NORTH SOUND
MENTAL HEALTH ADMINISTRATION

QUALITY MANAGEMENT OVERSIGHT COMMITTEE

COMMITTEE MEETING PACKET

March 26, 2008

QMOC GUIDING PRINCIPLES

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA region. In assessing the necessary data and making appropriate recommendations, the QMOC members agree to the following:

- **Help create an atmosphere that is SAFE.**
- **Maintain an atmosphere that is OPEN.**
- **Demonstrate RESPECT and speak with RESPECT toward each other at all times.**
- **Practice CANDOR and PATIENCE.**
- **Accept a minimum level of TRUST so we can build on that as we progress.**
- **Be SENSITIVE to each other's role and perspectives.**
- **Promote the TEAM approach toward quality assurance.**
- **Maintain an OPEN DECISION-MAKING PROCESS.**
- **Actively PARTICIPATE at meetings.**
- **Be ACCOUNTABLE for your words and actions.**
- **Keep all stakeholders INFORMED.**

Adopted: 10-27-99
Revised: 01-17-01

NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE AGENDA

Date: March 26, 2008
Time: 12:30-2:30 PM
Location: NSMHA Conference Room
For Information Contact Meeting Facilitator Cindy Ainsley or Greg Long, NSMHA, 360-416-7013

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Pg.	Time
Introductions	Welcome guests, presenters and new members		Chair				5 min
Review and Approval of Agenda	Ensure agenda is complete and accurate; determine if any adjustments to time estimates are needed. Meeting will start and end on time.	Approve agenda	Chair	Agenda		**1**	5 min
Review and Approval of Minutes of Previous Meeting	Ensure minutes are complete and accurate	Approve minutes	Chair	Minutes		**2**	5 min
Announcements and Updates	Inform QMOC of news, events: PACT update ; EQRO Audit Schedule; Wraparound Shannon's job change/new staff supporting QMOC; schedule binder walk-through; special pop challenges; suppl empl/DVR; others?	Inform/discuss	ALL				15 Min
Comments from the Chair		Inform	Chair				5 min
System Design Update/Managing the Front Door		Inform	GREG				5 min
Provider Grid	Discuss	Inform	CINDY			**3**	5 min

Policy Sub Committee Report	Inform/discuss	Approve	CINDY	1505;1516; 1516.01;15 16.02;1520 ;1531		**4**	10 min
ICRS Policy Committee Report	*Inform/discuss*	*Approve*	*None at this time*				
Critical Incidents and the Washington Rape Shield Law	Inform		CINDY				5 min
Performance Indicators	discuss	Decision about NSMHA recs	All				15 min
Proposed New Committee Structure	Discuss	decision	ALL	Proposed Committee Structure handout	Proposed charter changes	5	20 min
Open Forum for Discussion	discuss		ALL				15 min
Date and Agenda for Next Meeting	Ensure meeting date, time and agenda are planned.		All				5 min
***Review of Meeting**	Were objectives accomplished? How could this meeting be improved?		All				5 min

Next meeting April ,23 12:30-2:30

Potential Future Agenda Items:
QMOC binder orientation
Marty Smith Bill update
LKI informational

North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room
February 27th, 2008, 12:30 – 2:30 p.m.
DRAFT MINUTES

Present:
Gary Williams, Whatcom County
Greg Long, NSMHA
Chuck Davis, North Sound Ombuds
Anne Deacon, Snohomish County
Rochelle Clogston, Compass Health
Jonathan Vanderschuur, Sea Mar
Mary Good, NSMHA Advisory Board
Joan Lubbe, NAMI Skagit County
Dan Bilson, Whatcom Advisory Board
Susan Ramaglia, NAMI Skagit County
Carol Van Buren, Sunrise Community Services

Not Present:
Charles Albertson, NSMHA Advisory Board
Rebecca Clark, Skagit County
June La Marr, the Tulalip Tribes
Karen Kipling, VOA

Excused:
Janet Lutz-Smith, Whatcom Advisory Board
Nathalie Gauteron, bridgeways
Cindy Ainsley, NSMHA

Others Present:
Shannon Solar, NSMHA
Sandy Whitcutt, NSMHA
Kurt Aemmer, NSMHA

1. Introductions, Review of Agenda, Previous Meeting Minutes

The meeting was convened at 12:35 and introductions were made. The minutes from the previous meeting were reviewed. Chuck asked for a typo to be changed on #3 line 6 from 'note' to 'not'. Greg corrected the first line under announcements, only Skagit is the recipient of the grant for wraparound. A motion was made to approve the minutes as written. Motion seconded, all in favor.

2. Announcements and Updates

- Greg noted the audit for the Snohomish PACT was returned and was generally positive as the audit found the program was meeting standards. Greg noted the audit report did not touch on areas of concern NSMHA has. NSMHA held a preliminary audit of the Snohomish PACT program and found concerns with charting, admissions, and management. NSMHA has requested a corrective action plan.
- Greg noted that Acumentra is the new EQRO (external quality review organization, a federally-requires independent auditor chosen by MHD) will be coming to our region in the summer, they will spend about a day and a half looking at charts at provider agencies.
- Greg noted wraparound grant contract for Skagit County is being worked on. This will bring $285,000 for youth services in Skagit. NSMHA has submitted a federal grant to expand fidelity wraparound services across all five counties. Notice was given that NSMHA's submittal has been received and will be reviewed in early April.
- Greg noted that an increasing number of persons are coming out of WSH and community hospitals with unusual or high-need medical issues that make traditional placements difficult, and Home and Community Services (HCS) is overwhelmed with getting these persons referred to

them. Greg noted this is creating tension in the system and we need to develop strategies. Chair Williams noted we need to keep in mind historical context.

- Greg noted the E&T Workgroup is meeting this week, focusing on two main issues. One of these is whether any physical changes can be made to our E&T's to make them safer for staff and clients. Several workgroup members will be going down to Thurston Mason's E&T. The other issue is coming up with a process for DCR's/CDMHP's to know if they can admit persons to the E&T's.

3. Comments from the Chair

Greg noted we are all going to miss Gary Williams as chair of this committee. He will be retiring in May. Greg noted that the NSMHA Board of Directors is looking for a new chair of QMOC.

4. System Design Update/Managing the front door

Greg noted that in early November NSMHA started managing the front door of consumers coming into the system but the ideal is to have free agency choice for consumers. The main area of concern is Sunrise getting enough consumers referred to be able to make it as a viable community mental health agency. NSMHA will continue to monitor this until mid-March. Interfaith Community Health Clinic has successfully sent encounter validation data to NSMHA. The issue of how to handle under billings and redistributing money is still being discussed, as is the issue of persons with a lower service need getting a higher level of service than the persons with a higher service need. Another issue is that not enough people are getting referred into programs which give specialized services. Five months into the program for high need children, only 20 out of 60 slots have been filled. Joan asked if part of the problem is parents not wanting their children in the wraparound services, Greg noted that does not seem to be a major factor. Chair Williams when looking at quality of the system, we need to keep considers what affects consumers most, and he noted we may need to focus on what are the popular services and shift funding to these areas. Chair Williams commended the providers working through issues raised with system changes. Greg noted the number of consumers in service in the last couple of months has gone up which was one of the driving goals of the system change.

Chair Williams noted the recommendation to blend the QMC and the QMOC. If this occurs, the level of advocates and consumers needs to be maintained, and asked if the group had any thoughts on this. Greg stated that the actual numbers of people that would be in the blended committee has to be looked at to ensure enough consumer/advocate representation. Anne asked the difference between QMC and QMOC. Greg noted when RSN's were mandated to run the quality management process, QMC (for professionals, meeting to deal with the nuts & bolts and managing the programs) and QMOC (a board-level committee who would oversee quality from a broader perspective). Anne asked what would be the new mission if the committees were blended. Greg noted our contracts still mandate the need to do quality oversight. Chuck noted he goes to QMC as well and feels it would be valid if consumers and advocates would be in on it. The agendas for QMC and QMOC are also similar.

Chair Williams asked if advocates and consumers would want to be part of the 'nuts and bolts' technical dialogue of QMC. Anne asked who would be the voice of authority as far as decisions taken to the Board of Directors. The current QMOC and QMC charters were reviewed. Anne noted in comparing the charters the issue of objectivity is raised, as the quality of one's own work is impossible to oversee objectively. Dan noted that several years ago QMC meetings were contentious, Greg agreed but noted that is not the case any longer. Greg noted a charter for this suggested blended committee needs to be drafted. Anne suggested QMC and QMOC meeting together to discuss. Chair Williams suggested the QMC providers having a time set aside to discuss issues. Jonathan noted he would prefer that to creating more

workgroups and subcommittees he needs to attend. Rochelle noted we need to keep individuals in the room familiar with details, as decisions are made that affect services provided. Greg noted NSMHA is meeting with agency executive directors and CFO's on March 11th and will discuss this. In March QMC and QMOC will meet together on either the March 20th (regularly scheduled QMC) or March 26th (regularly scheduled QMOC). An email will be sent out with details after the March 11th meeting. Mary noted that so far there has been very few consumers on the QMOC committee. Chair Williams noted NSMHA Advisory Board needs to be aware of this as well.

5. Seclusion and Restraint PIP Update
Deferred

6. Policy Sub Committee Report
Greg went through policies coming from the policy sub committee and approved at QMC, beginning with policy 1509 (consent for treatment). A motion was made to approve policy 1509, motion seconded, carried, all in favor.

Policy 1510 (intra-network consumer transfers and coordination of care): A motion was made to approve the policy. Motion seconded, carried, all in favor.

Policy 1555 (freestanding E&T facilities): a motion was made to approve policy 1555. Susan noted several changes she would like made, a motion was made to table the policy until next months meeting. The policy will be taken back to the policy subcommittee group. Motion to table seconded, carried, all in favor.

Policy 1572 (inpatient continuity of care): a motion was made to approve policy 1572, motion seconded, carried, all in favor.

7. ICRS Policy Sub Committee Report
Sandy noted policy 1721 (medical status criteria for crisis and ITA assessment) is a companion to the medical clearance criteria for E&T policy. A motion was made to approve the policy. Anne noted that this is an incredibly difficult policy to write, but stated that more preparation and analysis is needed region wide before the policy is adopted. She agreed that safety and pre work needs to be very clear. Sandy noted this policy has been in progress for the past two years, it is putting in writing what is already happening. Chair Williams suggested running this policy as a draft by the ED's. Sandy noted she did two years ago and is sure that they would not approve again. Sandy noted she is a strong advocate for this policy as she is very concerned with consumers sitting in the ER's. Chuck agreed that he currently has three complaints from consumers on this issue. Dan made a motion to get the policy to the ER's for their review. Jonathan seconded that motion. Discussion: Greg noted this will delay the policy for months. Chair Williams asked if this will put consumers at risk, Sandy felt that it would. Greg noted we have struggled with the policy for two years. Sandy noted that ICRS has made ED's aware of this policy ages Sandy noted she will take this issue of forwarding the policy to the ER's on a time-limited basis. Motion to have the policy taken to the ER's carried, all in favor save two not in favor.

8. Semi-Annual CIRC Report
Kurt noted the CIRC report in the QMOC packet is the first he has submitted since July of last year. Kurt summarized the report for the group.

9. Complaint & Grievance Report
Deferred

10. Status Updates on Performance Improvements
Deferred

11. Open Forum for Discussion
Dan noted that we need to be taking a look at rural health systems and noted that portable units can be recognized as rural health clinics.

12. Date and Agenda for Next Meeting/Review of Meeting
The meeting was adjourned at 2:30 p.m. The next meeting will be held on March 26th, 2008.

Mental Health Providers and Outpatient Services in the North Sound Region

The North Sound Mental Health Administration (NSMHA) moved to a new system of care adding new providers and specialized services effective October 1, 2007. This is a list of contracted community mental health agencies and the services each provider is contracted to deliver.

Provider Agency/ County	*Outpatient & Med Services*	*Wraparound [Children's High Intensity Program (CHIP)]*	*Children's Hospitalization Alternative Program (CHAP)*	*Adult Intensive Outpatient Program (IOP)*	*Expanded Community Services (ECS)*	*Program for Assertive Community Treatment (PACT)*	*Fidelity Supported Employment*
bridgeways/ Snohomish	yes	N/A	N/A	yes	no	yes, co-provider of SnoPACT	no
Catholic Community Services (CCS)/Skagit (Serves children, youth and their families only)	yes	yes (NSMHA-funded and State wraparound grant)	yes	N/A	N/A	N/A	N/A
CCS/Snohomish	yes	no	no	N/A	N/A	N/A:	N/A
CCS/Whatcom	yes	yes	yes	N/A	N/A	N/A	N/A
Compass Health/ Island	yes	yes	yes	yes	no	no	no
Compass Health/ San Juan	yes	Yes	yes,	yes	no	no	no
Compass Health/ Skagit	yes	no	no	yes	no	no	no
Compass Health/ Snohomish	yes	yes	yes	yes	yes	yes, co-provider of SnoPACT	no
Interfaith Community Health Center/ Whatcom	yes	N/A	N/A	no	no	no	no
Lake Whatcom Residential and Treatment Center (LWC)/Whatcom	yes	N/A	N/A	yes	yes	yes	no

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Provider Agency/ County	*Outpatient & Med Services*	*Wraparound (CH IP)*	*CHAP*	*Adult IOP*	*ECS*	*PACT*	*Fidelity Supported Employment*
SeaMar/Skagit	yes	no	no	no	no	no	no
SeaMar/Snohomish	yes	no	no	no	no	no	no
SeaMar/Whatcom	yes	no	no	no	no	no	no
Sunrise/Skagit	yes	N/A	N/A	no	no	no	yes
Sunrise/Snohomish	yes	N/A	N/A	yes	no	yes, co-provider of SnoPACT	yes
Whatcom Counseling and Psychiatric Clinic (WCPC)/Whatcom	yes	no	no	yes	Through Home and Community Services (HCS); Not NSMHA-funded ECS	no	yes

POLICY #1505.00

SUBJECT: AUTHORIZATION FOR ONGOING OUTPATIENT SERVICES

PURPOSE

To outline and ensure consistent application of the North Sound Mental Health Administration's (NSMHA) authorization process.

POLICY

NSMHA will authorize an assessment for all persons calling the ACCESS Line who are financially eligible as defined in the Clinical Eligibility and Care Standards (CECS). The consumer will be referred to a NSMHA provider agency for a face-to-face clinical assessment by a mental health professional (MHP). Consumers who are in crisis are referred to the Integrated Crisis Response System (ICRS) as appropriate to the situation. Expedited assessments and authorizations will be available when it is medically necessary. Once the assessment is completed, the decision whether to authorize ongoing outpatient services will be determined by NSMHA.

Role of Provider (each NSMHA contracted provider will):

1. Comply with NSMHA mechanisms to ensure consistent application of review criteria for authorization decisions, including consultation with NSMHA when appropriate.
2. Identify, define, and specify the amount, duration, and scope of each service the consumer will receive in collaboration with the consumer.
3. Provide services that are sufficient in amount, duration, or scope to reasonably be expected to achieve the purpose for which the services are furnished.
4. Ensure services are provided in accordance with NSMHA's level of care guidelines as medically necessary and are not arbitrarily denied or reduced, (for example, the amount, duration, or scope of a required service) based solely upon diagnosis, type of mental illness, or the consumer's mental health condition.
5. Submit requests and supporting documentation in a timely manner so that NSMHA may comply with specified timeframes for decisions as required by federal and state standards.

Role of NSMHA:

1. Ensure consistent application of review criteria for authorization decisions and not arbitrarily deny a service authorization request.
2. Ensure services are sufficient in amount, duration, or scope to reasonably be expected to achieve the purpose for which the services are furnished.
3. Not deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or mental health condition of the consumer.
4. Ensure that authorization of a service in an amount, duration, or scope that is less than requested, be made by a health care professional who has appropriate clinical expertise in treating the consumer's condition or disease.

5. NSMHA will comply with specified timeframes for decisions as required by federal and state standards.
6. NSMHA will provide for the following decisions and notices*:

    a. **Standard authorization decisions**. For standard authorization decisions, provide notice as expeditiously as the consumer's health condition requires and within state-established timeframes that may not exceed 14 calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days, if the consumer or the provider requests extension. An extension may also be obtained if NSMHA justifies (to the Washington State Mental Health Division upon request) a need for additional information and how the extension is in the consumer's interest.
    b. **Expedited authorization decisions**. For cases in which a provider indicates, or NSMHA or its designee determines, that following the standard timeframe could seriously jeopardize the consumer's life or health or ability to attain, maintain, or regain maximum function, NSMHA must make an expedited authorization decision and provide notice as expeditiously as the consumer's health condition requires and no later than three (3) working days after receipt of the request for service. NSMHA may extend the three (3) working days time period by up to 14 calendar days if the consumer requests an extension. An extension may also be obtained if NSMHA justifies (to the Washington State Mental Health Division upon request) a need for additional information and how the extension is in the consumer's interest.

    * When calculating the number of days from the request for service, the first day is the day after the request for service. For example, the request for service is received on January 14th a standard decision must occur by or on January 28th. For a request that comes in on a Thursday and is identified as expedited, the assessment and authorization decision must be completed by the end of the following Tuesday.

7. NSMHA may place appropriate limits on a service on the basis of criteria applied under the State plan, such as medical necessity; or for the purpose of utilization control, provided the services furnished can reasonably be expected to achieve their purpose, as required by federal and state standards. NSMHA and its contractors will consider what constitutes "medically necessary services" in a manner that is no more restrictive than that used in the Washington State Medicaid program as indicated in State statutes and regulations, the State Plan, and other State policy and procedures. NSMHA, in accordance with these regulations, is responsible for covering services related to the following:

    a. The prevention, diagnosis, and treatment of health impairments.
    b. The ability to achieve age-appropriate growth and development.
    c. The ability to attain, maintain, or regain functional capacity.

8. NSMHA will ensure that compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any consumer.

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PROCEDURE

Provider Request for Authorization

1. ACCESS clinicians will screen callers requesting service to determine the caller's safety concerns, mental health concerns and financial eligibility. ACCESS clinicians will determine whether following the standard timeframe could seriously jeopardize the consumer's life or health or ability to attain, maintain, or regain maximum function so that, if appropriate, an expedited assessment can be authorized and scheduled.
2. Through ACCESS, all callers who meet financial eligibility, as defined in the CECS, are assisted to make an assessment appointment at the consumer's preferred provider agency. This appointment will be offered to occur within 14 calendar days of the request for services or for expedited assessment to occur as soon as is medically necessary and within three (3) working days to determine clinical eligibility and the appropriate level of care.
3. Authorization requests and any accompanying documentation are completed and sent to NSMHA within 14 calendar days of the initial request for service or within three (3) working days for expedited authorizations.

    a. If seeking information presents a barrier to service the item is left blank and the reason documented in the clinical chart.
    b. If the assessing clinician cannot complete the initial assessment within the first 14 calendar days, the consumer or the assessment clinician may request an extension of up to an additional 14 calendar days.

4. The agency clinician conducting the face-to-face assessment will make an initial recommendation as to whether the person being assessed meets Access to Care Standards (ACS) and medical necessity criteria (as defined in the CECS).
5. If the provider believes ACS and medical necessity are met, they will transmit a completed electronic request for authorization including a full five-axial classification, eligibility criteria, and identified Level of Care to NSMHA. If necessary, NSMHA staff will request additional clinical information to justify the authorization. Each contracted provider will identify a contact person to whom requests for additional information can be made.
6. For expedited authorizations, phone notification will be made to NSMHA (360-416-7013) to alert them to the need for immediate review. Phone notification shall be followed by faxing the authorization request and assessment to NSMHA (360-416-7017) for review. An electronic authorization request shall also be sent once NSMHA provides verbal authorization.
7. All persons who meet the financial criteria, ACS and medical necessity criteria are authorized by NSMHA within one business day of the receipt of the authorization request. NSMHA will notify the consumer and provider of all authorizations and their benefits. (Please note: Not all services are authorized initially. See the Utilization Guidelines, 1565.01 and 1565.02, for services which must be approved by NSMHA prior to provision of the service). If authorized, the person is accepted into services and appropriate appointments are made.

8. If NSMHA reviewers deny a service authorization request or authorize a service in an amount, duration, or scope that is less than requested, they will notify the requesting provider and give the consumer written notice in sufficient time to ensure that state-established timeframes are met.

Provider Request for Adverse Determination

1. If the provider believes ACS and medical necessity are not met, they will send the intake assessment form, ACCESS call sheet and any other available documentation or medical records reviewed in the assessment process to NSMHA staff with the completed NSMHA Review Request form within 14 calendar days (standard) or within three (3) working days (expedited) from the initial request for service.
2. For requests submitted on the last day of the specified timeframe (i.e. the 14th, 3rd or 28th day), phone notification will be made to NSMHA (360-416-7013) to alert them to the need for immediate review.
3. NSMHA staff will review the documentation and determine whether to authorize services.

    a. If services are authorized, NSMHA staff will notify the consumer and provider of the decision to authorize services. The consumer will be notified of their benefit package.
    b. If no services are authorized, NSMHA will notify the requesting provider and give the consumer written notice in sufficient time to ensure that state-established timeframes are met.

Extensions

Extensions are defined as the submission of a review request by a provider to NSMHA or an authorization decision by NSMHA past the first 14 calendar days from the initial request for service. Extensions shall be utilized only in rare circumstances and must be of benefit to the consumer. When an extension is utilized, the provider agency must document a rationale for the extension in its authorization or adverse determination request to NSMHA. NSMHA will monitor the use and pattern of extensions and apply corrective action where necessary.

Residential Facility Authorizations:

Discharges from Western State Hospital and Community Hospitals: Residential service providers will notify ACCESS when they schedule an assessment appointment for a consumer to be admitted to their facilities from hospitals. If this is more than 14 days ahead of when the person is ready for discharge, ACCESS will retain the information in a pending file. This application will be considered incomplete until the consumer is fully ready to be discharged from hospitals at which time the provider will notify ACCESS and the time requirements will begin. The standard access procedures and timelines will be followed from the date of assessment.

Change in Mental Health Coverage

For consumers who become NSMHA-eligible while already in treatment with a provider agency, a current diagnostic justification must be present in the clinical record. The current assessment and treatment plan must meet or be enhanced to meet Mental Health Division (MHD) and NSMHA standards. Authorization for services will be submitted to NSMHA within 14 days of the time the provider becomes aware of the change in payer. Because authorization periods are for one year, only one annual request for

authorization is required to be submitted, regardless if the consumer gains or loses financial eligibility. Providers are responsible for assuring that the appropriate funding source is charged for services depending upon the consumer's financial eligibility.

Consumer Withdrawal of Request for Service

If a consumer requests an assessment for services and during or at the completion of the assessment appointment(s) the consumer indicates they no longer wish to receive services, the consumer will be asked to sign a document to that effect, and documentation of their withdrawal of request will be kept in their record.

ATTACHMENTS

None

POLICY #1516.00

SUBJECT: MINIMUM REQUIREMENTS AND CERTIFICATION PROCESSES FOR REQUESTING MENTAL HEALTH PROFESSIONAL (MHP) EXCEPTIONS & WAIVERS

PURPOSE

To delineate the requirements for an individual to hold the status of an MHP, and to describe the mechanisms put forth by the Washington State Department of Social and Health Services (DSHS) Mental Health Division (MHD) under which clinicians may apply for, and North Sound Mental Health Administration (NSMHA) may request exceptions **or** waivers for these requirements.

NOTE: The individual who meets all MHD criteria except the Master's degree credential, and is working toward attaining a Master's degree should apply for the time-limited (2 year) *exception*. The individual who meets all MHD criteria except the Master's degree credential, but has no intention to pursue a master's degree in the near future, or has a Master's degree but cannot document their experience, should apply for the *waiver.* The waiver is only in effect for the duration of the license of the agency which employs the applicant. Because the provider agency must reapply for a license every year, the waiver is only valid as long as the agency is licensed. All waivers are time-limited and must be reapplied for annually.

DEFINITION OF AN MHP

Under WAC 388-865-0150, a "Mental Health Professional" is:

1. A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;
2. A person with a Masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
3. A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;
4. A person who had an approved waiver to perform the duties of a mental health professional that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or
5. A person who has been granted a time-limited exception or waiver of the minimum requirements of a mental health professional by the Mental Health Division consistent with WAC 388-865-0265.

ROLE AND RESPONSIBILITIES OF AN MHP

Under WAC 388-865, only an MHP can:

1. Be eligible for designation as a mental health specialist for children, geriatrics, ethnic minorities and/or disabled persons;
2. Review and sign off on assessments, treatment plans and revisions of plans; and
3. Perform clinical supervision.

MHP TIME-LIMITED EXCEPTION POLICY

Under WAC 388-865-0265, an individual who does not meet the Master's degree requirement for an MHP as defined in this exhibit, but is otherwise qualified and is currently enrolled in or intends to enroll in a graduate program wherein graduation from that program will result in the candidate holding at least a master's degree within two years from the date of exception approval, may become an MHP under a time-limited (up to two years) exemption process conducted by NSMHA.

MHP TIME-LIMITED EXCEPTION PROCEDURE

Responsibility for review and forwarding of all requests for MHP exception shall be the responsibility of the NSMHA Quality Manager or their designee. NSMHA will conduct a review process for persons who apply in writing for an MHP exception. After the NSMHA review, the request for an exception is sent to MHD for their approval. All exceptions must have MHD approval before the individual acts as an MHP.

APPLYING FOR A TIME-LIMITED EXCEPTION

Applicants must complete the attached "EXCEPTION REQUEST MENTAL HEALTH PROFESSIONAL" form (Attachment #1516.01), and include the following information:

1. Name, address & phone number of entity (NSMHA) making request for the applicant
2. Name of applicant (person for whom exception is being requested)
3. Provider agency with whom the above applicant is employed
4. Affirmation that the above agency is contracted with NSMHA
5. Description of functions the applicant will be performing
6. Statement of need for the exception
7. Attachments of documentation to verify the following qualifications:

    a. Bachelor of Arts or Sciences degree from an accredited college or university (Must reflect degree, year & institution)
    b. Course work or training in diagnoses, assessments, & development of treatment plans
    c. Documentation of at least five years of direct treatment of persons with a mental illness under the supervision of a mental health professional

8. A plan of action to assure that the applicant will become qualified no later than two years from the date of the exception approval
9. Signed and dated assurance that periodic evaluations of the applicant's job performance are conducted

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In addition to the above information provided by the applicant, NSMHA Quality Manager or designee will augment the application with the following before submitting it to MHD:

1. Statement, based on verification of required education and training, that the applicant is qualified, based on the applicant's meeting the requirements listed above in items 7a – c
2. Statement that periodic supervisory evaluations of the individual's job performance are conducted
3. A plan of action to assure the individual will become qualified no later than two years from the date of exception
4. Dated signature reflecting NSMHA approval

MHP WAIVER POLICY: Under WAC 388-865-0120, a person who does not meet the master's degree criteria to be an MHP as defined in this exhibit, but is otherwise qualified, can become an MHP under a waiver process approved by MHD and conducted by the NSMHA.

MHP WAIVER PROCEDURE
Responsibility for review and forwarding of all requests for MHP waivers shall be the responsibility of the NSMHA Quality Manager or their designee. NSMHA will conduct a review process for persons who apply in writing for an MHP waiver. After the NSMHA review, a request for the waiver is sent to MHD for their approval. All waivers must have MHD approval before the individual acts as an MHP.

APPLYING FOR A WAIVER
Applicants must complete the attached "WAIVER REQUEST MENTAL HEALTH PROFESSIONAL" form (Attachment #1516.02), and include the following information:

1. Name, address & phone number of entity (NSMHA) making request for the applicant
2. Name of applicant (person for whom exception is being requested)
3. The specific section or subsection of these rules for which the waiver is being requested: (WAC-388-865-0150)
4. Reason why the waiver is necessary, or method that will be used to meet the desired outcome of the section or subsection in a more effective and efficient manner
5. Description of how the results/outcome of this improved method will be tested to ensure that the intent of the section or subsection is met
6. Description of the qualifications of the waiver applicant, justification for the waiver and the plan and timetable to achieve compliance with the minimum standard; and to implement, test, and report results of improved ways to meet the intent of the section or subsection
7. Description of recommendations from the Quality Review Team or Ombuds staff and a description of how consumers will be notified of changes made as a result of the waiver. Please write in N/A if this section does not apply.

In addition to the above information provided by the applicant, NSMHA Quality Manager or designee will augment the application with the following before submitting it to MHD:

Mental Health Providers and Outpatient Services in the North Sound Region

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1. Statement of support
2. Dated signature reflecting NSMHA approval

DOCUMENTATION

1. Personnel files of all persons functioning as MHPs shall contain either documentation that the WAC standards are met or a copy of the approved exception or waiver.
2. Employees who do not meet WAC standards for MHP cannot function as MHPs unless & until the waiver or exception is submitted and approved by MHD. The provider shall place appropriate documentation in each MHP personnel file to show that standards have been met.
3. An annual review will be conducted as part of the NSMHA monitoring of performance standards.

ATTACHMENTS

1516.01 – EXCEPTION REQUEST MENTAL HEALTH PROFESSIONAL
1516.02 – WAIVER REQUEST MENTAL HEALTH PROFESSIONAL

ATTACHMENT 1516.01

EXCEPTION REQUEST
MENTAL HEALTH PROFESSIONAL

Authority: WAC 388-865-0265

Date:

Please attach supporting documentation to this request at the time of submission. Documentation may include but is not limited to transcripts, training courses, curriculum vitae and/or copies of degrees and certificates.

The Regional Support Network may request an exception of the requirements of a mental health professional for a person with less than a master's degree level of training. The Mental Health Division may grant an exception of the minimum requirements on a time-limited basis and only with a demonstrated need for an exception as described below.

"Mental Health Professional" (per WAC 388-865-0150) means:

1. A psychiatrist, psychologist, psychiatric nurse or social worker as defined in Chapters 71.05 and 71.34 RCW;
2. A person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such a person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
3. A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;
4. A person who had an approved waiver to perform the duties of a mental health professional that was requested by the Regional Support Network and granted by the Mental Health Division prior to July 1, 2001; or
5. A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the Mental Health Division consistent with WAC 388-865-0265.

Name of Applicant (Person for whom the exception is being requested):

Provider agency with who the above applicant is employed:

Contracted with RSN? ☐ **YES** ☐ **NO**

Functions which the person will be performing:

Statement of need for the exception:

Please attach documentation to verify the following minimum qualifications:

1. Bachelor of Arts or Sciences degree from an accredited college or university.

   Degree: Year: Institution:

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2. Course work or training in making diagnoses, assessments and developing treatment plans
3. Documentation of at least five years of direct treatment of persons with a mental illness under the supervision of a mental health professional.

Plan of action to assure that this individual will become qualified no later than two years from the date of exception approval.

☐

Statement of support by the Regional Support Network: (Not required if agency is not contracted with the local Regional Support Network).

☐

I assure that periodic supervisory evaluations of this individual's job performance are conducted.

_____ _____

RSN or Provider Representative **Date**

NOTES:

1. **The RSN or entity may apply for renewal of the exception.**
2. **The exception may not be transferred to another Regional Support Network or for use by an individual other than the one named in the exception.**
3. **If compliance with this rule causes a disproportionate economic impact on a small business (per 19.85 RCW), and the business does not contract with a RSN, the small business may request the exception directly from the Mental Health Division.**

WAIVER REQUEST
MENTAL HEALTH PROFESSIONAL

Authority: WAC 388-865-0120

DATE:

Please attach supporting documentation to this request at the time of submission. Documentation may include but is not limited to transcripts, training courses, curriculum vitae and copies of degrees and certificates.

The following is a request to waive minimum standards for mental health professional (MHP) as defined in WAC 388-865-0150:

"Mental health professional" means:

6. A psychiatrist, psychologist, psychiatric nurse or social worker as defined in Chapters 71.05 and 71.34 RCW;
7. A person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such a person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
8. A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;
9. A person who had an approved waiver to perform the duties of a mental health professional that was requested by the Regional Support Network and granted by the Mental Health Division prior to July 1, 2001; or
10. A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the Mental Health Division consistent with WAC 388-865-0265.

This application must be completed in full and submitted by a Regional Support Network, PIHP, service provider or applicant.

Name of entity making request:

Address:

Phone Number:

Applicant: (Person on whose behalf the request is being submitted):

Section or subsection to be waived: WAC 388-865-0150

Reason why the waiver is necessary:

☐

OR

Method that will be used to meet the desired outcome of the section or subsection in a more effective and efficient manner:

☐

Mental Health Providers and Outpatient Services in the North Sound Region

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and specialized services effective October 1, 2007. This is a list of contracted community mental health agencies
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How will results/outcomes of this improved method be tested to ensure that the intent of the section or subsection is met?

Please use the following space to describe the qualifications of the person for whom the waiver is being sought, justification for the waiver and the *plan and timetable to achieve compliance* with the minimum standard; and to implement, test and report results of an improved way to meet the intent of the section or subsection.

Please use the space below to describe any recommendation from the quality review team or Ombuds staff and a description of how consumers will be notified of changes made as a result of this waiver. Please write in "N/A" if this section does not apply.

RSN statement of support:

I recommend approval of this waiver request for (Name of Applicant):

Signature of RSN Representative **Date Signed**

NOTES:

1. **In no case will the Mental Health Division write a waiver of minimum standards for more than the time period of the entity's current license and/or certification.**
2. **Waivers may be renewed.**
3. **The mental health division does not waive any requirement that is part of statute.**

POLICY #1520.00

SUBJECT: SECOND OPINION

PURPOSE
To provide a second opinion, upon request from a principal to outpatient mental health treatment, from a qualified mental health care professional regarding a clinical decision

POLICY
At any time during the course of outpatient mental health treatment, the principals to treatment (e.g., consumer, custodial parents of children and adolescents, others with legal custody, clinician, North Sound Mental Health Administration [NSMHA], a NSMHA Provider, or primary Mental Health Care Provider [MHCP]) may submit a request for a second opinion regarding any clinical decision to NSMHA either verbally or in writing. If other parties (family member, primary medical health provider) desire a second opinion, the request is made through the clinician or MHCP.

PROCEDURES
NSMHA Providers are responsible for informing consumers and those with legal custody of their right to a second opinion at the time of the intake assessment (through provision of the Washington State Medicaid Benefit Booklet), and any time that the consumer or legal guardian expresses dissatisfaction with a particular clinical decision.

Second opinions may be requested for many reasons, including situations in which:

1. There is a question regarding medical necessity;
2. There is a question regarding the reasonableness or necessity of recommended interventions and/or medications;
3. There is a question regarding a diagnosis or plan of care;
4. The clinical indications are not clear or are complex and confusing or a diagnosis is in doubt due to conflicting test results;
5. The treatment interventions in progress are not improving the condition of the consumer within an appropriate period of time given the diagnosis and plan of care.

Upon receiving a request for a second opinion the provider, Ombuds or NSMHA staff will notify the NSMHA Quality Manager /designee who will review the request and arrange the second opinion. The second opinion shall be offered to occur as expeditiously as the consumer's mental health condition requires and no later than 30 calendar days from the request.

Second opinions can only be rendered by mental health care professionals qualified to review and treat the mental health condition in question. Requests for referrals to mental health care providers outside the NSMHA Provider Network for second opinions will be considered only in the event that the services requested are not available within the contracted network of providers and will be provided at no cost to the consumer. If an additional Community Mental Health Agency (CMHA) is not currently available within the

network, NSMHA must provide or pay for a second opinion provided by a CMHA outside the network at no cost to the Enrollee. The CMHA providing the second opinion must be currently contracted with a Regional Support Network (RSN) to provide mental health services to Enrollees.

All second opinions will be documented by a consultation report, which will be made available to the consumer, NSMHA, NSMHA's treating Provider and MHCP.

If the mental health care professional giving the second opinion recommends a particular treatment, diagnostic test, or service covered by NSMHA, and it is determined to be medically necessary, then that treatment, diagnostic test or service will be provided or arranged (with the consumer's agreement) by NSMHA's Provider. If there is a question about medical necessity, the NSMHA Quality Manager/Designee will review the case with the NSMHA Medical Director for a determination. However, the fact that the mental health care professional furnishing the second opinion recommends a particular treatment, diagnostic test, or service does not necessarily mean that the recommended intervention is medically necessary or a NSMHA covered service.

NSMHA Provider Network staff and Ombuds are available to assist consumers, custodial parents and legal guardians in accessing a timely second opinion.

Each NSMHA contracted Provider shall develop specific written procedures to implement the provision of this policy or shall incorporate this policy into their agency policy manual.

ATTACHMENTS

None

Effective Date: 11/21/2005
Revised Date: 11/14/2005
Review Date:

North Sound Mental Health Administration

Section 1500 – Clinical: Consumer Employment Services

Authorizing Source: RCW 71.05.560, 71.24.035 (5)(c), 71.34.800, 9.41.047, 43.20B.020 and 43.20B.335; WAC 388-865-0464
Cancels:
See Also: Approved by: Executive Director Date:
Responsible Staff: Quality Manager Signature:

POLICY #1531.00

SUBJECT: CONSUMER EMPLOYMENT SERVICES

PURPOSE

To ensure that consumers desiring to work are provided with employment services consistent with RCWs, MHD contract, and other applicable state and federal standards.

POLICY

Consumer employment is a service that assists consumers in finding and maintaining meaningful jobs in the community. The jobs are competitive and are based on a person's preferences and abilities. It is a service for enrollees who are not currently receiving federally-funded vocational services such as those provided through the Division of Vocational Rehabilitation (DVR).

PROCEDURE

Services for consumers involved in consumer employment programs will include:

a. An assessment of work history, skills, training, education, and personal career goals
b. Information about how employment will affect income and benefits the consumer is receiving because of their disability
c. Preparation skills such as résumé development and interview skills
d. Involvement with consumers served in creating and revising individualized job and career development plans that will include consumer's strengths, abilities, preferences and desired outcomes.
e. Assistance in locating employment opportunities that are consistent with the consumer's strengths, abilities, preferences and desired outcomes
f. Employment, including outreach/job coaching, and support in a normalized or integrated work site, if required
g. Services are provided by or under the supervision of a mental health professional

If consumers are currently enrolled at a NSMHA provider in outpatient services and request assistance with employment goals, their treatment plan will be revised to include this service, unless: a) the consumer is already enrolled with DVR, or b) does not meet medical necessity. If the agency's decision is not to provide this service, the consumer will be informed of their right to initiate a complaint or grievance, in accordance with NSMHA policies.

Documentation of consumer employment services will be appropriately noted in the consumer's outpatient record. Monitoring of these services will occur as part of NSMHA routine clinical record and utilization review activities.

ATTACHMENTS

None

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	Committee:	Standing or Ad Hoc:	Parent Committee	Meeting Frequency:	Internal or External:	Prospective End Date
1	**Board of Directors**	Standing		Monthly	External	N/A
2	**Advisory Board**	Standing	BOD	Monthly	External	N/A
3	**Planning Committee**	Standing	BOD	Monthly	External	N/A
4	**QMOC**	Standing	BOD	Monthly	External	N/A
5	**Tribal**	Standing	BOD	Monthly	External	N/A
6	**County Coordinators**	Standing	BOD	Monthly	External	N/A

Proposed Committee Structure

1	Planning Committee:	Standing or Ad Hoc:	Parent Committee	Meeting Frequency:	Internal or External:	Prospective End Date
2	**Integrated Provider Meeting**	Standing	Planning	Quarterly	External	N/A
3	**Pilot Steering Committee**	Standing	Planning	Every other month	External	
4	**Pilot Steering Executive Committee**	Standing	Planning	Every other month	External	
5	**Pilot Case Review Committee**	Standing	Planning	Twice monthly (if needed)	External	
6	**E&T Workgroup**	Ad Hoc	Planning	Monthly	External	June 2008
7	**DD/MH**	Standing	Planning	Quarterly	External	
8	**Federal Block Grant**	Standing	Planning	Quarterly	External	
9	**Corrections**	Standing	Planning	Quarterly	External	
10	**Housing**	Standing	Planning	Quarterly	External	
11	**CPET**	Standing	Planning	Monthly	External	
12	**CIS**	Standing	Planning	Monthly	External	

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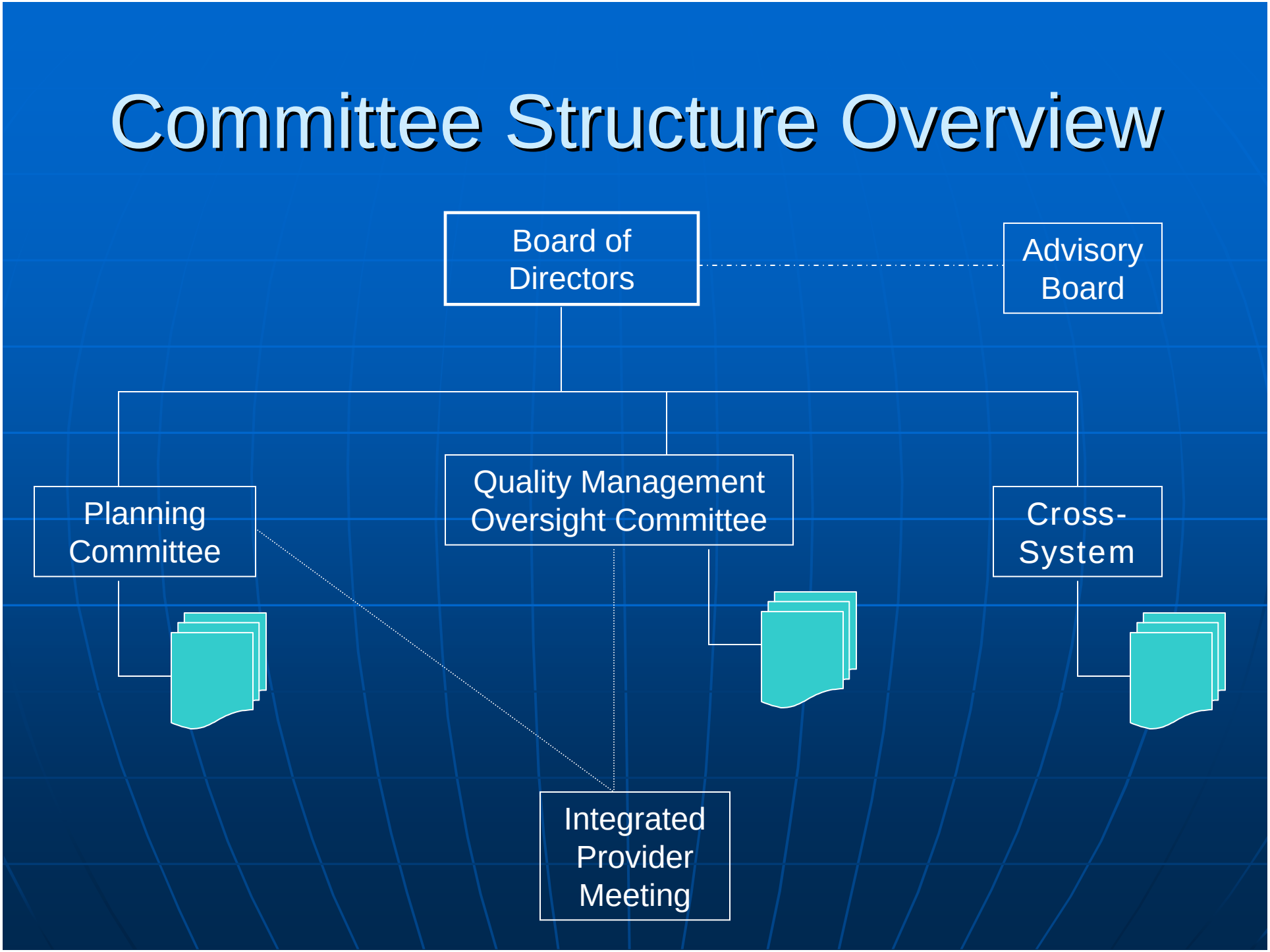
1	Quality Management Oversight Committee:	Standing or Ad Hoc:	Parent Committee	Meeting Frequency:	Internal or External:	Prospective End Date
2	**Supported Employment**	Ad Hoc	QMOC	Monthly	External	Dec. 2008
3	**Eating Disorders**	Ad Hoc	QMOC	Monthly	External	June 2008
4	**ED Consultation**	Standing	Eating Disorders	Monthly	External	Phone consults
5	**Re-Admit Workgroup**	Ad Hoc	QMOC	Monthly	External	June 2008
6	**HCS/RSN**	Standing	QMOC	Quarterly	External	
7	**Hospital Inpatient**	Standing	QMOC	Quarterly	External	
8	**WSH Discharge**	Standing	QMOC	Monthly	External	
9	**Wraparound**	Standing	QMOC	Quarterly	External	
10	**Regional ICRS**	Standing	QMOC	Monthly	External	
	ICRS Policy Subcommittee	Ad Hoc	ICRS	As Needed	External	
	Quality Management Committee	Standing	QMOC	Monthly	External	Incorporated into QMOC with a revised charter and membership
	QMC /QMOC Policy Subcommittee (will be reviewed biennially)	Standing	QMOC	Monthly	External	To Oct 2008 then Quarterly starting Jan 2009
	Management Council	Ad Hoc	Integrated Provider Meeting	Monthly	External	Incorporated into IPM
	UM Subcommittee	Ad Hoc	IPM	As Needed	External	Integrated into IPM
	Regional Training Committee	Ad Hoc	IPM	As Needed	External	Integrated into IPM
	Fiscal Officers	Ad Hoc	IPM	As Needed	External	Incorporated into IPM
	Medical Directors	Standing	QMOC	Quarterly	External	Eliminated

North Sound Mental Health Administration

Integrated Provider Meeting

March 11, 2008

Committee Structure Overview



Governing Board & Committees

Board of Directors:

- Planning Committee
- Quality Management Oversight Committee
- County Coordinators
- Tribal
- Advisory Board

Mental Health Providers' Meetings

Planning Committee:

- Pilot Steering Committee
  - Pilot Steering Executive Committee
  - Pilot Steering Case Review Committee
- E&T Workgroup
- DD/MH
- Federal Block Grant
- Housing
- Children's Policy Executive Team
- Integrated Provider Meeting

Mental Health Providers' Meetings

Quality Management Oversight Committee:

- Eating Disorders
  - Eating Disorders Consultation
- Quality Management Committee
  - QMC/QMOC Policy Subcommittee
- Integrated Crisis Response System
  - ICRS Policy Subcommittee
- Re-Admit Workgroup
- Utilization Management Subcommittee
- Hospital Inpatient Committee
- Medical Directors
- WSH Discharge
- Wrap-Around

Cross Systems & State Meetings

- HCS/RSN
- DD/MH
- Corrections
- CLIP
- External Quality Review Organization
- RSN Administrators
- MHD/RSN Administrators
- ISDEC
- PIP
- Etc.

Proposed Restructure

The following committees would be integrated into, or become Ad Hoc committees of the Integrated Provider Meeting:

- Regional Management Council
- Regional Training Committee
- UM Subcommittee
- Fiscal Officers

Quality Management Committee will be rolled into the Quality Management Oversight Committee with a revised Charter and new membership.

The Medical Directors Committee will be eliminated.

Time Savings

*Estimation of Staff Time Savings Annually:

	Providers**	NSMHA***
Quality Management Committee:	24 hours	240 hours
Regional Management Council:	18 hours	48 hours
Regional Training Committee:	8 hours	36 hours
Medical Directors Committee:	8 hours	40 hours
Utilization Management Subcommittee:	12 hours	48 hours

* Does not include travel time to and from meetings.

** Per person estimations

*** All NSMHA staff time included

Other Committee Changes

Changes in meeting frequency:

QMC/QMOC Policy Subcommittee will continue to meet monthly through October 2008. Beginning January 2009 the committee will begin to meet quarterly.

- Estimated time savings of 18 hours

Pilot Steering Committee and Pilot Steering Executive Committee will begin to meet on a every-other-month basis

- Estimated time savings of 12 hours **each**

Children's Policy Executive Committee will begin to meet on an every-other-month basis

- Estimated time savings of 12 hours

Committee Structure Overview