POLICIES AND PROCEDURES

OF THE

CHILDREN'S LONG TERM INPATIENT PROGRAM ADMINISTRATION

July 2012

1. *DESCRIPTION AND PURPOSE OF THE CHILDREN'S LONG TERM INPATIENT PROGRAM ADMINISTRATION*

The Children's Long Term Inpatient Program Administration (CLIP Administration) is the state designated authority for clinical decision-making regarding admission to and discharge from publicly-funded beds in the Children's Long Term Inpatient Programs. The CLIP Administration is composed of children's mental health specialists and administrative staff. The CLIP Administration, in coordination with Regional Support Networks (RSNs), will insure that: 1) the CLIP Programs admit only those youth who meet Medicaid criteria for medical necessity, and 2) discharges from the CLIP Programs occur appropriately, with necessary planning and due consideration of the needs of the youth and family. In accord with RCW 71.34, the CLIP Administration is the statutory authority for placement of all adolescents involuntarily committed for up to 180 days of inpatient care. The CLIP Administration also assists the Division of Behavioral Health and Recovery of the Aging and Disability Services Administration of the Department of Social and Health Services (DSHS)) with monitoring of care provided by the CLIP Programs.

2. *BACKGROUND AND LOCATION OF THE CLIP PROGRAMS*

2.1 Background

In 1981, the Washington State Legislature authorized funds to establish residential treatment beds for psychiatrically impaired children and youth. These beds were to be located at and administered by private, nonprofit agencies under contract to DSHS/DBHR. Rules and regulations setting forth licensing standards are in WAC Chapter 246-337 or its successors as adopted by the Washington State Department of Health and codified under authority of RCW Chapter 71.12. Child Study and Treatment Center (CSTC), the children's state hospital, was integrated with the system of CLIP Programs and Administration beginning in 1986. All CLIP Programs are regularly monitored against performance and programmatic standards defined in state, federal and professional regulations. Each is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

2.2 Location of Publicly-funded CLIP Programs

There are 91 beds operated as statewide resources available to any youth in the state who has been determined to need extended psychiatric inpatient care. Forty-four beds are operated by three regionally based Residential Treatment Facilities (RTFs). CSTC operates 47 beds in three separate cottages.

2.2.1 McGraw Center

Seattle Children's Home
2142 - 10th Avenue West
Seattle, Washington 98119
Number of contracted beds: 19
Date Opened: March 1981

2.2.2 Tamarack Center

W. 2901 Ft. George Wright Drive
Spokane, WA 99224
Number of contracted beds: 13
Date Opened: September 1984

2.2.3 Pearl Street Center

Tacoma Comprehensive Mental Health
815 S. Pearl Street
Tacoma, WA 98465
Number of contracted beds: 12
Date Opened: January 1985

2.2.4 Child Study and Treatment Center

8805 Steilacoom Blvd. SW W27-25
Lakewood, WA 98498-4771
Number of beds: 47

3. *FUNCTIONS OF THE CLIP ADMINISTRATION*

The specific functions of the CLIP Administration are:

3.1 To set criteria and guidelines for admission to and discharge from the CLIP Programs.

3.2 To oversee all referrals for admission to the CLIP Programs.

3.3 To approve all admissions to the CLIP Programs in accord with established admission criteria and procedures.

3.4 To make specific recommendations for evaluation and/or treatment alternatives when an application for admission is denied.

3.5 To review clinical documentation of care in order to ensure that discharges, transfers, and re-certifications take place in accord with established criteria and guidelines.

3.6 To act as the designated Placement Team in accord with the mental health law for minors (RCW 71.34).

3.7 To assist the CLIP Programs and the DBHR in the dissemination of information concerning the CLIP Programs.

3.8 To collect, analyze, and report CLIP utilization information.

3.9 To provide a consultation process for concerns that arise regarding admissions and discharges to the CLIP Programs.

3.10 To actively promote family/parent inclusion in all aspects of the assessment, admission, treatment, and discharge processes associated with CLIP resources.

3.11 To contribute to statewide policy and program development and implementation activities that improve psychiatric inpatient resource management.

3.12 To respond to a request by the DBHR to review medical necessity for continued acute inpatient care for any adolescent admitted against his or her will by their parent in accordance with RCW 71.34.600 and 71.34.610.

4. *CLIP ADMINISTRATION MEMBERSHIP*

The CLIP Administration shall consist of:

1 The Certification Team.

1 The Placement Team.

1 The Documentation Review Team .

1 The Inspection of Care Team.

1 The CLIP Program Directors.

1 The CLIP Program Administrator with the Division of Behavioral Health and Recovery.

1 The CLIP Administration Coordinator and Administrative Coordinator.

1 Ad hoc teams: CLIP Parent Steering Committee, CLIP Quality Steering Committee, CLIP Liaisons Group, and others as needed.

4.1 Membership Status

Affiliated CLIP members are the program/clinical directors of the four CLIP Programs.

Nonaffiliated members include the DBHR CLIP Program Administrator, the CLIP Coordinator, and the Certification, Placement, Documentation Review, and Inspection of Care Teams. The DBHR approves all Teams.

4.2 Qualifications

At a minimum all Certification, Placement, Document Review, and Inspection of Care Team members shall qualify as child mental health specialists in accord with WAC 388-865 or its successors. A child psychiatrist shall participate on Teams as required by state and federal regulations. Employees of and consultants to the CLIP Programs may not serve on the Certification Team.

4.3 Terms of Service

The tenure of nonaffiliated CLIP members may be reviewed by the DBHR CLIP Program Administrator for reappointment every three years.

Nonaffiliated members will be appointed to designated teams for a minimum of one year and may be removed at the sole discretion of the DBHR CLIP Program Administrator.

4.4 Appointment of New, Nonaffiliated Members

When a vacancy occurs on one of the CLIP Teams, the DBHR CLIP Program Administrator will appoint a new, nonaffiliated member. The community at large will be encouraged to submit recommendations for vacancies. The CLIP Administration will review the qualifications of all candidates and submit written recommendations to the DBHR.

4.5 Participation Requirements

A nonaffiliated member who is unavailable to fulfill their duties on three separate occasions in one calendar year shall be terminated from CLIP membership.

4.6 Per Diem and Mileage Reimbursement

CLIP members are entitled to mileage expense reimbursement if they are not otherwise reimbursed for these expenses by their agency or employer. Depending upon the availability of funds, non-salaried CLIP Administration members may be eligible to receive per diem for attendance at CLIP-related meetings. The Certification Team, Documentation Review Team, Inspection of Care Team, and the CLIP Parent Steering Committee will be reimbursed an agreed upon professional stipend for services provided.

4.7 Clinical Representation from CLIP Programs

A senior clinical staff member from each CLIP Program shall attend regularly scheduled CLIP Administration meetings. This representative is preferably the clinical, operations and/or medical director of the Program and must be a children's mental health specialist as described in WAC 388-865 or its successors. The representative has the right and responsibility to inform the CLIP Administration of the following:

4.7.1 Changes in the staffing patterns.

4.7.2 Significant changes in programming or therapeutic approaches.

4.7.3 Significant occurrences during the period between meetings which affect the therapeutic environment and the ability of the program to assimilate new residents (i.e., elopements, suicide attempts, assaults on residents or staff, etc.).

5. *CLIP ADMINISTRATION OPERATIONS*

5.1. CLIP Administration Meetings

5.1.1 Regular CLIP Administration meetings shall take place at a pre-designated time and location no less often than every three months. The purpose of these meetings will be to address policy, procedural and operations issues. The CLIP Administrative Coordinator will notify members in advance of each meeting and will prepare and distribute meeting minutes. Principal members of the Certification and Inspection of Care Teams will attend CLIP Administration meetings at least annually.

5.1.2 Decisions regarding matters of CLIP Administration policy will require approval of a majority of all members.

5.2 Team Operations: Certification Team

5.2.1 The Certification Team determines medical necessity for long term inpatient care and meets the Federal and/or state requirements for team membership and process as cited in 42 CFR 441.153; and RCW 71.34.

5.2.2 The Certification Team shall consist of two members. A minimum of two additional Certification Team members shall be available to review applications as needed.

5.2.3 Admission decisions regarding voluntary applications require unanimous approval by the Certification Team. If they are unable to reach consensus a third team member will review the application and provide the tie-breaking vote.

5.2.4 In all cases, when an applicant is determined to require long term psychiatric inpatient care, the designated child psychiatrist shall certify such by his/her signature.

5.2.5 In accord with RCW 71.34.610, the CLIP Coordinator will evaluate parent initiated admissions to review medical necessity for continued acute inpatient care. (See **21.0**) The CLIP Coordinator may consult with the DBHR CLIP Program Administrator and the CLIP designated child psychiatrist as needed to make a determination of medical necessity under RCW 71.34.610.

5.3 Team Operations: Placement Team

5.3.1 The Placement Team assumes the responsibility designated in RCW 71.34 for assigning and/or transferring involuntarily committed adolescents to one of the CLIP Programs. The placement team also assigns and/or transfers voluntarily admitted youth and adolescents to one of the CLIP Programs.

5.3.2 The Placement Team consists of a psychiatrist from one of the CLIP Programs and the CLIP Coordinator.

5.3.3 The CLIP Coordinator incorporates the recommendations of the adolescent's family, the RSN and/or the referring Evaluation and Treatment Facility (E&T) into all Placement Team decisions.

5.3.4 The Placement Team must reach a unanimous decision regarding assignments and transfers. If they are unable to reach consensus, either party can request additional information for further consideration. If still unable to reach consensus, rationale will be documented and sent to the CLIP Administration, and assignment will occur elsewhere, per 5.3.3.

5.4 Team Operations: Document Review Team

5.4.1 At least one nonaffiliated member of the CLIP Administration has the statutory responsibility to oversee the review of required treatment and discharge summaries of all involuntarily committed adolescents. This Team also has the DBHR designated responsibility to review the required discharge summaries for a sample of voluntarily admitted youth.

5.4.2 The Document Review Team will review treatment documents and provide a written summary of their findings, including any required decision or recommendations.

5.5 Team Operations: Inspection of Care Team

5.5.1 The Inspection of Care Team shall include at least two Certification Team members and the DBHR CLIP Program Administrator. The Team shall perform the annual on-site inspections of care of the CLIP Programs.

5.5.2 The DBHR CLIP Program Administrator shall provide written audit reports to the CLIP Program and the CLIP Administration as soon as possible after the Inspection of Care. The report(s) will also be provided upon the request of a RSN or RSNs.

6. *CLIP ADMINISTRATION STAFF*

CLIP Administration staff consists of the CLIP Coordinator and the CLIP Administrative Coordinator with direct oversight by the DBHR CLIP Program Administrator. These two staff are based at Seattle Children's Home under contract with the DBHR. The DBHR CLIP Program Administrator supervises the activities of the Coordinator and the Administrative Coordinator. The DBHR Director or designee oversees the activities of the DBHR CLIP Program Administrator.

6.1 Responsibilities of the CLIP Coordinator

The CLIP Coordinator shall:

6.1.1 Respond to admission inquiries.

6.1.2 Provide technical assistance to community stakeholders regarding youth's mental health services and resources.

6.1.3 Provide technical assistance regarding local gate keeping processes and their interface with the CLIP Administration and Programs.

6.1.4 Facilitate the application process.

6.1.5 Coordinate the presentation of application summaries to the Certification Team.

6.1.6 Coordinate and participate in the decision-making of the Placement Team.

6.1.7 Manage the statewide waiting list.

6.1.8 Facilitate transfers between CLIP Programs.

6.1.9 Coordinate and supervise (in concert with the DBHR CLIP Program Administrator) the activities of the Administrative Coordinator.

6.1.10 Facilitate communication between the CLIP Administration, RSNs, families, other community partners and the CLIP Programs concerning admissions and discharges.

6.1.11 Develop and implement CLIP policies and procedures in coordination with the DBHR CLIP Program Administrator.

6.1.12 Coordinate management of referral, admission and discharge information.

6.1.13 Disseminate to the community information about the CLIP Programs and CLIP policies and procedures.

6.1.14 Provide the review of medical necessity for minor's treatment in an inpatient hospital/E&T in accord with RCW 71.34.600 and 71.34.610. (**See 21.0**)

6.2 Responsibilities of the CLIP Administrative Coordinator

The CLIP Administrative Coordinator shall:

6.2.1 Assume lead responsibility for administrative office management.

6.2.2 Manage relevant databases and create reports as directed.

6.2.3 Create and distribute public relations material.

6.2.4 Create and distribute monthly CLIP utilization reports, annual and ad hoc reports of referrals, demographic profiles and survey results.

6.2.5 Assist in the facilitation of the application process.

6.2.6 Create and maintain all periodic expense reports.

6.2.7 Respond to inquiries from stakeholders.

6.2.8 Record and summarize CLIP Administration and other meeting minutes.

6.2.9 Maintain CLIP clinical records and referral logs in an organized and secure manner and in accord with HIPAA regulations.

6.2.10 Ensure that required information and documentation is submitted to the CLIP Administration by the CLIP Programs and/or community partners.

6.2.11 Maintain CLIP Administration website.

6.2.12 Assist with collection and reporting of data pertaining to CLIP system outcomes.

6.3 Responsibilities of the DBHR CLIP Program Administrator

The DBHR CLIP Program Administrator shall:

6.3.1 Establish, monitor and amend the formal written agreements between the CLIP Administration and Programs and RSNs or Tribes regarding access to inpatient care in the CLIP Programs.

6.3.2 Assist communities and the CLIP Programs with the implementation of the terms of these agreements.

6.3.3 Offer technical assistance and consultation to individuals, agencies, and families.

6.3.4 Promote efforts by the CLIP Programs, RSNs, and the DBHR to develop and support community and facility-based intensive, individualized resources for youth and families.

6.3.6 Supervise collection of CLIP utilization information. Assist the DBHR and the CLIP Programs in research and evaluation efforts.

6.3.7 Manage and participate in the Inspection of Care Team.

6.3.8 Assist the DBHR in developing/implementing state policy regarding the CLIP Administration, the CLIP Programs, acute psychiatric inpatient services, children's mental health, and RSN/PHP management of mental health resources.

6.3.9 Represent the CLIP Administration and the CLIP Programs with the DBHR, RSNs, JRA,

CA/DCFS, and other community partners.

6.3.10 Manage/coordinate the CLIP Administration staff, subcontractors and all CLIP Administration functions.

6.3.11 Perform other duties as assigned by the DBHR Director or designee.

7. *CRITERIA FOR VOLUNTARY ADMISSION*

7.1 Minimum Admission Requirements

The certification of need for long term inpatient care must meet the requirements of 42 CFR 441.152 and RCW 71.34. In addition, to be eligible for voluntary admission to a CLIP Program applicants must meet the following minimum requirements:

7.1.1 Age

Applicants must be under the age of 18 prior to admission to a CLIP Program.

7.1.2 Sex

Services are available for both males and females.

7.1.3 Residency

Applicants must be legal residents of Washington State. This criterion is met if one of the following is true: (a) Applicant is in the custody of the state of Washington or (b) Applicant is in the custody of his/her legal guardian who is a Washington State resident.

7.1.4 Psychiatric Impairment

Applicants must have a severe psychiatric impairment which warrants the intensity and restrictions of the treatment provided in a CLIP Program. An applicant will be considered to have such impairment if he or she has a severe emotional disturbance, corroborated by a clear psychiatric diagnosis, in which one or more of the following symptomatic behaviors is exhibited:

7.1.4.1 Signs and symptoms explicitly associated with marked, severe and/or chronic thought disorders, as defined in the DSM-!, including bizarreness, delusions, hallucinations, disturbed thought processes (e.g., loosened associations, illogical thinking, poverty of content of speech), blunt, flat or inappropriate affect, or grossly disorganized behavior.

7.1.4.2 Signs and symptoms explicitly associated with marked severe or chronic affective disorders, as defined in the DSM-, including mania, depression, neurovegetative signs, suicide attempts, or self-destructive behaviors.

7.1.4.3 Chronic or grossly maladaptive behaviors associated with incipient forms or components of 7.1.4.1 or 7.1.4.2, or symptomatic of other diagnosed severe psychiatric impairment. The presence of such symptoms should be clearly identified as resulting from a mental disorder and not be solely attributable to other factors (e.g. alcohol or drug abuse, antisocial behavior, sexual deviancy, intellectual disability). Youth who have been diagnosed as having a severe psychiatric illness and who demonstrate a repetitive pattern of antisocial behavior (e.g. sexual aggression) are considered for admission if their needs can reasonably and appropriately be met in a long-term inpatient program.

7.1.5 Intellectual Functioning

Youth whose intellectual functioning is below the normal range as defined by the DSM-are considered for admission if it has been determined that they meet the above criteria of having a severe psychiatric disorder and their needs can reasonably and appropriately be met in a CLIP Program.

7.1.6 Physical and Medical Disabilities

Applicants with physical and/or medical disabilities are eligible for admission to the CLIP Programs. Any such admission must occur within the constraints of the nondiscrimination clauses of Program contracts and/or the Americans with Disabilities Act.

7.1.7 Family Support

Family support is an essential ingredient in successful treatment in a CLIP Program. The successful treatment of youth lacking family resources will be facilitated by the willingness of the referring RSN to take on at least part of the supportive role normally expected of the family and to assist the youth and any available family in maintaining meaningful contact whenever possible.

7.1.8 Applicant under DSHS Custody

If an applicant is in the custody of DSHS, his or her DSHS social worker is expected to continue to actively participate in all aspects of care throughout the course of treatment, in collaboration with other partners from the community.

7.1.9 Consideration of Less Restrictive Treatment Settings

Before an applicant who meets the minimum admission requirements is approved for admission to a CLIP Program, the Certification Team will consider the possibility of the youth receiving the treatment required in a less restrictive setting. If the Certification Team believes that a less restrictive setting is both appropriate and available it will recommend that the applicant be referred for treatment in such a setting rather than approve an admission to a CLIP Program.

7.1.10 Applicant's Agreement to Enter a CLIP Program

A CLIP Program does not have the right to hold youth in treatment against their will unless they are admitted in accord with RCW 71.34 or ordered for short term evaluation under RCW 10.77.

7.1.11 Applicant's Ability to Benefit from Treatment

The applicant's ability to benefit from treatment is critical. The Certification Team may deny admission or recertification if the applicant appears unable to benefit from the treatment offered in a CLIP Program.

8. *CRITERIA FOR INVOLUNTARY ADMISSION*

8.1 Only adolescents who have been involuntarily committed for 180 days of publicly-funded inpatient care under RCW 71.34.760 are thereby eligible for admission to the CLIP Programs.

8.2 If a previously committed adolescent has been discharged from an E & T Facility due to the expiration of his/her 180-day Restrictive Order and long term care is subsequently sought as a voluntary client, voluntary application procedures must be followed.

9. *CRITERIA FOR OTHER ADMISSIONS*

9.1 Transfer From Juvenile Rehabilitation Administration (JRA) Facilities

In accord with RCW 71.34.795 youth committed to a JRA facility may transfer directly to an E & T facility upon agreement between the two facilities. Youth admitted to CLIP Programs in this manner are eligible for 14 days of evaluation and treatment. If extended inpatient care is recommended, the CLIP Program may: 1) request an evaluation for possible involuntary commitment in accord with RCW 71.34, or, 2) request that applicant be reviewed by the RSN and the CLIP Certification Team in accord with procedures for voluntary application to determine eligibility for continued inpatient care. More specific requirements of cross-divisional management of JRA referrals are contained in the formal Written Agreement between the DBHR and JRA.

9.2 Commitment under RCW 10.77

Adolescents who have been court-ordered for a competency evaluation and/or restoration to competency under RCW 10.77 are eligible for admission to CSTC only. If extended inpatient care is recommended, the CLIP Program may: 1) request an evaluation for possible involuntary commitment in accord with RCW 71.34, or, 2) request that applicant be reviewed by the RSN and the CLIP Certification Team in accord with procedures for voluntary application to determine eligibility for continued inpatient care.

9.3 Parent Initiated Admission

Minors 13 to 17 years old whose parents make application for admission to a CLIP Program against the minor's will under RCW 71.34.600, are considered to be voluntary applicants. The voluntary clinical criteria for admission and CLIP administration voluntary application procedures shall apply.

10. *VOLUNTARY APPLICATION POLICY AND PROCEDURE*

10.1 Complete Application Requirements

To initiate a voluntary referral for admission to a CLIP program, the RSN will ensure a completed CLIP Application is received by the CLIP office. All information received in support of the application is date-stamped and placed in the applicant's file as it is received in the CLIP Administration office. A completed application will contain the following information:

10.1.1 CLIP Application Form

The RSN will ensure completion of the CLIP Application Form which will provide a) identifying information, b) contact information for the youth/family team and case manager responsible for coordination if/when the youth is admitted to a CLIP Program, c) challenges and/or behaviors youth is experiencing leading to request for CLIP treatment, d) youth and family's critical needs to be addressed in treatment, e) strengths and interests of youth and family, and f) a detailed discharge plan.

10.1.2 Psychosocial History of the Applicant

10.1.2.1 Family, cultural and social history.

10.1.2.2 Developmental and educational history.

10.1.2.3 Current medical information.

10.1.2.4 Psychiatric, substance abuse, and residential treatment history.

10.1.2.5 Legal History.

10.1.2.6 Custody and citizenship history

10.1.3 Psychiatric Evaluation

An application must include a written report of an evaluation completed by a child psychiatrist (M.D.) or psychiatric advanced registered nurse practitioner (ARNP) licensed in Washington State within the six months prior to CLIP review.

10.1.3.1 The report must include the physician's or ARNP's_ name, the date of assessment, a DSM diagnostic classification on all five axes, a mental status examination and a comprehensive assessment of the treatment needs of the applicant.

10.1.3.2 The evaluation, in addition to additional clinical and social history documents in the CLIP application, must include sufficient clinical information that will allow adequate determination of the medical necessity for this most restrictive level of care.

10.1.4 Other Evaluations

In cases where a youth's needs require more specific definition (e.g. youth with eating disorders, sexual deviancy, mental retardation, neurological impairment, etc.), completion of assessments or evaluations by specialists may be required by the Certification Team to determine whether the youth meets the admission criteria. RSNs are responsible to provide this additional information.

10.1.5 Supporting Documentation

Supporting source documentation of the applicant's needs is required. Supporting documents can include school reports, medical reports, discharge summaries from previous treatment facilities, and copies of relevant court orders. The Complete Application Requirements are provided in the Application Packet for each new referral.

10.1.6 Documentation of Intellectual Functioning Level

This is preferably provided through a report of a current psychological evaluation in which an IQ test (WPPSI, WISC-R, WISC-IV, or WAIS-R) was administered. The report should include the date and location of testing, the examiner's name, test name, and test scores. If IQ scores are not available, other documentation of the applicant's intellectual capability must be provided. This may be in the form of results from a school-related achievement test (such as the WRAT) or a report from the school.

10.1.7 Youth's Agreement to CLIP Treatment

This is provided by the completion of the Youth Agreement to CLIP Treatment signature page which describes CLIP treatment, what the youth would like to achieve while in treatment, and ensures the youth is in agreement with the admission.

10.2 Review of Application by the Coordinator and/or the Administrative Coordinator

The Coordinator/Administrative Coordinator will:

10.2.1 Review materials submitted by the RSN once a completed CLIP Application Form is received.

10.2.2 Contact the referring RSN to clarify as soon as possible what further documentation is needed or to confirm that the application is complete.

10.2.3 If an application remains open and incomplete for six months, it will be closed. Reconsideration by the local/RSN CLIP review committee is required before it will be reopened. If the local/ RSN CLIP review committee determines that the youth would still benefit from CLIP, the application will be reopened when updated documentation meets the requirements as outlined in Complete Application Requirements, section 10.2.

10.2.4 The Coordinator will integrate the information submitted to satisfy the Complete

Application Requirements into an application summary report and make formal recommendations to the Certification Team.

10.2.5 If after the review of the completed application materials the Coordinator determines that the applicant does not meet the minimum criteria for admission, the Coordinator will inform the referring RSN in writing that the application is denied. The Coordinator will document clearly which criteria the applicant does not meet, and offer recommendations for alternative services. The Coordinator will inform the referring RSN of the option to appeal this decision and request review by the full Certification Team. The referring RSN must make any appeal in writing, and provide additional information in support of the appeal. An appealed case will be reviewed in accord with the procedures in **10.3** through **10.7**.

10.3 Review of Applications by the Certification Team

10.3.1 Application summary reports and/or supporting documentation will be distributed for review by the Certification Team. Any member of the Certification Team may request more information as outlined in 10.2.2 and/or a telephone conference with other team members before providing their final vote.

10.3.2 The Certification Team shall provide a decision on applications within 24 hours of receiving the review materials. The Certification Team will, by majority vote, reach one of the following decisions:

10.3.2.1 Applicant is approved for admission for an initial treatment period not to exceed six months.

10.3.2.1.1 The Certification Team may approve the admission for a time limited period requiring recertification if additional treatment is needed.

10.3.2.2 Applicant is not approved for admission.

10.4 Assignment of Applicants Approved for Admission

An applicant approved for admission is assigned by the CLIP Placement Team to a CLIP Program(s). The CLIP Coordinator will contact the responsible RSN and solicit the community's, youth's, and family's input, regarding the applicant's assignment. Other factors contributing to assignment include: the applicant's clinical needs, geographic proximity to his or her home community, and availability of the most appropriate CLIP Program. See also 5.3.4.

10.4.1 If accelerated admission of a voluntary applicant to a non-DBHR funded bed in a RTF is contemplated at any point in the application process, such admission can only occur to the RTF where the applicant is to be assigned after approval by the CLIP Certification Team.

10.5 Applicant is Not Approved for Admission

If the applicant is not approved for admission to a CLIP Program, the Certification Team will state clear clinical reasons why the application has been denied and make recommendations concerning alternative treatment resources.

10.6 Action of CLIP Coordinator Following Certification Team Decision

The CLIP Coordinator will telephone the RSN representative to relay the Certification Team's decision on the date it is received. Within seven days a confirmation letter will be sent. The content of this letter and additional action by the CLIP Coordinator will vary according to the disposition of the application.

10.6.1 If the Application Has Been Approved

The letter to the legal guardian/parents and referring RSN will include the name of the CLIP Program to which the applicant has been assigned and potential timeframe for admission, if known. The admission procedures including the name and contact persons for each CLIP Program are enclosed with the approval letter sent to the applicant's legal guardian(s).

10.7 Appeal Procedure

Decisions of the Certification Team may be appealed in writing by the referring RSN and should clearly state the reason the appeal is being made. The appeal should be addressed to:

CLIP Coordinator
2142 - 10th Avenue West
Seattle, WA 98119

The Certification Team will review the case in question following receipt of the letter of appeal and any additional documentation submitted in its support.

10.7.1 Procedural Nature of Appeal

In most cases, the Certification Team's review of the appealed case will be strictly procedural to determine whether due process had been observed in their original consideration of the case and that the applicant's rights have been safeguarded.

10.7.2 Consideration of Clinical Aspects of Case

The review of the appealed case will address the clinical merits of the Certification Team's original decision only when the appellant has reason to believe that the Team has overlooked some major clinical aspect of the case in question or that new relevant clinical information has become available since the Team's previous consideration of the case.

10.7.3 Written Notification of Appeal Decision

The appellant will receive in writing the decision of the Certification Team regarding the appeal within 7 days of receipt of the letter requesting appeal.

10.7.4 Appeal to the DBHR

Following an unsuccessful appeal to the Certification Team, appellants may ask for a procedural review by the DBHR in accord with the DSHS Fair Hearing process. The DBHR will not review the clinical aspects of the case, which remain the jurisdiction of the Certification Team. Appeals to the DBHR must be in writing and clearly state the reasons the appeal is made. The appeal should be addressed to:

Chief of Mental Health Services
Division of Behavioral Health and Recovery
Aging and Disability Services Administration, DSHS
Blake Office Park East; 2nd Floor
4500 10th Avenue SE
Lacey, Wa. 98503

10.7.5 Appeal to CLIP by Community Members

In the event that any community member(s) disagree(s) with the decision by their RSN either to refer or not to refer an applicant for review by the Certification Team, they may make an appeal to the CLIP Administration. Such appeals will be accepted only after completion of the process defined by the RSN to address such concerns.

10.7.5.1 An appeal by a community member to the CLIP Administration must include, a) the complete application requirements, and, b) the perspectives (in writing) of the RSN team as well as those of the appellant regarding the applicant's need for long term inpatient care. The appeal should be addressed to the CLIP Coordinator (See **10.7**).

11. *INVOLUNTARY REFERRAL PROCEDURES*

11.1 Initial Notification

By the next working day after the court commitment of an adolescent to 180 days of publicly-funded inpatient care, the E & T facility shall notify the CLIP Coordinator. This notification shall occur by telephone, (206) 298-9654 or by fax, (206) 298-9655 and include the following information.

11.1.1 Name of referent, E & T, and telephone number.

11.1.2 The adolescent's legal name, date of birth, date of the initial detention, date of the 180-day commitment or revocation, county of residence of adolescent and/or legal guardian, Medicaid status, adoption status, and custody status.

11.1.3 Recommendation regarding the need for extended inpatient care and preference for admission to a particular CLIP Program(s).

11.2 Referral Packet

Within five working days of the telephone notification, the committing E & T facility must submit an initial referral packet to the CLIP Coordinator. The following items are the required components of the (five-day) referral packet:

11.2.1 Copy of the 180R or revocation court order.

11.2.2 180-day commitment petition with supporting affidavits from a physician and either a psychiatrist or a children's mental health specialist.

11.2.3 Five-axis DSM diagnosis.

11.2.4 Admission evaluation, medical evaluation, psychosocial evaluation.

11.2.5 Hospital record face sheet.

11.2.6 Other information about medical status, including: laboratory work, medication records, consultation reports, physical examination.

11.2.7 Outline of treatment history: location, duration, diagnosis and brief summary of the course of treatment.

11.2.8 Discharge and/or transfer summaries from prior hospitalizations at this facility and from other hospitals where the adolescent has been served during this commitment.

11.3 Information from the RSN

Within ~~ten~~ working days of the notification, the RSN will collaborate with the CLIP Administration to provide supplemental materials as necessary.

11.4 Transfer Among E & T Facilities

11.4.1 If the adolescent is transferred from the E & T facility which petitioned for commitment to another for an interim placement until a CLIP bed is available, a referral packet containing the above-listed information must accompany that adolescent.

11.5 Other Information

During the 20 days following the 180-day commitment hearing, background information, to include the following will also be submitted to the CLIP Coordinator by the responsible RSN, the E & T facility, and/or the adolescent's parent/legal guardian:

11.5.1 Immunization records.

11.5.2 School records.

11.5.3 Discharge or transfer summaries from all prior hospitalizations and residential placements.

11.5.4 DCFS records, when applicable.

11.5.5 Psychiatric and/or psychological evaluations

11.6 Assignment by Placement Team

11.6.1 Upon notification of an adolescent's 180R commitment or revocation order, the CLIP Coordinator will contact the responsible RSN and solicit that community's input (including that of the adolescent's family) regarding the adolescent's assignment.

11.6.2 Upon receipt of the five-day referral packet the CLIP Coordinator will review the material, make note of pertinent clinical issues, record the recommendations of the family, E & T facility and the RSN, and make assignment recommendation(s).

11.6.3 The Placement Team has sole statutory authority to make the assignment of an involuntarily committed adolescent prior to an accelerated admission to a non-DBHR funded bed.

11.6.4 A notice of preliminary assignment and admissions procedures will be sent to the adolescent's legal guardian(s), the responsible RSN and the referring E&T facility.

11.6.5 The five-day referral packet and a summary of the CLIP Coordinator's perspective will be provided to the psychiatrist of the recommended program. Within two working days of receiving this information the program psychiatrist will contact the CLIP Coordinator with his/her decision.

11.6.6 In accord with RCW 71.34 the Placement Team will assign the adolescent to a CLIP Program(s) based upon the following:

11.6.6.1 The treatment needs of the minor.

11.6.6.2 The most appropriate Program able to respond to the minor's treatment needs.

11.6.6.3 The geographic proximity of the Program to the minor's family and home community.

11.6.6.4 The immediate availability of bed space.

11.6.6.5 The potential impact of the minor's placement on other residents.

11.6.7 Following an assignment by the Placement Team, the CLIP Coordinator will immediately inform the E & T facility, the RSN, and the assigned CLIP Program(s) of the adolescent's assignment.

11.6.7.1 The official notice to the assigned Program will delegate the responsibility of the Secretary of DSHS for care of the minor upon admission of the assigned adolescent.

11.6.7.2 The Placement Team must authorize in advance any accelerated admission of an involuntary committed adolescent to a non-DBHR funded bed. The CLIP Coordinator must authorize any subsequent movement of that adolescent to an DBHR-funded bed within the same Program.

12. *PROCEDURES FOR JRA TRANSFERS AND RCW 10.77 COMMITMENTS*

12.1 Transfer of youth under the terms of RCW 71.34 from a JRA institution to a CLIP Program shall be in accord with the policies and procedures set forth in the formal Agreement between the DBHR and JRA and the applicable CLIP Administration Policies and Procedures.

12.2 Admission of youth under the terms of RCW 10.77 from a juvenile court to CSTC shall be in accord with the requirements of the RCW and the applicable CLIP Administration Policies and Procedures.

13. *WAITING LIST PROCEDURES*

13.1 The consolidated CLIP waiting list establishes priority for admissions to all CLIP programs and is managed under the sole authority of the CLIP Coordinator. A youth's original placement on the waiting list is based upon the following criteria:

13.1.1 Youth referred by a RSN and certified by the CLIP Certification Team for admission to a CLIP Program on a voluntary basis are placed on the CLIP waiting list based upon the date the Complete Application Requirements are received in the CLIP Administration office.

13.1.2 Involuntarily committed adolescents are placed on the waiting list as of the date of their 180-day Restrictive court order. In the event that a Less Restrictive (LRA) or Conditional Release (CR) order is revoked, the adolescent is placed on the waiting list for admission based on the date of his or her revocation hearing.

13.1.2.1 If an adolescent is discharged from an E & T facility on an LRA or a CR, the facility or responsible RSN may request that the adolescent be temporarily maintained on the inactive waiting list if the adolescent's discharge status is considered precarious. The adolescent may remain on the inactive waiting list at the discretion of the CLIP Coordinator, but the adolescent's eligibility for admission cannot exceed the term of the involuntary order(s). The adolescent is only eligible for admission to the CLIP Programs if and when his or her LRA or CR is revoked.

13.1.3 Youth admitted to non-DBHR funded beds (on a voluntary or involuntary basis) will retain their original place on the waiting list based upon the criteria in **13.1.1** or **13.1.2**, pending their movement into a DBHR-funded bed within the same Program. The CLIP Coordinator must authorize movement to a DBHR-funded bed.

13.1.4 Youth ordered into CSTC under the terms of RCW 10.77 are prioritized for admission to the first available bed. CSTC will immediately notify the CLIP Coordinator and the responsible RSN when an admission request is made.

13.1.5 Youth transferred by JRA for 14 days of evaluation and treatment at CSTC are also prioritized for admission to the first available bed. CSTC will immediately notify the CLIP Coordinator and the responsible RSN when an admission request is made.

13.1.6 If a request for transfer from one CLIP Program to another is initiated, that youth is placed on the waiting list as of the date the written request for transfer is received. (See **14.1**)

13.1.7 Following discharge from a CLIP Program, if a youth is re-referred and approved for readmission the youth will be placed on the waiting list for the next available bed in the same program. (See **17** for readmission requirements.)

13.1.8 When a voluntary youth on the waiting list is offered a bed and that bed is declined, two options exist:

13.1.8.1 The certification of medical necessity is voided and the youth is removed from the waiting list, or

13.1.8.2 With the prior approval of the CLIP Coordinator and if alternative services are being explored, a youth may remain on the inactive waiting list for up to six months. After six months, the procedures in **15.1.2** shall apply.

13.2 Multiple Youth on Waiting List from One RSN

A RSN may prioritize the youth from its region who are on the Waiting List for admission to the next bed available to that RSN. It is the RSN's responsibility to expeditiously contact the CLIP Coordinator if a change in the prescribed waiting list order is desired. The RSN's decision to change the admission order of the youth does not prioritize him or her over youth from other RSNs who precede them on the waiting list.

13.2.1 The fact that a RSN opts to purchase a non-DBHR funded bed in a CLIP Program in order to accelerate a youth's admission to that program does not give that youth priority for movement to a DBHR funded bed.

13.2.2 Decisions to prioritize youth shall be based upon the clinical needs of each youth and shall be made only after consultation with the parent/legal guardians and the designated care manager(s) for each affected youth.

13.3 Impact of Resource Availability on Waiting List

Given the constraints of the physical plants, room configurations and current populations in the CLIP Programs, youth whose date of placement on the waiting list falls later than other youth may be prioritized for admission by the CLIP Coordinator because of their age, gender, or other pertinent factors.

13.4 Information Requirements

13.4.1 Each CLIP Program will provide, at a minimum, a weekly update to the CLIP Coordinator regarding availability of DBHR funded and non-DBHR funded beds in accordance with these Policies and Procedures and existing statute and regulation governing confidentiality.

13.4.2 The CLIP Administration shall routinely notify referring RSNs of bed availability, expected wait times and other factors affecting access to the CLIP resource.

14. *TRANSFERS AMONG THE CLIP PROGRAMS*

14.1 Transfer of any resident may be initiated by the CLIP Program where the applicant currently resides and/or by the youth's RSN and/or the parent or legal guardian. The request is initiated by contacting the CLIP Coordinator. The youth's name will be placed on the waiting list as of the date of the written request, pending unanimous approval by the youth's parent/legal guardian, the CLIP Coordinator, the CLIP Program where the youth currently resides, the youth's RSN, and the receiving CLIP Program.

14.1.1 The party requesting the transfer must provide a written statement to the CLIP Administration which specifically identifies why the transfer is being requested and how the transfer contributes to the long-term plan of care.

14.1.2. The current CLIP Program must provide to the CLIP Administration intake documents, consultations, treatment plans, case reviews, and any other documents from outside providers developed or received since admission.

14.1.3. The CLIP Administration will provide to the receiving CLIP Program the initial CLIP referral packet and the above information provided by the current CLIP Program.

15. *CERTIFICATION OF CONTINUED NEED FOR LONG TERM INPATIENT CARE*

15.1 Waiting List Recertification

15.1.1 When an applicant has been approved for voluntary admission by the Certification Team and placed on the waiting list, the designated child psychiatrist shall review the youth's continued need for admission every thirty days until the youth is admitted to a CLIP Program or withdrawn from the waiting list. If the designated psychiatrist determines that the youth no longer needs admission, the youth's name shall be removed from the list or procedures in **15.1.2** shall be applied.

15.1.2 If a youth remains on the waiting list for six months, the CLIP Coordinator must review that youth's continued need for admission. The RSN shall submit a detailed written update of the youth's condition which includes, but is not limited to, an updated psychiatric evaluation with a current DSM-IV-TR five-axis diagnosis. This update should detail the rationale behind the renewed request for admission. After review of this information the CLIP Coordinator shall either, 1) remove the youth's name from the waiting list or 2) retain the youth on the inactive list.

15.2 Certification During Treatment in a CLIP Program

During the course of treatment in a CLIP Program, determination of continued stay shall be certified every 30 days by the attending child psychiatrist. Length of stay for any individual shall be mutually determined by the CLIP Program, the youth's parent/legal guardian, and the RSN. However, the medical director of the CLIP Program retains final professional authority to determine discharge. An unresolved disagreement among these parties about length of stay shall be resolved by the CLIP Certification Team in accord with the procedures in **15.4** below.

15.3 Certification Involving Transfers

If a resident in one CLIP Program is approved for transfer to another CLIP Program (See **14.1**) and he or she is temporarily placed in an E & T facility or in juvenile detention while awaiting a bed in the second CLIP Program, the original certification of medical necessity shall apply.

15.3.1 If the waiting period for an open bed in the second Program extends beyond 30 days, the procedures in **15.1.1** shall apply.

15.3.2 Adolescents on an involuntary treatment order for 180 days are certified only for the length of their order. To be eligible for admission to the second CLIP Program they must be committed on an additional 180 day order, or certified for voluntary admission by the CLIP Certification Team.

15.4 Recertification

After the initial six months of treatment in a CLIP program, independent review of the need for continued inpatient care is required for all youth, regardless of legal status. In collaboration with the RSN/Community Team, the CLIP Program shall provide a summary of the youth's progress in treatment, the goals for continued stay, steps needed to discharge, anticipated discharge timeline, and input from the RSN/Community Team regarding ongoing treatment. The RSN/Community Team can request a recertification period of less than three months, and the CLIP Program must take this request into consideration when requesting a recertification period. The DBHR CLIP Program Administrator or designee and the designated child psychiatrist will review the submitted materials and determine whether continued stay is warranted by approving additional time in treatment and providing recommendations if appropriate. If continued stay is not warranted, the Team will recommend expedient discharge. If continued stay is warranted, the Team will recertify that youth's need for up to an additional three months of inpatient care.

In cases where the CLIP administration has denied a request for continued stay, the client and family can request a reconsideration of the decision. Reconsideration decisions will involve a different child psychiatrist and CLIP administration clinical team member than those involved in the initial denial. Reconsideration decisions will be made within seven calendar days from the date of the request was received.

Cases with denied reconsideration requests can be appealed to DBHR in accordance with the Fair Hearing process as stated in section 10.7.4.

15.5 Physician Certification

In all cases, when an applicant is determined to require long term psychiatric inpatient care the designated child psychiatrist shall certify such by his/her signature.

16. *DISCHARGE*

16.1 A resident may be discharged from a CLIP Program when one or more of the following criteria is met:

16.1.1 The CLIP Program judges that the resident has received maximum benefit from the Program.

16.1.2 The resident leaves against medical advice and cannot be persuaded to return or be detained under the authority of RCW 71.34.

16.1.3 The resident requests discharge and cannot be persuaded to remain in treatment or be detained under the authority of RCW 71.34.

16.1.4 The Program judges that the resident presents a severe danger to other residents and that it lacks the capacity to protect other residents from this danger. Permanent discharge from the program shall only occur after all possible options for a temporary transfer (to contain and de-escalate the dangerous resident) have been eliminated. Such options could include arrest and detention for criminal activities or hospitalization, including for purposes of involuntary commitment. Any transfer or discharge under this criterion shall protect the interests of both the individual resident being transferred or discharged and the residents remaining in the Program.

16.1.5 The Program judges that the resident is in urgent need of acute psychiatric and/or medical care which it cannot provide and which it can arrange to be provided elsewhere. Permanent discharge from the program shall only occur after all possible alternatives for temporary transfer to meet the acute psychiatric or specialized medical needs of the resident have been exhausted.

16.1.6 The CLIP Program judges that the resident's condition no longer warrants the intensity and restrictions provided by the Program and that a less restrictive treatment environment would be more appropriate.

16.1.7 A major disaster (i.e., earthquake, flood, fire) renders a CLIP Program incapable of providing contractual services. The responsibility for care will fall to each resident's parent/legal guardian immediately following notification by the Program.

16.2 Submission of Discharge Plan

The CLIP Programs shall submit a written discharge summary to the Document Review Team within 14 days of discharge as defined in RCW 71.34.760. The summary shall be comprehensive and address the following:

16.2.1 Referral and identifying information including legal status at admission.

16.2.2 Brief summary of presenting problem(s).

16.2.3 Admitting and most recent diagnoses.

16.2.4 Brief description of course of treatment including the nature of family involvement.

16.2.5 Discharge criteria which resident meets and justification for discharge.

16.2.6 Process leading to discharge, discharge plans/recommendations.

16.2.7 Detailed summary of any aftercare services to be provided by the CLIP Program.

16. 3 Holding Beds for Absent Residents

A bed may not be held for a resident absent from a CLIP Program for more than three days without prior written approval by the DBHR or its designee. In the absence of such approval, the bed of the absent resident shall be declared vacant effective the fourth (4th) day of such absence and immediately available for occupancy by the next available applicant on the waiting list. This applies to youth who run away, go to detention, or are in an acute hospital.

17. *READMISSION OF DISCHARGED RESIDENTS*

Within 0-60 days' following discharge from a CLIP Program, if a RSN determines readmission of a youth is necessary, a CLIP Readmission Form indicating how readmission will be integrated with the youth's overall plan of care, primary goals of treatment, and expected discharge plan will be submitted to the CLIP Coordinator. If the RSN and CLIP Program agree with the need for readmission, the youth's name will be placed on the waiting list for the next available bed in the same program and recertification will be done. (Readmission criteria 7.1).

17.1 Readmission after 61 days:
If a RSN seeks to readmit a youth 61+ days after discharge, the standard application protocol will be applied.

18. *DOCUMENTATION REVIEW*

18.1 90 Day Reviews of ITAs

Treatment progress of all adolescents involuntarily admitted for long-term inpatient care in a CLIP Program shall be reviewed 90 days after admission to that Program by the Document Review Team. The CLIP Program shall submit the current treatment plan and the most recent case review. The documents shall include the signature of the attending child psychiatrist certifying that adolescent's continued need for inpatient care.

18.2 Recertification after six months of treatment

Recertification of the continued need for long term inpatient care shall be made by the DBHR CLIP Program Administrator or designee and the designated child psychiatrist (See Section **15.4**). In collaboration with the RSN, the CLIP Program shall submit a CLIP System Recertification Request form which includes a clear formulation of the goals for continued stay in an inpatient setting. Six months of care is defined as the total length of stay in one or more CLIP Programs and is calculated from the date of admission (regardless of funding source) to the first Program.

18.3 Discharge Reviews

Discharges of a sample of youth served in a CLIP Program shall be reviewed by the Document Review Team.

18.4 Findings and Recommendations

Any findings and/or recommendations arising from the Document Review Team activities shall be shared in written form and distributed to the CLIP Program (and the RSN upon their request). In the case of recertification the findings will include a new Certification Form.

19. *INFORMATION COLLECTION*

19.1 Primary Purpose of Information Collection

19.1.1 To identify the characteristics of the individuals served by the CLIP Programs.

19.1.2 To identify unmet needs of psychiatrically impaired children and youth, and to assist the DBHR in policy and planning activities related to this population.

19.1.3 To provide the CLIP Administration and the DBHR information on consumer satisfaction and individual outcomes.

19.1.4 To assist CLIP and the DBHR in evaluating its policies and procedures.

19.1.5 To assist the CLIP Programs with the ORYX requirement of the Joint Commission on Accreditation of Healthcare Organizations.

20. *PUBLIC RELATIONS*

The CLIP Administration will prepare a variety of public relations materials to include the following:

20.1 The preparation and/or amendment of written materials describing the CLIP Administration's function and the application process.

20.2 The CLIP Administration website.

20.3 The preparation and distribution of information, which the CLIP Administration has collected concerning the unmet needs of psychiatrically impaired children and youth.

20.4 Public presentations to relevant human service agencies and community groups.

20.5 Other activities which interpret and disseminate information about the CLIP Programs and the CLIP Administration policies and procedures to relevant individuals, agencies and groups.

21. *REVIEW AND REVISION OF POLICIES AND PROCEDURES*

21.1 Periodic Review

The CLIP Administration shall regularly review its policies and procedures. This review will take place at least biennially and more often if deemed necessary.

21.2 Amendments

Amendments to policies and procedures will be adopted by a majority vote of all CLIP Administration members and subject to the approval of the DBHR.

22. Procedures for Parent Initiated Admission Reviews

Minors held for treatment in an inpatient setting in accord with RCW 71.34.610 shall receive a DSHS independent review to determine whether it is a medical necessity to continue the minor's inpatient treatment. The procedures for the independent review are as follows:

22.1 The CLIP Administration will respond no less than seven and no more than 14 days following the date the minor was brought to the hospital or E&T facility under RCW 71.34.600. The CLIP Coordinator shall provide a review of medical necessity, through consult with the hospital or E&T facility, review of clinical materials and contact with the parent in accord with RCW 71.34.600.

22.2 The CLIP Coordinator will document the review decision in writing. A copy of the signed determination will be provided to the hospital/E&T facility upon completion.

22.3. If the CLIP Administration determines that it is no longer a medical necessity for the minor to continue to receive inpatient treatment, the CLIP Coordinator will immediately notify the parents and the hospital/E&T facility and provide a formal written finding.

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