




United Behavioral Health

Less Restrictive Alternative		Policy Identifier/Number: CM-14	
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

- Optum Pierce Behavioral Health Organization- (BHO) contracted behavioral health care providers are responsible for monitoring individuals who are enrolled in their services and who are on CR (Conditional Release), under LRA (Less Restrictive Alternative), or AOT (Assisted Outpatient Treatment) court orders from Washington State psychiatric hospitals, consistent with Revised Code of Washington (RCW) and Washington Administrative Code (WAC) and terms delineated in LRA, CR, or AOT court documents.
- Contracted behavioral health care providers of crisis services monitor the status of individuals receiving community mental health services from Optum Pierce BHO’s contracted community mental health agencies under these requirements and assess the need for revocation and/or continuation of court-ordered treatment. Optum Pierce BHO-contracted behavioral health agencies, crisis service staff, BHO Discharge Coordinators for Western State Hospital and hospitals communicate necessary information and coordinate services to ensure compliance and quality of care for individuals under CR, LRA or AOT.
- Optum Pierce BHO monitors compliance with provisions of this policy through its clinical and administrative reviews at each site.

To describe the responsibilities of behavioral health care providers of outpatient and crisis services with respect to individuals who are on CR, under LRA, or AOT court orders.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. Consistent with WAC 388-865, Optum Pierce BHO requires that in order to provide services to individuals on a LRA court order, providers must be licensed to provide the psychiatric Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

and medical service component of community support services and be certified by DSHS to provide involuntary treatment services.

2. Optum Pierce BHO requires certified outpatient mental health care providers to:
 - 2.1. Maintain a current list of individuals on LRAs, CRs and AOT from psychiatric hospitals or court order who are enrolled in their services;
 - 2.2. Upon admission, advise individuals of their rights under CR or LRA, as specified in *RCW 71.05 or 71.34* and *WAC 388-865*, or its successor, and document notification in the clinical record;
 - 2.3. Maintain a copy of the LRA, CR, or AOT court order and any subsequent modifications in the individual's clinical record;
 - 2.4. Incorporate the conditions of the LRA, CR or AOT in the person's individual service plan and include a plan for transition to voluntary treatment;
 - 2.5. Ensure that the individual receives psychiatric treatment including medication management for the assessment and prescription of psychotropic medications. Such services are to be provided:
 - 2.5.1. For LRA or CR:
 - 2.5.1.1. At least weekly during the fourteen-day period;
 - 2.5.1.2. Monthly during the 90-day and 180-day periods of involuntary treatment, unless the physician determines a different schedule and documents the rationale for such;
 - 2.5.2. For AOT:
 - 2.5.2.1. Schedule 6 months of appointments or create procedures which coordinate care and schedule including the use of medications.
 - 2.6. Maintain written procedures for:
 - 2.6.1. Managing assaultive and/or self-destructive patient behavior, and provide training to staff on these and other appropriate interventions;
 - 2.6.2. Referring individuals to an inpatient evaluation and treatment facility for admission on a 7 day-a-week, 24-hour day basis;
 - 2.6.3. In relation to individuals requiring involuntary detention, contacting the Designated Mental Health Professionals (DMHP) regarding revocation and/or extension of LRA and transporting individuals.
 - 2.7. Document and coordinate services for those individuals on 90-day or 180-day period of involuntary treatment:
 - 2.7.1. Document in the clinical record a review of the individual's progress with his or her treatment plan and compliance with the conditions of the CR/LRA, for each month of service, or more often when clinically indicated;
 - 2.7.2. Coordinate ongoing services with contracted crisis services and DMHPs by completing the Optum Pierce BHO *CR/LRA 30-Day Review Form* (or a summary progress note containing the elements on the form) for each individual on LRA or CR during each month of service. This documentation is available upon request by Optum Pierce BHO and the crisis services provider.
3. Immediately report to contracted crisis service providers and DMHPs by telephone and fax an updated *30-Day Review* for each individual failing to adhere to conditions of the LRA or CR, or when substantial deterioration in functioning occurs which may require more intensive services to stabilize the condition.

4. Inform contracted crisis service providers and DMHPs, by telephone, of individuals under CR/LRA who are transfers from out-of-county and enrolled in services.
5. Optum Pierce BHO requires contracted crisis providers/DMHPs to:
 - 5.1. Monitor the compliance of individuals in the BHO service area under CR/LRA by reviewing the *30 Day Review Forms* or progress notes completed by provider agencies and maintaining a centralized tracking log that documents key dates and receipt of provider review forms related to CR/LRA;
 - 5.2. Notify behavioral health care providers of individuals leaving a Washington State Hospital on CR or LRA and confirm intake appointment and receipt of CR/LRA documents;
 - 5.3. Provide technical assistance to providers serving individuals under CR/LRA who are out of compliance with the requirements of their CR/LRA in order to address treatment barriers and maintain compliance to avoid an involuntary return to an inpatient facility;
 - 5.4. Perform periodic evaluations of each committed person and make recommendations to the court, when necessary, to revoke or extend an individual's CR/LRA;
 - 5.5. Coordinate with the Optum Pierce BHO Discharge Coordinators and relevant BHO-contracted providers regarding discharge planning for individuals under CR/LRA from a Washington psychiatric inpatient facility.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization policy: CM-11 - *Involuntary Evaluation and Treatment*
- Pierce Behavioral Health Organization policy: AD-10 - *Designated Mental Health Professionals (DMHP)*
- Optum Pierce BHO CR/LRA *30-Day Review Form*

Attachments

Optum Pierce BHO CR/LRA *30-Day Review Form*

Approval History

- Policy created and effective: 07/2009
- Operational Procedures and Standards Committee reviewed and accepted: 09/28/2015
- Optum Pierce BHO reviewed and accepted: February 2018

Optum Pierce BHO CR/LRA 30 Day Review Form

Make a separate entry for each month during the involuntary period

Month/Yr Reviewed	Supervisory Review	<i>Clinician's Brief Narrative: Progress on the plan to achieve insight, lifestyle changes, a pattern of stability, and safety in the community that will result in a recommendation for Release from Involuntary Tx.</i>
	<input type="checkbox"/> Continued Involuntary Status advised <input type="checkbox"/> Ready to return to Voluntary Status <input type="checkbox"/> Revocation required this month Supervisor Initials:	Clinician Initials:
	<input type="checkbox"/> Continued Involuntary Status advised <input type="checkbox"/> Ready to return to Voluntary Status <input type="checkbox"/> Revocation required this month Supervisor Initials:	Clinician Initials:
	<input type="checkbox"/> Continued Involuntary Status advised <input type="checkbox"/> Ready to return to Voluntary Status <input type="checkbox"/> Revocation required this month Supervisor Initials:	Clinician Initials:
	<input type="checkbox"/> Continued Involuntary Status advised <input type="checkbox"/> Ready to return to Voluntary Status <input type="checkbox"/> Revocation required this month Supervisor Initials:	Clinician Initials:
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	<input type="checkbox"/> Continued Involuntary Status advised <input type="checkbox"/> Ready to return to Voluntary Status <input type="checkbox"/> Revocation required this month Supervisor Initials:	Clinician Initials: