

<p style="text-align: center;">Proposed Credentialing WAC</p> <p>The Division of Behavioral health and Recovery credentials mental health agencies which do not contract with Regional Support Networks. To gain and maintain a credential under this section, an agency must meet applicable local, state and federal statutes and regulations as well as the requirements of WAC 388-865-400 through WAC 388-865-0484 as applicable to services offered. In addition, the agency must meet minimum standards of the specific service components for which licensure is being sought. The credential lists of service components the agency is authorized to provide to consumers must be prominently posted in the agency reception area.</p>	<p style="text-align: center;">Indian Health Manual: Part 3: Professional Services Chapter 14-Mental Health Programs</p>
<p>WAC 388-865-0405: Competency requirements for staff</p>	<p>Chapter 14: Mental Health Programs 3-14.5: Program Management Standards</p>
<p>WAC 388-865-0405(1): The credentialed mental health agency must ensure that staffs are qualified for the positions they hold and have the education, experience, or skills to perform the job requirements.</p>	<p>3-14.5: Program Management Standards:</p> <p>A. Personnel:</p> <p>(2) Staffing Standards:</p> <p>b. The mental health team should include a variety of mental health disciplines (psychiatrist, psychologist, psychiatric nurse, psychiatric social worker, other social scientist, mental health technician) in order to assure a comprehensive mental health program. The disciplinary needs of a team can be provided by outside consultants.</p> <p>c. Cultural needs of the population should be considered in the selection of primary care providers. Providers should be sensitive to the cultural traditions of the service population.</p> <p>d. Each mental health program should have on staff or have</p>

	access to the services of a child mental health specialist.
<p>WAC 388-865-0405(1): The provider must maintain documentation that all staff has a current Washington state department of health license or certificate or registration as may be required for their position.</p>	<p>(7) Credentials Standards: a. All mental health staff will meet minimum Civil Service or Commissioned Corps educational requirements. b. Mental health professional staff and consultants will be licensed in accordance with existing PHS. c. Individual professionals are responsible for securing and maintaining appropriate and current Licensure.</p> <p>(8) Credentials Privileges Standards: (a) Each mental health program shall establish policies and procedures for a privileging process for all staff providing clinical services. This process should be consistent with JCAHO, Medicare standards, the facility/medical staff by laws, and the laws of the state in which the Service Unit is located.</p>
<p>WAC 388-865-0405(2): The credentialed mental health agency must ensure that staffs are qualified for the positions they hold and have the education, experience, or skills to perform the job requirements. The provider must maintain documentation that Washington State Patrol background checks are conducted for employee in contact with consumers consistent with RCW 43.43.830.</p>	<p>(7) Credentials Standards: a. All mental health staff will meet minimum Civil Service or Commissioned Corps educational requirements.</p> <p>b. Mental health professional staff and consultants will be licensed in accordance with existing PHS.</p> <p>c. Individual professionals are responsible for securing and maintaining appropriate and current Licensure.</p> <p>d. The credentialing process will include requesting background checks for all direct service mental health providers to screen for convictions and/or suspicion of child</p>

	<p>abuse and child sexual abuse. Program managers are responsible for assuring that results of personnel background checks are considered in accordance with personnel management regulations. Problems in the area should be addressed with the IHS Headquarters Office of Program Integrity and Ethics Office.</p>
<p>WAC 388-865-0405(3): Mental health services are provided by a mental health professional, or under the clinical supervision of a mental health professional.</p>	<p>3-14.5: Program management Standards: A. Personnel: (3) Supervision Standards: a. The local mental health program is supervised by an individual designated by the administration of the Service Unit in consultation with the Area Mental Health Program Consultant. Local mental health program directors are responsible for overall development and implementation of mental health programs, professional supervision of mental health providers, and for articulating the mental health program to others in the service delivery system and outside agencies within the community.</p> <p>e. Qualifications and demonstrated competencies should be consistent with those required by the Federal Service.</p> <p>f. All paraprofessional level mental health staff should function with adequate supervision by a mental health professional.</p> <p>g. Policies and procedures setting forth roles, responsibilities, and supervision of trainees and volunteers should be established.</p>

<p>WAC 388-865-0405(4): Staff performing mental health services (not including crisis telephone) must have access to consultation with a psychiatrist or a physician with at least one year's experience in the direct treatment of persons who have a mental or emotional disorder.</p>	<p>A. Personnel: (2) Staffing Standards: a. Minimal staffing patterns should be based on the current IHS resource allocation methodology document. b. The mental health team should include a variety of mental health disciplines (psychiatrist, psychologist, psychiatric nurse, psychiatric social worker, other social scientist, mental health technician) in order to assure a comprehensive mental health program. The disciplinary needs of a team can be provided by outside consultants.</p>
<p>WAC 388-865-0405(5)(a): Mental health services to children, older adults, ethnic minorities or persons with disabilities must be provided by, under the supervision of, or with consultation from the appropriate specialist(s) when the consumer: (a) Is a child as defined in WAC 388-865-0150;</p>	<p>A. Personnel: (2) Staffing Standards: a. Minimal staffing patterns should be based on the current IHS resource allocation methodology document. b. The mental health team should include a variety of mental health disciplines (psychiatrist, psychologist, psychiatric nurse, psychiatric social worker, other social scientist, mental health technician) in order to assure a comprehensive mental health program. The disciplinary needs of a team can be provided by outside consultants. c. Cultural needs of the population should be considered in the selection of primary care providers. Providers should be sensitive to the cultural traditions of the service population. d. Each mental health program should have on staff or have access to the services of a child mental health specialist. 3-14.4 E. Evaluation and Treatment of Children: (1) Purpose. Each mental health program is responsible for developing a systemic, integrated approach to the care of children and to the families of children with mental health problems. This approach should</p>

	<p>recognize the uniqueness and complexity of dealing with children and take into account the importance of developmental issues and environmental factors such as traditional cultural values and how they interact to impact on the child.</p> <p>(2)</p>
<p>WAC 388-865-0405(6): Provider must provide documentation that staff receive regular supervision and an annual performance evaluation.</p>	<p>3-14.5: Program Management Standards:</p> <p>A. Personnel:</p> <p>(3) Supervision Standards:</p> <p>a. The local mental health program is supervised by an individual designated by the administration of the Service Unit in consultation with the Area Mental Health Program Consultant. Local mental health program directors are responsible for overall development and implementation of mental health programs, professional supervision of mental health providers, and for articulating the mental health program to others in the service delivery system and outside agencies within the community.</p> <p>b. To assure delivery of optimal services, job descriptions will detail the skills needed by the mental health care provider.</p> <p>c. Standards of performance shall be based on the job description.</p> <p>d. Construction of performance standards will be according to the requirements of the Office of Personnel Management (OPM), including processes for performance evaluation of individuals.</p>

	<p>f. All paraprofessional level mental health staff should function with adequate supervision by a mental health professional.</p> <p>g. Policies and procedures setting forth roles, responsibilities, and supervision of trainees and volunteers should be established.</p> <p>(8) Clinical Privileges Standards: a. Each mental health program shall establish policies and procedures for a privileging process for all staff providing clinical services. This process should be consistent with JCAHO, Medicare standards, the facility/medical staff bylaws, and the law of the state in which the Service Unit is located. These shall include: (ii) Provisions for measurement of initial and continued demonstrated clinical competence in order to assure that patients will receive quality care.</p>
<p>WAC 388-865-0405(7) An individualized annual training plan must be implemented for each direct service staff person and supervisors, to include at a minimum: (a)The skills he or she needs for his/her job description and the population served; and (b) The requirements of RCW 71.05.720</p>	<p>3-14.5: Program Management Standards: A. Personnel: (9) Continuing Education and Training Standards: a. Each Area Mental Health Program will establish a policy for utilization of training resources for all categories of staff for continuing education based on program needs, skills, demonstrated competence requirements, and licensing requirements. The policy should be integrated with the training plans of the general health program.</p> <p>b. All mental health professional staff will participate in continuing education required to maintain their certification or licensure in their specialty.</p>

	<p>c. All mental health staff will participate in ongoing training as appropriate for the position occupied.</p> <p>d. Records of training will be maintained for all employees in the individual personnel files.</p> <p>e. Each mental health program should provide, arrange, or encourage staff training in high need topic areas.</p>
--	--

WAC 388-865-0410: Consumer rights	Chapter 14: Mental Health Programs 3-14.5: Program Management Standards
<p>WAC 388-865-0410: Consumer Rights.</p> <p>(1) The provider must document that consumers, prospective consumers, or legally responsible others are informed of consumer rights at admission to community support services in a manner that is understandable to the individual. Consumer rights must be written in alternative format for consumers who are blind or deaf, and must also be translated to the most commonly used languages in the service area consistent with WAC 388-865-0260(3).</p> <p>(2) The provider must post a written statement of consumer rights in public areas, with a copy available to consumers on request. Providers of telephone only services (e.g. crisis lines) must post the statement of consumer rights in a location visible to staff and volunteers during working hours.</p> <p>(3) The provider must develop a statement of consumer rights that incorporates the following statement or a variation approved by the mental health division: "You have the right to:</p>	<p>D. Patient Rights and Responsibilities Standards:</p> <p>(2) Standards:</p> <p>a. Patients rights policies shall be written in easily understandable language, clearly posted and available to all those receiving services, and shall include minimally the following elements:</p> <p>(i) Rights in respect to being informed regarding the nature of the treatment planned including benefits expected, risks involved, and participation in the development of the treatment plan;</p> <p>(ii) The right to refuse treatment;</p> <p>(iii) The right to reserve confidentiality;</p> <p>(iv) The right to be treated with full recognition of their personal dignity, individuality, and need for privacy;</p> <p>(v) The right to receive services in adequate facilities;</p> <p>(vi) The right to know the qualifications of the staff providing them services; and</p> <p>(vii) If the patient is found ineligible for services, the right to receive a written explanation, stating their rights for appeal, if any.</p>

(a) Be treated with respect, dignity and privacy;

(b) Develop a plan of care and services which meets your unique needs;

(c) The services of a certified language or sign language interpreter and written materials and alternate format to accommodate disability consistent with Title VI of the Civil Rights Act;

(d) Refuse any proposed treatment, consistent with the requirements in chapters [71.05](#) and [71.34](#) RCW;

(e) Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;

(f) Be free of any sexual exploitation or harassment;

(g) Review your clinical record and be given an opportunity to make amendments or corrections;

(h) Receive an explanation of all medications prescribed, including expected effect and possible side effects;

(i) Confidentiality, as described in chapters

b. Patient consent to participate in treatment programs as presented to them or pursuant to their treatment plan is to be documented.

[70.02](#), [71.05](#), and [71.34](#) RCW and regulations;

(j) All research concerning consumers whose cost of care is publicly funded must be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in chapter [388-04](#) WAC;

(k) Make an advance directive, stating your choices and preferences regarding your physical and mental health treatment if you are unable to make informed decisions;

(l) Appeal any denial, termination, suspension, or reduction of services and to continue to receive services at least until your appeal is heard by a fair hearing judge;

(m) If you are medicaid eligible, receive all services which are medically necessary to meet your care needs. In the event that there is a disagreement, you have the right to a second opinion from:

(i) A provider within the regional support network about what services are medically necessary; or

(ii) For consumers not enrolled in a prepaid health plan, a provider under contract with the mental health division.

<p>(n) Lodge a complaint with the ombuds, regional support network, or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you must be free of any act of retaliation. The ombuds may, at your request, assist you in filing a grievance. The ombuds' phone number is: _____;</p> <p>(o) Ask for an administrative hearing if you believe that any rule in this chapter was incorrectly applied in your case."</p>	
---	--

<p>WAC 388-865-0420: Intake evaluation</p>	<p>Chapter 14: Mental Health Programs 3-14.4: Treatment Process Standards</p>
<p>WAC 388-865-0420 Intake Evaluation: 1) All individuals receiving community mental health outpatient services, with the exception of crisis, stabilization, and rehabilitation case management services, must have an intake evaluation. The purpose of an intake evaluation is to gather information to determine if a mental illness exists which is a covered diagnosis under Washington state's section 1915(b)</p>	<p>B. Patient Assessment: Purpose: The purpose of patient assessment is to obtain a diagnosis that will lead to treatment planning and appropriate treatment /intervention for the patient. The patient assessment should consider a patient's culture and social dynamics which may affect interpretation of psychological symptoms and test results.</p> <p>(2) Standards: Each mental health program should be responsible</p>

<p>capitated waiver program, and if there are medically necessary state plan services to address the individual's needs. (For a listing of the covered diagnoses and state plan services go to: http://www.dshs.wa.gov/pdf/hrsa/mh/Waiver_2008_2010_PiHP_NEW_%200408_with_final_revisions.pdf)</p>	<p>for establishing policies and procedures for the following patient assessment components.</p> <p>a. Formal assessment: Policies and procedures should provide for timely formal assessment of behavior and level of functioning to be performed on every individual patient, couple or family accepted into treatment.</p>
<p>WAC 388-865-0420 (2): Intake evaluation must: (a) Be provided by a mental health professional.</p>	<p>3-14.5: Program Management Standards: (2) Staffing Standards: The mental health team should include a variety of mental health disciplines (psychiatrist, psychologist, psychiatric nurse, psychiatric social worker, other social scientist, and mental health technicians) in order to assure a comprehensive mental health program. The disciplinary needs of a team can be provided by outside consultants.</p>
<p>WAC 388-865-0420 (2) (b): Be initiated within ten working days from the date on which the individual or their parent or other legal representatives request services and completed within thirty working days of the initiation of the intake.</p>	<p>3-14.4: Treatment Process Standards: C. Treatment Planning: (2) Standards: b. A mental health "contact" consisting of a onetime service appointment does not require a formal plan. For patients requiring ongoing care, an initial treatment plan shall be developed by the clinician by the third visit. The treatment plan shall be based on the diagnostic assessment data including cultural values. The treatment plan should include services to be provided by mental health staff directly, referrals, frequency of services, expected length of treatment and the name of the staff member assigned to work with the patient. Progress notes and/or discharge summary are required.</p>
<p>WAC 388-865-0420 (2) (c):</p>	<p>3-14.4 E. Evaluation and Treatment of Children:</p>

<p>Be cultural and age relevant.</p>	<ul style="list-style-type: none"> (1) Purpose. Each mental health program is responsible for developing a systemic, integrated approach to the care of children and to the families of children with mental health problems. This approach should recognize the uniqueness and complexity of dealing with children and take into account the importance of developmental issues and environmental factors such as traditional cultural values and how they interact to impact on the child. (2) a. The purpose of the evaluation of the child is to determine whether or not treatment is needed and is so to identify as specifically as possible the conditions(s) needing treatment. <ul style="list-style-type: none"> (i) Policies should provide guidelines for the development of an integrated treatment plan. (ii) Evaluation of children entering treatment generally involves a multi-disciplinary approach and should examine all relevant areas of functioning. (iii) Evolution content should include: <ul style="list-style-type: none"> (a) A development history of the child including cultural/general aspects; (b) A physical examinations and medical history including nutritional assessment; (c) A social summary including a description of the family's functioning and any previous difficulties or interventions; (d) A cognitive assessment including description of school functioning; (e) Psychological testing and evaluation of the child with consideration of social and cultural differences; (f) Psychiatric examination as appropriate; and (g) Evaluations as necessary, such as motor, hearing, speech, or vocational evaluation for older
--------------------------------------	--

	adolescents.
WAC 388-865-0420 (2)(d): Document sufficient information to demonstrate medical necessity as defined in the state plan and must include:	Not specifically addressed
WAC 388-865-0420 (2) (d) (i): Presenting problem(s) as described by the individual, including a review of any documentation of a mental health condition provided by the individual. It must be inclusive of people who provide active support to the individual, if the individual so requests, or if the individual is under thirteen years of age:	3-14.4: Treatment Process Standards: B. c. Review of records: All pertinent records which may include medical records, school records and legal status are to be obtained and reviewed. Required releases of information will be obtained.
WAC 388-865-0420 (2) (d) (ii): Current physical health status, indulging any medications the individual is taking;	3-14.4: Treatment Process Standards B. d. Initial assessment interview shall include a review of presenting problems, chief complaint, recent and past history, social and family history, significant medical history, and use of drugs and medication. A mental status examination will be performed on patients accepted into treatment. Family members and/or significant other s will be interviewed when appropriate. The initial assessment will be documented in the patient record.
WAC 388-865-0420 (2) (d) (iii): Current substance use and abuse and treatment status (Gain-SS)	3-14.4: Treatment Process Standards: B. d. Initial assessment interview shall include a review of presenting problems, chief complaint, recent and past history, social and family history, significant medical history, and use of drugs and medication. A mental status examination will be performed on patients accepted into treatment. Family members and/or significant other s will be interviewed when appropriate. The initial assessment will be documented in the patient record.
WAC 388-865-0420 (2)(d)(iv): Sufficient clinical information to justify the provisional diagnose using diagnostic and statistical manual (DSM	3-14.4 Treatment Process standards f. Diagnosis: The assessment process leads to a formal diagnosis. The DSM-II-R

<p>IV TR) criteria, or its successor;</p>	<p>diagnostic criteria or the current equivalents with its five (5) axes as appropriate should be utilized. In utilization of DSM-III-R, providers' should allow for flexible interpretations given local cultural and social values. The DSM-III-R is a three volume psychiatric diagnostic classification system used frequently by mental health providers. The results of the assessment process shall be documented in the patient record.</p>
<p>WAC 388-865-0420 (2)(d)(v): An identification of risk of harm to self and others, including suicide/homicide. Note: A referral for provision of emergency/crisis services, consistent with WAC 388-865-0452, must be made if indicated in the risk assessment;</p>	<p>3-14.3 Program Services Standards B. Emergency Services (2) Standards : (1) Purpose. The mental health programs are responsible for providing or arranging for emergency mental health services in a variety of settings. Services will include assessments, therapeutic intervention, and other responses as indicated.</p> <ul style="list-style-type: none"> a. A written plan is to be established at each Service Unit or facility indicating resources to be utilized in providing emergency mental health services, contact persons, and means of contact including available telephone numbers. d. Selective training on the identification and handling of patients in psychiatric emergency situation will be provided to health care and social service staff, police and others. New staff will be fully oriented to emergency service policies and procedures. f. The Service Unit/tribal mental health program shall develop and maintain an up-to-date suicide register. The register is to identify suicide gestures, attempts and completions. This should include information from emergency room rosters, police, courts, coroner and state data collection agencies. <p>Efforts to reach out to significant other will be made and</p>

	<p>recorded in all cases of completed suicides.</p> <p>Training in recognition of persons who are potentially suicidal and appropriate intervention will be provided annually be all staff and be available to all interested persons and relevant agencies.</p>
<p>WAC 388-865-0420 (2)(d)(vi): Whether they are under the supervision of the department of corrections; and</p>	<p>3-14.3 Program Service Standards F. Forensic Services (2) Standards: a. Each mental health program shall establish and update policies and procedures regarding the following as necessary. (ii) The provision of forensic evaluation or treatment services to persons involved in civil issues. (iii) The provision of evaluation and treatment services to persons charged with or convicted of crimes and their families. (v) The circumstances under which evaluation, treatment and other information will be provided to courts and others. b. Forensic policies and procedures shall be based on applicable local, tribal, State or Federal statutes and on accepted standards or professional conduct and ethical behavior. Forensic evaluations and treatment of children will be conducted in accordance with P.L. 101-630, the Indian Child Welfare Act (ICWA) as amended.</p>
<p>WAC 388-865-0420 (2)(d)(vii): A recommendation of a course of treatment.</p>	<p>3-14.4 Treatment Process Standards A. (2) b. Screening criteria should ensure that the needs of the patient match the scope of services provided by the mental health program staff.</p>

WAC 388-865-0425: Individual service plan	Chapter 14: Mental Health Programs 3-14.4: Treatment Process Standards
WAC 388-865-0425 Individual Service Plan: The community mental health agency must develop a	C. Treatment Planning (2) Standards f.: Treatment planning may involve the patient and as

<p>consumer-driven, strength-based individual service plan that meets the individual's unique mental health needs. The individual service plan must be developed in collaboration with the individual, or the individual's parent or other legal representative if applicable. The service plan must:</p>	<p>appropriate the patient's family, extended family, school, or significant others.</p> <p>d. Appropriate therapeutic efforts may begin before a fully developed treatment plan is finalized and should consider spiritual/cultural orientation; the patient's presenting problems, physical health, emotional status, and behavioral status.</p>
<p>WAC 388-865-0425(1): Be initiated with at least one goal identified by the individual, or their parent or other legal representative if applicable, at the intake evaluation or the first session following the intake evaluation.</p>	<p>C. Treatment Planning (2) standards a.: The treatment planning process will be initiated following screening and assessment for all mental health treatment provided directly by the staff.</p>
<p>WAC 388-865-0425(2): Be developed within thirty days from the first session following the intake evaluation.</p>	<p>C. Treatment Planning(2) Standards b.: A mental health "contact" consisting of a onetime service appointment does not require a formal plan. For patients requiring ongoing care, an initial treatment plan shall be developed by the clinician by the third visit. The treatment plan shall be based on the diagnostic assessment data including cultural values. The treatment plan should include services to be provided by mental health staff directly, referrals, frequency of services, expected length of treatment and the name of the staff member assigned to work with the patient. Progress notes and/or discharge summary are required.</p> <p>d. Appropriate therapeutic efforts may begin before a fully developed treatment plan is finalized and should consider spiritual/cultural orientation; the patient's presenting problems, physical health, emotional status, and behavioral status. The Subjective/Objective Assessment Plan (SOAP) format will be utilized to document patient contacts. The SOAP format is referenced in the IHS Medical Records Manual.</p>

	<p>e. Each mental health program shall use a systematic, multidisciplinary treatment planning process with patients who have complex problems. Complex situations may include difficult differential diagnosis, involvement of multiple agencies or multiple problems, and the need for long-term ongoing treatment. The multidisciplinary team may include other health care providers, traditional practitioners, school personnel, outside consultations, other mental health disciplines or other agencies depending upon the needs of the patient and the facility staffing pattern.</p> <p>f. Treatment planning may involve the patient and, as appropriate, the patient’s family, extended family, school, or significant others.</p>
<p>WAC 388-865-0425(3): Address age, cultural, or disability issues identified by the individual, or their parent or other legal representative if applicable, as relevant to treatment.</p>	<p>D. Therapeutic Techniques (1): Purpose. It is the responsibility of each mental health program to provide a range of treatment modalities which are appropriate to the cultural tradition and mental health problems of the local population. A broad spectrum of treatment modalities available in the field of mental health is appropriate to Native American patients.</p>
<p>WAC 388-865-0425(4): Include treatment goals or objectives that are measurable and that allow the provider and individual to evaluate progress toward the individual's identified recovery goals.</p>	<p>3-14.4: Treatment Process Standards: C.Treatment Planning c. The treatment plan shall contain objectives, methods for achieving them, measurable and appropriate outcome, and a plan for periodic review. Timeframes for periodic review for complex and long term problems and for situations involving lack of progress should be established.</p>
<p>WAC 388-865-0425(5): Be in language and terminology that is understandable to individuals and their family.</p>	<p>3-14.4: Treatment Process Standards: C. Treatment Planning: (2) Standards:</p>

	<p>c. The treatment plan shall contain objectives, methods for achieving them, measurable and appropriate outcome, and a plan for periodic review. Timeframes for periodic review for complex and long term problems and for situations involving lack of progress should be established.</p> <p>d. Appropriate therapeutic efforts may begin before a fully developed treatment plan is finalized and should consider spiritual/cultural orientation, the patient’s presenting problems, physical health, emotional status, and behavioral status. The Subjective/Objective Assessment Plan (SOAP) format will be utilized to document patient contacts. The SOAP format is referenced in the IHS Medical Records Manual.</p> <p>e. Each mental health program shall use a systematic, multidisciplinary treatment planning process with patients who have complex problems. Complex situations may include difficult differential diagnosis, involvement of multiple agencies or multiple problems, and the need for long-term ongoing treatment. The multidisciplinary team may include other health care providers, traditional practitioners, school personnel, outside consultations, other mental health disciplines or other agencies depending upon the needs of the patient and the facility staffing pattern.</p> <p>f. Treatment planning may involve the patient and, as appropriate, the patient’s family, extended family, school, or significant others.</p>
<p>WAC 388-865-0425(6): Identify medically necessary service modalities, mutually agreed upon by the individual and provider, for this treatment episode.</p>	<p>D. Therapeutic Techniques (2):</p> <p>a. The therapeutic approach selected shall be within the provider’s expertise and shall be selected based on the needs of the patients.</p> <p>b. The program should provide a range of treatment modalities appropriate to the needs of adults and children,</p>

	<p>couples, families and groups which may be delivered in different settings and may require consultation and referral.</p> <p>c. Referral to cultural, spiritual and traditional practitioners may be appropriate when consistent with a patient's belief system.</p>
<p>WAC 388-865-0425(7): Demonstrate the individual's participation in the development of the individual service plan. Participation may be demonstrated by the individual's signature and/or quotes documented in the plan. Participation must include family or significant others as requested by the individual. If the provider developing the plan is not a mental health professional, the plan must also document approval by a mental health professional.</p>	<p>3-14.4: Treatment Process Standards: C. Treatment Planning: (2) Standards: e. Each mental health program shall use a systematic, multidisciplinary treatment planning process with patients who have complex problems. Complex situations may include difficult differential diagnosis, involvement of multiple agencies or multiple problems, and the need for long-term ongoing treatment. The multidisciplinary team may include other health care providers, traditional practitioners, school personnel, outside consultations, other mental health disciplines or other agencies depending upon the needs of the patient and the facility staffing pattern. f. Treatment planning may involve the patient and, as appropriate, the patient's family, extended family, school, or significant others.</p>
<p>WAC 388-865-0425(8): Include documentation that the individual service plan was reviewed at least every one hundred eighty days. It should also be updated to reflect any changes in the individual's treatment needs or as requested by the individual, or their parent or other legal representative if applicable.</p>	<p>Not specifically addressed</p>
<p>WAC 388-865-0425 (9): With the individual's consent, or their parent or other legal representative if applicable, coordinate with any</p>	<p>3-14.5 Program Management Standards (4) Consultation/Collaboration with other Health Care Providers Standards:</p>

<p>systems or organizations the individual identifies as being relevant to the individual's treatment. This includes coordination with any individualized family service plan (IFSP) when serving children under three years of age.</p>	<p>Each mental health programs should establish and maintain relationship with other professionals, program, and assisting agencies/resources in order to better provide services. The collaboration involves consultation, patient advocacy, sensitivity to cultural issues, prevention, assessment, and intervention efforts to ensure a continuum of services for the mental health needs of the AI/An population.</p>
<p>WAC 388-865-0425 (10): If an individual disagrees with specific treatment recommendations or is denied a requested treatment service, they may pursue their rights under WAC 388-865-0255.</p>	<p>Not specifically addressed</p>
<p>WAC 388-865-0430: Clinical record</p>	<p>Chapter 14: Mental Health Programs 3-14.3: Program Services Standards 3-14.4: Treatment Process Standards 3-14.5: Program Management Standards 3-14.6: Information Management</p>
<p>WAC 388-865-0430: The credentialed mental health agency must maintain a clinical record for each individual served in a manner consistent with WAC 388-865-0435, 388-865-0436, or any successors. The clinical record must contain:</p>	<p>3-14.6: Information Management: A. Patient Recordkeeping: (2) Standards: a. Mental health recording shall be maintained for each mental health patient. Records should be legible and organized in a manner which facilitates patient care. b. Mental health patient documentation will be maintained as part of the general medical record in accordance with the procedures of the facility and in accordance with IHS Medical Records Manual Issuance (Indian Health Manual Part 3,</p>

	<p>Chapter 3, Health Records), which allows separate mental health recording.</p> <p>c. Mental health recording in patient records shall document accurately and in a timely manner the course of the patient's evaluation, treatment and change in condition. Records are to be readily accessible and permit prompt retrieval of information, including statistical data.</p> <p>h. Policies and procedures should be developed and strictly enforces for release of records/information and should be clearly communicated to all employees, consultants, trainees, volunteers, and appropriate others. They should be consistent with IHS, state and federal confidentiality guidelines, including those promulgated for drug/alcohol records. Records regarding mental health care will be maintained in a manner which protects the confidentiality of the information.</p>
<p>WAC 388-865-0430(1): An intake evaluation (with the exception of consultation, crisis, stabilization and rehabilitation case management services).</p>	<p>3-14.4: Treatment Process Standards:</p> <p>B. Patient Assessment: 2 Standard a. Formal assessment:</p> <p>Policies and procedures' shall provide for timely formal assessment of behavior and level of functioning to be performed on every individual patient, couple or family accepted into treatment.</p>
<p>WAC 388-865-0430(2): The clinical record must contain evidence that the consumer rights statement was provided to the consumer.</p>	<p>3-14.4: Treatment Process Standards:</p> <p>(2) Standards a. Patient Right/Orientation::</p> <p>a. Patient has a right to be oriented to scope of the program, and any other right and responsibility (See Patient Rights and Responsibility, section 3-14.5D (6).</p> <p>3-14.5 D. Rights and Responsibility Standards: (3)</p>

	Documentation. Area/Service Unit mental health program policies and procedures, documentation of patient receipt of rights and responsibility, pamphlets or posting of rights and responsibilities.
WAC 388-865-0430(14): For individuals receiving community support services, the following information must be requested from the individual and the responses documented	Not specifically addressed
WAC 388-865-0430(14) (a): The name of any current primary medical care provider;	3-14.4: Treatment Process Standards: B. Patient Assessment d Content of the patient interview: Initial assessment interview shall include a review of presenting problems, chief complaint, recent and past history, social and family history, significant medical history, and use of drugs and medications.
WAC 388-865-0430(14) (b): Any current physical health concerns;	3-14.4: Treatment Process Standards: B. Patient Assessment d Content of the patient interview: Initial assessment interview shall include a review of presenting problems, chief complaint, recent and past history, social and family history, significant medical history, and use of drugs and medications
WAC 388-865-0430(14)(c): Current medication and any related concerns;	3-14.4: Treatment Process Standards: B. Patient Assessment d Content of the patient interview: Initial assessment interview shall include a review of presenting problems, chief complaint, recent and past history, social and family history, significant medical history, and use of drugs and medications h. Therapeutic Techniques h. Pharmacotherapy: (i) The prescription of any drugs is the responsibility of a physician. Non-physician mental health staff should refer patients for evaluations of the need for medication. (ii) Systemic peer review of drug utilization should

	include objectives of minimizing dependency, maintaining minimal effective doses, and other principles applicable to appropriate medication usage.
WAC 388-865-0430(14)(d): History of any substance use/abuse and treatment;	Not specifically addressed
WAC 388-865-0430(14)(e): Any disability or special needs;	3-14.4 Treatment Process Standards 2 Standards B. Patient Assessment: c. The assessment process should include evaluation of strengths and weaknesses in the context of the patient's environment from a multi-faceted point of view including cognitive, emotional, developmental, psycho-social and physical functioning.
WAC 388-865-0430(14)(f): Any previously accessed inpatient or outpatient services and/or medication to treat a mental health condition; and	3-14.4 Treatment Process Standards 2 Standards B. Patient Assessment 2. Review of records: All pertinent records which may include medical records, school records and legal status are to be obtained and reviewed. Required releases of information will be obtained.
WAC 388-865-0430(14)(g): Information about past or current trauma and abuse.	Not specifically addressed
WAC 388-865-0430(15): A description of the individual's strengths and resources; and	3-14.4 Treatment Process Standards 2 Standards B. Patient Assessment: The assessment process should include evaluation of strengths and weaknesses in the context of the patient's environment from a multi-faceted point of view including cognitive, emotional, developmental, psycho-social and physical functioning.
WAC 388-865-0430(16): A description of the individual's self-identified culture.	3-14.4 Treatment Process Standards C. Treatment Planning (1): Each mental health program will be responsible for providing

	and documenting a culturally appropriate, systemic treatment planning process for each patient accepted for treatment.
WAC 388-865-0430(8): Documentation of: (a) All service encounters;	3-14.6:Information Management: D. Patient Rights and Responsibilities Standards: (2) Standards c. Mental health recording inpatient records shall document accurately and in a timely manner the course of the patient’s evaluation, treatment and change in condition. Records are to be readily accessible and permit prompt retrieval of information including statistical data. b. Patient consent to participate in treatment programs as presented to them or pursuant to their treatment plan is to be documented.
WAC 388-865-0430(8) (b): Objective progress toward established goals as outlined in the treatment plan; and	13-14.4 Treatment Process Standards. Treatment Planning 2 Standards c.: The treatment planning shall contain objectives, methods for achieving them, measurable and appropriate outcome, and a plan for periodic review. Timeframes for a periodic review for complex and long term problems and for situations involving lack of progress should be established.
WAC 388-865-0430(8) (c): How any major changes in the individual’s circumstances were addressed.	Not specifically addressed
WAC 388-865-0430(4): Any crisis plan that has been developed;	13-14.4 Treatment Process Standards D. Therapeutic Techniques (2) Standards d. (i) crisis interventions.
WAC 388-865-0430 (5) The individual service plan and all revision to the plan;	Not specifically addressed
WAC 388-865-0430 (12): Documentation that the individual, or their parent or other legal representative if applicable, are informed about the benefits and possible side effects of any medications prescribed for the individual in language	Not specifically addressed

that is understandable;	
WAC 388-865-0430 (11): Either documentation of informed consent to treatment by the individual or parent or other legal representative;	3-14.5: Program Management Standards: D. Patient Rights and Responsibilities Standards: (2) Standards: b. Patient consent to participate in treatment programs as presented to them or pursuant to their treatment plan is to be documented.
WAC 388-865-0430 (2): Evidence that the consumer rights statement was provided to the individual, or their parent or other legal representatives if applicable;	Program Management Standards D. Patients Rights and Responsibilities Standards (3): Documentation. Area/Service Unit mental health program policies and procedures, documentation patient receipt of rights and responsibilities, pamphlets or posting of rights and responsibilities.
WAC 388-865-0430 (6): Documentation that services are provided by or under the clinical supervision of a mental health professional;	Not specifically addressed
WAC 388-865-0430 (7): Documentation of any clinical consultation or oversight provided by a mental health specialist.	Not specifically addressed
WAC 388-865-0430 (3): Documentation that the provider requested a copy of and inserted into the clinical record if provided, any of the following:	Not specifically addressed
WAC 388-865-0430 (3) (a): Mental health advanced directives;	Not specifically addressed
WAC 388-865-0430 (3) (b):	Not specifically addressed

Medical advance directives;	
WAC 388-865-0430 (3) (c): Powers of attorney;	Not specifically addressed
WAC 388-865-0430 (3) (d): Letters of guardianship, parenting plans and/or court order for custody;	Not specifically addressed
WAC 388-865-0430 (3) (e): Least restrictive alternative order(s)	Not specifically addressed
WAC 388-865-0430 (3) (f): Discharge summaries and/or evaluations stemming from outpatient or inpatient mental health services received within the last five years when available;	Not specifically addressed
WAC 388-865-0430 (9): Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters <u>26.44</u> and <u>74.34</u> RCW has occurred;	Not specifically addressed
WAC 388-865-0430 (10): Documentation that the department of corrections was notified by the provider when an individual on a less restrictive alternative or department of corrections order for mental health treatment informs the provider that the individual is under supervision by the department of corrections. Notification can be either written or oral. If oral notification, it must be confirmed by a written notice, including e-mail and fax. The disclosure to department of corrections does not	Not specifically addressed

require the person's consent.	
WAC 388-865-0430 (10) (a): If the individual has been given relief from disclosure by the committing court, the individual must provide a copy of the court order to the treating community mental health agency (CMHA).	Not specifically addressed
WAC 388-865-0430 (10) (b): There must be documentation that an evaluation by a designated mental health professional (DMHP) was requested in the following circumstance:	Not specifically addressed
WAC 388-865-0430 (10) (b)(i): The mental health provider becomes aware of a violation of the court-ordered treatment of an individual when the violation concerns public safety; and	Not specifically addressed
WAC 388-865-0430 (10) (b)(ii): The individual's treatment is a less restrictive alternative and the individual is being supervised by the department of corrections.	Not specifically addressed
WAC 388-865-0430 (13): Documentation of confidential information that has been released without the consent of the individual under the provisions of RCW 70.02.050, 71.05.630 and the Health Insurance Portability and Accountability Act (HIPAA).	Not specifically addressed

WAC 388-865-0450: Quality management process	Chapter 14: Mental Health Programs 3-14.7: Program Evaluation
<p>WAC 388-865-0450: Quality management process The credentialed mental health agency must implement a process for continuous quality improvement in the delivery of effective age and culturally competent mental health services and improve patient satisfaction and outcomes. The process and plan must include:</p>	<p>3-14.7: Program Evaluation: B. Quality Assurance/Patient Care Review: (2) Standards: a. Quality assurance programs at all program levels (Headquarters, Area, Service Unit) shall include activities which are designed to objectively and systematically monitor and evaluate the quality of the process and outcome of clinical services, pursue opportunities to improve patient care and resolve identified problems with the patient treatment process.</p> <p>b. The Headquarters Mental Health Programs Branch is responsible for encouraging an effective quality assurance program in all mental health programs. Headquarters is to provide consultation and technical assistance in the development of a quality assurance system and to periodically review the effectiveness of the system.</p> <p>c. Area Mental Health Program Consultants provide technical advice required to implement the Area mental health quality assurance program at the local program units consistent with the services provided locally. An Area-wide quality assurance plan should be developed and maintained and should be based on the IHS Mental Health Program Services program standards.</p>

	<p>d. All mental health program directors should develop a quality assurance plan according to services provided locally and implement a quality assurance system which systematically monitors and evaluates the quality of patient care services, identifies problems, and develops and documents corrective action taken to resolve problems.</p> <p>e. Mental health providers should participate in the development, implementation, and maintenance of the local mental health quality assurance plan. The participation of the provider includes recordkeeping and data collection, and may include organization of data, interpretation of data and recommendations for corrective actions based on assigned periodic quality assurance activities.</p> <p>f. All mental health program quality assurance plans should be consistent with the overall facility/Service Unit quality assurance plan. The Service Unit quality assurance plans must include the ongoing monitoring of a minimum of one quality assurance indicator for each of the services provided. Recommended quality assurance monitors are identified for each patient care activity described in the IHS Mental Health program services standards and have been included in Appendix 3-14-C.</p> <p>g. All mental health quality assurance plans must also include provision for determination of patient satisfaction with mental health services through some form of annual survey. Annual surveys should include data collection, interpretation, and documentation of corrective improve patient satisfaction action taken to with services.</p>
(1) Roles, structures, functions and interrelationships	3-14.7: Program Evaluation:

of all the elements of the quality management process;

B. Quality Assurance/Patient Care Review:

(2) Standards:

a. Quality assurance programs at all program levels (Headquarters, Area, Service Unit) shall include activities which are designed to objectively and systematically monitor and evaluate the quality of the process and outcome of clinical services, pursue opportunities to improve patient care and resolve identified problems with the patient treatment process.

b. The Headquarters Mental Health Programs Branch is responsible for encouraging an effective quality assurance program in all mental health programs. Headquarters is to provide consultation and technical assistance in the development of a quality assurance system and to periodically review the effectiveness of the system.

c. Area Mental Health Program Consultants provide technical advice required to implement the Area mental health quality assurance program at the local program units consistent with the services provided locally. An Area-wide quality assurance plan should be developed and maintained and should be based on the IHS Mental Health Program Services program standards.

d. All mental health program directors should develop a quality assurance plan according to services provided locally and implement a quality assurance system which systematically monitors and evaluates the quality of patient care services, identifies problems, and develops and documents corrective action taken to resolve problems.

	<p>e. Mental health providers should participate in the development, implementation, and maintenance of the local mental health quality assurance plan. The participation of the provider includes recordkeeping and data collection, and may include organization of data, interpretation of data and recommendations for corrective actions based on assigned periodic quality assurance activities.</p> <p>f. All mental health program quality assurance plans should be consistent with the overall facility/Service Unit quality assurance plan. The Service Unit quality assurance plans must include the ongoing monitoring of a minimum of one quality assurance indicator for each of the services provided. Recommended quality assurance monitors are identified for each patient care activity described in the IHS Mental Health program services standards and have been included in Appendix 3-14-C.</p> <p>g. All mental health quality assurance plans must also include provision for determination of patient satisfaction with mental health services through some form of annual survey. Annual surveys should include data collection, interpretation, and documentation of corrective improve patient satisfaction action taken to with services.</p>
<p>(2) Procedures to ensure that quality management activities are effectively and efficiently carried out with clear management and clinical accountability, including methods to:</p> <p>.</p>	<p>d. All mental health program directors should develop a quality assurance plan according to services provided locally and implement a quality assurance system which systematically monitors and evaluates the quality of patient care services, identifies problems, and develops and documents corrective action taken to resolve problems.</p>

(a) a) Collect, analyze and display information regarding: (i) The capacity to manage resources and services, including financial and cost information and compliance with statutes, regulations and agreements; (ii) System performance indicators; (iii) Quality and intensity of services; (iv) Incorporation of feedback from consumers, families, natural supports, and allied service systems; (v) Clinical care and service utilization including consumer outcome measures; (vi) Recommendations and strategies for system and clinical care improvements, including information from exit interviews of consumers.	Not specifically addressed 3-14.7 Programs review and quality assurance/patient care reviews are necessary for mental health programs to meet existing JCAHO and HCFA standards and to establish a basis for third party reimbursements for mental health services.
(b) Monitor complaints, grievances and adverse incidents for adults and children;	Not specifically addressed
(c) Immediately investigate and report allegations of fraud and abuse;	Not specifically addressed
(d) identify necessary improvements and implement change; and	Not specifically addressed
(e) Demonstrate use of all corrective actions to improve the services provided.	Not specifically addressed

WAC 388-865-XXXX Critical Incidents	Chapter 14: Mental Health Programs
1) The credentialed community mental health agency must develop a process for reporting critical incidents to	

<p>the Division of Behavioral Health and Recovery and participate in the investigation and resolution. The definition of "Critical Incidents" includes:</p> <ul style="list-style-type: none"> (a) Death of a patient; (b) Serious injury; (c) Sexual assault of patients, staff members, or public citizens on the facility premises; (d) Abuse or neglect of an adolescent or vulnerable adult patient by another patient or agency staff member on facility premises; (e) A natural disaster presenting a threat to facility operation or patient safety; (f) A bomb threat; a break in or theft of patient identifying information; (g) Suicide attempt at the facility; (h) An error in program administered medication at an outpatient facility that results in adverse effects requiring urgent medical intervention. 	
<p>(2)The agency must notify DBHR within one (1) working day of becoming aware of any of the following events:</p>	
<p>(a)Death of a consumer on the agency premises;</p>	
<p>(b)Serious injury to a consumer on the agency premises;</p>	
<p>(c) Sexual assault of consumers, staff members, or public citizens on the agency premises;</p>	
<p>(d)Abuse or neglect of an adolescent or vulnerable adult patient by another consumer or agency staff member on agency premise;</p>	
<p>(e)A natural disaster presenting a thereat to agency</p>	

operation or consumer safety;	
(f) A bomb threat; a break in or theft of consumer identifying information;	
(g) Suicide attempt at the agency;	
(h) An error in program administered medication at an agency that results in adverse effects requiring urgent medical intervention;	
(2) Initial notification and any follow up must be provided to DBHR using DBHR electronic incident reporting system. If the electronic incident reporting system is unavailable for use, a standardized form shall be provided with instruction on how to submit.	
(3) The agency must notify DBHR within one (1) working day of any incidents that was referred to the Medical Fraud Control Unit.	
(4) In addition to all incidents described above, the agency is required to utilize professional judgment and report incidents that fall outside the scope of this section.	
(5) The agency shall document notification to the following agencies or any others when required by law:	
(a) Adult Protective Services	
(b) Child Protective Services	
(c) Department of Health	
(d) Local Law Enforcement	
(e) Medicaid Fraud Control Unit	
(f) Washington State Patrol	
(6) Upon request, the agency must provide to DBHR	

<p>additional information regarding efforts designed to prevent or lessen the possibility of future similar incidents.</p>	
--	--

<p>WAC 388-865- XXXX Complaints and, grievances</p>	
<p>(2) The credentialed community mental health agency must develop a process for reviewing consumer complaints and grievances. A complaint is defined as a verbal statement of dissatisfaction with some aspect of mental health services. A grievance is a written request that a complaint be heard and adjudicated, usually undertaken after attempted resolution of a complaint fails. The process must be submitted to the Division of Behavioral Health and Recovery. The process must:</p>	
<p>(a) Be age, culturally and linguistically competent;</p>	
<p>(b) Ensure acknowledgment of receipt of the grievance the following working day. This acknowledgment may be by telephone, with written acknowledgment mailed within five working days;</p>	
<p>(c) Ensure that grievances are investigated and resolved within thirty days. This time frame can be extended by</p>	

mutual written agreement, not to exceed ninety days;	
(d) Be published and made available to all current or potential users of publicly funded mental health services and advocates in language that is clear and understandable to the individual;	
(e) Encourage resolution of complaints at the lowest level possible;	
(f) Include a formal process for dispute resolution;	
(g) Allow the participation of other people, at the grievant's choice;	
(h) Ensure that the consumer is mailed a written response within thirty days from the date a written grievance is received by the regional support network;	
(i) Ensure that grievances are resolved even if the consumer is no longer receiving services;	
(j) Continue to provide mental health services to the grievant during the grievance and fair hearing process;	
(k) Ensure that full records of all grievances are kept for five years after the completion of the grievance process in confidential files separate from the grievant's clinical record. These records must not be disclosed without the consumer's written permission, except as necessary to resolve the grievance or to DSHS if a fair hearing is requested;	
(l) Provide for follow-up to assure that there is no retaliation against consumers who have filed a grievance;	
(m) Inform consumers of their right to file an administrative hearing with DSHS without first accessing the contractor's grievance process;	
(n) Inform consumers of their right to use the DSHS	

prehearing and administrative hearing processes as described in chapter [388-02](#) WAC. Consumers have this right when:

- (i) The consumer believes there has been a violation of DSHS rule;
- (ii) The credentialed community mental health agency did not provide a written response within thirty days from the date a written request was received;
- (iii) The department of social and health services, or a provider denies services.

