

Amend Section 13. SERVICES, Subsection 13.2.11. Children's Long-Term Inpatient Programs (CLIP) as follows:

13.2.11. Children's Long-Term Inpatient Programs (CLIP). The Children's Long Term Inpatient Program Administration (CLIP Administration) is the state's designated authority for clinical decision-making regarding admission to and discharge from publically funded beds in the statewide CLIP program. CLIP is the most intensive inpatient psychiatric treatment available to all Washington State residents, ages 5-18 years of age. CLIP is a medically based treatment approach providing 24 hour psychiatric treatment in a highly structured setting designed to assess, treat, and stabilize youth diagnosed with psychiatric and behavioral disorders. CLIP is a treatment opportunity for parents to learn new skills and strategies to effectively understand and manage their child and youth's illness. In coordination with BHOs and HCA managed care entities (MCEs), the CLIP Administration ensures that the CLIP Programs admit only those youth who meet Medicaid criteria for medical necessity, and that discharges occur with thoughtful planning and due consideration of the needs of the youth and family.

The Contractor must integrate all regional assessment and CLIP referral activities, including the following:

13.2.11.1. Create and maintain a BHO Regional CLIP Committee or similar committee that acts as the referral mechanism for residents seeking voluntary CLIP treatment. The regional CLIP Committee must include any involved or relevant cross-system representatives from Children's Administration (CA), Rehabilitation Administration-Juvenile Rehabilitation (JA-RA), Developmental Disabilities Administration (DDA) and other cross-system professionals as well as community stakeholders and meet within thirty (30) days of any completed CLIP referrals to review the application prior to forwarding a completed CLIP application to the CLIP Administration. The CLIP Committee/or similar will determine whether appropriate less restrictive services are available for voluntary youth and when requested offer a plan of less restrictive alternatives to CLIP for those youth that are hospitalized involuntarily when appropriate; collaborate when requested on any Rehabilitation Administration-Juvenile Rehabilitation ("RA-JR") transfers of youth on 10.77; Parent Initiated Treatment (PIT) voluntary applicants; and integrate resource management of all children and youth admitted to CLIP. For all Voluntary CLIP applicants, the regional CLIP Committee will make a determination of whether CLIP treatment is recommended based upon medical necessity criteria and whether CLIP treatment is the most appropriate level of treatment to address the needs of the client. CLIP is not intended to be utilized as a placement resource;

13.2.11.1.1. The Contractor will designate a single person to act as the BHO CLIP Liaison or other designee who will be the designated individual to provide guidance and support in preparing CLIP applications, participate on a regular basis in client care coordination duties, including but not limited to, preadmission meetings, facility admissions, treatment team meetings participation, and discharge planning in coordination with the CLIP Administration and the CLIP facilities.

13.2.11.1.2. The Contractor will ensure all BHO CLIP referral processes and services within the Contractor's purview for youth and their families are delivered in a manner consistent with the Washington State Children's Behavioral Health Principles

outlined in the link below:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mentai%20Health/WA%20State%20Children's%20BH%20Principles.pdf>;

- 13.2.11.1.3. The BHO or designee will provide guidance and assistance when appropriate to the client and client's legal guardian in completing the necessary paperwork to process a voluntary CLIP application in a timely manner. For "partially" completed CLIP applications that are not able to be processed to completion within forty five (45) days, the Contractor or CLIP Liaison will notify the CLIP Coordinator to identify whether the application is still "active," and if so, develop a plan to address the barriers to completing the application and an outline the expected time line for submission to the CLIP Administration;
- 13.2.11.1.4. Once a completed CLIP application is received, the BHO or CLIP Liaison will notify the family within three (3) working days. The regional CLIP Committee will convene in the next thirty (30) days or less to review the application and make a final determination whether CLIP is recommended;
- 13.2.11.1.5. The Contractor or CLIP Liaison will ensure completion of the CLIP Application Form includes the following: a) signed Youth Agreement to CLIP Treatment signature page to ensure the youth is in agreement with a CLIP admission; b) identifying information; c) contact information for the youth/family team and case manager responsible for coordination if/when the youth is admitted to a CLIP Program; d) challenges and/or behavioral issues the youth is experiencing leading to the request of CLIP treatment; e) youth and family's needs to be addressed in treatment; f) strengths and interests of the youth and family, and g) a detailed continuity of care plan and post-discharge plan that outlines community-based behavioral health care services and involvement of other agencies and support services that may be needed post-discharge;
- 13.2.11.1.6. If the client submitting a voluntary CLIP application is missing a psychiatric evaluation, the BHO will demonstrate reasonable efforts to ensure the client is provided a timely appointment with a Washington licensed child psychiatrist or a psychiatric advanced registered nurse practitioner (ARNP). Private Insurance clients are expected to receive their psychiatric evaluation from their enrolled provider network;
- 13.2.11.1.7. The BHO must provide the legal guardian and youth aged thirteen (13) years and over with a written copy of the CLIP Administration Appeal Process at the time the BHO makes a determination to "not recommend" a voluntary application for CLIP services. If CLIP is not recommended by the regional CLIP Committee, a written response will be provided to the legal guardian and youth specifying the reasons for not recommending CLIP and an outline of recommendations for alternative services that will meet the needs of the child or youth;
- 13.2.11.1.8. If the regional CLIP Committee recommends CLIP treatment, a written response will be provided to the legal guardian and youth at the time of the determination to recommend CLIP treatment outlining suggestions about stabilizing the child while the CLIP application is processed by the CLIP Administration. The Contractor's primary CLIP Liaison and/or Designated BHA will demonstrate all medically necessary services continue for the child and family to ensure intensive

community services and plan of care continue while the youth awaits admission to a CLIP facility;

- 13.2.11.1.9. The BHO must provide a client and guardian a final determination of recommending CLIP or not recommending CLIP treatment within forty five (45) days of receiving a completed CLIP application. If an application is in a pending status beyond the forty five (45) day timeline, the Contractor will notify the CLIP Coordinator and request an exception that identifies a plan to address the barriers to processing the application and outline the expected time line for submission to the CLIP Administration;
- 13.2.11.1.10. When an Individual under age eighteen (18) years is committed on an Involuntary Treatment Act (ITA) court order for 180 calendar days under RCW 71.34, the Contractor or CLIP Liaison must be available to consult and assess regarding the child's needs prior to the admission to the CUP facility, including consideration of less restrictive treatment options whenever possible that may meet the needs of the youth. The Contractor must provide a designee to collaborate with the CLIP Administration for children subject to court-ordered involuntary treatment and provide care coordination and assistance in the development of a less restrictive community plan when appropriate. A BHO representative will share the community and/or Family recommendations for purposes of CUP program assignment of committed youth;
- 13.2.11.1.11. Collaborate and consult when requested regarding the behavioral health needs of juveniles being transferred for evaluation purposes by the Rehabilitation Administration-Juvenile Rehabilitation (RA-JR), or under RCW 10.77 to Child Study and Treatment Center. The Contractor or designee will remain available to collaborate and consult when these same youth are returning to the community.
- 13.2.11.2. CLIP Inpatient Care Coordination. The Contractor will ensure that a CANS screen is completed within the last ninety (90) days prior to the actual admission date to a CLIP facility and provide a CANS Full within 30 days post-discharge from a CUP facility for all Medicaid enrollees.
- 13.2.11.2.1. The Contractor will prioritize access to WISE services whenever possible *for all youth qualified to receive WISE services* that are discharging from CLIP. WISE services will begin at minimum 3 days post-discharge or preferably prior to discharge when possible to improve discharge planning and continuity of care. If access to WISE is not yet available in the community the youth is discharging to; the Contractor will ensure WISE-like services have begun to serve youth *qualified to receive WISE services* within three (3) days or preferably prior to discharging from CUP. This is intended to ensure children and youth with the highest level behavioral health needs are able to access WISE services upon discharge from CLIP, reduce lengths of stay in CLIP, and decrease the risk for CLIP readmissions.
- 13.2.11.2.2. Following a CLIP Admission, the Contractor must provide Rehabilitation Case Management throughout the entirety of the CLIP treatment from preadmission through discharge, which includes a range of activities conducted in or with a facility for the direct benefit of the admitted youth to improve treatment gains and plan for successful discharges from CUP. Activities include assessment for discharge or admission to community mental health care, integrated mental

health treatment planning, resource identification, linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize benefits of the treatment, and to minimize the risk of readmission and to increase community tenure for the individual. The Contractor's designated CLIP Liaison is the primary case contact for CLIP programs responsible for managing individual cases from pre-admission through discharge. The Contractor's liaison or designated BHA must participate in treatment and discharge planning on a regular basis with the CUP treatment team.

- 13.2.11.2.3. The CLIP facility will, provide at least one week notice of all meetings including Treatment Plan Reviews (TPRs) and Discharge Planning Meetings. The Contractor's CLIP Liaison or designee will collaborate with the CLIP program regarding scheduled meetings and attend and participate in meetings on a consistent basis. The Contractor will notify the CLIP facility if they cannot attend the meeting or become aware that the family cannot attend the scheduled meeting. The Contractor will demonstrate consistent involvement and participation in care coordination activities including participating in scheduled meetings. If the level of participation by the BHO or designee appears insufficient to the CLIP Administration, requests for additional resources may be made to the BHO's management by DBHR to ensure proper care coordination services. If the level of participation continues to be an issue, a corrective action plan may be recommended by BBHR.
- 13.2.11.2.4. The Contractor or CLIP Liaison must coordinate with the CLIP Administration to ensure protocols of all CLIP admissions; waitlist and length of stay management, coordination of care, recertification, and discharge procedures are followed as outlined in the CLIP Policies and Procedures Manual, January 2016, or its successors.
- 13.2.11.2.5. If a recertification of the need for continued stay by the CLIP Administration is required, the Contractor CLIP Liaison will participate by providing input in a recommendation justifying the need for continued CLIP treatment. If there is a not consensus about the need for recertification, the Contractor or designated BHA will provide documentation to the CLIP Facility and the CLIP Administration outlining the plan of care and services available to support discharge back to the community. The proposed community plan will be considered in the final decision by the CLIP Administration to determine the need for recertification.
- 13.2.11.2.6. The Contractor or CUP Liaison will make a decision whether authorization is needed for short-term/acute hospitalization or transfer to short-term/acute hospitalization, when it is determined by the CLIP program that this is needed.
- 13.2.11.2.7. In the case of a CLIP admission directly from a Washington Tribal Authority, the Contractor or CLIP Liaison must work with the Federally Recognized Tribe during discharge planning as necessary to provide appropriate services to the individual.
- 13.2.11.2.8. The Contractor or CLIP Liaison must ensure that contact with the CLIP Program staff occurs within three (3) business days of a CLIP admission.
- 13.2.11.2.9. The Contractor's CLIP Liaison or its designee must provide the CLIP

Administration any relevant information regarding the individual's treatment history that can assist in guiding CLIP program assignment, CLIP treatment, and/or Discharge planning.

- 132.11.2.10. The Contractor's CLIP Liaison or designated BHA must participate throughout the course of CLIP treatment, from pre-admission to discharge for all individuals regardless of diagnosis.