

CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL		Chapter:	2.1.4
Title:	MANAGED CARE SERVICES	Page:	1 of 6
		Date Effective:	October 1, 2005
Subject:	ADDITIONAL STATE FUNDED SERVICES	Date Revised:	
		Authorizing Signature: Formally Adopted	

AUTHORITY: 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 state funded services.

DEFINITIONS:

Additional State Funded Services: All state funded services not defined as priority services.

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 additional 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:

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 Name 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 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 additional state funded services are available, we use a variety of information options as well. 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 of the following state funded services:
 - a. **Residential Programs:** The intent of the service is to provide a full range of residential treatment program and settings. Services are based on each individual's needs and medical necessity.
 - b. **Brief Intervention Treatment:** The intent of the service is to address symptoms that do not require long-term care or crisis care. Services should restore the individual to their previous level of functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Each identified functional problem or need in the enrollee's Individual Service Plan must include a specific time frame for resolution. During the course of care, each subject may still move from Brief Intervention Treatment to longer term services.
 - c. **Day Support:** The intent of the service is to provide an intensive rehabilitative program which provides a range of integrated and varied life skills training to promote improved functioning or a restoration to a previous higher level of functioning. The program will assist the individual in the acquiring skills to improve or retain their current level of functioning. Services also improve coping skills and socialization. For eligibility, each individual must demonstrate restricted ability to perform essential daily activities. This service may be used in coordination with other treatments or as a primary service. The staff to subject ration will never be more than 1:20.
 - d. **Family Treatment:** The intent of the service is to include family members and/or other related persons in the treatment of an individual. Treatment is customized to the member's culture and specific needs. This service should reinforce family structure, improve familial communication skills within the family and within the community, and reduce family crisis. The treatment will identify existing family dynamics and strengthen these dynamics in order to increase overall functioning between the family and the subject. Although Family Treatment may take place without the

- subject present, these meetings must be directed towards the goals in the subjects Individual Service Plan.
- e. **Group Treatment Services:** The intent of the service is to introduce community dynamics into the treatment of a subject. The purpose of a subject's involvement in Group Treatment Services must always be for the attainment of goals set in the Individual Service Plan. Group Treatment provides a wide array of positive goals, including but not limited to enhancing interpersonal skills, mitigating symptoms of medical illness, and/or maintaining or increasing stability in the living, work, or educational environment. Individuals eligible for Group Treatment must demonstrate the ability to participate in a group dynamic and to benefit from this participation. Staff to consumer ration will never exceed 1:12 with a maximum group size of 24.
 - f. **High Intensity Treatment:** The intent of the service is to provide intensive levels of service to rehabilitate individuals who are experiencing severe symptoms in the community. This treatment helps to avoid more restrictive levels of treatment including inpatient hospitalization or residential placement. A multi-disciplinary treatment team must respond to individual needs on a twenty-four hours per day, seven days a week basis. Goals for High Intensity Treatment include reinforcement of safety, promotion of stability and independence of the individual in the community, and the restoration of higher levels of functioning. Members of the team to achieve these goals will be determined for each individual's particular need. Throughout the service, this team may act to promptly assess necessary modifications to the subject's Individual Service Plan or Crisis Plan.
 - g. **Individual Treatment Services:** The intent of the service is to assess and apply a set of treatment services designed to attain the goals prescribed by the Individual's Treatment Plan. These services will take into account the age, strengths, and cultural framework of the individual when determining the proper treatment. These treatments may involve the individual, his or her family, or others at the individual's behest who play an important role in the individual's ability to establish or maintain stability in his/her daily life. This service may take the form of a variety of treatments, including but not limited to developing self-care/life-care skills, monitoring the individual's functioning, and/or counseling and psychotherapy.
 - h. **Intake Evaluation:** The intent of the service is to evaluate the individual's need for any other mental health services while taking into account the age and cultural aspects of the individual. Mental health services that do not require an Intake Evaluation include crisis services, stabilization services, and free-standing evaluation and treatment. The Intake Evaluation will be initiated within ten days of a request for services. In establishing the medical need for treatment, the evaluation must be completed within thirty working days.

- i. **Medication Management:** The intent of the service is to provide and/or administer and review medication and its side effects with an individual. This service will be provided face-to-face, and may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psycho therapy.
- j. **Medication Monitoring:** The intent of the service is to provide face-to-face, one-on-one cueing, observing, and encouraging an individual to take medications as prescribed in order to facilitate medication compliance and positive outcomes. Providers of this service will report back to persons licensed to perform medication management services for the benefit of the individual. Individuals who possess history of low medication compliance and individuals who have been newly prescribed medication are most likely to receive this service.
- k. **Mental Health Clubhouse:** The intent of the service is to provide a consumer- oriented program that provides a multitude of services. These services may include but are not limited to: support groups, consumer training, and peer support. Other services will include assistance with employment opportunities and assistance with housing, transportation, education, and benefit planning. Consumers will also have opportunities to become employed with the Clubhouse and participate in the administration of the Clubhouse needs and evaluations. These programs will be open to individuals for participation on their involvement level. The Clubhouse will use the guidelines set forward by the International Center for Clubhouse Development.
- l. **Mental Health Services Provided in a Residential Setting:** The intent of the service is to provide rehabilitation within a psychiatric management environment specifically for individuals with severe impairment in psychosocial functioning or apparent mental health illness symptoms with an unclear etiology. Also, these individuals cannot be safely provided for in an environment less restrictive than the Residential Setting, yet do not meet hospital admission criteria. For this service, a Mental Health Care Provider will be sited at the residential location to provide direct mental health care for extended hours. In both individual and group formats, service may include a variety of treatments: medication management and monitoring, stabilization, and cognitive and behavioral interventions. The goal of these treatments is to stabilize the individual and return him/her to less restrictive treatment. This treatment is not for the purpose of providing custodial care or as a substitute for other resources.
- m. **Peer Support:** The intent of the service is to provide scheduled activities in community settings which promote rehabilitation and recovery. Individuals will actively participate in decision-making and the operation of these supports. Alliances will be built to enhance the individual's ability to function within a community. These alliances will occur in self-help support groups, telephone support lines, drop-in centers, and personal exchange. Goals will be established in the Individual Service Plan, and they will be flexibly tailored to each individual. The ratio of providers to

consumers will be no more than 1:20.

- n. **Psychological Assessment:** The intent of the service is to assess all psychometric services provided for evaluative, diagnostic, or therapeutic purposes. Psychological Assessments will be culturally relevant, provide information relevant to the individual's continuing treatment, and assist in treatment planning.
- o. **Rehabilitation Case Management:** The intent of the service is to provide a range of activities facilitated by a liaison of the outpatient community health agency. These activities will promote discharge, maximize benefits of the placement, minimize the risk of unplanned re-admission, and increase community tenure for the individual. These activities can include assessment for discharge or admission to community mental health care, integrated mental health planning, resource identification and linkage to rehabilitative services, and collaborative development of individual services.
- p. **Respite Care:** The intent of the service is to provide support and relief for the primary caregivers of children or adults with mental illness. Respite Care is accomplished by providing observation, monitoring, and direct support of the physical, emotional, social, and mental health needs of an individual provided by someone outside of the primary caregivers. Respite Care may take place in a variety of settings including the caregiver's home, an organizational facility, and or the respite worker's home. Throughout the care, scheduling will be flexible to ensure the maintenance of an individual's daily routine.
- q. **Special Population Evaluation:** The intent of the service is to provide an evaluation by a specialist considering the age and cultural needs of an individual, after an individual's intake. Specialist's areas may include child, geriatric, disabled, or ethnic minority treatment. This evaluation will assist in determining an individual's continuing treatment and aid treatment planning.
- r. **Supported Employment:** The intent of the service is to enhance employment opportunities for individuals who are not receiving or on the waiting list to receive federally funded vocational services, such as those provided by the Department of Vocational Rehabilitation. Supported Employment will help the individual assess their work history and skills in developing the attainment of personal work goals. With this assessment, providers will prepare individuals for entering employment by evaluating employment's effects on an individual's disability benefits, developing resumes and interview skills, and creating a career development plan. Then the provider will assist the individual in finding employment and sustain a supported work environment through outreach programs, job coaching, and support in the work site.
- s. **Therapeutic Psycho-education:** The intent of the service is to restore lost functioning and promote reintegration and recovery of an individual by providing information and experiential services to the individual, his/her

family, and other persons involved in primary natural support for the individual. With Therapeutic Psycho-education, participants will be given information on the management of psychiatric conditions, an increased knowledge of mental illnesses, and an understanding of the importance of their individual's plan of care. For these purposes, participants in Therapeutic Psycho-education will be given information covering many aspects of treatment including scientific research, behavior, stress, and crisis management skills, medication education and management knowledge, improved daily living skills, independent skills, and many other forms.