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Document Scope: (applies to Policy & Procedure only)

– The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.

X – The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].

– The requirements herein apply both to GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To define the criteria and processes for determining medical necessity for mental health and substance use disorder services, for establishing an appropriate Level of Care relative to that necessity, and for obtaining authorization to provide that care.

DEFINITIONS

I. Action: The denial or limited authorization of a Contracted Service based on medical necessity.

II. Adverse Authorization Determination: The denial or limited authorization of a requested Contracted Services for reasons of medical necessity (Action) or any other reason such as lack of Available Resources.

III. Available Resources: Funds appropriated for the purpose of providing behavioral health programs. This includes federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated by the Legislature.

IV. Behavioral Health Services: Mental health and/or substance use disorder treatment services provided by a Behavioral Health Agency (BHA) licensed by the State of Washington to provide these services.

V. Behavioral Health Administrative Services Organization (BH-ASO): An entity selected by HCA to administer behavioral health programs, including Crisis Services and Ombuds for Individuals in a defined Regional Service Area (RSA), regardless of an Individual's ability to pay, including Medicaid eligible members.

VI. Chemical Dependency Program (see Substance Use Disorder Program definition below).

VII. Community Mental Health Agency (CMHA): A behavioral health agency that is licensed by the state of Washington, and certified to provide mental health services.

VIII. Evaluation and Treatment: Services provided for Individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self-due to the onset or exacerbation of a psychiatric disorder. Services are provided in freestanding inpatient residential (non-hospital/non-Institution for Mental Disease (IMD) facilities) licensed and

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

[2]"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

certified by DOH to provide medically necessary evaluation and treatment to the Individual who would otherwise meet hospital admission criteria.

IX. Evaluation and Treatment Facility: Any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a behavioral health disorder and who are at risk of harm or are gravely disabled, and which is licensed or certified as such by DOH. (RCW 71.05.020)

X. GCBH BH-ASO: Greater Columbia Behavioral Health Administrative Services Organization, LLC.

XI. General Fund State/Federal Block Grants (GFS/FBG): The services provided by GCBH BH-ASO under this Contract and funded by Federal Block Grants or General Fund State (GFS).

XII. Health Care Authority (HCA): The Washington State Health Care Authority, any division, Section, office, unit or other entity of HCA or any of the officers or other officials lawfully representing HCA.

XIII. Inpatient/Residential Substance Use Treatment Services: Rehabilitative services, including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward Individuals who are harmfully affected by the use of mood-altering chemicals or have been diagnosed with a SUD. Techniques have a goal of abstinence (assisting in their Recovery) for Individuals with SUDs. Provided in: certified residential treatment facilities with sixteen (16) beds or less. Excludes room and board. Residential treatment services require additional program-specific certification by DOH, and include:

a. Intensive inpatient services

b. Recovery house treatment services

c. Long-term residential treatment services

d. Youth residential services

e. Involuntary Treatment Act Services

XIV. Involuntary Treatment Act Services: Those services and Administrative Functions required for the evaluation and treatment of individuals civilly committed under the ITA in accordance with Chapters 71.05 and 71.34 RCW, and RCW 71.24.300.

XV. Level of Care Guidelines: The criteria GCBH BH-ASO uses in determining the scope, duration and intensity of services to be provided.

XVI. Medical Necessity – Medically Necessary Services: A requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in the Individual that endanger life, cause suffering of pain, result in an illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the Individual requesting the service. “Course of treatment" may include mere observation or, where appropriate, no treatment at all.

XVII. Notice of Action (NOA): A written notice that must be provided to Individuals to inform them that a requested Contracted Service was denied or received only a limited authorization based on medical necessity.

XVIII. Notice of Adverse Benefit Determination: A written notice that must be provided to Individual's to inform them that services, available per GCBH BH-ASO's policy and procedures, have not been authorized for any reason other than for medical necessity (Action), and the reason for this determination. A Notice of Determination must contain the following:

a. The reason for denial or offering of alternative services, in easily understood language and citing any criteria that were used in making the decision (as well as where those criteria can be found).

b. A description of alternative services, if available.

c. A statement of whether the Individual has any liability for payment.

d. Information on whether or how the Individual can appeal the decision. The Individual's right to receive GCBH BH-ASO's assistance on filing an appeal and how to request it, including access to services for Individual with communication barriers or disabilities.

XIX. Outpatient Services: Includes Brief Intervention; Brief Outpatient Treatment; Intensive Outpatient; Case Management; Day Support; Family Treatment; Group Therapy; High Intensity Treatment; Individual Therapy; Medication Management; Medication Monitoring; Peer Support; Therapeutic Psychoeducation; ASAM level 1 and 2.1.

XX. Priority Population: Classes of Individual's that meet criteria for priority coverage/funding of services from GCBH BH-ASO per the SABG and GFS contract requirements.

XXI. Reduction: The decision by GCBH BH-ASO to decrease a previously authorized covered Medicaid behavioral health service described in the Level of Care Guidelines.

XXII. Severely emotionally disturbed child: A child (under 18 years old) who has been determined by the behavioral health administrative services organization or managed care organization, if applicable, to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:

a. Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;

b. Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;

c. Is currently served by at least one of the following child serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities

d. Is at risk of escalating maladjustment due to:

XXII.d.1. Chronic family dysfunction involving a caretaker who is mentally ill or inadequate

XXII.d.2. Changes in custodial adult;

XXII.d.3. Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or correctional facility;

XXII.d.4. Subject to repeated physical abuse or neglect;

XXII.d.5. Drug or alcohol abuse; or

XXII.d.6. Homelessness

e. Manifests some or all of the following impairments in function for most the prior 6 months with an expected duration of at least an additional six months:

XXII.e.1. Impaired functioning in self-care as exemplified by a person's consistent inability to take care of personal grooming, hygiene, clothes, and/or nutritional needs.

XXII.e.2. Impaired functioning in community as exemplified by an Inability to maintain safety without assistance; a consistent lack of age-appropriate/developmental age behavioral controls, decision making, and/or judgment any of which may increase the risk for potential out-of-home placement.

XXII.e.3. Impaired functioning in social relationships as manifested by the consistent inability to develop and maintain normal relationships with peers and adults such as constrictions in their capacities for shared attention, engagement, initiation of two-way effective communication, and shared social problem solving.

XXII.e.4. Impaired functioning in the family as such as a pattern of significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents and/or caretakers (e.g., foster parents), disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable expectations that may result in removal from the family or its equivalent).

XXII.e.5. Impaired functioning at school/work function as manifested by an inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage, violence toward others and/or poor relationships with teachers and or supervisors).

XXIII. Serious Mental Illness (SMI): To be considered as having a Serious Mental illness an individual age eighteen (or over) must have, as a result of a covered diagnosis as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM)current dysfunction in at least one of the following four (4) domains, as described below. This dysfunction has been present for most of the past twelve months or for most of the past six months with an expected continued duration of at least six months.

a. Manifests an inability to live in an independent or family setting without support (such as neglecting their basic needs or unable to care for self) or,

b. Is at risk of serious harm to self, property or others (such as manifesting assaultive behaviors, is showing a disruption of daily life due to frequent thoughts of death, suicide, or self-harm, often with behavioral intent and/or plan) or,

c. Evidences a persistent dysfunction in role performance such as showing an inability to work, attend school or meet developmentally appropriate responsibilities without significant oversight or,

d. Has a persistent risk of deterioration such as isolation, chronic instability of residence, and/or the need for multiple supports to maintain stability of function.

XXIV. Substance Abuse Block Grant (SABG): The Federal Substance Abuse Block Grant Program) authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

XXV. Substance Use Disorder (SUD): A problematic pattern of use of alcohol and/or drugs that causes a clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school or home.

XXVI. Substance Use Disorder Program: A program for persons with a substance use disorder is established within the Department of Social and Health Services, to be administered by a qualified person who has training and experience in handling alcoholism and other drug addiction problems or the organization or administration of treatment services for persons suffering from alcoholism or other drug addiction problems.

XXVII. Suspension: The decision by GCBH BH-ASO, or its formal designee, to temporarily stop previously authorized covered behavioral health services described in their Level of Care Guidelines or addressed by the ASAM Criteria.

XXVIII. Termination: The decision by GCBH BH-ASO, or its formal designee, to stop previously authorized mental health services described in their Level of Care Guidelines. The clinical decision by a Behavioral Health Agency to stop or change a covered service in the Individualized Service Plan is not a termination.

POLICY

A. Prior to the initiation of voluntary treatment in Inpatient, E & T settings, SUD Residential Services, and/or funding availability, an Individual must be authorized to receive such services. Eligibility is confirmed by GCBH BH-ASO Mental Health Professionals or Substance Use Disorder Professionals at the time authorization for services is requested.

B. Individuals who are not Medicaid-eligible must be authorized prior to voluntary admission to Inpatient, E & T settings, or SUD Residential Facilities. Authorization for access to such care is subject to a determination of sufficient non-Medicaid funding, financial eligibility, residence, and availability of other payer sources (such as Medicaid eligibility). GCBH BH-ASO will determine the sufficiency of funding for this purpose after assuring its availability for service priorities established by the GCBH BH-ASO Executive Committee and/or the State.

C. When there are funds available, authorization, denial, and adverse change decisions are made by GCBH BH-ASO based upon a determination of medical necessity. Such

decisions are made pursuant to a comprehensive evaluation or treatment planning processes.

D. Timeframes for Authorization Decisions

a) GCBH BH-ASO acknowledges receipt of a standard authorization request for behavioral health inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.

b) GCBH BH-ASO provides the following timeframes for authorization decisions and notices:

i. For denial of payment that may result in payment liability for the Individual, at the time of any Action or Adverse Authorization Determination affecting the claim.

ii. For termination, suspension, or reduction of previously authorized Contracted Services, ten (10) calendar days prior to such termination, suspension, or reduction, unless the criteria stated in 42 C.F.R. §§ 431.213 and 431.214 are met.

iii. Standard authorizations for planned or elective service determinations: The authorization decisions are to be made and notices of Adverse Authorization Determinations are to be provided as expeditiously as the Individual's condition requires. GCBH BH-ASO must make a decision to approve, deny, or request additional information from the provider within five (5) calendar days of the original receipt of the request. If additional information is required and requested, GCBH BH-ASO must give the provider five (5) calendar days to submit the information and then approve or deny the request within four (4) calendar days of the receipt of the additional information.

1. An extension of up to fourteen (14) additional calendar days (not to exceed twenty-eight (28) calendar days total) is allowed under the following circumstances:

a. The Individual or the provider requests the extension; or

b. GCBH BH-ASO justifies and documents a need for additional information and how the extension is in the Individual's interest.

2. If GCBH BH-ASO extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:

a. GCBH BH-ASO shall provide the Individual written notice within three (3) Business Days of the decision to extend the timeframe. The notice shall include the reason for the decision to extend the timeframe and inform the Individual of the right to file a Grievance if they disagree with that decision.

b. GCBH BH-ASO shall issue and carry out its determination as expeditiously as the Individual's condition requires, and no later than the date the extension expires.

iv. Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or GCBH BH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the Individual's life or health, or ability to attain, maintain, or regain maximum function, GCBH BH-ASO shall make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.

1. GCBH BH-ASO will make the decision within two (2) calendar days if the information provided is sufficient; or request additional information within one (1) calendar day, if the information provided is not sufficient to approve or deny the request. GCBH BH-ASO must give the provider two (2) calendar days to submit the requested information and then approve or deny the request within two (2) calendar days.
2. GCBH BH-ASO may extend the expedited time period by up to ten (10) calendar days under the following circumstances:
    a. The Individual requests the extension; or
    b. GCBH BH-ASO justifies and documents a need for additional information and how the extension is in the Individual's interest.

v. Concurrent Review Authorizations: GCBH BH-ASO must make its determination within one (1) Business Day of receipt of the request for authorization.

1. Requests to extend concurrent care review authorization determinations may be extended to within three (3) Business Days of the request of the authorization, if GCBH BH-ASO has made at least one (1) attempt to obtain needed clinical information within the initial one (1) Business Day after the request for authorization of additional days or services.
2. Notification of the Concurrent Review determination shall be made within one (1) Business Day of GCBH BH-ASO's decision.
3. Expedited Appeal timeframes apply to Concurrent Review requests.

c) Post-service authorizations: For post-service authorizations, GCBH BH-ASO shall make its determination within thirty (30) calendar days of receipt of the authorization request.

i. GCBH BH-ASO shall notify the Individual, the requesting provider, and the facility in writing within three (3) Business Days of GCBH BH-ASO's determination.

ii. Standard Appeal timeframes apply to post-service denials.

iii. When post-service authorizations are approved they become effective the date the service was first administered.

d) GCBH BH-ASO logs ASO service authorization decisions and has the ability to keep track of the authorization (tracking time when the authorization request is received, and when the authorization decision is made). GCBH BH-ASO monitors the timeliness of authorization decisions on a routine basis.

i. GCBH BH-ASO Utilization Management staff maintain a UM data base that enumerates the dates and times of requests, authorization determinations, adverse determinations and (as indicated) notifications.

ii. The GCBH BH-ASO Quality Management Oversight Committee (QMOC) uses the UM data base to monitor adherence with timeliness requirements and when indicated will implement corrective steps to address any deviations from these guidelines.

E. If an authorization is not provided as a result of there not being sufficient funds, the Individual will receive a Notice specific to that situation as there is no appeal process associated with the lack of available resources.

F. Notification of Coverage and Authorization Determinations

a) For all authorization determinations GCBH BH-ASO shall notify the Individual, the requesting facility, and ordering provider in writing. GCBH BH-ASO must notify all parties, other than the Individual, in advance whether notification will be provided by mail, fax, or other means.

i. For an authorization determination involving an expedited authorization request, GCBH BH-ASO must notify the Individual in writing of the decision. GCBH BH-ASO may initially provide notice orally to the Individual or the requesting provider. GCBH BH-ASO shall send the written notice within one business day of the decision.

ii. Provide notice at least ten (10) calendar days before the effective date of Action or Adverse Authorization Determination when the decision is a termination, suspension, or reduction of previously authorized Contracted Services.

b) GCBH BH-ASO shall notify the requesting provider and give the individual written notice of any decision by GCBH BH-ASO to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. The notice to the Individual and provider shall explain the following:

i. The decision GCBH BH-ASO has taken or intends to take.

ii. The reasons for the decision, in easily understood language including citation to any GCBH BH-ASO guidelines, protocols, or other criteria that were used to make the decision, and how to access the guidelines, protocols, or other criteria.

iii. A statement of whether the Individual has any liability for payment.

iv. Information regarding whether and how the Individual may Appeal the decision.

v. The Individual's right to receive GCBH BH-ASO's assistance in filing an Appeal and how to request it, including access to services for Individuals with communication barriers or disabilities.

c) GCBH BH-ASO shall provide notification in accordance with the timeframes described in this Section except in the following circumstances:

i. The Individual dies;

ii. GCBH BH-ASO has a signed statement from the Individual requesting service termination or giving information that makes the Individual ineligible and requiring termination or reduction of services (where the Individual understands that termination, reduction, or suspension of services is the result of supplying this information);

iii. The Individual is admitted to a Facility where they are ineligible for services.

iv. The Individual's address is unknown and there is no forwarding address.

v. The Individual has moved out of GCBH BH-ASO's service area.

vi. The Individual requests a change in the level of care.

d) Untimely Service Authorization Decisions: When GCBH BH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination and must follow notification requirements.

G. Authorization is provided for a *Level of Care* rather than for specific covered benefits available within that Level of Care. The specific services to be rendered are identified during the treatment planning process, which occurs in collaboration with the Individual and/or their advocate. The initial array of services may change within the authorization period as treatment goals are added or met.

G. GCBH BH-ASO employs at least one (1) Children's Specialist. The Children's Specialist must be a Children's Mental Health Specialist, or be supervised by a Children's Mental Health Specialist, and oversees the authorizations of Individuals under the age of twenty-one (21).

H. GCBH BH-ASO employs at least one (1) Addiction Specialist who is a licensed Substance Use Disorder Professional, and oversees the authorizations of Individuals with Substance Use Disorders.

I. GCBH BH-ASO ensures that all ASO UM staff making service authorization decisions have been trained and are competent in working with the specific area of service which they are authorizing and managing, including but not limited to: co-occurring mental health and Substance Use Disorders (SUDs), co-occurring behavioral health and medical diagnoses, and co-occurring behavioral health and Intellectual/Developmental Disability (I/DD).

a) GCBH BH-ASO UM staff will be educated in the application of UM protocols, communicating the criteria used in making UM decisions. UM

protocols shall recognize and respect the cultural needs of diverse populations.

b) Authorization reviews shall be conducted by Behavioral Health Professionals with experience working with the populations and/or settings under review.

c) The UM system will be under the guidance, leadership, and oversight of the GCBH BH-ASO Medical Director. GCBH BH-ASO will also ensure that any behavioral health actions must be peer-to-peer, that is, the credential of the clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. This also applies to GCBH BH-ASO using a Board Certified Psychiatrist to review all level of care actions for psychiatric treatment, and a Board Certified Physician in Addiction Medicine, or a subspecialty in Addiction Psychiatry, must review all inpatient level of care actions (denials) for SUD treatment.

J. GCBH BH-ASO shall have UM staff with experience and expertise in working with Individuals of all ages with SUD and who are receiving medication-assisted treatment.

K. GCBH BH-ASO shall ensure, through contract oversite that all GCBH BH-ASOs network providers comply with the ASO and HCA UM requirements.

PROCEDURE

Inpatient Psychiatric Hospitalization AND Inpatient Evaluation and Treatment Services

1. ***Length of Stay.*** The length of stay for inpatient hospitalizations or inpatient E&T services is subject to the following considerations:

   1.1. Involuntary placements are authorized for the period of time established by Washington State statute.

   1.2. The length of voluntary admissions and continuing stay authorizations is based upon the Individual's diagnosis, clinical needs, funding availability, residency within the GCBH BH-ASO region, financial eligibility of the individual, lack of Medicaid and they meet the Medical Necessity Criteria.

2. ***Admission.*** In addition to confirmation of medical necessity, as defined above, authorization for admission to the inpatient level of care is based upon the following clinical findings:

   2.1. The Individuals behavior is judged unmanageable in a less restrictive setting due to **any one of the following**:

      2.1.1. The Individual poses an actual or imminent danger to self, others, or property due to a mental disorder e.g., suicidal behavior, self-mutilation;

      2.1.2. Grave disability, e.g., severe psychomotor retardation;

      2.1.3. The Individual requires brief stabilization and assessment to rule out danger to self and/or others;

2.1.4. The Individual is experiencing significant deterioration in age appropriate behavior including family, school, and social functioning and an alternative care setting would be unable to provide sufficiently intensive services to diagnose and treat the mental disorder;

2.1.5. Severe symptoms unresponsive to, or unmanageable with treatment at a lower level of care; or

2.1.6. A comorbid medical condition that creates the need for psychiatric treatment to be provided at this level of care.

2.2. **AND** there is a verified failure of treatment at a lesser level of care, or a psychiatrist (or designee) determines that the Individual cannot be managed at a lesser level of care due to the severity of symptoms and intensity of treatment required.

2.3. **AND** the Individual requires round-the-clock psychiatric care and observation to maintain their safety or health.

2.4. Authorization decisions to approve or deny hospitalization must be made within 12 hours of the initial request for hospitalization.

2.5. To ensure that these timelines are met, GCBH BH-ASO will maintain a 24 hour/day, 7 day/week UM process comprised of GCBH BH-ASO personnel that meet the standards outlined above in section H. The inpatient provider seeking a voluntary admission will utilize the GCBH BH-ASO toll-free Crisis Line to contact this clinician. If an Individual requires SUD level 3.7 for non-crisis Detoxification, the Designated Crisis Responder (DCR) will contact GCBH BH-ASO UM staff using the toll-free Crisis Line to obtain prior authorization.

3. ***Continued Stay***. Authorization for stay beyond the initially-approved period may occur if, during the initial stay, new psychiatric symptoms of sufficient severity to warrant inpatient care become evident, **OR** based upon evidence of <u>all</u> of the following:

3.1. The Individual continues to pose a danger to self, others or property due to the behavioral manifestations of a psychiatric disorder precluding the provision of services at a lesser level of care despite a reduction in the severity of these symptoms;

3.2. The Individual continues to exhibit symptoms of grave disability;

3.3. The Individual requires this level of intensive treatment to stabilize symptoms and behaviors;

3.4. There is a clear treatment plan with measurable and objective goals; and

3.5. The Individual is making progress toward treatment goals, or in the absence of such progress, the treatment plan has been revised to address the issues preventing progress.

3.6. Authorization decisions for approval or denial of continued stay must be made within 12 hours of the continued stay authorization request.

4. ***Inpatient Authorization*.** Initial and extended authorizations are required for inpatient hospitalization.

5. ***Discharge***. Criteria for discharge from the Inpatient level of care include:

5.1. The Individuals symptoms and functioning have sufficiently improved so as to no longer warrant 24-hour observation and treatment.

5.2. The Individual has demonstrated an unwillingness to actively participate in treatment and fails to meet involuntary treatment criteria.

5.3. The Individual withdraws consent for inpatient treatment and fails to meet involuntary treatment criteria.

Outpatient Services – depending on funding availability

Admission. An Individual must meet medical necessity before being considered for non-crisis ASO services. Providers providing Outpatient Services to non-Medicaid Individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Non-Medicaid outpatient services may be provided, if funding is available and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria.

6. The covered service diagnoses established by the HCA, which is referenced as Attachment I to this policy, guide decisions made by GCBH BH-ASO relative to admission to outpatient services.

For outpatient mental health authorizations, the five (5) medical necessity criteria are:

1. The Individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment. The diagnosis must be included in the list of Mental Health Covered Diagnoses;
2. The Individuals impairment(s) and corresponding need(s) must be the result of a mental illness. The Individual must meet the Functional Criteria for Serious Mental Illness (SMI) or Seriously Emotionally Disturbed (SED) as noted in the definitions section of this Policy.
3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness;
4. The Individual is expected to benefit from the intervention; and,
5. The Individuals unmet need(s) cannot be more appropriately met by any other formal or informal support.

Continued Stay. Individuals who require services beyond the initial treatment period must continue to meet medical necessity criteria. The treating entities must establish continuing stay criteria based on the above Medical Necessity Criteria, to include a system that allows for movement along a continuum of care inclusive of discontinuing or reducing treatment services in lieu of alternative services and supports.

Discharge

7. Discharge from care is based upon one or more of the following:

7.1. Treatment goals have been met and the Individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.

7.2. The Individuals needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).

7.3. The Individual is not participating in treatment and does not meet criteria for involuntary treatment.

7.4. The Individual (or, for a child or youth, the parent/guardian) requests that services be discontinued.

8. The Individuals primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the Individual's needs.

Residential Substance Use Disorder Treatment Services

Level of Care authorizations for residential substance use disorder treatment are based on ASAM criteria and funding availability, residency within the GCBH BH-ASO region, financial eligibility of the individual, lack of Medicaid and they meet the Medical Necessity Criteria.

Level 3.1 – Clinically Managed, Low Intensity Residential Services

Level 3.3 – Clinically Managed, Population Specific, High Intensity, Residential Services. (This level of care not designated for adolescent populations)

Level 3.5 – Clinically Managed, Medium Intensity Residential Services

Process for SUD Residential Services

Length of Stay-The initial authorization period is based on assessment of need relative to the determination of medical necessity. Subsequent authorizations for continued stay are based upon assessment relative to the continuing stay criteria.

Admission- Greater Columbia Behavioral Health (GCBH BH-ASO) shall be responsible for authorizing services for all non-Medicaid and Low Income Individuals in the GCBH BH-ASO area who are seeking SUD residential services. SUD residential services must be provided within the levels of care as defined in the WAC 246-341 and as described by the American Society of Addiction Medicine (ASAM) criteria. The following criteria must be met to be eligible for this level of care:

1) Need for SUD services is established,
2) The specific ASAM criteria for placement is determined,
3) The Individual needs cannot be more appropriately met by a lesser level of care or by any other formal or informal system or support.

Continued Stay - Continued stay assessments are person-centered based upon the Individual treatment needs and progress in residential treatment. Continued stay eligibility criteria are as follows;

1) The Individual meets the ASAM placement criteria for the requested residential service level.
2) The Individual has demonstrated progress toward achieving treatment goals during the initial authorization period.
3) The Individuals needs cannot be more appropriately met by a lower level of care, or by

any other formal or informal system or support.

Discharge- It is appropriate to transfer or discharge the Individual from the present level of care if they meet the following criteria:

1. The Individual has achieved the goals articulated in their individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.

Or

2. The Individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.

Or

3. The Individual has demonstrated a lack of capacity to resolve their problem(s). Treatment at another level of care or type of service therefore is indicated.

4. The Individual has experienced an intensification of their problem(s), or has developed a new problem(s), and can be treated only at a more intensive level of care.

To document and explain the Individuals readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria are to be reviewed. If the criteria apply to the existing or new problem(s), the Individual should be discharged or transferred, as appropriate. If not, refer to the Continued Service criteria.

ASAM criteria for Withdrawal Management (Detoxification Services) include the following:

GCBH BH-ASO is responsible for the authorization of SUD withdrawal management (WM) services for Individuals residing within the GCBH BH-ASO service area. Individuals must meet the following criteria to be eligible for Level 3.2 WM Clinically managed Residential Withdrawal Management, and Level 3.7, WM Medically Monitored Residential Withdrawal Management Services:

1) A screening must be completed and the need for Withdrawal Management services has been established.
2) Specific ASAM criteria have been used to determine placement.
3) No other less restrictive alternatives are available that meet the Individual needs.

The Individuals needs cannot be more appropriately met by any other formal or informal system or support.

Level 3.7 Withdrawal Management

Level 3.7 WM: Medically Monitored Withdrawal management shall be delivered by medical and nursing professionals in a 24–hour withdrawal management facility. Services shall be provided to Individual in need of acute care where a medication protocol is indicated to accomplish a detoxification to avoid severe medical complications. Services may be provided if funding availability, residency within the GCBH BH-ASO region, financial eligibility of the individual, lack of Medicaid and they meet the Medical Necessity Criteria.

Level 3.7 Withdrawal Management facilities must meet the following:

1) Have a physician or nurse practitioner available 24 hours a day by telephone.
2) Have a physician or nurse practitioner available to assess the patient within 24 hours of admission, and must be available to provide onsite monitoring of care and further evaluation on a daily basis.
3) Have a registered, or other licensed and credentialed nurse available to conduct a nursing assessment on admission
4) Have a nurse who is responsible for overseeing the monitoring of the patient's progress and medication administration on an hourly basis, if needed

Claims not meeting the eligibility criteria for this level of care will be denied.

Authorization decisions to approve or deny non-crisis Detoxification must be made within 12 hours of the initial request for hospitalization.

To ensure that these timelines are met, GCBH BH-ASO will maintain a 24 hour/day, 7 day/week UM process comprised of GCBH BH-ASO personnel that meet the standards outlined in our above policy in section H. If an Individual requires SUD level 3.7 for non-crisis Detoxification, the DCR will contact GCBH BH-ASO UM staff using the toll-free Crisis Line to obtain prior authorization.

SUD Outpatient Services – depending on funding availability

Length of Stay- The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria. Non-Medicaid outpatient services may be provided if funding is available and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria.

Admission GCBH BH-ASO recognizes the two subdivided levels of outpatient services for children and adults, as defined within the ASAM criteria.

Continued Stay- It is appropriate to retain the Individual at the present level of care if:

1. The Individual is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the Individual to continue to work toward their treatment goals;

Or

2. The Individual is not yet making progress, but has the capacity to resolve their problems. They are actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the Individual to continue to work toward their treatment goals.

and/or

3. New problem(s) have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the Individuals new problems can be addressed effectively.

To document and explain the Individuals continued readiness for treatment or need to transfer to another level of care, each of the six dimensions of the ASAM criteria are to be reviewed. If the criteria apply to the Individuals existing or new problem(s), the Individual should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer criteria, below.

Discharge- It is appropriate to transfer or discharge the Individual from the present level of care if they meet the following criteria:

1. The Individual has achieved the goals articulated in their individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.

Or

2. The Individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.

Or

3. The Individual has demonstrated a lack of capacity to resolve their problem(s). Treatment at another level of care or type of service therefore is indicated.

4. The Individual has experienced an intensification of their problem(s), or has developed a new problem(s), and can be treated only at a more intensive level of care.

To document and explain the Individuals readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria are to be reviewed. If the criteria apply to the existing or new problem(s), the Individual should be discharged or transferred, as appropriate. If not, refer to the Continued Service criteria.

Clinically Managed Residential Withdrawal Management - ASAM Level 3.2

1. ***Length of Stay.*** The initial certification period is based on assessment of need relative to the determination of medical necessity (as per the current ASAM Level of Care criteria). Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care.
2. ***Admission.*** Non-crisis services may be provided when the Individual meets medical necessity, financial eligibility, and within available resources. In addition to confirmation of medical necessity as per ASAM guidelines, notification to the GCBH BH-ASO within twenty-four (24) hours is required for admission to withdrawal management.
3. ***Continued Stay.*** Individuals who require services beyond the initial treatment period must continue to meet medical necessity (according to the current ASAM Level of Care criteria), financial eligibility, and within available resources.
4. ***Authorization Protocol.***

    4.1 **Emergent Admissions** – Individuals who meet the above criteria for this Level of Care and are referred by one of the following:

- Law Enforcement
- Emergency Department Physician
- Designated Crisis Responder (DCR) in consultation with a Chemical Dependency Professional (CDP)

4.1.1 The treating Provider must submit a Notification request using the GCBH BH-ASO protocol within 24 hours of admittance to the Facility.

4.1.2 The Facility provides clinical update and discharge plan within one (1) business day from Admit using GCBH BH-ASO protocol.

4.1.3 Concurrent Authorization decision will be made within seventy-two (72) hours.

4.1.4 Continued Stay Authorization Requests must be submitted using GCBH BH-ASO protocol within one (1) business day before the expiration of the current authorization period.

4.2 **Planned Admissions** – Prior authorization is required when an individual who meets the above criteria for this Level of Care is <u>not</u> referred by the above listed entities.

4.2.1 The treating Provider must submit an Authorization Request using GCBH BH-ASO protocol prior to admission.

4.2.2 Provide all required data and information to GCBH BH-ASO to make a determination regarding initial authorization.

4.2.3 Authorization decisions shall be made within seventy-two (72) hours.

4.2.4 Continued Stay authorization requests must be submitted using GCBH BH-ASO protocol one (1) business day prior to the expiration of the current authorization period.

5 ***Discharge.*** The individual continues in a Level 3.2 WM program until:

5.1. Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.

5.2. Individual is not making progress toward treatment goals.

5.3. Individual transitions to a more appropriate level of care is indicated.

5.4. Loss of financial eligibility or lack of available resources.

<u>Substance Use Disorder Outpatient Services</u> – ASAM Levels 1, 2.1– *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria.*

<u>Substance Use Disorder Outpatient – Standard</u>– *within available resources*

1. ***Length of Stay.*** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. ***Admission.*** GCBH BH-ASO recognizes the two subdivided levels of outpatient services for children and adults, as defined within the ASAM criteria. Providers rendering outpatient services to non-Medicaid Individuals must demonstrate medical necessity as outlined in

the current ASAM Level of Care criteria on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and will be authorized within available resources. Medical necessity is determined by ASAM Level.

3. ***Continued Stay.*** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility, and are authorized within available resources. It is appropriate to retain the individual at the present of level of care if they continue to meet ASAM Level of Care criteria for this service level. ASAM must be updated within ten (10) business days of the request for continued stay.
4. ***Authorization Protocol.*** Initial and extended authorizations are required for SUD Outpatient Standard Level of Care.
    4.1. The treating Provider must submit an Authorization Request using GCBH BH-ASO protocol prior to initiating services post Intake/Assessment.
    4.2. Provide all required data and information to GCBH BH-ASO in order to make a determination regarding initial authorization.
    4.3. Authorization decisions shall be made within five (5) calendar days.
    4.4. Continued Stay authorization requests must be submitted using GCBH BH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.

5***. Discharge.*** It is appropriate to transfer or discharge the individual from the present level of care if the individual meets one or more of the following:

5.1. The individual has achieved the goals articulated in their individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.
5.2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.
5.3. The individual has demonstrated a lack of capacity to resolve their problem(s). Treatment at another level of care or type of service therefore is indicated.
5.4. Loss of financial eligibility or lack of available resources.

<u>Substance Use Disorder Outpatient – Opiate Treatment Program,</u> including Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)– *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria*

1. ***Length of Stay.*** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. ***Admission.*** An Individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid Individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual

meets medical necessity as outlined in the current ASAM Level of Care criteria, financial eligibility, and are authorized within available resources.

3. ***Continued Stay***. Individuals who require services beyond the initial treatment period must continue to meet medical necessity as outlined in the current ASAM Level of Care criteria, financial eligibility and are authorized within available resources.
4. ***Authorization Protocol***. Initial and extended authorizations are required for SUD Outpatient OTP Level of Care.
    4.1. The treating Provider must submit an Authorization Request using GCBH BH-ASO protocol prior to initiating services post Intake/Assessment.
    4.2. Provide all required data and information to GCBH BH-ASO in order to make a determination regarding initial authorization.
    4.3. Authorization decisions shall be made within five (5) calendar days.
    4.4. Continued Stay authorization requests must be submitted using GCBH BH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.
5. ***Discharge.*** It is appropriate to transfer or discharge the individual from the present level of care if the individual meets one or more of the following criteria:
    5.1. The individual has achieved the goals articulated in their individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.
    5.2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.
    5.3. The individual has demonstrated a lack of capacity to resolve their problem(s). Treatment at another level of care or type of service therefore is indicated.

Facility Based Crisis Triage or Crisis Stabilization Services – *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria*

1. ***Length of Stay***. The initial certification period is based on assessment of need relative to the determination of medical necessity as outlined in the current ASAM Level of Care criteria. Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care, not to exceed fourteen (14) continuous calendar days.
2. ***Admission***. Crisis stabilization services may be provided when the Individual meets medical necessity (as outlined in the current ASAM Level of Care criteria) financial eligibility, and is provided within available resources. In addition to confirmation of medical necessity, notification to GCBH BH-ASO within twenty-four (24) hours is required for admission to facility-based crisis triage or crisis stabilization. Services are based upon the individual having met **all** of the following.
    2.1. The individual is currently experiencing a behavioral health crisis and determined by a Designated Crisis Responder (DCR), Hospital Emergency

Department Physician, or Law Enforcement, that stabilization services are needed.

2.2. Individual is experiencing a behavioral health crisis that cannot be addressed in a less restrictive setting.

3. ***Continued Stay Criteria:*** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility, and are authorized within available resources. Authorization for stay beyond the initial certification period is contingent to **all** of the following criteria:

3.1. Admission criteria and medical necessity as per the ASAM Level of Care criteria continues to be met.

3.2. A less restrictive setting would not be able provide needed monitoring to address presenting problem.

3.3. Stabilization services continue to be needed to reduce symptoms and improve functioning.

3.4. After care planning has been established and discharge planning includes transitioning to a less restrictive setting.

4. ***Authorization Protocol.***

4.1. The treating Provider must submit a Notification request using GCBH BH-ASO protocol within 24 hours of admittance to the Facility.

2.1. The Facility provides clinical update and discharge plan within one (1) business day from Admit using GCBH BH-ASO protocol.

2.2. Concurrent Authorization decision will be made within seventy-two (72) hours.

2.3. Continued Stay Authorization Requests must be submitted using the GCBH BH-ASO protocol within one (1) business day before the expiration of the current authorization period.

5. ***Discharge Criteria***: Criteria for discharge from facility-based Crisis Triage or Crisis Stabilization services level of care include one or more of the following:

5.1. Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.

5.2. Individual is not making progress toward treatment goals.

5.3. Individual transitions to a more appropriate level of care is indicated.

5.4. Loss of financial eligibility or lack of available resources.

Mental Health Outpatient Services – *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria.*

Level of Care authorizations for mental health outpatient treatment services are based on medical necessity, financial eligibility, and within available resources.

Mental Health Outpatient – Standard – *within available resources*

Standard Mental Health Outpatient Services include	High Intensity Treatment
	Program of Assertive Community Treatment (PACT)
	Rehabilitation Case Management
	Recovery Support Services
	Peer Support
	Outpatient Treatment
	Individual Therapy
	Group Therapy
	Family Treatment
	Family Hardship
	Evidenced Based/Wraparound
	Day Support
	Case Management
	Brief Outpatient Treatment
	Brief Intervention
	Medication Monitoring
	Medication Management
	Intensive Outpatient Treatment – SUD

1. ***Length of Stay.*** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. ***Admission.*** An individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and within available resources.

   For outpatient mental health authorizations, the five (5) medical necessity criteria are:

   2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.

   2.2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI) or Seriously Emotionally Disturbed (SED);

2.3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness. Symptoms may include experiencing significant problems with interpersonal interactions (although still able to maintain some meaningful and satisfying relationships), consistent difficulties in social role functioning and meeting obligations which could lead to further impairments in their health, housing, or mental health.

2.4. The individual is expected to benefit from the intervention; and,

2.5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal support.

3. ***Continued Stay.*** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility, and are authorized within available resources. The treating entity must establish continuing stay criteria based on the above medical necessity criteria, to include a system that allows for movement along a continuum of care inclusive of discontinuing or reducing treatment services in lieu of alternative services and supports.

4. ***Authorization Protocol.*** Initial and extended authorizations are required for MH Outpatient Standard Level of Care.

    4.1. The treating Provider must submit an Authorization Request using GCBH BH-ASO protocol prior to initiating services post Intake/Assessment.

    4.2. Provide all required data and information to GCBH BH-ASO in order to make a determination regarding initial authorization.

    4.3. Authorization decisions shall be made within five (5) calendar days.

    4.4. Continued Stay authorization requests must be submitted using the GCBH BH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.

5. ***Discharge***. Discharge from care is based upon one or more of the following:

    5.1 Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.

    5.2 The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.)

    5.3 The individual is not participating in treatment and does not meet criteria for involuntary treatment.

    5.4 The individual (or, for a child or youth, the parent/guardian) requests that services be discontinued.

    5.5 The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

    5.6 Loss of financial eligibility or lack of available resources.

Mental Health Outpatient – LR/CR/AOT – *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria.*

Independent of services provided GCBH BH-ASO will monitor all non-Medicaid LR/CR/AOT Orders.

1. ***Length of Stay.*** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. ***Admission.*** An individual must meet legal status criteria of being on a Less Restrictive, Conditional Release, or Assisted Outpatient Treatment Order before being considered for these non-crisis ASO services. Individual services may be provided when the Individual meets legal status, financial eligibility, and within available resources.
3. ***Continued Stay.*** Individuals who require services beyond the initial treatment period must continue to meet legal status criteria, financial eligibility, and are authorized within available resources.
4. ***Authorization Protocol.*** Initial and extended authorizations are required for MH Outpatient LR/CRO Level of Care.
    - 4.1. The treating Provider must submit an Authorization Request using GCBH BH-ASO protocol prior to initiating services post Intake/Assessment.
    - 4.2. Provide all required data and information to GCBH BH-ASO in order to make a determination regarding initial authorization.
    - 4.3. Authorization decisions shall be made within five (5) calendar days.
    - 4.4. Continued Stay authorization requests must be submitted using GCBH BH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.
5. ***Discharge.*** Discharge from care is based upon one or more of the following:
    - 5.1. Resolution of LR/CR/AOT Order.
    - 5.2. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
    - 5.3. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
    - 5.4. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

Mental Health Outpatient - PACT– *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria*

1. ***Length of Stay.*** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. ***Admission.*** An Individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and are authorized within available resources.

   For outpatient mental health PACT authorizations, the five (5) medical necessity criteria are:

   2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.

   2.2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI);

   2.3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness;

   2.4. The individual is expected to benefit from the intervention; and,

   2.5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal support.

   AND PACT criteria listed below:

   2.6. Individuals admitted to PACT must have a current diagnosis of a severe and persistent mental illness, be experiencing severe symptoms and have significant impairments. The individuals must also experience continuous high service needs, functional impairments, and have difficulty effectively utilizing traditional office-based services or other less intensive community-based programs.

   2.7. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder. Individuals with a primary diagnosis of substance use disorder (SUD), intellectual/developmental disability, brain injury, or personality disorder are not clinically appropriate for PACT services.
3. ***Continued Stay.*** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility, and are authorized within available resources. Individuals must also continue to meet PACT criteria.
4. ***Authorization Protocol.*** Initial and extended authorizations are required for MH Outpatient PACT Level of Care.

   4.1. The treating Provider must submit an Authorization Request using the GCBH BH-ASO protocol prior to initiating services post Intake/Assessment.

   4.2. Provide all required data and information to GCBH BH-ASO in order to make a determination regarding initial authorization.

4.3. Authorization decisions shall be made within five (5) calendar days.

4.4. Continued Stay authorization requests must be submitted using the GCBH BH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.

5. ***Discharge.*** Discharge from care is based upon one or more of the following:

5.1. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.

5.2. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).

5.3. The individual is not participating in treatment and does not meet criteria for involuntary treatment.

5.4. The individual (or, for a child or youth, the parent/guardian) requests that services be discontinued.

5.5. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

5.6. Loss of financial eligibility or lack of available resources.

Additional Outpatient Services (specific) - *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet the service specific criteria noted below*

Additional Outpatient Services Include	Special Population Evaluation:
	TB Counseling, Screening, Testing and Referral.
	Intake Evaluation.
	TB Screening/Skin Test.
	Engagement and referral
	Interim Services

	Assessment

1. **Special Population Evaluation:**

   1.1. Individual is a member of a group considered a “special population” (as defined either in Contract or by the ASO. Examples include children or older adult; and,

   1.2. Evaluation is performed by a designated specialist; and,

   1.3. Evaluation is done as part of the assessment process or ongoing treatment planning; and,

   1.4. Evaluation is voluntary.

2. **TB Counseling, Screening, Testing and Referral**

   2.1 Services are provided to an individual who is at high risk for TB and is currently residing in a Behavioral Health facility (such as a substance abuse treatment facility); or,

   2.2 Service is mandated by State, Federal or local guidelines for certain individuals such as for individuals being treated in a substance abuse treatment facility, homeless shelters, and others settings; and,

   2.3 There are no other similar services available through other funding sources.

3. **Intake Evaluation**

   3.1 The service is initiated prior to the provision of any other behavioral health services, except Crisis Services, Stabilization Services, and free-standing evaluation and treatment, and;

   3.2 The service is provided in a manner that is culturally and age relevant, and;

   3.3 The service provides an initial clinical assessment in order to guide outpatient Behavioral Health service delivery, and

   3.4 There are no other similar services available through other funding sources.

4. **TB Screening/Skin Test**

   4.1 The Individual is residing/in treatment at a high-risk Behavioral health treatment setting (for example: correctional facilities, long-term care facilities, SUD treatment facilities, Residential treatment facilities, or homeless shelters); or,

   4.2 Individual is at high risk for TB and is being treated in a Behavioral Health setting (those at high risk for developing TB disease include people with HIV infection, people who became infected with TB bacteria in the last 2 years, and people who inject illegal drugs); or

   4.3 Service is mandated by State, Federal or local guidelines for certain individuals such as for individuals being treated in a substance abuse treatment facilities, homeless shelters, and other settings; and,

4.4 There are no other similar services available through other funding sources.

5. **Engagement and Referral**

   5.1 Services are provided to reduce the adverse health effects of such use, promote the health of the individual, and reduce the risk of transmission of disease. (Note in general Engagement and Referral Services are associated with Alcohol/Drug Information School and Interim Services).

      5.1.1 For Alcohol/Drug Information School.

      5.1.2 Provided as determined by a Court directed SUD diagnostic evaluation and treatment.

      5.1.3 Provider must be licensed or certified by the WA DOH. Program meets requirements of RCW 46.61.5056

6. **Interim Services:**

   6.1 Provided to Individuals who are currently waiting to enter a treatment program to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease.

   6.2 Provided to members of SABG priority populations, who are eligible but for whom SUD treatment services are not available due to limitations in provider capacity or Available Resources.

   6.3 Services are based on Based on GCBH BH-ASO-ASO criteria found under the non-medically necessary criteria Related Services (below)

7. **Assessment:**

   7.1 Service is completed by a qualified professional (example an SUD assessment needs to be completed by certified SUD provider); and,

   7.2 Assessment is utilized to inform and shape ongoing treatment activities; and,

   7.3 Individual has NOT had a previous Assessment within the prior 12 months that demonstrated medical necessity for the services being requested.

Psychological Testing and Assessment – *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet the following criteria*

Psychological testing and assessment is a technique performed by licensed psychologists in order to measure and evaluate behavior, cognition, mood, affect, and/or personality in order to improve understanding of capabilities and symptoms. It typically entails a combination of activities, measures, and tools including the use of norm-referenced psychometric instruments.

Psychological testing and assessment is covered by Greater Columbia Behavioral Health ASO (GCBH BH-ASO-ASO) only when there are available resources, the individual meets eligibility criteria, the testing is part of a behavioral health evaluation, the testing is intended to address a specific clinical question that impacts clinical management of the individual, the testing meets the GCBH BH-ASO-ASO guidelines for medical necessity, and is prior authorized by a GCBH BH-ASO-ASO Quality Specialist.

1. Psychological testing and assessment is considered medically necessary when the following guidelines are met:

   ONE of these:

1.1. A current behavioral health evaluation has been conducted and a specific diagnostic or treatment question still exists which cannot be answered through further conventional interviewing, history-taking, or adequate trial of evidence-based treatment; or

1.2. A diagnostic formulation and adequate trial of an evidence-based treatment has been attempted but has been unsuccessful or has not resulted in the expected progress

   And ALL of these:

1.3. The selected assessment procedures are individualized and targeted to the identified referral question

1.4. The individual is able to participate in the Testing as to allow for the completion of a useful assessment

1.5. The selected assessment tools are valid, in their current version, and applied consistent with best practice such as described by the American Psychological Association.

1.6. The answer(s) to the identified referral question will lead to specific recommendations and actionable steps that are likely to directly impact clinical management

1.7. Reasonable effort has been made to obtain reports of relevant previous psychological, neuropsychological, language, educational, and/or neurological assessment, and results have been reviewed.

LIMITATIONS

2. Psychological testing and assessment is NOT felt to meet medically necessary criteria under the following circumstances:

3.5 The testing is being conducted primarily for educational (including learning disabilities), vocational, or legal purposes.

3.6 This applies to both youth and adults. This includes testing primarily for the purpose of qualifying for services that are covered under applicable state or federal special education laws.

3.7 The testing is being conducted primarily to make or confirm a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) that can reasonably be made or confirmed via conventional interviewing, history, standardized instruments that are readily available to a behavioral health evaluator (such as the Conners Rating Scale), and collateral contact/data collection.

3.8 The request is solely for the use of instruments or processes that do not require licensed psychologists to administer or interpret (such as Self-rating forms and other paper and pencil instruments, unless administered as part of a comprehensive battery of tests, (e.g., MMPI or PIC).

3.9 The testing is requested primarily to guide titration of medication or assess the effectiveness of treatment being provided (except following such special forms of treatment or intervention such as ECT)

3.10 The testing is a request to repeat previous or similar testing, and there has not been a significant change in functioning, treatment recommendations from the prior testing were not implemented, or there isn't a clear reason to expect that the testing would yield new information or further impact the clinical management of the patient.

3.11 The testing is being used as a screening tool or as the initial approach to evaluation.

3.12 Medication side effects, impaired mental status such as active psychosis or other confounds including substance use (or withdrawal) are present that suggest that test results would potentially be invalid or inaccurate. Current abstinence from non-prescribed substances is required.

3.13 The time requested for the testing and/or the number of tests significantly exceeds the time that has been indicated by the publisher or in the scientific literature, and the clinical information submitted does not support a need for the amount of time or tests requested (including ancillary time allowed under the procedure code, if any). In such circumstances, GCBH BH-ASO may approve less time than requested if all other Criteria are met.

Note: Neuropsychological testing is not considered a benefit to individuals enrolled with GCBH BH-ASO-ASO.

Services without Formal Medical Necessity Criteria – *within available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet the following criteria*

Service	Authorization Criteria	Funding Source	Comments
Alcohol/Drug Information School.	• Provided as determined by a Court directed SUD diagnostic evaluation and treatment • Provider must be licensed or certified by the WA DOH. • Program meets requirements of RCW 46.61.5056		Within Available Resources

Childcare.	• Provided to children of parents in treatment in order to complete the parent's plan for treatment services. • Provided by licensed childcare providers. • Time limited as per treatment plan		Within Available Resources
Community Outreach – SABG priority populations PPW and IUID.	• Provided to PPW and IUID individuals who have been unsuccessful in engaging in services. • Goals should include enrolling Individuals in Medicaid. • Recovery based, Culturally Appropriate and incorporates Motivational Approaches. • Can be multi-agency based		Within Available Resources
Continuing Education and Training	• Provided to BHA or ASO staff as part of program of professional development; • Provider of service must be Accredited either in WA State or Nationally • Provider must provide evidence of assessment of participant knowledge and satisfaction with the training.		Within Available Resources
PPW Housing Support Services.	• Provided to Individuals meets definition of PPW and support provide to such an individual with children under the age of six (6)		Within Available Resources

	• Service provided in a transitional residential housing program designed exclusively for this population. • Support generally addresses those costs not covered under Title XIX – such as room and board		
Recovery Support Services.	• Provided to Individuals with dx'd mental illness and/or substance use disorders. • Part of Treatment Plan for Individual • Culturally Appropriate and Diverse Programming • Evidence based • Oriented toward maximizing wellness as defined by the Individual		Within Available Resources
Sobering Services.	• Provided to Individuals with chronic AUD or SUD issues • Agency Based • Voluntary services • Accessible by Walk in Drop off • Provides Screening for medical problems • Provides shelter for sleeping off the effects of alcohol or other drugs • Provides Case management to assist with needed social services.		Within Available Resources

Therapeutic Interventions for Children.	• Provided to individuals with treatable Behavioral health diagnosis • Agency Based • Evidence Based, Culturally Appropriate • Voluntary participation • Part of Treatment Plan for Child • Not provided as part of Juvenile Rehabilitation Court Order		Within Available Resources
Transportation	• Provided to individuals with Behavioral health diagnosis • Agency based • Provided as part of Treatment plan • Provided for individuals to and from behavioral health treatment facilities.		Within Available Resources

Priority Populations

Initial authorization period is based on assessment of need relative to the determination of available resources and the individual also meets financial eligibility, residence requirements, is not Medicaid eligible, and they meet Medical Necessity Criteria Subsequent authorizations for continued stay are based upon assessment relative to the continuing stay criteria. Priority populations will have priority of GCBH BH-ASO authorizations for services, as long as there are available funds.

If there is waitlist, the Provider shall notify GCBH BH-ASO of waitlist time and interim services provided to the Individual.

APPROVAL

Sindi Saunders 10/1/2020

Karen Richardson or Sindi Saunders, Co-Directors Date

Attachment I

HCA Covered Service Diagnoses:

Mental Health diagnosis ranges = F01-F09, F20-F99

If no specific diagnosis can be made, use F99

Substance Use Disorder diagnosis range = F10-F19

If no specific diagnosis can be made, use either Z7141 (Alcohol) or Z7151 (Drug)