



## PENINSULA RSN

### CLINICAL POLICIES AND PROCEDURES

**Policy Name:** SPECIAL HEALTHCARE NEEDS- DIRECT CARE, TREATMENT PLANNING AND ACCESS TO MENTAL HEALTH PROFESSIONALS

**Policy Number:** 11.20

**Reference:** 42 CFR 438.208, State Waiver

**Effective Date:** 8/2004

**Revision Date(s):** 9/2005

**Approved by:** PRSN Executive Board

#### CROSS REFERENCES

- Policy: Corrective Action Plan
- Policy: Special Health Care Needs- Access, Quality and Appropriateness
- Policy: Special Health Care Needs- Services and Coordination of Care

#### PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure that services to individuals with special healthcare needs meet federal and state requirements.

#### DEFINITIONS

Washington State defines individuals with special health care needs as individuals who are eligible for public mental health services.

#### PROCEDURE

1. All individuals eligible for services in the PRSN under state eligibility guidelines have special healthcare needs.
2. Care for all individuals receiving treatment shall be delivered by or overseen by mental health professionals.

- All initial intake assessments shall be conducted by a mental health professional.
  - All treatment plans shall be developed or reviewed by a mental health professional, and follow the PRSN ISP/Treatment Planning Standards.
  - All outpatient services, including crisis services, shall be delivered by or supervised by a mental health professional.
3. Individuals with special health care needs must have direct access to a mental health professional (MHP) if services are not being delivered by a clinician with MHP credentials.
  4. Medicaid enrollees with special health care needs shall have direct access to specialists.

## **MONITORING**

1. The PRSN will monitor compliance through:
  - Annual PRSN Provider and Subcontractor Administrative Review
  - Monthly Provider Chart Reviews
2. In addition, the Department will monitor compliance through licensing reviews.
3. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval.