North Sound Mental Health Administration
Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities
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NSMHA Contract Memorandum 2016-001

Date: February 1, 2016

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
Will Rice, Catholic Community Services Northwest
Claudia D'Allegri, Sea Mar
Jim Lovick, Snohomish County Executive
Phil Smith, Volunteers of America
Randy Polidan, Interfaith
Sue Closser, Sunrise Services
Robert Sullivan, Pioneer Human Services
Beratta Gomillion, Center for Human Services

From: Joe Valentine, Executive Director

Subject: Revised policies

Policy 1541.00 – Rationale and Use of Seclusion and Restraint
This policy has been through the complete review and approval process. The Executive Director signed and approved this policy February 1, 2016.

Policy 1543.00 – Nursing Assessment for Individuals at Evaluation and Treatment Facilities
This policy has been through the complete review and approval process. The Executive Director signed and approved this policy February 1, 2016.

Policy 1555.00 – Freestanding Evaluation and Treatment (E&T) Facilities
This policy has been through the complete review and approval process. The Executive Director signed and approved this policy February 1, 2016.

Policy 1575.00 – Evaluation and Treatment Facility Authorization
This policy has been through the complete review and approval process. The Executive Director signed and approved this policy February 1, 2016.

Policy 1706.00 – Safeguarding of Property
This policy has been through the complete review and approval process. The Executive Director signed and approved this policy February 1, 2016.

Policy 1721.00 – Medical Status Criteria for Voluntary and ITA Crisis Assessment in Emergency Departments and Community Hospitals

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy February 1, 2016.

Full implementation of this policy should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
Heather Fennell, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
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Contract File

Effective Date: 4/23/2012; 4/10/2009; 11/21/2005
Revised Date: 1/28/2016
Review Date: 1/28/2016

North Sound Behavioral Health Organization

Section 1500 – Clinical: Rationale and Use of Seclusion and Restraint at Evaluation and Treatment Facilities

Authorizing Source: WAC 246-337-110; WAC 388-865-0545; 42CFR438.100; 42CFR483; 42CFR482
Cancels:
See Also: Approved by: Executive Director Date: 2/1/2016
Providers must comply with this policy and individualized implementation guidelines may be developed by CMHAs
Responsible Staff: Deputy Director Signature:

POLICY #1541.00

SUBJECT: RATIONALE AND USE OF SECLUSION AND RESTRAINT

PURPOSE

To describe the rationale, conditions and parameters in the use of seclusion and restraint for the purpose of maintaining health and safety for individuals 18 and older who are in danger of harming themselves or others and utilizing these measures as a last resort. *This document is not meant to describe seclusion and restraint policy and procedure for individuals under the age of 18 as North Sound Behavioral Health Organization does not oversee any facilities permitted to utilize seclusion or restraint for individuals in that age group.*

DEFINITIONS

Seclusion: The involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.

Restraint: Includes either a physical restraint or a drug that is being used as a restraint. A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the person's body that he or she cannot easily remove and which restricts freedom of movement or normal access to one's body. A drug used as a restraint is a medication used to manage an individual's behavior in a way that reduces the safety risk to the individual and/or others, has the temporary effect of restricting the person's freedom of movement and is not a standard treatment for the person's medical or psychiatric condition.

POLICY

Other than an Evaluation & Treatment facility (E&T), no North Sound Behavioral Health Organization-contracted provider shall utilize seclusion or restraint for any purpose. The remainder of this policy and procedure is intended to describe the rationale, conditions and parameters in the use of seclusion and restraint at an E&T only.

The use of seclusion or restraint must occur only when there is imminent danger to self or others and less restrictive measures have been determined to be ineffective to protect the individual and/or others from harm. All individuals have the following rights and their rights should only be limited when less restrictive measures are clearly evident to be ineffective in protecting the individual or others from harm:

1) Individuals have the right to be free of seclusion and restraint, including chemical restraint.
2) Individuals have the right to be free from any form of seclusion and restraint used as a means of coercion, discipline, convenience, or retaliation.

Should these less restrictive measures not ensure safety, persons dangerous to themselves or others who may require the use of seclusion and restraint have a right to the least restrictive use of seclusion and restraint in the safest fashion for the least amount of time.

Individuals admitted to an E&T or their legal guardian(s), shall be provided with a copy and be informed of the facility's policy regarding the use of seclusion and restraint. The policy must provide contact information, including the phone number and mailing address, for the regional Ombuds and Department of Health Complaint Investigations (1-800-633-6828 or PO Box 47857, Olympia, WA 98504). Written acknowledgement by the individual or legal guardian that he/she has been informed of the facility's policy on the use of seclusion and restraint shall be filed in the individual's chart.

PROCEDURE
The procedures that follow are intended to apply only to an E&T as seclusion and restraint may not be used by any other North Sound Behavioral Health Organization-contracted providers.

Interventions Utilized Prior to Seclusion and/or Restraint

Less restrictive measures are interventions that can effectively keep the individual or others safe without requiring seclusion or restraint. All less restrictive measures to be utilized shall be part of the individual's treatment plan. If the individual has an Advance Directive, refer to that document for notation of preferred less restrictive measures. If those measures identified on the treatment plan are utilized but ineffective, consideration shall be given to other less restrictive measures prior to use of seclusion or restraint. Measures utilized but not previously on the treatment plan shall be added. Seclusion and/or restraint will be utilized only after other less restrictive measures have been attempted as appropriate and are determined to be ineffective.

1) Examples of less restrictive measures include but are not limited to:

    a) Verbal re-direction/reassurance
    b) Removal of source of stimuli (e.g., music, TV, another individual)
    c) Environmental change
    d) Limit setting
    e) Diversionary activities
    f) Encouragement for individual to express concerns
    g) Alternative/choice
    h) Comfort
    i) 1:1 staff interaction
    j) Voluntary time-out

        i. Time out may take place away from the area of activity or from other individuals, such as in the individual's room (exclusionary), or in the area of activity or other residents (inclusionary)
        ii. Individual in time out must never be physically prevented from leaving the time out area
        iii. Staff must monitor the individual while in time out

    k) Medication
    l) Increased staff presence

Use of Seclusion and Restraint

Seclusion or restraint can only be used in emergency situations if needed to ensure the individual's and/or others' physical safety and less restrictive interventions have been determined to be ineffective. When utilizing seclusion and/or restraint for the safety of the individual or others, the individual must be informed of the reasons for the use of seclusion or restraint and the specific behaviors which must be exhibited in order to gain release from these procedures. The reasons for the determination to use seclusion or restraint must be clearly documented.

The use of seclusion and/or restraint must be:

1) In accordance with the order of a licensed physician or other licensed practitioner permitted by the State and facility to order seclusion and/or restraint. The following requirements will be superceded by existing State laws if they are more restrictive:

    a) Orders for the use of seclusion or restraint must never be written as a standing order or on an as needed basis (that is, PRN).
    b) Staff must notify, and receive authorization by, a licensed physician or other authorized licensed practitioner within one hour of initiating individual seclusion or restraint.
    c) Within one hour of initiation of restraint or seclusion, a physician or other authorized licensed practitioner must conduct a face-to-face assessment of the physical and psychological well-being of the individual.
    d) Each written order for a physical restraint or seclusion is limited to 4 hours for adults. The original order may only be renewed in accordance with these limits for up to a total of 24 hours.
    e) If the use of restraint or seclusion exceeds 24 hours, a licensed physician or other authorized licensed practitioner must examine the individual and write a new order if the intervention will be continued. This procedure is repeated again for each 24 hour period that restraint and seclusion is used.
    f) The clinical record must contain documentation of staff observation of the individual at least every fifteen minutes.
    g) The individual's clinical record must document all assessments and justification for the use of seclusion or restraint in addition to the following documentation should seclusion or restraint be used:

        i) Order authorizing the restraint or seclusion including the name of the licensed physician, or other licensed practitioner permitted by the State and facility to order seclusion and/or restraint;
        ii) Date/time order obtained;
        iii) Individual behavior prior to initiation of restraint or seclusion;
        iv) The specific intervention ordered, including length of time and behavior that would determine the intervention be discontinued;
        v) Time restraint or seclusion began and ended;
        vi) Time and results of one hour assessment;
        vii) Any injuries sustained during the restraint or seclusion; and,
        viii) Post intervention debriefing with the individual to discuss the precipitating factors leading to the need for the intervention.

2) In accordance with a written modification to the individual's plan of care;

3) Implemented in the least restrictive manner possible;
4) In accordance with safe appropriate restraining techniques;
5) Ended at the earliest possible time;
6) Seclusion may not be used unless the individual is continually monitored 1:1 by staff either face-to-face or using both video and audio equipment. The video and audio monitoring must be done in close proximity to the individual.
7) Restraint may not be used unless the individual is observed under the following conditions:

    a) Wrist-to-waist restraint in the milieu is continuously monitored by assigned staff member(s).
    b) Wrist-to-waist restraint plus seclusion requires continuous monitoring by assigned staff member(s) using video and audio equipment.
    c) Gurney five-point restraint must be continually monitored, face-to-face by assigned staff member(s).

8) The facility/licensee must ensure that seclusion and restraint is carried out in a safe environment:

    a) Restraint equipment must be clean and in good repair.
    b) Equipment used for restraint shall meet current best-practice safety standards and meet infection control standards.
    c) The seclusion room must:

        i) Be designed to minimize potential for stimulation, escape, hiding, injury or death;
        ii) Have a maximum capacity of one individual;
        iii) Have a door that opens outward;
        iv) Have a staff-controlled, lockable, adjoining toilet room;
        v) Have a minimum of three feet of clear space on three sides of the bed; and
        vi) Have a negative pressure with an independent exhaust system with the exhaust fan at the discharge end of the system.

9) In most cases, the facility staff restrains in the supine (back) position; however, each situation is evaluated with the ultimate goal of providing maximum safety and comfort for the individual.
10) The condition of the individual who is in a restraint or in seclusion must continually be assessed, monitored, and reevaluated to include:

    b) Safety checks to be conducted and documented every:

        i) Fifteen (15) minutes: assess and document individual's activity, behavior, food and fluids offered, toileting if needed, interventions used and individual's response and physical condition
        ii) 1 Hour: Open door/view individual (if in seclusion)
        iii) 2 Hours: Exercise, range of motion out of restraint
        iv) 4 Hours: Vital signs (unless otherwise indicated)
        v) 12 Hours: Bathing and oral care

    c) At the change of shift, the supervisors/charge nurses of both shifts (those leaving duty and those beginning their duty) will enter the seclusion room, evaluate the individual's mental and physical status and assess the need for continuation of restraint.

d) When the individual is removed from seclusion or restraint, a licensed physician or other authorized licensed practitioner must evaluate the individual's well-being immediately and must document the individual's status in the chart.

Conditions for the Discontinuation of Use of Seclusion & Restraint

When utilizing seclusion and/or restraint for the safety of the individual or others, staff must communicate to the individual and document what necessary actions/behaviors are required for release at 60-minute intervals while individual is awake.

Reporting of Injury or Death

The E&T must report any death or injury, per North Sound Behavioral Health Organization's Critical Incident Reporting Policy, that occurs while an individual is restrained or in seclusion, or where it is reasonable to assume that an individual's death/injury is a result of restraint or seclusion.

Education and Training

1) All staff that have direct individual contact must have ongoing education and training and demonstrated knowledge, on a semiannual basis, of:

    a) Techniques to identify staff and resident behaviors, events, and environmental factors that trigger emergency safety situations;
    b) The use of nonphysical interventions skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations;
    c) The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion.

2) Certification in the use of cardiopulmonary resuscitation (CPR), including periodic recertification, is required. Staff must demonstrate their competencies in this area on an annual basis.
3) Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency and safety situations.
4) Training identified in 1 and 2 of this section must be provided by individuals who are qualified by education, training and experience.
5) The facility must document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training.
6) All training programs and materials used by the facility must be available for review by North Sound Behavioral Health Organization, Centers for Medicare and Medicaid Services and relevant state agencies.

Conditions for Debriefing/Quality Improvement Activities

1) Staff must conduct and document a post-intervention debriefing with the individual to discuss precipitating factors leading to the need for intervention.
2) Staff involved in the restraint or seclusion will debrief and address effectiveness and safety issues to include the following questions. The results of these questions will be documented and monitored with quality improvement activities initiated as warranted:

a) Has a treatment environment been created where conflict is minimized?
b) Could the trigger for conflict (disease, control, environmental, medication, etc) have been avoided?
c) Did staff notice and respond to events in a timely way?
d) Did staff choose an effective intervention?
e) If the intervention was unsuccessful, was another chosen?
f) Did staff order seclusion and/or restraint only in response to imminent danger?
g) Was seclusion and/or restraint applied safely?
h) Was the individual monitored safely?
i) Was the individual released as soon as possible?
j) Did post-event activities/debriefing occur?
k) Did learning occur and was it integrated into the treatment plan and practice?

3) E&Ts must provide a quality management plan for the timely and efficient collection of data for the purpose of continuous quality improvement activities.

ATTACHMENTS

None

Effective Date: 6/17/2010; 7/31/2008; 11/21/2005
Revised Date: 1/28/2016
Review Date: 1/28/2016

North Sound Behavioral Health Organization

Section 1500 – Clinical: Nursing Assessment for
Individuals at Evaluation and Treatment Facilities

Authorizing Source: WAC 388-865-0541; RCW 71.05
North Sound Behavioral Health Organization
Cancels:
See Also: Approved by: Executive Director Date: 2/1/2016
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Responsible Staff: Deputy Director Signature:

POLICY #1543.00

SUBJECT: NURSING ASSESSMENT FOR INDIVIDUALS AT EVALUATION AND TREATMENT FACILITIES

PURPOSE

To provide parameters for the application of nursing assessments and treatment plans for individuals at Evaluation and Treatment facilities (E&Ts) in order to facilitate maximum individual health and welfare.

POLICY

The assessment conducted by nursing staff at E&Ts is a core component of assessment and treatment planning which promotes the safety, well-being and appropriate treatment of individuals admitted to the E&Ts in this region. In order for the assessment to provide the most useful information, it is completed shortly after admission and at critical points after admission.

PROCEDURE

1) Within four (4) hours of admission a individual will have a completed and documented physical and psychosocial nursing assessment by a Registered Nurse (RN). This does not replace the requirement for the psychosocial assessment by a Mental Health Professional (MHP) and examination and medical evaluation within 24 hours by a licensed physician, advanced registered nurse practitioner (ARNP) or physician assistant-certified.
2) The RN will utilize information gathered from the nursing assessment to assist the treatment team in identifying and creating an individualized plan of care for each individual to include criteria for discharge.
3) A individual will have a nursing assessment every 8 hours during the first 72 hours after admission to the E&T and every 24 hours thereafter. The assessment will include documentation of physical condition, psychiatric symptoms and evaluation of the individual's response to treatment.
4) If a individual requires hospital treatment or emergency room assessment during an E&T stay, the individual will receive a nursing assessment every 8 hours for the first 24 hours after returning to the E&T.
5) RNs may, at their discretion for the health and welfare of the individual, place the individual on a more frequent schedule of assessment and monitoring.
6) The RN will consult with the treating prescriber regarding any changes in individual's health or behavioral status which may affect the safety of the individual, other individuals or staff.

ATTACHMENTS

None

Effective Date: 8/2/2013; 7/31/2008; 11/23/2005
Revised Date: 10/22/2015
Review Date: 10/22/2015

North Sound Behavioral Health Organization

Section 1500 – Clinical: Freestanding Evaluation and Treatment (E&T) Facilities

Authorizing Source: RCW 71.05, 71.24, and WAC 388-865, 246-337
Cancels:
See Also:
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Approved by: Executive Director
Date: 2/1/2016
Responsible Staff: Deputy Director
Signature:

POLICY #1555.00

SUBJECT: FREESTANDING EVALUATION AND TREATMENT (E&T) FACILITIES

PURPOSE

The role of these facilities is to provide medically necessary inpatient evaluation and treatment services for acute psychiatric symptoms.

Individuals are initially admitted to these 16-bed facilities on an involuntary basis in accordance with the Washington State Involuntary Treatment Act (ITA), Revised Code of Washington (RCW) 71.05 or by prior arrangement with North Sound Mental Health Administration (NSMHA).

POLICY

NSMHA contracts with Compass Health and TELECARE to operate two (2) freestanding E&T facilities in our region. All services are in accordance with:

A. RCW 71.05 and 71.24.
B. Washington Administrative Code (WAC) 388-865 and 246-337.

This service is intended for individuals who, as a result of an acute mental disorder, have been deemed a danger to self, others or property, or are gravely disabled pursuant to RCW 71.05.

At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of a licensed psychiatrist or psychiatric nurse practitioner, nurses and other Mental Health Professionals (MHP), as well as, discharge planning involving the individual, family and other natural supports to ensure continuity of mental health care.

The facilities will give direction to and collaborate with the court liaison and court in the form of consultation, testimony, records and reports, where required, to facilitate ITA proceedings for specific individuals, per RCW 71.05.230 and NSMHA Policy 1726.00.

Compass Health and TELECARE shall comply with all duties of notification as outlined in RCW 71.05 and other applicable laws.

The E&T's may provide evaluation and treatment services to adults on a voluntary admissions basis on a case-by-case basis in coordination with and approved by NSMHA care coordinators. This type of admission should be rare and should be part of the individual's recovery and crisis plan.

PROCEDURE

A. *Admission Criteria*

Mukilteo E&T shall serve individuals primarily from the North Sound Region. TELECARE E&T shall serve individuals statewide as resources allow.

1. Admission Criteria: Individuals must meet admission criteria per NSMHA Policy 1542.00, E&T Facilities Criteria Admission Medical Clearance Criteria.
2. Ineligible for admission:
    a. Sexually violent predators being detained pursuant to RCW 71.09 or high risk sex offenders classified by the local law enforcement agencies will not be served by the E&Ts. Per state law, RCW 71.09 individuals who have been committed or have been convicted of any sex offense shall register with the County Sheriff for the county of the individual's residence. The level of risk is assigned by local law enforcement agencies when an individual is required to register following conviction of a sexual offense. Level III sex offenders are the highest risk and shall be excluded from the E&T. Level I and Level II sex offenders shall be considered on a case-by-case basis.
    b. Any individual currently incarcerated with pending felony charges and/or involved in the competency process under RCW 10.77 with any pending (not dismissed or otherwise disposed) felony charge shall be excluded from admission unless a court order has been issued releasing the individual temporarily or permanently from custody. Each admission is on a case-by-case basis at the discretion of each E&T facility.
    c. If an E&T is unable to admit due to medical, safety, or security needs NSMHA reserves the right to review the denial per NSMHA Policy 1577.00 E&T Refusal and Review Process.
3. Individuals are initially admitted via DMHP, court order, or by special arrangement with NSMHA.

B. *Course of Treatment*

1. Evaluation and Treatment shall include physical examination, psychosocial assessment, treatment and discharge planning in accordance with WAC 388-865 and 246-337.
2. For individuals currently enrolled in outpatient services, the therapist, case manager, or other appropriate professional will be contacted upon admission and involved in the development of the discharge plan.
3. For un-enrolled individuals eligible for NSMHA outpatient services, the E&T staff will contact ACCESS to schedule an intake appointment in accordance with NSMHA contract standards and policies.
4. E&T staff will provide appropriate discharge planning according to WAC and contract expectations.
5. Individuals shall be discharged from the E&T with appropriate transportation arrangements provided.

C. *Legal Proceedings*

1. Compass Health and TELECARE shall provide pertinent documentation, coordination and consultation for the purpose of court evaluation and testimony:
2. In the event of a jury trial, the facilities and court personnel will coordinate regarding proceedings off site.
3. A licensed physician, psychiatrist, licensed psychologist, or psychiatric nurse practitioner will provide evaluation and expert witness testimony as requested by the court.

D. *Personnel*

1. Compass Health and TELECARE will provide the necessary personnel at the E&Ts in the number, quality, professional backgrounds and licensure needed to ensure compliance with state law.
2. Compass Health and TELECARE shall designate a licensed professional as the professional person in charge of the E&Ts to manage all clinical responsibilities.

E. *Training*

1. Training for all staff shall meet WAC 388-865 and 246-337 requirements.
2. Compass and TELECARE shall have an employee trained in cardiopulmonary resuscitation and emergency first-aid present at all times.

F. *OTHER REQUIREMENTS*

1. Certification and Licensure: Compass Health and TELECARE are responsible for establishing certification or licensure. The E&Ts shall be certified as an E&T (Involuntary Component) by the Department of Social and Health Services (DSHS) and any other state required E&T certification or licensure. Compass Health and TELECARE shall comply with and meet all state and local health, fire and safety codes and regulations.

   Certification as an E&T by DSHS requires compliance with certain Department of Health (DOH) facility licensure standards; however, this facility is not required to be licensed under the current DOH WACs regarding private establishments. Compass Health and TELECARE are responsible for complying with applicable facility standards for E&T certification, and, at its discretion, may elect to obtain licensure it deems necessary or advantageous for insurance, third-party reimbursement or other such purposes or to meet other obligations. Compass Health and TELECARE shall be responsible for all costs of such licensure. If the state develops licensure requirements for freestanding E&Ts or state licensure becomes applicable to this facility, Compass Health and TELECARE agree to obtain such licensure.

2. Clinical Records: Shall be in accordance with WAC and RCW requirements and NSMHA policies.
3. Information System: Compass Health and TELECARE shall implement and maintain a system of fiscal, individual and program data collection and shall provide DSHS and NSMHA with such information and in such form as may be required by these agencies.

   a. Data shall include bed utilization, length of stay and individual demographic data.
   b. Compass Health and TELECARE shall cooperate with and provide information required for NSMHA's individual tracking system.

4. Notification Requirements: Compass Health and TELECARE shall be responsible for complying with all notification requirements of RCW 71.05 and with developing procedures to trigger adequate notification to identified persons and law enforcement and proper records disclosure.
5. Community Linkages: Compass Health and TELECARE shall establish and maintain ongoing working relationships with all elements of the NSMHA involuntary/voluntary mental health treatment systems for the purpose of facilitating the admission and discharge of individuals participating with these systems in problem solving and systems development activities. In addition, Compass Health and TELECARE shall be involved in the following Snohomish and Skagit County community efforts:

   a. Participation on the Snohomish and Skagit County Crisis Oversight Committees.
   b. Collaboration with local law enforcement organizations and fire departments.

6. Length of Stay: Compass Health and TELECARE shall develop and implement policies and procedures to affect the timely discharge of these individuals.
7. Monitoring and Evaluation: All programs shall participate in monitoring and evaluation per contract and licensing expectations.
8. Critical Incidents: Compass Health and TELECARE will report all critical incidents in accordance with NSMHA's Critical Incident policy. Compass Health and TELECARE will notify NSMHA of any potential disruption in service.

G. *REPORTING*

1. Compass Health and TELECARE shall send the following data on a daily basis to NSMHA:

    a. Number of admissions;
    b. Number of discharges;
    c. Midnight census;
    d. Seclusion and restraint data.

2. Compass Health and TELECARE will maintain a database to track and monitor use of seclusion and restraint in a format approved by NSMHA.
3. Compass Health and TELECARE shall maintain aggregated data on referrals, admissions, and declines and will report that data to NSMHA on a monthly basis.

ATTACHMENTS

None

Effective Date: 5/29/2009
Revised Date: 1/27/2016
Review Date: 1/27/2016

North Sound Behavioral Health Organization

Section 1500 – Clinical: Evaluation and Treatment Facility Authorization

Authorizing Source: RSN - E&T Facility Payment Agreements
Cancels:
See Also: Approved by: Executive Director Date: 2/1/2016
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Responsible Staff: Deputy Director Signature:

POLICY #1575.00

SUBJECT: EVALUATION AND TREATMENT FACILITY AUTHORIZATION

PURPOSE

To provide rapid and appropriate authorization and certification, if applicable, for medically necessary mental health services at freestanding Evaluation and Treatment (E&T) facilities for which there is a pre-existing agreement between North Sound Behavioral Health Organization and the appropriate Regional Support Network (RSN) or freestanding E&T. This may apply to:

1. Eligible North Sound residents for whom admission is being sought at an out-of-region, freestanding E&T; and
2. Out-of-region residents at North Sound Behavioral Health Organization regional, freestanding E&Ts.

This policy and procedure applies only to freestanding E&T admissions where there is a previously signed payment agreement between North Sound Behavioral Health Organization and the particular RSN or E&T. *Look under Provider Resources on North Sound Behavioral Health Organization's website (http://nsmha.org/Providers/EnT_Facility_Agreements.html) for a current list of those RSNs and E&Ts with which North Sound Behavioral Health Organization has agreements.*

DEFINITIONS

Authorization – Acknowledgement by the RSN that, based on the information provided, the individual for whom E&T admission is being sought appears to reside in that RSN's region and for voluntary admissions, meets the requirements of medical necessity for this level of care. This acknowledgement is indicated by the assignment of an authorization number or some other identifier that must be submitted with a claim in order for payment to be considered. Authorization does not guarantee payment. Residency and financial eligibility have to be verified. Volunteers of America (VOA) conduct the authorization process for North Sound Behavioral Health Organization.

POLICY

When attempting to involuntarily detain or voluntarily admit an individual to inpatient care, Designated Mental Health Professionals (DMHP) or other Mental Health Professionals (MHP) shall, when the individual's residence is known, attempt to have the individual admitted to a bed within the individual's region of residence. However, there may be times when these attempts are unsuccessful and the individual may need to be admitted to an E&T outside his/her region of residence. DMHPs may seek admission to an out-of-region E&T or detain an out-of-region individual to a North Sound region E&T without an authorization from VOA and without regard to funding status. However, all parties involved shall be aware, for the RSN (either North Sound Behavioral Health Organization or another RSN) or E&T to be paid for an E&T stay by the individual's RSN of residence, a previously signed payment agreement must exist between North Sound Behavioral Health Organization and the specific RSN or E&T.

Most individuals for whom admission to a freestanding E&T is being requested will be on involuntary legal status. The involuntary psychiatric care must be in accordance with the admission criteria specified in chapters 71.05 and 71.34 RCW and North Sound Behavioral Health Organization's Policy 1542.00.

In the infrequent instances that admission is being sought for a voluntary admission to an E&T or an individual has been converted to voluntary status during an admission, the voluntary care for the individual **must** be:

1. Medically necessary as defined in WAC 182-500-0005 and also include the following:

    a. Ambulatory care resources available in the community do not meet the treatment needs of the individual; AND
    b. Proper treatment of the individual's psychiatric condition requires services at an E&T; AND
    c. Services can reasonably be expected to improve the individual's level of functioning or prevent further regression of functioning; AND
    d. The individual has been diagnosed as having an emotional/behavioral disorder or a severe psychiatric disorder (as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association) which is considered a principal covered diagnosis (see the Washington Apple Health Inpatient Hospital Services Provider Guide, Inpatient Hospital Psychiatric Admissions section at: http://www.hca.wa.gov/medicaid/billing/pages/hospital_inpatient.aspx) and warrants extended care in the most intensive and restrictive setting; OR
    e. The individual was evaluated and met the criteria for emergency involuntary detention (Chapter 71.05 or 71.34) but agreed to inpatient care.

2. Approved (ordered) by the professional in charge of the facility; and
3. For North Sound residents going to an out-of-region E&T, an admission must be authorized by North Sound Behavioral Health Organization's delegate for Inpatient Utilization Management, VOA.

Services provided shall be:

1. Culturally and linguistically competent;
2. Working towards recovery and resiliency; and
3. Appropriate to the age and developmental stage of the individual.

PROCEDURE

Admission of North Sound Residents to Out-of-Region E&Ts

The North Sound Behavioral Health Organization will contract with VOA to staff and operate a team, on a 24 hour basis, to authorize or ***deny**** out-of-region E&T admissions for individuals with Washington Apple Health and other individuals eligible for publicly funded mental health services who reside within North Sound Behavioral Health Organization's region. This includes individuals eligible for both Medicare and Washington Apple Health who have exhausted their lifetime Medicare benefits at admission or during the course of the stay. It also includes individuals with primary commercial or private insurance and who have secondary Washington Apple Health coverage when their primary insurance has been exhausted at admission or during the course of the stay. Requests for authorization shall be directed to VOA at 1-800-707-4656.

E&T admissions shall follow all procedures outlined in North Sound Behavioral Health Organization's Policy #1571.00 – *Inpatient Certification and Authorization* for involuntary or voluntary admissions dependent on the individual's legal status. This policy outlines procedures for authorization for the E&T facility, as well as, VOA. Only the following items are not applicable to the E&T authorization process:

1. Administrative days are not utilized for E&T stays; and
2. E&T providers do not have the same dispute rights as inpatient psychiatric hospitals (i.e., there is no State-level, formal dispute process for freestanding E&Ts).

   Concerns regarding an E&T stay in the North Sound region should be directed to the E&T and/or North Sound Behavioral Health Organization.

Questions regarding the individual's county of residence and which RSN should be involved with the authorization may be resolved by referring to the flow chart from the Community Psychiatric Inpatient Instructions and Requirements (see North Sound Behavioral Health Organization's Policy Attachment #1571.01). If the appropriate RSN still cannot be determined, VOA will make a determination to authorize or ***deny**** the request but the requesting E&T must realize that North Sound Behavioral Health Organization may not be the appropriate RSN and the authorization number does not guarantee payment.

If VOA is contacted for authorization of an E&T stay by an RSN or out-of-region E&T for which a payment agreement does not exist, the requestor shall be notified that authorization cannot be provided without a previous payment agreement and shall be directed to contact North Sound Behavioral Health Organization directly with any questions.

For North Sound residents admitted to an out-of-region E&T facility, coordination of care between the E&T and outpatient services shall follow the procedure outlined for outpatient service requirements related to inpatient utilization in North Sound Behavioral Health Organization's Policy #1572.00 – *Inpatient Continuity of Care*. If it appears that an individual needs admission to Western State Hospital (WSH) or Children's Long-Term Inpatient Program (CLIP), the E&T shall contact North Sound Behavioral Health Organization.

Once the E&T receives the final authorization for admission form, the RSN or E&T shall submit its bill to North Sound Behavioral Health Organization for payment within timeframes required by the specific contract.

Denials apply only to voluntary admissions.

Admission to E&Ts in North Sound Behavioral Health Organization's Region

The North Sound E&T has the ability to accept individuals who are residents of other regions. When a resident of another region is admitted in a North Sound facility, the E&T staff shall notify the individual's RSN of residence or its contracted provider when one (1) of their region's residents is involuntarily detained and admitted within one (1) business day of the individual's admission. E&T staff shall work with the RSN staff or its contracted provider to facilitate care coordination and discharge planning. This includes, but is not limited to:

1. Providing documents related to an individual's detention;
2. Providing all necessary civil commitment court proceedings and support for Involuntary Treatment Act (ITA) hearing;
3. Identification of the county of residence/RSN of responsibility of an out-of-region resident sent to WSH by the E&T; and/or
4. Transferring the individual from the E&T to a hospital-based ITA bed as soon as one is available.

North Sound Behavioral Health Organization shall obtain information from either the Consumer Information System (CIS) and/or directly from the providers on E&T admissions in order to facilitate billing to the other RSN within timeframes required by the specific contract.

ATTACHMENTS

None

Effective Date: 10/3/2013; 3/3/2008; 8/30/2007
Revised Date: 1/28/2016
Review Date: 1/28/2016

North Sound Behavioral Health Organization

Section1700 – Crisis Services: Safeguarding of Property

Authorizing Source: WAC 388-877-0280 & RCW 71.05.220, 71.05.700-71.05.715
Cancels:
See Also: Approved by: Executive Director Date: 2/1/2016
Providers must comply with this policy and my develop individualized implementation guidelines as needed
Responsible Staff: Deputy Director Signature:

POLICY #1706.00

SUBJECT: SAFEGUARDING OF PROPERTY

PURPOSE

North Sound Behavioral Health Organization providers of crisis services and providers who operate psychiatric inpatient Evaluation and Treatment (E&T) facilities shall have appropriate policies and processes to ensure that reasonable precautions are taken to safeguard an individual's property.

POLICY

When a Peace Officer or Designated Mental Health Professional (DMHP) escorts an individual to a facility to be evaluated, the DMHP must take reasonable precautions to safeguard the individual's property.

Providers who operate E&T facilities shall take reasonable precautions to inventory and safeguard the property of the individual detained to that facility.

PROCEDURE

1. Agencies employing DMHPs s shall provide adequate training and have protocols regarding:
    a. Safeguarding the individual's property in the immediate vicinity, if involved, at the point of apprehension;
    b. DMHPs will make every reasonable effort to ensure individuals and service animals (per Americans with Disabilities Act (ADA) definition) will be kept together.
    c. Safeguarding belongings not in the immediate vicinity, if made aware that there may be possible danger to those belongings; the DMHP may coordinate with law enforcement and/or other available collateral supports to address these needs;
    d. Taking reasonable precautions, if made aware, to lock and otherwise secure the individual's home or other property as soon as possible after the individual's initial detention; the DMHP may coordinate with law enforcement and/or other available collateral supports to address these needs;
    e. Ensuring that requirements for crisis outreaches to home visits (RCW.71.05.700 through 71.05.715) are met; and
    f. Documenting, if made aware, the actions taken to safeguard the individual's property.
2. At the time an individual is involuntarily admitted to an E&T facility, a copy of the inventory, signed by the E&T facilities' staff member completing it, shall be given to the individual detained. In addition, the inventory contents shall be open to inspection to any responsible relative, subject to limitations, if any, specifically imposed by the detained individual. For purposes of this section, "responsible relative" includes the guardian, conservator, attorney, spouse, parent, adult child, or adult brother or sister of the individual. The facility shall not disclose the contents of the inventory to any other person without the consent of the individual or order of the court.
3. NSMHA will monitor providers' policies and practices through the auditing process.

ATTACHMENTS

None

Effective Date: 9/5/2013; 2/3/2010; 10/9/2008
Revised Date: 1/28/2016
Review Date: 1/28/2016

North Sound Behavioral Health Organization

Section 1700 – ICRS: Medical Status Criteria for Voluntary and ITA Crisis Assessment in Emergency Departments and Community Hospitals

Authorizing Source: Per North Sound Behavioral Health Organization and DMHP Protocols
Cancels:
See Also: Approved by: Executive Director Date: 2/1/2016
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Responsible Party: Deputy Director Signature:

POLICY #1721.00

SUBJECT: MEDICAL STATUS CRITERIA FOR VOLUNTARY AND ITA CRISIS ASSESSMENT IN EMERGENCY DEPARTMENTS AND COMMUNITY HOSPITALS

PURPOSE

To outline a process that ensures medical stability of the individual, prior to screening for voluntary and involuntary treatment (ITA) crisis assessment at community hospitals (emergency departments, general medical floor, Intensive Care Unit, etc.). Such criteria are essential to provide consistent and basic medical status for the assessment process.

POLICY

Individuals in need of voluntary and involuntary treatment crisis assessments shall be medically ready for discharge from the hospital and able to be interviewed to assure accurate mental health assessments. **Exceptions can be made on a case-by-case basis when, in the professional judgment of the hospital Medical Doctor (MD,DO), Advanced Register Nurse Practitioner (ARNP), or Physician Assistant (PA) specific diagnostic/medical clearance procedures are not warranted, or are not in the best interest of the individual.** Exceptions and rationale shall be documented and communicated to Volunteers of America (VOA) Care Crisis Response System (CCRS) Clinician when the referral is made.

PROCEDURES

1. Individuals shall be evaluated by a MD, DO, ARNP, or PA, and the individual's presenting problem(s), to the hospital, should be addressed by the hospital professional, prior to contacting the CCRS Clinician at the Care Crisis Line with the referral.
2. All potential referrals to voluntary and ITA crisis services shall have a full, documented body systems examination by a MD, DO, ARNP, or PA, to include wounds or trauma, cardiac and respiratory status, evidence of acute nutritional/hydration issues, acute etiologies ruled out and complaints of pain addressed.
3. The following vitals parameters shall be met prior to evaluation for crisis and ITA services:

    a. Resting pulse no greater than 120 and no lower than 50
    b. Systolic blood pressure no greater than 200
    c. Diastolic blood pressure no less than 50, no greater than 110
    d. Temperature no greater than 101.5 degrees Fahrenheit

4. A urine toxicology screen is needed if any signs of intoxication or substance abuse are present.

    a. For individuals with alcohol intoxication, a level below .08 is required prior to an evaluation.
    b. Individuals who present with substances in their system and are not able to be interviewed due to the effects of the substances require medical intervention/observation to address detoxification. The individual should be re-examined by the medical professional after the individual is medically ready for discharge and able to be interviewed to determine if the initial presenting problem has resolved or is still in need of an evaluation for crisis and ITA services.

5. A blood level of measurable psychotropic medications (e.g., lithium, tegretol, Depakote) shall be done.
6. If psychiatric hospitalization is deemed likely, other routine laboratory screens (e.g., chemical 7 panel, complete metabolical panel, urinalysis and urine toxicology) shall be completed in order to facilitate the individual's rapid transfer.
7. For individuals presenting with psychosis and no mental health or drug use history, a brief screening neurological exam is needed to rule out focal neurological symptoms that may indicate a primary medical concern.
8. A constellation of confusion, agitation, incoherence and elevated vital signs should be assumed to be delirium until proven otherwise. This would include delirium secondary to substance withdrawal.
9. A brief Mental Status Exam shall be completed.

ATTACHMENTS

None