



## PENINSULA RSN

### CLINICAL POLICIES AND PROCEDURES

**Policy Name:** ACCESS TO SERVICES PRIOR TO  
INTAKE ASSESSMENT - MEDICAID ONLY **Policy Number:** 11.02

**Reference:** DSHS Contract- Exhibit N

**Effective Date:** 10/2005

**Revision Date(s):** 12/2010

**Approved by:** PRSN Executive Board

#### CROSS REFERENCES

- Plan: Utilization Management Plan
- Policy: Access to Timely Services
- Policy: Corrective Action Plan

#### PURPOSE

The Peninsula Regional Support Network (PRSN) ensures Medicaid recipients/enrollees and individuals eligible for Medicaid are made aware of their right to access crisis and stabilization services, evaluation and treatment services, rehabilitation case management services, and psychiatric inpatient services, prior to having an intake assessment.

#### DEFINITIONS

Consumer means a person who has applied for, is eligible for or who has received publically funded mental health services.

- For a child under the age of thirteen (13), the definition of consumer includes the parents or legal guardians.
- For a child thirteen (13) years or older who provides consent for their parents or legal guardians to be involved in the treatment planning, the definition of consumer includes the parents or legal guardians.

Enrollee is defined as an individual currently enrolled in a Medicaid plan that provides a mental health benefit, or an individual not yet enrolled but eligible for a Medicaid plan that provides a mental health benefit.

Request for Services is defined as the point in time when a request for mental health services are sought or applied for through a telephone call, in person, or receipt of a written request through any of the following access points:

- Contacting PRSN
- Contacting CommCare
- Contacting the network provider
- Crisis services

Crisis Services are defined as crisis evaluation and treatment services to Medicaid individuals experiencing a mental health crisis.

A Mental Health Crisis is defined by an individual 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.

Stabilization Services are defined as services provided to Medicaid 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 are defined as 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 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 transitional care coordination from the facility. Activities include assessment for discharge or admission to community based mental health care, integrated mental health treatment planning, community-based resource identification and linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care as a person transitions from facility to community-based care.

Psychiatric Inpatient Services are defined as 24-hour psychiatric services provided to individuals admitted to a hospital.

Freestanding Evaluation and Treatment Services are defined as services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health (DOH) and certified by the mental health Department to provide medically necessary evaluation and treatment to Medicaid individuals 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 involves the individual, family, significant others, and the identified outpatient provider to ensure continuity of mental health care.

## PROCEDURE

1. Prior to receiving an intake assessment and/ or evaluation, an individual with Medicaid is made aware of his or her right to access the following services:
  - Crisis services
  - Evaluation and treatment services
  - Stabilization services
  - Rehabilitation case management services
  - Psychiatric inpatient services
2. Individuals with Medicaid are referred and/or assisted to the appropriate service(s) listed above, as medically necessary, prior to requiring an intake assessment to ensure access to all services are available to individuals in need.
3. Individuals with Medicaid receive the following written information regarding the Medicaid and non-Medicaid services that are available and they are eligible for. The written information includes their right to receive certain services prior to an intake evaluation. Reference the PRSN Policy: General Information Requirements
  - a. Department of Social and Health Services (DSHS) benefits booklet is provided when an individual enrolls into a Medicaid plan.
  - b. DSHS benefits booklet is posted in the lobby of all the PRSN network community mental health agencies. The booklet is posted in English, Cambodian, Chinese, Korean, Laotian, Russian, Spanish, Vietnamese and any other prevalent language(s) within the PRSN geographical area.
  - c. PRSN member handbook and informational brochure with general information.
  - d. PRSN notice of determination (NOD) letters notifying individuals of the level of authorized outpatient services or justification for not authorizing services (reason of ineligibility).
  - e. The PRSN requires network providers, subcontractors, and Ombuds to give each individual written materials available in English or other alternate languages which include:
    - A statement of services provided by the agency or organization, and how to access

- Consumer Rights and Responsibilities
  - Agency Complaint/ PRSN Grievance Procedures, including how to file a complaint at various levels
  - Ombuds Services
  - HIPPA Privacy Statements
  - Signs of mental illness
  - How to request information in another format/ language
4. Individuals with Medicaid are asked to acknowledge that they received, read, or been explained this information, prior to an intake assessment.
- a. Individuals with any questions regarding the information are asked to discuss these questions with a PRSN network community mental health agency staff member, contact the Ombuds office, or call the PRSN office directly.
5. The PRSN requires network providers to provide special accommodations for individuals, regardless of funding status, who request and/or need assistance understanding their rights. Reference PRSN policy: Enrollee Information, Enrollee Rights, and Interpreter Service & Assistance
- a. Individuals who speak a language other than English will be provided translation/ interpreter services.
  - b. Individuals who are blind or hearing impaired are provided with special assistance needed to ensure that their right to care is understood.
6. The PRSN ensures all the required Medicaid state plan services are available and accessible to individuals residing the PRSN through the Utilization Management Plan and resource monitoring activities. Reference PRSN Plan: Utilization Management Plan and monitoring activities table.
- a. The PRSN maintains the provision of crisis services, including crisis stabilization services. Reference PRSN policy: Service Modalities- Crisis and Crisis Prevention Plan Standards
  - b. The PRSN encompasses two (2) free-standing evaluation and treatment facilities- one for adults and one for children and youth.
  - c. The PRSN provides oversight to the rehabilitation case management services provided via a network community mental health agency. The PRSN monitors bed allocation, daily usage, and transitional care coordination for children and youth transitioning in and out of the state administered Children's Long Term Inpatient (CLIP) facilities, Western Sate Hospital (WSH), and other facility based care.

- d. The PRSN ensures access to Psychiatric Inpatient Services, when needed, by monitoring the inpatient bed rates, trends, utilizing the Utilization Committee, and analyzing the Mental Health Statistical Improvement Project survey conducted by the Department.

## **MONITORING**

This policy is mandated by contract and statute.

1. The PRSN monitors this policy through the use of the PRSN:
  - Annual PRSN Provider and Subcontractor Administrative Review
  - Monthly Provider Chart Reviews
  - Exhibit N Report and PRSN Grievance Tracking
  - Biennial Provider Quality Review Team On-site Review
  - Quality Management Plan activities, such as review targeted issues for trends and recommendations
  - The Mental Health Division conducts the Mental Health Statistical Improvement Project (MHSIP) every year, one year for adults and the alternating the next year for children/ youth. The MHSIP measures general consumer satisfaction with the existing service delivery system, appropriateness and quality of services, participation in treatment goals, access to services, and perceived outcomes of services they received. The PRSN requests over sampling of the region to gather specific catchment area data and analyze for trends.
  - Utilization Management Committee, utilization data reports to monitor the rates and trends of Medicaid individuals authorized for the services not requiring an intake and not concurrently authorized for outpatient services, provide in depth analysis of concerning trends, and make policy and auditing recommendations to the PRSN and the network providers.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval.