

CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL		Chapter:	2.2.1.1
Title:	MANAGED CARE SERVICES	Page:	1 of 3
		Date Effective:	October 25, 2005
Subject:	ACCESS TO MEDICAID SERVICES PRIOR TO INTAKE EVALUATION	Date Revised:	
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Consumer Focused, Accessible, Responsive
DSHS Standard Work Order, RSN/PHP Services
DSHS Title XIX 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: Medicaid members are made aware of their right to access crisis and stabilization services, treatment services, rehabilitation case management services, and psychiatric inpatient services, prior to having an intake evaluation.

DEFINITIONS: Crisis Service: Evaluation and treatment of mental health crisis to all Medicaid enrolled individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible negative consequences will follow.

Freestanding Evaluation and Treatment: Services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to the Medicaid enrolled 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 involving the individual, family and significant others so as to ensure continuity of mental health care.

Stabilization Services: Services provided to Medicaid enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another

home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects.

Rehabilitation Case Management Services: A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission community to mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care.

Psychiatric inpatient services: 24-hour in-hospital beds for psychiatric services.

POLICY: Medicaid enrollees have the right to access crisis and stabilization services, free standing evaluation and treatment services, rehabilitation case management services, and psychiatric inpatient services, prior to having an intake evaluation.

PROCEDURE:

- A. Prior to receiving an intake evaluation, each Medicaid enrollee is made aware of his or her right to access the following services:
 - 1. Crisis services.

Our contracted mental health provider agency is require to have sufficient clinical staff to ensure the provision of mental health crisis services 24 hours a day, 7 days a week.
 - 2. Evaluations and treatment services.
 - (i) CDRSN has an Agreement with the Thurston Mason RSN for access to their Free Standing Evaluation and Treatment facility.
 - (ii) The five RSN's on the eastern side of the state will work together and with DSHS to develop a Free Standing Evaluation and Treatment facility to be located on the eastside of the state and with access to all five of the RSNs. Funding for capital expenditures was budgeted by the Washington State Legislature for the purpose.
 - 3. Stabilization services.
 - (i) Each contracted mental health provider agency is require to have sufficient clinical staff to ensure the provision of mental health stabilization services 24 hours a day, 7 days a week. Stabilization staff works within the crisis

- departments of each agency and are under the direction of the Designated Mental Health Professional.
4. Rehabilitation case management services.
 - (i) Each contracted mental health provider agency is required to designate one clinical staff person as their hospital liaison.
 - (ii) The liaison will provide rehabilitation case management services to all patients hospitalized from their catchment area who were not enrolled for routine mental health services with their agency prior to their hospitalization.
 - (iii) Liaisons are required to contact the hospital within three (3) days of hospitalization and to participate in treatment and discharge planning throughout the patient's staff.
 - (iv) If the patient is requesting mental health services after discharge from the inpatient stay the liaison is responsible for ensuring that an appointment has been scheduled within seven (7) days of discharge.
 5. Psychiatric inpatient services. 24-hour in-hospital beds for psychiatric services.
 - (i) The CDRSN will Develop, maintain or purchase Involuntary Treatment Act (ITA) certified treatment beds to meet the statutory requirements of RCW 71.24.300
 - (1) The CDRSN has access to all community hospitals with psychiatric beds that have a Medicaid contract with the State of Washington, Medical Assistance Administration.
 - (a) To ensure that enrollees are served in facilities as close to their home community as is possible, provider agencies will utilize Sacred Heart Medical Center, Spokane, WA or Lourdes Counseling Center, Richland, WA. as their facilities of first choice unless the patient has a Psychiatric Advanced Directive directing their care to a different hospital.
 - (ii) Effective September 1, 2006 the RSN must have a system in place to pay community hospitals directly without using DSHS as an intermediary.
 - (iii) Develop, maintain or purchase services for individuals who are involuntarily detained or committed in non-IMD community hospitals in accordance with RCW 71.05 or 71.34.
 - (1) To ensure that enrollees are served in facilities as close to their home community as is possible provider agencies will utilize Sacred Heart Medical Center, Spokane, WA or Lourdes Counseling Center, Richland, WA. as their facilities of first choice unless the patient has a Psychiatric Advanced Directive directing their care to a different hospital.
 - (iv) Provide or purchase psychiatric inpatient services when it is determined to be medically necessary for the following Title XIX eligible individuals:
 - (1) Individuals under 22 years of age and over 65 years of age admitted to an Institute for Mental Disease (IMD) and have no other source of medical assistance.
 - (2) Individuals who are voluntarily admitted to non-IMD community hospitals and have no other source of medical assistance.
 - (3) Individuals who are involuntarily detained in non-IMD community hospitals in accordance with RCW 71.05 or 71.34.