

# Greater Columbia Behavioral Health (ASO)

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## Secure Withdrawal Management Clinical & Financial Eligibility Monitoring

2019 Monitoring of Agency Charts

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

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#	Clinical		Score	Reference
1	There is evidence in the clinical record that a telephone screening was reviewed by a nurse, as defined in chapter 18.79 RCW, or medical practitioner prior to admission that includes current level of intoxication, available medical history, and any known medical risks.		<input type="checkbox"/> no <input type="checkbox"/> yes	WAC 246-341-1104(3)(a)
2	There is evidence in the clinical record that after admission, an evaluation by a chemical dependency professional was completed within seventy-two hours of admission to the facility.		<input type="checkbox"/> no <input type="checkbox"/> yes	WAC 246-341-1104(3)(b)
3	The clinical record contains: A statement of the circumstances under which the person was brought to the unit, admission date and time, and when the involuntary detention period ends.		<input type="checkbox"/> no <input type="checkbox"/> yes	WAC 246-341-1104(4)(a-c)
4	Individual's treatment plan includes the following: A protocol for safe and effective withdrawal management, including medications as appropriate.		<input type="checkbox"/> no <input type="checkbox"/> yes	WAC 246-341-1104(5)(a)
5	The clinical record has evidence that the enrollee was given information on medical advance directives for individuals age 18 and older.		<input type="checkbox"/> no <input type="checkbox"/> yes	HCA BHASO Contract Requirement for Provider Monitoring
6	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.).		<input type="checkbox"/> no <input type="checkbox"/> yes	HCA BHASO Contract Requirement for Provider Monitoring
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		<input type="checkbox"/> no <input type="checkbox"/> 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.		<input type="checkbox"/> no <input type="checkbox"/> 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 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)
11	Clinical documentation includes discharge planning provided by a chemical dependency professional that identifies transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives appropriate to the individual.	 no	 yes	WAC 246-341-1104(5)(b)
#	Withdrawal Management Adult Care Coordination	Score		Comments
12	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
13	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)
14	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)