

APPENDIX D – PARTIAL LIST OF RESPONSIBILITIES AND DUTIES THAT REQUIRE MANDATORY STATE/LOCAL/MMI PLAN INTERACTION.

To ensure a seamless integrated service care delivery for enrollees there will be situations in which a MMI Plan will need to communicate and coordinate with the state, county, city and other service providers who determine eligibility and/or provide services outside of the plans contracted responsibility.

The following are some of those circumstances when the MMI Plan and the provider will need to have an agreement in place to ensure all enrollees are able to receive the services and support they need in a timely and seamless manner:

Long Term Services and Supports (Snohomish and King County)

- **Financial Eligibility and Functional Assessment** – Financial determination for medical and waiver programs are completed the Home and Community Services office or the Area Agency on Aging; assessment of functional ability using CARE for program eligibility; reassessment of functional needs as a result of significant change in condition and/or events that trigger a change in status. Health Plans will work with the coordination of assessments and allotted hours as determined by CARE.
- **Residential Services** – Licensing and oversight by Residential Care Services Administration (RCS) of adult family homes, assisted living facilities, nursing facilities, intermediate care facilities for individuals with intellectual disabilities and certified residential programs; required to notify of summary suspension, revocation of license and or stop placement order prohibiting admissions. Health Plans will coordinate with RCS staff to follow any negative actions that may have been placed on residential setting including the transition of enrollees when applicable.
- **Individual Care Providers (IP)** – Oversight for compliance of Individual Providers requirements to complete mandatory training through the Training Partnership and become a certified home care aide within the required time frames; compliance oversight of fingerprint-based background checks; collective bargaining with SEIU Healthcare 775 NW on negotiated provisions. Health Plans will need to coordinate with the Training Partnership, Background Check Compliance Unit (BCCU), and SEIU to ensure all IP are qualified.
- **Mandatory Reporting (Adult Protective Services/Complaint Resolution Unit)** – Investigate reports of abuse, neglect or financial exploitation of individuals living in their own home or a residential facility. Health Plans are mandatory reports and as such may be called upon to cooperate in the investigation process.

Chemical Dependency

Snohomish County:

- **Assessment and Outpatient Treatment (including Opiate Substitution Treatment)** - assessment completed and treatment provided at state certified chemical dependency treatment agencies; medical necessity determined based on ASAM criteria; financial eligibility determined by treatment agency based on individual's medical coverage and financial means.
- **Detox Services** - Intake process completed by detox staff; basic vitals taken; as individual clears a chemical dependency assessment is completed according to ASAM and through the use of motivational interviewing, efforts are made to transition the individual to chemical dependency inpatient or outpatient treatment depending on the individual's treatment needs; financial eligibility is determined by the detox provider with majority of detox bed days reimbursed by DBHR via county contracts; detox is a part of the crisis safety net system.
- **Chemical Dependency ITA** - subcontracted ITA designated staff at the certified treatment agency conducts the evaluation, coordinates the court processes and admission to Pioneer Center North or Pioneer Center East; no financial eligibility requirements as CD ITA is a part of the crisis safety net system.
- **Jail-Based Chemical Dependency Treatment** - assessment completed and treatment provided by a state certified chemical dependency treatment agency within Snohomish County jail; medical necessity determined based on ASAM criteria; financial eligibility determined by treatment agency based on individual's medical coverage and financial means.

King County:

- **Detox Services** – Intake process completed by detox staff; basic vitals taken; as individual clears a chemical dependency assessment is completed according to ASAM and through the use of motivational interviewing, efforts are made to transition the individual to chemical dependency inpatient or outpatient treatment depending on the individual's treatment needs; financial eligibility is determined by the detox provider with majority of detox bed days reimbursed by DBHR via county contracts; detox is part of the crisis safety net system.
- **Chemical Dependency ITA** – designated county ITA staff conducts the evaluation, coordinates the court processes and admission to Pioneer Center North; no financial eligibility requirements as CD ITA is a part of the crisis safety net system.
- **Sobering Center Services** – clients are provided a safe place to sleep off the harmful effects of alcohol and or other drugs and engaged in case management services. Individuals are assessed for readiness and clinical appropriateness to enter detox and/or other substance abuse services.
- **Emergency Services Patrol** - Substance abuse screeners are deployed 24/7 to provide transportation and triage services, responding to 911 and other first responders such as police and the fire departments to address the needs of chronic substance abusers. Clients are transported to sobering services, housing, hospitals, detox, crisis solutions center and other appropriate resources.
- **Assessment and Outpatient Treatment (including Opiate Substitution Treatment)** - assessment completed and treatment provided at state certified chemical dependency treatment agencies; medical necessity determined based

on ASAM criteria; financial eligibility determined by treatment agency based on individual's medical coverage and financial means.

- **Jail-Based Chemical Dependency Treatment, assessment and referral services-** assessment completed and treatment provided by a state certified chemical dependency treatment agency within the King County Regional Justice Center; medical necessity determined based on ASAM criteria; financial eligibility determined by treatment agency based on individual's medical coverage and financial means. Assessment and referral services provided at both in County Jail facilities by county staff.
- **Therapeutic Court Services –** Youth and Adult Drug Court and Family Treatment Court are services through the court system to coordinate substance abuse services. In the adult and juvenile courts the charge is dismissed upon successful completion of treatment and the goal in family treatment court is early reunification.

Mental Health

Snohomish County:

- **Crisis Hotline** - Crisis services are provided in Snohomish County under a contract from the RSN to Volunteers of America for the 24 hr. crisis line and Compass Health for 24 hr. crisis/outreach and stabilization services. Anyone in the county is eligible for these services. All services are provided by MHPs. Follow-up services need to be coordinated with ongoing outpatient providers and health plan care coordinators.
- **Crisis Outreach Services** - crisis outreach and stabilization services are provided 24/7 and eligible to anyone in the county. These services are accessed through Crisis Hotline. Care Coordination is needed with mental health providers and health plans for follow-up services.
- **Involuntary Treatment Investigations (ITA/DMHPs)** - Involuntary treatment investigations are conducted to assure the safety of individuals who are dangerous to themselves or others or gravely disabled as well as to assure community safety. These are conducted according to WAC 71.05 and may lead to involuntary hospitalization. Hospitalization is overseen by superior court and is not subject to utilization review by RSNs or Health Plans. A number of people are discharged from the hospitals on a Less Restrictive Order (LR)) which must be overseen by a Licensed Community Mental Health Center (CMHC) and thus require monitoring by Health Plan Care Coordinators.
- **Crisis Triage Center** - Crisis Triage Center is twenty-four mental health stabilization program funded by RSN and County. The program is open to anyone in a mental health crisis. Follow-up services need to be coordinated with ongoing outpatient providers and health plan care coordinators.
- **Jail Transition Services** - assessment completed and care coordination/referral provided for follow-up services by a county mental health professionals funded through the RSN. Eligibility financial eligibility determined based on individual's medical coverage and financial means.

King County:

- **Crisis Hotline** – Crisis services are provided in King County under a contract from the RSN to King County Crisis Clinic for the 24 hour crisis line for all individuals in King County (unless they are enrolled in an RSN outpatient MH benefit, then the agency providing services to the enrolled individual provides 24/7 crisis response). Follow up services need to be coordinated with ongoing outpatient providers and health plan care coordinators.
- **Crisis Outreach Services** – crisis outreach and stabilization services are provided 24/7 and available to anyone in King County. These services are provided by the County Designated Mental Health Professionals; CCORS for children and Youth; or agency mental health staff when an individual is enrolled in an outpatient benefit. Care Coordination is needed for follow up services between the health plans and the DMHP when it concerns an unenrolled individual, and with the agency MHP when the individual is enrolled in outpatient services.
- **Involuntary Treatment Investigation (ITA)** – involuntary treatment investigations are conducted by County Designated Mental Health Professionals to assure the safety of individuals who are dangerous to themselves or others or gravely disabled as well as to ensure community safety. Evaluations are conducted according to RCW 71.05 and 71.04 (for minors) and may lead to involuntary hospitalization. Hospitalization is ordered by superior court. A number of people are discharged from the hospitals on a Less Restrictive Order, which must be overseen by a licensed community mental health center and thus require monitoring by Health Plan Care Coordinators.
- **Western State Liaisons** - Discharge planning for individuals who go on to a 90 day order to the state hospital. Will require coordination between the discharge planning liaison and health plan care coordinator.
- **Crisis Solutions Center** – The Crisis Solutions Center provides crisis intervention, rapid stabilization, treatment, and referrals for up to 46 individuals at a time. The primary goal is to divert individuals impacted by mental illness and substance abuse from jails and hospitals by providing a more appropriate therapeutic alternative. The program receives referrals from first responders across the county, including police and medics. It has three components: The Crisis Diversion Facility, a 16-bed state-licensed Residential Treatment Facility; the Crisis Interim Services, a 30-bed “step-down” program which admits clients referred directly from the CDF who are homeless, or at risk for homelessness; and the Mobile Crisis Team, a 13-member team of Mental Health Professionals and Chemical Dependency Professionals. Services need to be coordinated with the crisis solutions center and health plan care coordinators.
- **Jail Health Services and Transition Services** – assessment completed and care coordination/referral provided for follow up services by a county funded mental health professional funded by MHCADSD or PHSKC.