



PENINSULA RSN

ADMINISTRATION POLICIES AND PROCEDURES

Policy Name: SPECIAL NEEDS ACCOMMODATION
PROCESS

Policy Number: 2.16

Reference: DSHS Contract

Effective Date: 10/2004

Revision Date(s): 7/2008

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan Policy

PURPOSE

Medicaid recipients may express a need to receive medically necessary services from a provider other than their local contracted network provider due to their disability and will be evaluated for the need to provide such accommodation.

PROCEDURE

1. Individuals may qualify to have their needs evaluated and addressed through this process if:

They currently qualify to receive public mental health benefits in Washington State and

- Are current or past service recipients from network providers, or
 - They have a demonstrated history of difficulty receiving services from the local network provider, or
 - The local network provider has been unable to meet the medically necessary service needs of the recipient.
2. Individuals may access the process by:
 - Contacting the PRSN Ombudsman at 360-692-1582 or 1-888-377-8174; or
 - Contacting the PRSN Office at 360-337-4886 or 1-800-525-5637

3. The Peninsula Regional Support Network (PRSN) evaluates the needs of Medicaid recipients who express a need to receive medically necessary services from a provider other than their local contracted network provider (“home agency”). This can occur in two ways:
 - a. The Ombuds office works with the consumer and local contracted provider to address the consumers concerns, or
 - b. The PRSN arranges for the consumer to be evaluated by a senior clinician from one of its other network providers.
 - If an independent evaluation is performed, the evaluator reviews available clinical information.
4. The evaluation determines:
 - a. If the consumer is unable to form an effective therapeutic relationship with *any* mental health professional at the assigned service provider because of a combination of the consumer’s specific mental illness and specific past experiences with the assigned service provider
 - b. If there is any accommodation within the assigned service provider that might meet the consumers needs
 - c. If the consumer has a reasonable prospect of being able to form an effective therapeutic relationship with an alternative service provider
 - d. What services are medically necessary for the consumer
 - e. If the consumer qualifies for services under the statewide Access To Care Standards and PRSN Level of Care criteria
5. If the evaluation determines that the consumer’s needs cannot be accommodated through the assigned network provider, and an alternative provider is necessary, the PRSN will provide the consumer with at least two alternative providers through which they can receive services at no cost to the individual.
6. Every 180 days, the consumer must be re-authorized for services through the PRSN’s standard authorization process.

MONITORING

This Policy is a mandated by contract.

1. This policy is monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Annual Network Provider Staffing Directory
 - On a case by case basis, when an accommodation request is received by the PRSN

2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy