicable HCA Contract(s). Possible subjects for Grievances may include the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or an employee, or failure to respect an Individual's rights.

Individuals may file a Grievance with the behavioral health provider or the CSHCD SCRBH. Behavioral health providers shall attempt to resolve any Grievance brought forth to the provider directly, in compliance with WAC 246-341-0600(1)(i). Behavioral health providers are responsible for notifications to Individuals who file a Grievance directly with the provider. The Provider shall ensure Individuals are informed of Ombuds services and contact information to access Ombuds services. The Provider shall include the Individual, any identified Representatives, and/or the Ombuds throughout the Grievance process.

When a resolution cannot be reached with an Individual and the Provider, the Provider will notify the Individual that he/she may escalate the Grievance to CSHCD SCRBH. The Provider shall notify the CSHCD SCRBH no later than the end of the next business day following this notification to the Individual.

The CSHCD SCRBH maintains a Grievance process consistent with applicable state laws and contract requirements, including those that apply to General Fund State-funded services. Individuals my file a Grievance directly with the CSHCD SCRBH or escalate an unresolved Grievance filed with a Provider to CSHCD SCRBH, and when this occurs, the CSHCD SCRBH retains responsibility for responding to and resolving Grievances.

Behavioral health providers shall collaborate with the CSHCD SCRBH and the Ombuds in identifying, processing, and promptly resolving an Individual's complaint, grievance, or inquiry related to a crisis service.

The CSHCD SCRBH shall acknowledge the grievance orally or in writing as early as possible and no later than two (2) business days

The CSHCD SCRBH shall provide Individuals with any reasonable assistance necessary to complete forms and other procedural steps for Grievances. Assistance may be provided by the Ombuds serving the geographic area, the CSHCD SCRBH or any other person of the Individual's choice.

Individuals shall be encouraged to contact the CSHCD SCRBH Ombuds services for assistance with any grievance.

 Individuals may contact the CSHCD SCRBH to file oral Grievances at **509-477-4570 or 1-**

877-304-7183. Assistance is available in filing a Grievance.

13. Ombuds

Ombuds services are available to Individuals in the Spokane Regional Service Area for CSHCD SCRBH (ASO) Non-Medicaid funded behavioral health services, or Individuals interested in accessing CSHCD SCRBH-funded treatment services. The Ombuds service:

- Receives, investigates, advocates for, and assists eligible Individuals with the resolution of grievances, the appeal processes when applicable, and, if necessary, the administrative fair hearing process;
- Is responsive to the age and demographic character of the region and assists and advocates for Individuals with resolving issues, grievances, and appeals at the lowest possible level;
- Is independent of service providers; and
- Coordinates and collaborates with allied services to improve the effectiveness of advocacy and reduce duplication.

Individuals may contact the CSHCD SCRBH Ombuds at **509-477-4666 or 1-866-814-3409**.

14. Notice of Action

The CSHCD SCRBH must provide a written Notice of Action to an Individual, in accordance with WAC, contract requirements, and CSHCD SCRBH Policy CSE – 5 Notice of Action, when there is a denial, reduction, termination or suspension in services. The CSHCD SCRBH will provide a Notice of Action if the CSHCD SCRBH or its formal designee:

- Denies a service authorization request; or
- Authorizes a service in an amount, duration, or scope that is less than requested.

In such cases, the CSHCD SCRBH shall provide notification to the Individual, authorized representative, or requesting provider within required timeframes. The Notice of Action must be made within required timeframes and include an understandable explanation of:

- The Action the CSHCD SCRBH has taken or intends to take, and any pertinent effective date;
- The reasons for the Action, including citation to rule(s) or contract limitations being implemented, and the criteria that were the basis of the decision;
- The Individual's right to receive upon request, free of charge, reasonable access to and copies of all documents, records, and other information relevant to the Individual's action, including medical necessity criteria and any processes, strategies, or evidentiary standards used in setting limits.
- The Individual's right to file an Appeal with the CSHCD SCRBH, the process to file an appeal, including the required timeframes if the Individual does not agree with the decision or Action;
- The Individual's right to request an Administrative Hearing;
- The circumstances under which an expedited resolution is available and how to request it; and

- A statement that there is no right to continued benefits for these services, and whether an Individual may be liable for payment for services.

15. Appeals and Administrative Hearings

The CSHCD SCRBH and network providers shall inform Individuals of the right to Appeal a CSHCD SCRBH action and right to an Administrative Hearing. Individuals receive a written Notice of Action regarding the denial, suspension, reduction or termination of services including: the reason for the decision, how the Individual may initiate an appeal and who may assist him or her with the appeal process. The Individual may file an appeal without fear of punitive action.

An Individual, the Individual's authorized representative, or a provider acting on behalf of the Individual and with the Individual's written consent, may Appeal a CSHCD SCRBH action.

For expedited Appeals, the CSHCD SCRBH may bypass the requirement for the Individual's written consent and obtain the Individual's oral consent. The Individual's oral consent shall be documented in the CSHCD SCRBH's records. The CSHCD SCRBH shall consider all information submitted by the Individual or his/her representative.

The CSHCD SCRBH shall provide Individuals with any reasonable assistance necessary to complete forms and other procedural steps for Appeals. Assistance may be provided by the Ombuds serving the geographic area, the CSHCD SCRBH, or any other person of the Individual's choice.

The CSHCD SCRBH shall acknowledge in writing, the receipt of each Appeal. The CSHCD SCRBH shall provide written notice to both the Individual and the requesting provider within seventy-two (72) hours of receipt of the Appeal.

For Appeals of standard service authorization decisions, an Individual, or a provider acting on behalf of the Individual, must file an Appeal, either orally or in writing, within sixty (60) calendar days of the date on the CSHCD SCRBH's Notice of Action. This also applies to an Individual's request for an expedited Appeal.

Decisions regarding Appeals shall be made by Health Care Professionals with clinical expertise in treating the Individual's condition or disease if any of the following apply:

- If the Individual is appealing an action.
- If the Appeal involves any clinical issues.

The CSHCD SCRBH shall ensure that the Health Care Professional making such decisions:

- Has clinical expertise in treating the Individual's condition or disease that is age appropriate (e.g., a board-certified Child and Adolescent Psychiatrist for a child).
- A physician board-certified or board-eligible in Psychiatry or Child or Adolescent Psychiatry if the grievance or appeal is related to inpatient level of care denials for psychiatric treatment.
- A physician board-certified or board-eligible in Addiction Medicine or a Sub-specialty in Addiction Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for SUD treatment.

- Are one or more of the following, as appropriate, if a clinical Grievance or Appeal is not related to inpatient level of care denials for psychiatric or SUD treatment:
    - Physicians board-certified or board-eligible in Psychiatry, Addiction Medicine or Addiction Psychiatry;
    - Licensed, doctoral level clinical psychologists; or
    - Pharmacists.

When available resources are exhausted, any appeal or administrative hearing process related to a request for authorization of a non-crisis service will be terminated since non-crisis services cannot be authorized without funding, regardless of medical necessity.

If an Individual does not agree with the CSHCD SCRBH's resolution of an Appeal, the Individual may file a request for an Administrative Hearing within one hundred and twenty (120) calendar days of the date of notice of the resolution of the Appeal. The CSHCD SCRBH Behavioral Health Medical Director shall review all cases where an Administrative Hearing is requested and any related Appeals. The CSHCD SCRBH will not be obligated to continue services pending the results of the Administrative Hearing.

 Individuals may contact the CSHCD SCRBH to file oral Appeals at **509-477-4570 or 1-877-304-7183**. Assistance is available in filing an Appeal.

Chapter V

16. Updates to the Utilization Management Program

This CSHCD SCRBH Utilization Management Program will be reviewed and updated as policies, protocols, or service delivery requirements change, or at a minimum of every 24 months, whichever is sooner.

Appendix A: Definitions

American Society of Addiction Medicine (ASAM) Level of Care Guidelines - a professional medical society dedicated to increasing access and improving the quality of Substance Use Disorder (SUD) treatment. ASAM Level of Care Guidelines are a set of criteria produced and distributed by ASAM for use in determining SUD treatment placement, continued stay, and transfer/discharge of Individuals with substance use (SUD) and co-occurring disorders.

American Society of Addiction Medicine (ASAM) Criteria – a comprehensive set of guidelines for determining placement, continued stay and transfer or discharge of Individuals with addiction conditions.

Available Resources - funds appropriated for the purpose of providing behavioral health community mental health (MH) and SUD programs. This includes federal funds, except those provided according to Title XIX of the Social Security Act and state funds appropriated by the Legislature.

Behavioral Health - mental health and/or SUD conditions and related services.

Care Coordination - an approach to healthcare in which all of an Individual's healthcare needs are coordinated with the assistance of a primary point of contact. The point of contact provides information to the Individual and the Individual's caregiver, and works with the Individual to make sure that the Individual gets the most appropriate treatment, while ensuring that care is not duplicated.

Crisis - means an actual or perceived urgent or emergent situation that occurs when an Individual's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the Individual's mental, behavioral, or physical health, or to prevent the need for referral to a significantly higher level of care.

Crisis Services (Mental Health) – services for the evaluation and treatment of mental health crisis to all Individuals experiencing a crisis. A mental health crisis is an emergency that is an immediate threat to a person's physical, emotional and/or mental health.

Crisis Services (SUD) - services provided on a short-term basis to intoxicated or incapacitated Individuals and may include general assessments of the patient's condition, an interview for diagnostic or therapeutic purposes, and transportation home or to an approved treatment facility.

Crisis Hotline Services – a crisis phone number is available 24 hours a day, 7 days a week and is staffed by a live person who can provide screening, de-escalation and referral, triage, and referral to Designated Crisis Responders when an in-person response is needed. The toll-free number is 1-877-266-1818.

Crisis Stabilization - includes short-term (less than two weeks per episode) face-to-face assistance with life skills training and understanding of medication effects on an Individual. Stabilization services may be provided to an Individual as a follow-up to crisis services provided or to any Individual determined by a mental health professional to need additional stabilization services.

Danger to Self - a person may be dangerous to self and others when he or she have recently threatened or attempted suicide or some serious bodily injury. He or she may have demonstrated danger of substantial and imminent harm to himself and/ or others through some recent act, attempt or threat of the same. Without supervision and adequate treatment, it is probable that the

mentally ill Individual may succumb to death, substantial bodily injury or serious physical debilitation or disease.

Designated Crisis Responder (DCR) – a mental health professional with state DCR training, which includes substance use disorders, who are appointed by the county or other authority authorized in rule to perform Involuntary Treatment Act evaluations and investigations and civil commitment duties described in Chapters 71.05 and 71.34 RCW. DCRs may involuntarily detain Individuals up to seventy-two hours, for further evaluation and treatment.

Emergent care - services provided for a person that, if not provided, would likely result in the need for crisis intervention, or hospital evaluation due to concerns of potential danger to self, others, or grave disability, according to RCW 71.05 and 71.34. Emergent behavioral health care must occur within two (2) hours of a request for crisis behavioral health treatment from any source.

Evaluation and Treatment - services provided for Individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self-due to the onset or exacerbation of a psychiatric disorder. Services are provided in freestanding inpatient residential (non-hospital/non-Institution for Mental Disease (IMD) facilities) licensed by DOH and certified by DSHS to provide medically necessary evaluation and treatment to the Individual who would otherwise meet hospital admission criteria.

At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses, and other Mental Health Professionals, and discharge planning to ensure continuity of mental health care. Treatment may include nursing care, Individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The Individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

This service is provided for Individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self-due to the onset or exacerbation of a psychiatric or co-occurring substance use disorder. The severity of symptoms, intensity of treatment needs or lack of necessary supports for the Individual does not allow him/her to be managed at a lesser level of care.

This service does not include cost for Room and Board. The HCA shall authorize exceptions for involuntary length of stay beyond a fourteen (14) day commitment.

Evaluation and Treatment Facility - any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental

Grave disability or Gravely Disabled – an Individual with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or violent acts and the symptoms or behavior represent a marked and concerning change in the baseline behavior of the Individual and without treatment, continued deterioration is probable.

Grievance - means an expression of dissatisfaction about any matter other than an action. Possible subjects for grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Individual's rights.

Grievance Process - the procedure for addressing an Individual's grievances.

Health Care Authority (HCA) - the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA or any of the officers or other officials lawfully representing HCA.

High Intensity Treatment - intensive levels of service provided to Individuals who require a multi-disciplinary treatment team in the community that is available upon demand twenty-four hours per day, seven days per week.

Imminent – forthcoming; likely to occur at any moment; impending

Intake Evaluation - an evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except Crisis Services, Stabilization Services, and free-standing evaluation and treatment.

Involuntary Treatment Act (ITA) - state law that allows for Individuals to be committed by court order to a hospital or facility for a limited period of time. Involuntary civil commitments are meant to provide for the evaluation and treatment of Individuals with a behavioral health disorder and who may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial commitment may last up to seventy-two (72) hours, but, if necessary, Individuals can be committed for additional periods of fourteen (14), ninety (90), and one hundred eighty (180) calendar days (RCW 71.05.180, RCW 71.05.230 and RCW 71.05.290).

Involuntary Treatment Act Services - includes all services and administrative functions required for the evaluation for involuntary detention or involuntary and treatment of Individuals civilly committed under the ITA in accordance with Chapters 71.05, and 71.34 RCW, and RCW 71.24.300.

Less Restrictive Alternative – any viable plan developed by a Designated Crisis Responder to successfully resolve an Individual's crisis without a psychiatric inpatient or secure withdrawal management and stabilization services admission.

Less Restrictive Alternative Treatment - a program of Individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in the minimum services that all Individuals who are under a less restrictive order must be offered as per RCW 71.05.585.

Medically Necessary Services - a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in an Individual that endangers life, or cause suffering of pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity, or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the Individual requesting the service. "Course of treatment" may include mere observation or, where appropriate, no treatment at all.

Medication Management - the prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.

Mental Health Professional - a psychiatrist, psychologist, psychiatric nurse, or social worker as defined in Chapters 71.05 and 71.34 RCW; a person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such persons shall have, in addition, at least two (2) years of experience in direct treatment of persons

with mental illness or emotional disturbance, such experience gained under the supervision of a Mental Health Professional; a person who meets the waiver criteria of RCW 71.24.260, which was granted before 1986; a person who is licensed by DOH as a mental health counselor, mental health counselor associate, marriage and family therapist, or marriage and family therapist associate; a person who has an approved exception to perform the duties of a Mental Health Professional by the DSHS Behavioral Health Administration (BHA) before July 1, 2001; or a person who has been granted a time-limited waiver of the minimum requirements of a Mental Health Professional by the DSHS Behavioral Health Administration

Psychiatric – relating to mental illness or its treatment

Psychological Assessment - all psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist.

Revocation – the official cancellation of a decree, decision, or promise

Secure Withdrawal Management and Stabilization Services Facility – services are provided to an Individual who are involuntarily detained for SUD ITA under Chapter 71.05 or 71.34 RCW for up to ASAM 3.7 withdrawal management level to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, or medically stabilize and Individual after acute intoxication.

Single Bed Certification – a process to allow additional treatment capacity for a person suffering from a mental disorder for whom an evaluation and treatment bed is not available.

Stabilization Services - services provided to Individuals who are experiencing a mental health crisis. These services are provided in the person's home, or another home-like setting, or a setting which provides safety for the Individual and the Mental Health Professional. Stabilization Services shall include short-term (less than two (2) weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to Crisis Services; and b) other Individuals determined by a Mental Health Professional to need additional Stabilization Services. Stabilization Services may be provided prior to an Intake Evaluation for mental health services.

Substance Use Disorder (SUD) - a problematic pattern of use of condition in which the use of alcohol and/or drugs one (1) or more substances that causes leads to a clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school or home.

Urgent care - means a service to be provided to persons approaching a behavioral health crisis. If services are not received within twenty-four (24) hours of the request, the person’s situation is likely to deteriorate to the point that emergent care is necessary. Urgent care must occur within twenty-four (24) hours of a request for behavioral health crisis services from any source.

Withdrawal Management - Withdrawal management refers to the medical and psychological care of patients who are experiencing withdrawal symptoms as a result of ceasing or reducing use of their drug of dependence**.**