

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	2.9
Title:	MANAGED CARE SERVICES	Page:	1 of 11
		Date Effective:	July 1, 2002
Subject:	RESIDENTIAL LEVEL OF CARE AUTHORIZATION FOR CDRSN/PIHP RESIDENTIAL FACILITIES/SERVICES AND OUTPATIENT EPISODES OF CARE IN HOSPITAL DIVERSION SERVICES	Date Revised:	July 17, 2007
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Consumer Focused, Normalizing/Non-Stigmatizing, Responsive, Effectively Managed
WAC 388-865-0225, Resource Management
WAC 388-865-0235, Residential and Housing Services
DSHS Standard Work Order, RSN/PIHP Services
DSHS Title XIX Contract and Federal Waiver

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

PURPOSE: This policy ensures the type of CDRSN/PIHP funded residential facility a consumer resides in is authorized by the CDRSN/PIHP and based on the level of care needed.

DEFINITIONS: Qualified Mental Health Professional (MHP); As defined in WAC 388-865-0150
(1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;
(2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two 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;
(3) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.
(4) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or

(5) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-265.

POLICY:

- A. CDRSN/PIHP Care Management staff (MHP) shall review and authorize residential placement and duration for adults/older adults whose assessed need for residential care indicates the most appropriate placement is in CDRSN/PIHP funded adult family homes, supervised living facilities, long-term rehabilitative facilities, or cluster apartments with intensive supported living services.
- B. Authorization for Residential Care form with all supporting documentation must be submitted by provider staff to CDRSN/PIHP Care Management staff (MHP) for an initial authorization, reauthorization, reconsideration, or a change request for residential level of care.
- C. The RSN and its service providers must ensure:
 - 1. Active promotion of client access to, and choice in, safe and affordable independent housing that is appropriate to the client's age, culture and residential needs.
 - 2. Provision of services to families of eligible children and others who are homeless as defined in Public Law 100-77, through outreach, engagement and coordination or linkage of services with shelter and housing.
 - 3. The availability of community support services, with an emphasis on supporting clients in their own homes or where they live in the community, with residences and residential supports prescribed in the client's treatment plan.
 - 4. That eligible clients in residential facilities receive mental health services consistent with their individual service plan, and are advised of their rights, including long-term care rights (70.129 RCW).
 - 5. If supervised residential services are needed they are provided only in licensed facilities:
 - a. An adult family home that is licensed under chapter 388-76 WAC.
 - b. A boarding home facility that is licensed under chapter 388-78A WAC.
 - c. An adult residential rehabilitation center facility that is licensed under chapter 246-325 WAC.
 - 6. The active search of comprehensive resources to meet the housing needs of clients.

7. The CDRSN/PIHP maintains copies of facility licenses on file.

PROCEDURE: **INITIAL REQUEST LONG TERM RESIDENTIAL FACILITY**

Long term residential initial authorizations (boarding homes) require that the residential provider submit a completed CDRSN/PIHP Authorization for Residential Services form to the CDRSN/PIHP on the first day of placement. The completed form will include:

- Consumer's mental health provider case number
- The initial request box be checked
- Consumer's name
- Consumer's date of birth
- Name of network provider MHCP
- Copy of initial residential facility assessment
- Copy of residential plan
- Copy of mental health provider intake
- Copy of mental health risk management plan
- Copy of individual/family support plan
- Signed copy of long term care rights
- Narrative in comment section justifying need for this level of residential care

CDRSN/PIHP care manager (MHP) will review the authorization form ensuring the need for this level of residential care and available resources. If the care agrees to authorize the request they will:

- Fill in the initial date of authorization
- Fill in the dates for length of the authorization
- Fill in total days of the authorization (6month maximum)
- Signed the approved request
- Check the box of the name of the requesting facility
- Fax a copy of the approved request to the facility
- Submit the original to data input for recording in the data system and filing

Approved requests will begin payment on the first day of authorization. The CDRSN/PIHP will not reimburse long term residential facilities for consumer days in the facility that have not been authorized.

REQUESTS FOR EXTENSION OF STAY BY LONG TERM RESIDENTIAL FACILITY

Long term residential authorizations (boarding homes), extension of stay requests, require that the residential provider submit a completed CDRSN/PIHP Authorization for Residential

Services form to the CDRSN/PIHP ten working days prior the expiration date on the previous approved authorization for residential services form. The completed form will include:

- The request for extension of stay box checked
- Consumer's mental health provider case number
- Name of network provider MHCP
- Copy of the updated individual residential plan
- Signed copy of the long term care rights
- Narrative in comment section justifying continued need for this level of residential care

CDRSN/PIHP care manager (MHP) will review the authorization form ensuring the need for this level of residential care and available resources. If the care manager agrees to authorize the request they will:

- Fill in the initial date of authorization
- Fill in the dates for length of the authorization
- Fill in total days of the authorization (6month maximum)
- Sign the approved request
- Check the box of the name of the requesting facility
- Submit the original to the data input person for recording in the data system, faxing of copies to the residential provider, and filing

Approved requests will begin payment on the first day of authorization. The CDRSN/PIHP will not reimburse facilities for consumer days in the facility that have not been authorized.

DISCHARGE PROCESS FOR LONG TERM RESIDENTIAL FACILITY

Long term residential authorizations (boarding homes) discharge notifications, require that the residential provider submit a completed CDRSN/PIHP Authorization for Residential Services form to the CDRSN/PIHP on the day of the consumer's discharge from the facility. The completed form will include:

- Facility Name box checked
- Consumer's mental health provider case number
- Consumer's name
- Consumer's date of birth
- Name of network provider MHCP
- Filled in date of discharge
- Comment section to include description of discharge plan

CDRSN/PIHP care manager (MHP) will review the authorization form ensuring that consumer needs are met. If the care manager agrees to authorize the discharge they will:

- Sign the approved request
- Submit the original to the data input person for recording in the data system and filing

INITIAL REQUEST TRANSITIONAL HOUSING FACILITY

Transition Housing initial authorizations require that the residential provider submit a completed CDRSN/PIHP Authorization for Transitional Housing Services form to the CDRSN/PIHP on the first day of placement or in the case of weekend or holiday placement the next business day. The completed form will include:

- Consumer's mental health provider case number
- The initial request box be checked
- Consumer's name
- Consumer's date of birth
- Name of network provider MHCP
- Copy of initial residential facility assessment
- Copy of residential plan
- Copy of mental health provider intake
- Copy of mental health risk management plan
- Copy of individual/family support plan
- Narrative in comment section justifying need for this level of residential care

CDRSN/PIHP care manager (MHP) will review the authorization for transitional housing form, ensuring the need for this level of residential care and available resources. If the care manager agrees to authorize the request they will:

- Fill in the initial date of authorization
- Fill in the dates for length of the authorization
- Fill in total days of the authorization (6 month maximum)
- Signed the approved request
- Check the box of the name of the requesting facility
- Submit the original to data input for recording in the data system, faxing of copies to the transitional housing provider and filing

Approved requests will begin payment on the first day of authorization.

The CDRSN/PIHP will not reimburse transitional housing facilities for consumer days in the facility that have not been authorized.

REQUESTS FOR EXTENSION OF STAY BY TRANSITIONAL HOUSING RESIDENTIAL FACILITY

Transitional housing authorizations, extension of stay requests, require that the residential provider submit a completed CDRSN/PIHP Authorization for Residential Services form to the CDRSN/PIHP ten working days prior the expiration date of the previously approved authorization. The completed form will include:

- The request for extension of stay box checked
- Consumer's mental health provider case number
- Name of network provider MHCP
- Copy of the updated individual residential plan
- Narrative in comment section justifying continued need for this level of residential care

CDRSN/PIHP care manager (MHP) will review the authorization form ensuring the need for this level of residential care and available resources. If the care manager agrees to authorize the request they will:

- Fill in the initial date of authorization
- Fill in the dates for length of the authorization
- Fill in total days of the authorization (6 month maximum)
- Sign the approved request
- Check the box of the name of the requesting facility
- Submit the original to the data input person for recording in the data system, faxing of copies to the transitional housing provider and filing

Approved requests will begin payment on the first day of authorization. The CDRSN/PIHP will not reimburse transitional care facilities for consumer days in the facility that have not been authorized.

DISCHARGE PROCESS FOR TRANSITIONAL HOUSING RESIDENTIAL FACILITY

Transitional Housing Residential Facility discharge notifications require that the residential provider submit a completed CDRSN/PIHP Authorization for Transitional Housing Services form to the CDRSN/PIHP on the day of discharge from the facility. The completed form will include:

- Facility Name box checked or filled in
- Consumer's mental health provider case number

- Consumer's name
- Consumer's date of birth
- Name of network provider MHCP
- Filled in date of discharge
- Comment section to include description of discharge plan

CDRSN/PIHP care manager (MHP) will review the authorization form ensuring that consumer needs are met. If the care manager agrees to authorize the discharge they will:

- Sign the approved request
- Submit the original to the data input person for recording in the data system and filing

INITIAL REQUEST HOSPITAL DIVERSION

Initial authorizations for outpatient episodes of care in Hospital Diversion Services require that the diversion services provider submit a completed CDRSN/PIHP Authorization for Hospital Diversion Services form to the CDRSN/PIHP on the first day of placement. If the episode of care begins during non-business hours the form will be submitted to the CDRSN/PIHP at 8:00 AM the next business day. The completed form will include:

- Consumer's mental health provider case number (if applicable)
- Consumer's PIC number (if applicable)
- Check Medicaid or non-Medicaid box
- The initial request box be checked
- Consumer's name
- Consumer's date of birth
- Name of network provider MHCP(if applicable)
- Copy of Hospital Diversion Intake (non-Medicaid)
- Copy of diversion services plan
- Copy of mental health provider intake (CNP/Medicaid)
- Copy of mental health risk management plan
- Copy of individual treatment plan
- Narrative in comment section justifying need for this episode of diversion care and dates for the period of initial authorization requested

CDRSN/PIHP care manager (MHP) will review the authorization for Hospital Diversion form, ensuring the need for the requested diversion services. If the care manager agrees to authorize the request for an episode of care in diversion services they will:

- Fill in the initial date of authorization
- Fill in the dates for length of the authorization

- Fill in total days of the authorization (2 to 7 days)
- Signed the approved request
- Check the box of the name of the requesting facility
- Fax a copy of the approved request to the facility
- Submit the original to data input for recording in the data system, faxing a copy to the provider and filing

Approved requests will begin payment on the first day of authorization.

The CDRSN/PIHP will not reimburse facilities for consumer days in the facility that have not been authorized.

REQUESTS FOR EXTENSION OF HOSPITAL DIVERSION SERVICES

An Extension of Hospital Diversion Services request requires that the diversion services provider request an extension of services authorization submit a completed CDRSN/PIHP Authorization for Hospital Diversion Services form to the CDRSN/PIHP one working day prior the expiration date on the previous approved authorization for hospital diversion services form. The completed form will include:

- The request for extension of services box checked
- Consumer's mental health provider case number
- Name of network provider MHCP
- Check Medicaid or non-Medicaid box
- Consumer's name
- Consumer's date of birth
- Name of network provider MHCP(if applicable)
- Date of initial authorization
- Narrative in comment section justifying need for extension of this episode of hospital diversion care and dates for the period of extended authorization

CDRSN/PIHP care manager (MHP) will review the authorization form ensuring the need to extend this episode of hospital diversion services. If the care manager agrees to authorize the request they will:

- Fill in the dates for length of the authorization
- Fill in total days of the authorization (2 to 7 days)
- Sign the approved request
- Check the box of the name of the requesting facility
- Submit the original to the data input person for recording in the data system, faxing a copy to the provider and filing

Approved requests will begin payment on the first day of authorization. The CDRSN/PIHP will not reimburse facilities for consumer days in the facility that have not been authorized.

PROCESS FOR DISCONTINUATION OF HOSPITAL DIVERSION SERVICES

Discontinuation of Hospital Diversion services requires that the diversion services provider submit a completed CDRSN/PIHP Authorization for hospital diversion services form to the CDRSN/PIHP on the day of discontinuation of services. The completed form will include:

- Facility Name box checked or filled in
- Consumer's mental health provider case number
- Consumer's name
- Consumer's date of birth
- Name of network provider MHCP
- Filled in date of discontinuation of services.
- Comment section is to include description of recovery plan.

CDRSN/PIHP care manager (MHP) will review the authorization form ensuring that consumer needs are met. If the care manager agrees to authorize the discontinuation they will:

- Sign the approved request
- Submit the original to the data input person for recording in the data system, faxing a copy to the provider and filing

SEE ALSO: Chapter 2.7, Service Level Determination and Authorization
Chapter 2.8, Reauthorization for Level of Care Services
Chapter 2.12, Service Level/Residential Level of Care Change
Chapter 2.13, Appeal of County Care Management or Case Manager (MHP) Decision
Chapter 4, Residential Services
Glossary of Terms and Acronyms