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North Sound Mental Health Administration

Section 1500 – Clinical: Residential Placement

Authorizing Source: WACs 246-337, 388-78A, 388-865; 388-877; 388-877A; NSMHA Contract
Cancels:
See Also: Approved by: Executive Director Date: 10/3/2013
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Responsible Staff: Deputy Directory Signature:

POLICY #1532.00

SUBJECT: RESIDENTIAL PLACEMENT

PURPOSE

To ensure that individuals whose medical necessity requires a residential placement with mental health services due to their mental illness have access to this service until they are clinically appropriate for a less intensive level of care.

POLICY

The North Sound Mental Health Administration (NSMHA) will ensure that, based on available resources, individuals who are in need of housing in supervised residential settings due to their current mental health status receive such placement within the NSMHA provider network. NSMHA will ensure that the placement is at a licensed Residential Treatment Facility (RTF) or Assisted Living Facility (ALF) and is consistent with the Individualized Recovery/Resiliency Plan (IRP).

Residential Placement Options

Residential Treatment Facilities

Per WAC 246-337-005, a mental health RTF means a facility providing 24 hour evaluation, stabilization and treatment services for individuals with a mental illness and certified by DSHS. For NSMHA-funded residential placement, NSMHA's expectation is that contracted RTFs are certified as an adult RTF per WAC 388-877A-0197. In addition, the facility must comply with any other applicable statutes, rules, etc.

There must be sufficient numbers of qualified personnel present on a 24 hour per day basis to meet the health care needs of the residents served; managing emergency situations; crisis intervention; implementation of mental health care plans; and required monitoring activities. There is a higher level of supportive supervision and services and monitoring at an RTF than at an ALF and a higher level of staff to individual served ratio. A sufficient staff/individual served ratio at an RTF is 1:8.

While an RTF is meant to serve individuals who do not require extensive medical care, an RTF does have a higher level of medical capabilities than an ALF. Hence, an RTF is able to take individuals with more intense medical and/or psychiatric need within patient safety and regulatory requirements.

Placement at an RTF is not meant to be a permanent housing placement and length of stay shall generally be less than 18-24 months. One aspect of recovery planning during the stay shall be preparing the individual for transition to a less intensive living situation such as an ALF, Adult Family Home (AFH), supported housing or independent living.

Assisted Living Facilities

Per WAC 388-78A-2020, an ALF is any home or other institution for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents. For NSMHA-funded residential placement, NSMHA's expectation is that contracted ALFs are licensed per WAC 388-78A and provide services that include mental health care by a sufficient number of qualified staff in accordance with this licensure and the treatment modality, mental health services in a residential setting. In addition, the facility must comply with any other applicable statutes, rules, etc.

This residential option is for individuals who require 24 hour supportive supervision and services. Length-of-stay may be either short (six (6) months or less) or long-term (six (6) months or more) with an emphasis placed on transitioning individuals to more independent settings or maintaining them in their current settings. ALF placements are not intended to be permanent housing placements, but in cases where the individual states permanent ALF placement is their preference, NSMHA recovery concepts and medical necessity must be considered in conjunction with individual choice.

PROCEDURE

Residential Prioritization Guidelines

NSMHA funded residential placement shall be prioritized in the stated order for the following:

1. Individuals at either Western State Hospital (WSH) or Children's Long-Term Inpatient Program (CLIP);
2. Individuals being discharged from inpatient facilities or E&T Facilities;
3. Individuals needing a higher level of support than their current services provide and who need residential placement to reasonably improve/stabilize;
4. Individuals who are homeless or incarcerated; and
5. Individuals who utilize a high level of crisis, inpatient/jail services, or who are otherwise assessed as being at risk

Residential Referral and Admission

An individual must meet all of the following before being referred for (non-emergent) mental health residential placement:

1. Eighteen or older;
2. Currently meets NSMHA Clinical Eligibility and Care Standards (CECS) including statewide Access to Care Standards (ACS) or, based on current clinical information, appears to meet NSMHA CECS (see NSMHA Policy #1556 CECS);
3. Due to a covered mental illness, requires 24 hour supervision to live successfully in community settings;
4. Ambulatory;
5. Cognitive and physical abilities to enable response to fire alarms;
6. Not required physical restraint in the past 30 days;
7. Is appropriate for care in a residential setting per WAC 388-865-0235 along with WAC 246-337 (RTFs) or WAC 388-78A (ALFs) including:

   Medically stable and free of physical condition(s) requiring medical or nursing care beyond what the residential facility can provide

8. Has met LOCUS (Level of Care Utilization System)/CALOCUS (Child & Adolescent Level of Care Utilization System) criteria for a Level of Care 5 or 6 within the past six (6) months

For individuals who meet referral criteria, the residential provider shall ensure:

Individual receives an assessment by a Mental Health Professional consistent with WAC 388-877-0160 and WAC 388-877A-0130. The assessment assists in determining whether:

1. Individual meets NSMHA CECS;
2. Individual is appropriate for Level of Care of 5 or 6 due to a mental illness per current LOCUS/CALOCUS; and
3. Individual meets WAC standards for admission per WAC 388-865-0235 residential and housing services.

In order for NSMHA to be involved in payment for residential placement, the individual MUST meet NSMHA CECS and be currently receiving mental health services from a NSMHA contracted provider (the residential facility staff/an outpatient service provider (See Coordination of Care section below)). A person may live in a facility that contracts with NSMHA and not meet NSMHA CECS/be receiving mental health services from a NSMHA-contracted provider, but the resident would be expected to pay for such a placement from their own resources or utilize a non-NSMHA funding source.

Residential Exclusionary Criteria

1. Individual has a psychiatric condition that requires a more intensive/restrictive option;
2. Individual is actively suicidal or homicidal;
3. Individual is chemically dependent on alcohol/drugs and is in need of detoxification;
4. Individual has a primary diagnosis of Mental Retardation (DSM-IV-TR)/Intellectual Disability (DSM-5) or Autistic Disorder (DSM-IV-TR)/Autism Spectrum Disorder (DSM-5); or
5. Individual has a recent history of arson, serious property damage, or infliction of bodily injury on self or others.

   This exclusion can be waived based upon the accepting facility's evaluation of individual's functioning.

Coordination of Care

Both RTFs and ALFs are expected to provide or arrange for provision of medically necessary mental health services. For medically necessary mental health services the RTFs and ALFs are not able to provide by residential facility staff, arrangements must be made for provision of these services with a NSMHA contracted provider.

When an individual is receiving mental health services from a provider outside of the residential facility, the residential facility staff shall coordinate services with the outpatient provider. This shall include, but not be limited to, an IRP and crisis plan that is developed in collaboration with the resident and outpatient provider.

Residential facilities shall also follow all other applicable NSMHA policies regarding coordination of care with other service providers.

Residential Documentation
NSMHA contracted residential facilities shall maintain a chart per NSMHA policies along with other required documentation standards for licensed RTFs and ALFs. For documentation that must be completed within a standard timeline (IRP, etc.), the day of admission to the residential facility shall be considered the start of the timeline.

The chart must also contain documentation that individuals are advised of their rights including:

1. Long-term Care Resident Rights (RCW 70.129) as described in WAC 388-865-0235 Residential and Housing Services;
2. Individual Rights per WAC 388-877-0600;
3. Resident rights per WAC 246-337-075 for RTFs; and
4. Resident rights per WAC 388-78A-2660 for ALFs.

Continuing Care/Discharge
Individuals receiving NSMHA-funded services shall meet continued stay criteria per NSMHA Policy 1539 Continued Stay/Reauthorization Criteria in addition to residential placement criteria. The residential facility shall continue to provide placement as long as the resident's condition continues to meet placement criteria at this residential level and no less intensive options would be adequate. Ongoing need for this service modality will be reassessed, at least, every six (6) months and documented in the clinical record.

Planning for step-down to a lower level of care shall begin at admission and be reflected in the IRP. Active transition planning shall be initiated when, but not necessarily limited to:

1. IRP goals and objectives, which necessitate support from NSMHA residential facility, have been substantially met;
2. As indicated by LOCUS/CALOCUS scoring the individual appears to be ready for a lower level of care; and/or
3. Further progress at the residential facility is deemed unlikely and the individual can maintain current level of functioning in a less intensive setting.

When a determination is made that the individual may be ready for transition to a less intensive placement, the individual's IRP shall be updated to reflect specific objectives of the transition plan. In the event that the resident is discharged from the residential facility and continues to meet medical necessity criteria for outpatient mental health services, the transition plan shall reflect coordination with the existing outpatient service provider or facilitation of connection with an outpatient provider for continued care.

See NSMHA Policy 1540 Discharge from Treatment for additional policy and procedure regarding discharge from treatment and transition planning.

Seclusion and Restraint
As documented in NSMHA Policy 1541 Rationale and Use of Seclusion and Restraint, no NSMHA contracted provider shall utilize seclusion or restraint for any purpose other than a freestanding E&T Facility.

ATTACHMENTS
None