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| CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL | | Chapter: | 2.1.3 |
| Title: | MANAGED CARE SERVICES | Page: | 1 of 3 |
| | | Date Effective: | October 1, 2005 |
| Subject: | PRIORITY STATE FUNDED SERVICES | Date Revised: | |
| | | Authorizing Signature: Formally Adopted | |

AUTHORITY: Involuntary Treatment Act to persons who have mental disorders in accordance with state law (RCW 71.05 and RCW 71.34) and without regard to ability to pay.
DSHS State Funds (Non-Medicaid) Contract and Federal Waiver

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Health Plan (CDRSN/PHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: To ensure that clients eligible for state funded services have access to priority state funded services.

DEFINITIONS:

Priority State Funded Services: Priority services include: crisis services, stabilization services, involuntary treatment ACT services, ancillary crisis services, freestanding evaluation and treatment, psychiatric inpatient services, and Medicaid personal care.

Policy: It is the policy of CDRSN and it's providers to comply with all contract requirements, laws and regulations for both the Federal Guidelines and State of Washington in the use of State Funds for the provision of services to persons not eligible for Medicaid and the provision of services which are not allowable under Medicaid rules to Medicaid eligible persons, as necessary.

PROCEDURE: The following services will be provided:

1. CDRSN is responsible for the provision of services to our members. Services are delivered through our network of service providers. We monitor our network on an ongoing basis to ensure that all covered services are available

to members. When a provider requests authorization of a service, CDRSN care coordinators apply medical necessity criteria and clinical judgment in making authorization decisions. If the level of care requested is not appropriate to the client's needs, the request is forwarded to a board-certified physician who may deny the authorization and recommend an alternate, more appropriate service for the client.

2. CDRSN also performs on-site chart reviews at our provider locations to evaluate whether clients are being treated in the appropriate site and level of care.
3. To assist CDRSN in ensuring and monitoring the priority state funded services are available, we use a variety of options. These options, include but are not limited to, clinical chart reviews, data chart reviews, monthly service reports, provider input, QMOC committee, advisory board and a strong presence in the community. It is the CDRSN policy to ensure we are 'available and approachable'.
4. Service provision includes the following priority state funded services:
 - a. **Crisis Services** are available 24 hours a day and are directed at the evaluation and treatment of a mental health crisis situation and are available to any individual eligible for state-funded services who experiences such a crisis. Crisis services are provided under the supervision of a mental health professional. The intent of the service is to quickly stabilize a situation so that further treatment needs can be assessed and provided for.
 - b. **Stabilization Services** can be provided in an individual's home or other safe setting and are short term in duration (less than two weeks). The intent of the service is to establish stability during or immediately after a crisis.
 - c. **Involuntary Treatment ACT Services:** The intent of the service is to provide all the services and administrative functions required for the evaluation of involuntary detention or involuntary treatment in compliance with RCW 71.05 and 71.34.
 - d. **Ancillary Crisis Services:** The intent of the service is to fund costs associated with addressing a crisis situation such as housing costs in a treatment center, that are not covered by Medicaid. Services are provided on a case by case basis as funds allow.
 - e. **Freestanding Evaluation and Treatment:** The intent of the service is to provide evaluation and treatment services in a location other than a hospital. The location must be a facility licensed by MHD to provide evaluation and treatment to individuals who would otherwise need to be hospitalized. Services are provided under the direction of licensed psychiatrists, nurses and other mental health professionals. Family

involvement is a key to discharge planning. Nursing care is available on site.

- f. **Psychiatric Inpatient Services:** The intent of the service is to provide a secure facility with medically necessary services for members who may be a danger to themselves or others, or who cannot currently function outside of a structured and safe facility.
- g. **Medicaid Personal Care:** The intent of the service is to provide personal care upon request of the DSHS Aging and Disability Services Administration (ADSA). The ADSA determines the need for this service and the RSN may not limit or restrict access due to insufficient resources.