

















Greater Columbia Behavioral Health (ASO)













Withdrawal Management



Clinical & Financial Eligibility Monitoring

2019 Monitoring of Agency Chart

Agency Name	Notes
Review Date	
Reviewer Name(s)	
Agency Staff Present During Review	

#	Clinical – Withdrawal Management Adult		Score	Reference
1	The clinical record includes documentation of a substance use disorder screening before admission.		 no  yes	WAC 246-341-1100(5)(a)
2	The clinical record includes documentation of a voluntary consent to treatment form, or any release forms, signed and dated by the individual or the individual's guardian, except as authorized by law for protective custody intervention.		 no  yes	WAC 246-341-1100(5)(b) 42 CFR, Part 2
3	The clinical record includes documentation that the individual received HIV/AIDS information and a brief risk intervention and referral as indicated.		 no  yes	WAC 246-341-1100(5)(c)
4	There is evidence in the clinical record that the individual's cultural, ethnic, linguistic, disability, or age related needs were addressed (i.e. specialist consults, interpreter services, auxiliary aids, treatment goals or interventions tailored to the individual's culture, ethnicity, spiritual beliefs, traditions, language, age or disability, etc.)		 no  yes	HCA BHASO Contract Requirement for Provider Monitoring
5	The progress notes in the clinical record must include the date, time, duration, participant's name, response to interventions, and a brief summary of the session and the name and credential of the staff member who provided it.		 no  yes	WAC 246-341-0640(17)
6	The clinical record includes documentation that a discharge summary, including continuing care recommendation and a description of individual's physical condition, was completed within seven (7) working days of discharge.		 no  yes	WAC 246-341-1100(5)(d)
7	There is evidence that the agency uses ASAM criteria for admission, continued services, and discharge planning and decisions; Provides counseling to each individual that addresses the individual's: Substance use disorder and motivation; and continuing care needs and need for referral to other services		 no  yes	WAC 246-341-1100 (3)(a-b)
8	There is evidence that the agency maintains a list of resources and referral options that can be used by staff members to refer an individual to appropriate services. They also post any rules and responsibilities for individuals receiving treatment, including information on potential use of increased motivation interventions or sanctions, in a public place in the facility; Provide tuberculosis screenings to individuals for the prevention and control of tuberculosis; and provide HIV/AIDS information and include a brief risk intervention and referral as indicated.		 no  yes	WAC 246-341-1100 (3)(c-f)

9	There is evidence that each staff member providing withdrawal management services to an individual, with the exception of licensed staff members and chemical dependency professionals, completes a minimum of forty hours of documented training before being assigned individual care duties. This personnel training must include the following topics: Substance use disorders; Infectious diseases, to include hepatitis and tuberculosis (TB); and withdrawal screening, admission, and signs of trauma.	 no	 yes	WAC 246-341-1100 (4)(a-c)
10	The clinical record has evidence that the enrollee was given information on medical advance directives for individuals age 18 and older.	 no	 yes	HCA BHASO Contract Requirement for Provider Monitoring
#	Withdrawal Management Adult Care Coordination	Score		Comments
11	The treatment plan, with consent of the individual, was coordinated with applicable community partners or other service providers when appropriate (evidenced by signatures of others on the ISP, documentation of team meetings, progress note documenting phone contact and coordination of the ISP, and/or written documentation that a copy was shared, etc.).	 no	 yes	HCA BHASO Contract Requirement
12	The progress notes demonstrate that coordination of care between the behavioral health providers and other service providers or community partners was provided, as needed.	 no	 yes	HCA BHASO Contract Requirement & WAC 246-341-0640(18)
13	There is evidence in the clinical record that the individual consented to disclosure of their protected healthcare information with other service providers or community partners when coordination is needed and has been provided.	 no	 yes	HCA BHASO Contract Requirement & WAC 246-341-0640(18)
#	Adult W/M Sobering Financial Eligibility Screening Record	Score		Comments
14	There is evidence in a record that the agency completed a financial eligibility screening for SCRBH-funded services prior to the onset of routine behavioral health services to verify the individual was not Medicaid Eligible and at or below the 220% Federal Poverty Level. <i>(Excludes CJTA, Crisis & ITA Services, and HARPS funding streams)</i>	 no	 yes	HCA BHASO Contract Requirement

<p>15</p>	<p>There is evidence in a record that the agency conducted a monthly financial eligibility screen to ensure the individual remained eligible for SCRBH-funded services to verify the individual was not Medicaid Eligible and at or below the 220% Federal Poverty Level. <i>(Excludes CJTA, Crisis & ITA Services, and HARPS funding streams)</i></p>		<p> no</p> <p> yes</p>	<p>HCA BHASO Contract Requirement</p>
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