

Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	Crisis Response Service System (CRSS) Regional Oversight	Policy No. 6011.00
Category:	Clinical	Date Adopted: 1/10/2020 Date Revised: Date Reviewed:
Reference:	Washington Health Care Authority (HCA) Contract	

PURPOSE

- 1.1. Policy to outline Great Rivers Behavioral Health Administrative Service Organization's (Great Rivers BH-ASO) scope of oversight responsibilities and quality improvement activities for Crisis Response Services System (CRSS) also known as Crisis Services, in the Great Rivers BH-ASO Region.

POLICY

- 2.1. Great Rivers BH-ASO ensures the provision of behavioral health crisis, triage and referral services in 5 Counties. The Great Rivers BH-ASO oversight conducts all monitoring, on-site auditing and quality improvement activities for all behavioral health triage, stabilization and referral services. This policy is to provide the scope of Great Rivers BH-ASO's mission to ensure providers of crisis services are compliant with known clinical best practices, contracts, Revised Codes of Washington (RCWs), Washington Administrative Code (WAC) and federal regulations.

CRISIS RESPONSE SERVICE SYSTEM (CSS)

- 3.1. CRSS includes a broad network of triage and referral services that are intended to stabilize the individual in crisis while utilizing the least restrictive community settings possible. Crisis services include both voluntary and involuntary services and address all relevant behavioral health and substance abuse situations. Please refer to Great Rivers BH-ASO Policy 6019.00 Fiscal Eligibility Verification.
- 3.2. CRSS services include, but are not limited to:
 - 3.2.1. 24/7 Centralized Toll Free Crisis Line (CCR);
 - 3.2.2. 24/7 Mobile Crisis Outreach Services – Voluntary
 - 3.2.3. 24/7 Designated Crisis Responders – Involuntary Investigations/Detainment
 - 3.2.4. Crisis Coordination and Referral Services;
 - 3.2.5. Short Term Crisis Stabilization Services; and
 - 3.2.6. Inpatient Psychiatric Utilization Management (UM) for General State Funds (GSF).

- 3.2.7. Withdrawal Management Utilization Management (UM) for General State Funds (GSF)
- 3.3. In addition, Great Rivers BH-ASO coordinates and collaborates with Managed Care Organizations (MCOs) and Outpatient Providers for individuals identified as high utilizers of the crisis system. See Great Rivers BH-ASO Policies: Policy 6005.00 Individual Transfer and Coordination of Care and Policy 6006.00 Coordination of Care with External Health Care Providers. CRSS training modules are made available for providers and community stakeholders interested in the region's network of crisis services.

CRSS REGIONAL OVERSIGHT

- 4.1. Great Rivers BH-ASO's regional oversight for CRSS includes:
 - 4.1.1. Program and Provider Utilization Monitoring;
 - 4.1.2. Onsight Quality Reviews;
 - 4.1.3. CRSS Credentialing;
 - 4.1.4. CRSS Provider Internal Review Expectations;
 - 4.1.5. CRSS Policy and Protocol Workgroups;
 - 4.1.6. CRSS Quality Management Oversight Committee;
 - 4.1.7. Great Rivers Quality Management Committee (QMC) reporting; and
 - 4.1.8. Utilization Management – Psychiatric Inpatient Services, SUD Residential and Withdrawal Management
- 4.2. Great Rivers BH-ASO's Medical Director provides active oversight of the CRSS, to include triage and referral protocols for all behavioral health and substance abuse situations.

Provider and Program Monitoring

- 5.1. Monitoring of CRSS activities ensures appropriate utilization and regional sustainability of least restrictive settings for short-term behavioral health stabilization services. Monitoring activities span clinical, Information Systems (IS) and contract departments. Great Rivers BH-ASO develops compliance and quality driven metrics per contract with each CRSS program or contractor which is routinely evaluated against for clinical and administrative best practices.
 - 5.1.1. Performance Monitoring activities include, but are not limited to:
 - 5.1.1.1. Agency or program performance metrics to include: Access, response, triage and referral outcomes;
 - 5.1.1.2. Satisfaction (Allied Agencies and Individuals)
 - 5.1.1.3. Agency or program adherence to relevant RCW, WAC and contract requirements; and

- 5.1.1.4. Consumer Information System (CIS) Data Validation Reports.
- 5.2. Great Rivers BH-ASO provides member experience data and information to its delegate or providers when requested. Member experience data may include, for example:
 - 5.2.1. Data from complaints, survey results, or customer service outcomes; and
 - 5.2.2. Clinical performance data, to include effectiveness of care, access/availability, utilization/resource use and member experience of care.

Onsite Quality Reviews

- 6.1. Great Rivers BH-ASO conducts annual, on-site retrospective Utilization Reviews (UR) that address specific aspects of crisis services and inpatient utilization management. Quality reviews focus on RCW, WAC and Federal rule compliance and ensure all triage and referral protocols meet the following standards:
 - 6.1.1. Address all relevant behavioral health and substance abuse situations;
 - 6.1.2. Define the appropriate level of urgency;
 - 6.1.3. Define the appropriate setting of care; and
 - 6.1.4. Use licensed practitioners to make decisions that require clinical judgement.
- 6.2. All CRSS quality reviews are in accordance with Great Rivers BH-ASO's Utilization Management (UM) plan and include oversight from Great Rivers BH-ASO's Medical Director, Crisis Services Manager and Quality Specialists.
- 6.3. Onsite quality reviews may include:
 - 6.3.1. **Review Feedback Reports:** provides a finding summary and the BHA and/or regional compliance rates for each standard; and/or
 - 6.3.2. **Remedial Actions:** applied in circumstance in which quality or compliance standards are not met and additional actions by the provider need to be addressed. All remedial actions are evaluated by Great Rivers BH-ASO Internal Quality Management Committee (IQMC).
- 6.4. Interrater reliability activities are conducted by Great Rivers BH-ASO Medical Director, clinical staff and crisis providers annually and reported to Great Rivers BH-ASO IQMC and CRSS Quality Committee.

CRSS Contract and Provider Credentialing and Training

- 7.1. Great Rivers BH-ASO contracted agencies and providers are required to meet current credentialing standards and laws for crisis triage and referral services. Routine agency audits are conducted by Great Rivers BH-ASO to ensure providers of crisis services are credentialed and licensed to make any requested clinical triage and referral decisions.

- 7.1.1. Great Rivers BH-ASO requires its contracted agencies to comply with staffing requirements in accordance with WAC 246-341. Each staff member working with an individual receiving crisis services must:
 - 7.1.1.1. Be clinically supervised by a mental health professional (MHP) or licensed by DOH
 - 7.1.1.2. Receive annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must document the training.
 - 7.1.1.3. Have the ability to consult with one of the following (who has at least one (1) years' experience in the direct treatment of individuals who have a behavioral health condition):
 - 7.1.1.3.1. A psychiatrist
 - 7.1.1.3.2. A Physician
 - 7.1.1.3.3. A Physician Assistant; or
 - 7.1.1.3.4. An ARNP.
- 7.1.2. Great Rivers BH-ASO will comply with Designated Crisis Responder (DCR) qualification requirements in accordance with Chapters 71.05 and 71.34 RCW and will incorporate the statewide DCR Protocols, listed on the Health Care Authority (HCA) website, into the practice of their DCRs.
- 7.2. CRSS agencies that provide triage and referral services must be supervised by licensed professionals with five years of post-master's clinical experience. Contracted providers are required to have available a licensed psychiatrist or a licensed doctor-level clinical psychologist for consultation regarding triage and referral decisions.
- 7.3. Additional provider credentialing requirements are found in Great Rivers BH-ASO policy title: Provider Agency Credentialing.

CRSS Provider's Internal Review Expectations

- 8.1. Great Rivers BH-ASO expects all CRSS agencies and providers to conduct internal review processes to ensure all triage and referral decisions meet administrative and clinical standards. Agency internal review processes may include, but are not limited to:
 - 8.1.1. Interrater reliability assessments of triage and referral decisions;
 - 8.1.2. Routine monitoring of crisis access and response metrics;
 - 8.1.3. Quality improvement and reporting mechanisms; and
 - 8.1.4. Licensure and credentialing reviews.

CRSS Policy and Protocol Workgroups

- 9.1 Great Rivers BH-ASO uses the CRSS Quality Management Oversight

Committee workgroups to develop compliance standards of all CRSS related policies and protocols. Great Rivers BH-ASO's medical director and contracted provider involvement ensures all protocols are compliant with HCA, RCW and Federal standards and are responsive to the needs identified by providers of crisis services.

9.1.1 CRSS policy and protocol workgroup goals are to:

9.1.1.1 Routinely review policies and protocols against state and federal rulemaking;

9.1.1.2 Review best practices for all crisis, triage and referral services; and

9.1.1.3 Identify community needs and appropriate regional responses.

CRSS Quality Management Oversight Committee

10.1 Great Rivers BH-ASO's CRSS Committee is responsible for approving crisis policies, procedures and protocols that will be used by contractors to ensure documentation of all behavioral health crisis intervention outcomes and referral information. The Great Rivers BH-ASO maintains the CRSS Quality Oversight Committee and reports committee activities to the Great Rivers BH-ASO Internal Quality Management Committee (IQMC).

10.2 The CRSS Committee consists of BH-ASO leadership, CRSS management and all contracted service providers by Great Rivers BH-ASO. Additional representatives from other service systems and agencies may be invited on an as needed basis.

Great Rivers BH-ASO Committee Reporting

11.1 Great Rivers BH-ASO is responsible for conducting annual reporting of all oversight activities that are reviewed by the Quality Management Committee (QMC). QMC ensures the documentation and tracking of quality improvement initiatives, collection and analysis of data and the evaluation of program reports to measure quality or initiate change in oversight.

11.2 Utilizing established and agreed upon methodology, Great Rivers BH-ASO conducts annual assessments and analysis of CRSS provider metrics to include regional Utilization, clinical trends, and performance and evaluates this data to identify opportunities for improvement.

11.3 Recommendations for actions to be taken for continuous quality improvement will be documented and any recommendation for quality improvement projects will be conducted in accordance with the Great Rivers BH-ASO Quality Management Program (QMC) Performance Improvement Program (PIP).

Utilization Management (UM) – Psychiatric Inpatient

- 12.1 Great Rivers BH-ASO provides a standardized Utilization Management (UM) protocol for inpatient psychiatric services funded solely or in part through General Funds-State (GFS). Great Rivers has established policies that outline UM methodology for determining when GFS resources are available and outlines the level of care guidelines for making authorization determinations. Please refer to Great Rivers BH-ASO Policy 6019.00 Fiscal Eligibility Verification and Policy 6004.00 Authorization of Behavioral Health Outpatient and Inpatient Services.
- 12.2 Great Rivers BH-ASO assures that all UM staff making service authorization decisions have been trained and are competent in reviewing and authorization of inpatient level of care as stipulated in Federal, State and HCA Contract requirements.

Delegation

- 13.1 Great Rivers BH-ASO may delegate certain responsibilities in order to ensure the provision of a centralized crisis system. All delegation agreements will be mutually agreed upon and will describe the specific delegated activities and responsibilities.
- 13.2 Great Rivers BH-ASO requires any delegated organization to fulfill specific deliverables and ensures the provision of Protected Health Information (PHI) as specified in the delegation agreement and business associate agreement.
- 13.3 Great Rivers BH-ASO reviews delegated Quality Improvement (QI) programs which may include:
 - 13.3.1 Annual review of the delegate QI program;
 - 13.3.2 Annual file audit of complex case management;
 - 13.3.3 Annual reporting with the Great Rivers BH-ASO Internal Quality Management Committee; and
 - 13.3.4 Evaluation of the annual reporting

ATTACHMENTS

None.

POLICY SIGNATURE

Edna J. Fund, Chair
Great Rivers BH-ASO Governing Board

Date