

# Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	<b>Less Restrictive Alternative (LRA), Conditional Release (CR), and Assisted Outpatient Treatment (AOT) Monitoring</b>	Policy No. <b>6026.01</b>
Category:	Clinical- Utilization Management	Date Adopted: 06/12/2020 Date Revised: Date Reviewed: 06/09/2021
References:	WAC 246-341-0805; RCW 71.05; RCW 71.34 Great Rivers BH-ASO Contract with Washington State Health Care Authority (HCA)	

## POLICY

- 1.1 Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) or our subcontractor(s) will monitor Individuals discharged from inpatient hospitalizations on Less Restrictive Alternatives (LRA) under Revised Code of Washington (RCW) 71.05.320 to ensure compliance with LRA requirements.
- 1.2 Great Rivers BH-ASO offers mental health services to Individuals who are ineligible for Medicaid to ensure compliance with LRA requirements.
- 1.3 Great Rivers BH-ASO responds to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with RCW 71.05.340.
- 1.4 Great Rivers BH-ASO, or a subcontractor, will provide mental health services to Individuals who are ineligible for Medicaid to ensure compliance with conditional release requirements (RCW 10.77.150 and RCW 71.05.340).
- 1.5 Individuals residing in Great Rivers BH-ASO's region prior to admission, and discharging to another region, will do so according to the Regional Service Area (RSA) Transfer agreement established between the receiving RSA and Great Rivers BH-ASO. The Agreements shall include:
  - 1.5.1 Specific roles and responsibilities of the parties related to transitions between the community and the State Hospital.
  - 1.5.2 Collaborative discharge planning and coordination with cross-system partners such as residential facilities, community mental health (MH) or substance use disorder (SUD) providers, etc.
  - 1.5.3 Identification and resolution of barriers which prevent discharge and systemic issues that create delays or prevent placements in Great Rivers BH-ASO's RSA.
- 1.6 When Individuals being discharged or diverted from state hospitals are placed in a long-term care setting, Great Rivers BH-ASO shall:
  - 1.6.1 Coordinate with DSHS Aging and Long-Term Services Administration (AL TSA) Home and Community Services (HCS) and any residential provider to develop a crisis plan to support the placement.

- 1.6.2 Coordinate with HCS and any residential provider in the development of a treatment plan that supports the viability of the HCS placement when the Individual meets access to care criteria.
- 1.7 For individuals involuntarily committed under Revised Code of Washington (RCW) 71.05 or 71.34, inpatient psychiatric facilities are required to provide notice of discharge and copies of Conditional Releases (CR)/Less Restrictive Orders (LRO/LRA)/Assisted Outpatient Treatment (AOT) Orders to the Designated Crisis Responder (DCR) office responsible for the detention and the DCR office in the county where the individual is expected to reside. This notification is required to occur as soon as possible and no later than one (1) business day after the individual's discharge from the inpatient psychiatric facility. The DCR office will contact the responsible BHA's Mobile Crisis Team (BHA/MCT) as soon as they are made aware of the CR/LRO/AOT on the individual.
- 1.8 Inpatient psychiatric facilities are expected to contact BHA to request the BHA/MCT assume responsibility of the CR/LRO/AOT, at a minimum, prior to the individual's discharge. However, once a BHA/MCT becomes aware of an individual's CR/LRO/AOT, lack of notification by the inpatient facility to the BHA prior to the individual's discharge does not eliminate responsibility to follow up with the individual on the CR/LRO/AOT.
- 1.9 In order to ensure the provision of services to individuals on a CR/LRO/AOT, BHAs must be certified by Health Care Authority (HCA) for outpatient psychiatric and medical components of community support services and involuntary treatment services consistent with Washington Administrative Codes. An LRA Treatment Provider means a provider agency that is licensed by HCA to monitor, provide/coordinate the full scope of services required for LRA Treatment, and agrees to assume this responsibility.
- 1.10 In order to ensure integrated, well-coordinated, and medically necessary services are delivered to individuals on a CR/LRO/AOT, BHAs will need to work closely with DCRs and other allied professionals in the community.

## DEFINITIONS

- 2.1. Assisted Outpatient Treatment (AOT) is an order for Less Restrictive Alternative Treatment, for up to 90 days, from the date of judgment. AOT shall not order inpatient treatment.
- 2.2. Conditional Release (CR) is a revocable modification of a commitment, which may be revoked upon violation of any of its terms. (A commitment means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting). This document specifies what the person needs to do to remain in the community. It differs from an LR in length and because there is no court involvement, other than the underlying 90- or 180-day More Restrictive (MR) Order.
- 2.3. Less Restrictive Order/Less Restrictive Alternative (LRO/LRA) means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585.

## PROCEDURE

- 3.1. The inpatient psychiatric facility must first contact the BHA/MCT to request the BHA/MCT assume responsibility of the State only funded CR/LRO/AOT. This contact must be a

written request and is expected to occur prior to the individual's discharge from the inpatient facility.

- 3.2. The BHA/MCT will notify Great Rivers BH-ASO to determine if the individual meets financial eligibility for state only funding.
- 3.3. If funds are available, the BHA/MCT will recontact (in writing) the inpatient unit, to accept responsibility of the individual on the State only funded CR/LRO/AOT.
- 3.4. The BHA/MCT will ensure monthly evaluation of each committed individual for release from or continuation of an involuntary treatment order by documenting the individual's adherence to the conditions of the State only funded CR/LRO/AOT, in accordance with current WACs. The monthly summary will include compliance violations over the last 30 days, in addition to, the next steps and plan. The monthly summary should be faxed to the responsible DCR office.
- 3.5. The BHA/MCT will document each violation of the conditions of the CR/LRO/AOT in the individual's chart. This shall include an evaluation of the need to pursue revocation.
- 3.6. The BHA/MCT is responsible for providing follow up services with the individual when a Request for Service (RFS) at that BHA has been made. The MCT will:
  - 3.6.1. Coordinate appropriate follow up services for the individual.
  - 3.6.2. Notify the DCR office in writing if the individual does not attend the assessment appointment and documentation must include what attempts are going to be made to engage the individual.
  - 3.6.3. Coordinate with DCRs on further follow up needs as appropriate. This could include outreach, crisis alerts, affidavits, etc.
  - 3.6.4. Document their attempts to contact and engage the individual.
  - 3.6.5. Document any and all DCR involvement.
- 3.7. The DCR office is responsible for notifying the BHA/MCT when the office is made aware of an individual being placed on a court order for a specific BHA.
- 3.8. The BHA/MCT working with the individual with State only funded is responsible for coordination with Great Rivers BH-ASO on continuing stay and discharge planning while the individual is on an CR/LRO/AOT. Individuals on an AOT are not able to be revoked. If the individual refuses to comply with the conditions of the AOT, the BHA/MCT will coordinate with the DCR office regarding the violation(s) to determine if there are grounds for a new evaluation for a detention.
- 3.9. For an individual on a CR/LRO/AOT who is currently in an open outpatient treatment episode with a Great Rivers BH-ASO contracted BHA, the county MCT will monitor the CR/LRO/AOT, as ordered by the court.
- 3.10. LRA Treatment should include, at a minimum:
  - 3.10.1. An intake evaluation with the provider of the LRA treatment;
  - 3.10.2. A psychiatric evaluation;
  - 3.10.3. Medication management (as specified in RCW 71.05);
  - 3.10.4. A schedule of regular contacts with the provider of LRA treatment for the duration of the order;
  - 3.10.5. A transition plan addressing access to continued services at the expiration of the order;
  - 3.10.6. An individual crisis plan; and

- 3.10.7. For AOT, an evaluation to determine medical necessity will occur after the first month.
- 3.11. LRA Treatment may also include requirements for an Individual to participate in the following services:
  - 3.11.1. Psychotherapy;
  - 3.11.2. Nursing;
  - 3.11.3. Substance abuse counseling;
  - 3.11.4. Residential treatment; and
  - 3.11.5. Support for housing, benefits, education, and employment.
- 3.12. If required, the BHA/MCT will submit an individualized plan for the individual's treatment services to the court that entered the order. An initial plan will be submitted as soon as possible following the intake evaluation and a revised plan will be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.
- 3.13. In order to monitor individuals on a CR/LRO/AOT, the BHA/MCT will prioritize the following:
  - 3.13.1. The CR/LRO/AOT is a tool to assist the individual in their recovery and to maintain stability and safety in the community.
  - 3.13.2. An individual's participation in treatment, per the CR/LRO/AOT.
  - 3.13.3. Providing DCRs with information needed to support petitions.
- 3.14. The BHA/MCT will notify the DCR if non-adherence with the CR/LRO/AOT impairs the individual sufficiently to warrant evaluation for revocation of the CR/LRO/AOT.
- 3.15. DCRs will maintain a system that tracks CRs/LROs/AOTs, as well as, ensuring MCTs are informed of the process for extending a CR/LRO/AOT.
- 3.16. Petitioning to extend the CR/LRO/AOT will occur whenever the individual continues to meet the criteria for further commitment and when further less restrictive treatment will support the individual's recovery. MCTs are encouraged to consider information from all-natural supports and other treatment providers. In this circumstance, the BHA/MCT will request an extension from their local DCR office three to four (3 to 4) weeks prior to the expiration of the CR/LRO/AOT.
- 3.17. BHA/MCTs will be fully educated and aware of the ability to continue or extend a CR/LRO/AOT, even when the individual's circumstances do not warrant hospitalization or meet acute care criteria. The individual's past history of decompensation without continued involuntary outpatient treatment is important to consider when determining if the criteria for grave disability can be met.
- 3.18. The BHA/MCT assigned to monitor an enrolled individual on a CR/LRO/AOT may not discharge the individual from mental health services while they are on the CR/LRO/AOT.

## **MONITORING**

- 4.1. Great Rivers BH-ASO will periodically review for compliance through clinical record and service reviews.

POLICY SIGNATURE

DocuSigned by:  
*Trinidad L. Medina*  
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11/4/2021

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Trinidad Medina,  
Chief Executive Director

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Date