DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group
Division of Integrated Health Systems

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

FYI - Karl
Paul
Richard
Susan

OPTIONAL FORM 99 (7-90) 3/4/02
FAX TRANSMITTAL # of pages ▶ 5

To Judy Gosney	From Carol Crimi
Dept./Agency WA DMHD	Phone # (206) 615-2515
Fax # (360) 902-7691	Fax # CMS

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

MAR 1 2002

Mr. Dennis Braddock
Secretary
Department of Social and Health Services
P.O. Box 45010
Olympia, Washington 98504-5010

Dear Mr. Braddock:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Washington's request for a 2-year continuation of its Integrated Community Mental Health Program authorized under section 1915(b) of the Social Security Act (the Act). This approval provides for waiver of the following sections of the Act: 1902(a)(1) Statewideness; 1902(a)(10)(B) Comparability of Services; 1902(a)(23) Freedom of Choice and; 1902(a)(30) Basis of Payment.

Sole source contracting has been a topic of continuing discussion with regard to this waiver. The CMS continues to review the Federal regulations at 45 CFR Part 74 and policies related to the open procurement process for Medicaid contracts. New policy or regulations may be issued, and if so, CMS would reevaluate the Medicaid contracting process for the Integrated Mental Health Services Program in Washington, prospectively, in light of the changes.

Following extensive collaboration and discussion with the Washington State Mental Health Division (MHD), CMS continues to be concerned that challenges exist within the Washington State mental health program that could impair Medicaid beneficiaries' access to the quality mental health services to which they are entitled. Therefore, CMS will continue to work with the State to address these issues via ongoing monitoring, the Terms and Conditions in this approval letter and the recommendations generated from CMS October 2001 statewide mental health program review.

This waiver approval is contingent on the conditions listed below; a timeline for deliverable items is included as an attachment. In addition to meeting the following conditions throughout the waiver period, the State will be responsible for documenting the cost-effectiveness, access and quality of care in subsequent renewal requests:

1) Enrollee Brochures/Information. A) The State will develop and implement an improved process for consistently evaluating all marketing materials (e.g., client brochures) submitted by RSNs to the State for review and approval. A description of this process will be submitted to CMS no later than September 30, 2002. B) The State will ensure that RSN client brochures are revised to include the information required by State standards and federal enrollee information requirements. Copies of these revised RSN brochures will be submitted to the CMS Regional Office (RO) no later than September 30, 2003. C) The State will submit to CMS upon completion the initial notification of Medicaid eligibility information to be included in beneficiary eligibility packets sent by the State.

2) Data. The State will submit data reflecting the unduplicated number of individuals served by each RSN. Data are to include the number served in 2002 and projected number to be served for 2003. Data will be reported by RSN, and include both the number and percentage of the total served that are Medicaid vs. non-Medicaid. Data must be comparable (e.g., the same definitions or methods of identifying and counting individuals) to that submitted in the State's response to the CMS Request for Additional Information dated September 10, 2001. These data are to be submitted to the CMS RO no later than September 30, 2003.

3) Reports. Upon completion, the State will submit to the CMS RO copies of all reports generated by the QA and I Team as a result of their annual on-site reviews of RSNs.

4) Access to Services. The State will develop and implement a standard set of criteria, and a standard set of methods of implementation, to be used statewide in all RSNs for screening, assessment and authorization of services. Criteria and methods for implementation must assure that all Medicaid eligible individuals in need of mental health services have access to needed services. Access to services must be based on clinical criteria and may not be prioritized based on the degree of severity or acuity. A) The State's plan to effect this change must be submitted to the CMS RO by November 30, 2002. B) Evidence of progress toward this change, including the pursuit of any necessary State statute revisions, will be provided to the CMS RO by November 30, 2003.

5) Actuarial Soundness of Rates. The State will provide for actuarial review of rates calculated to satisfy the cost effectiveness determination and submit a report from that study to the CMS RO by November 30, 2002. The report from this study must be based on the most recent year's service data collected from the RSNs and include specifics about: a) the individuals included in/excluded from the calculations (category and number in each category); b) categories or types of services provided; c) a reasonable projection of costs of services if reimbursed under fee-for-service; d) all assumptions built into the calculations (e.g., the number of eligibles likely to need

services); e) any adjustments or trending factors applied to the data; f) all definitions relevant to categories and types of populations and services; and g) a capitated rate(s) based on these data.

6) Enrollee Protections: Access. The State will develop and implement a process to more comprehensively monitor RSN and MHC activities to ensure that enrollees have adequate access to required protections. This process will include, at a minimum: a plan to assure that procedures for written notification of denial of services are followed; a plan to increase awareness and understanding of the disenrollment process throughout all levels of the system in all RSNs, as well as indicators through which the State can provide assurance that the process has been implemented effectively; and a plan to increase awareness and understanding of the Fair Hearing process throughout all levels of the system in all RSNs, as well as indicators through which the State can provide assurance that the plan has been implemented effectively. A) The plan for implementing all three components must be submitted to CMS by September 30, 2002. B) A report of the State's activities to monitor progress of their plan(s) must be submitted to the CMS RO by September 30, 2003. C) To allow adequate time for implementation and monitoring, results of the State's activities to monitor effectiveness of their plans will be submitted to the CMS RO prior to December 31, 2004.

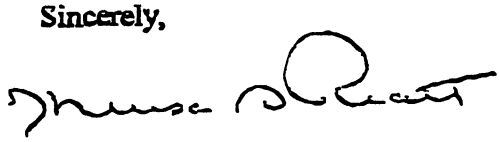
7) Enrollee Protections: Contract Termination. A) The State will provide a description of enrollee protections in place in the case that an RSN would withdraw from its contract with the State or the State would terminate an RSN provider contract in the case of non-compliance or poor contract performance (which include termination in the case of service delivery or quality of care issues). B) The State will also provide a plan to describe: those protections in place to ensure continuity of care for enrollees, transitioning medical records and other necessary information to the new contractor/provider; and provisions for management functions necessary for the continuance of service delivery. This description may include provisions that appear in provider contracts. These items will be submitted to CMS within 90 days of the date of this waiver renewal approval.

8) Children with Special Health Care Needs. The State will continue to gather information regarding children with special health care needs (as defined in the Balanced Budget Act of 1997) according to the same data gathering methodology and categories as tracked and submitted to CMS in the past waiver renewal period. The State will submit to CMS similar reports (e.g., enrollment, grievances, appeals, disenrollment requests) on an annual basis. The State will also continue to submit annual information regarding geographic distribution and analysis of the network capacity as it relates to PCPs and specialists who are experienced providers with this population. The State's compilation and analysis of these data will be submitted to CMS before September 30, in each year of the renewal period.

Approval of this waiver renewal covers a period of 2 years, from March 5, 2002, through March 4, 2004. Washington State officials may request that this authority be renewed and should submit its request for renewal 90 to 120 days in advance of the waiver expiration date.

We appreciate the State's efforts in continuing this program designed to provide accessible, quality and cost-effective health care for Medicaid enrollees.

Sincerely,



Theresa A. Pratt
Director

Enclosure
cc:
Karen O'Connor, Acting Chief, Medicaid Branch, Region X
Karl Brimner, Mental Health Division

Washington Integrated Community Mental Health Services Terms and Conditions Deliverables Timeline

T&C#	Deliverable	Date
7	Enrollee Protections: Contract Termination Plan	90 days post-approval
1C	Enrollee Brochures/Information: Notification of Medicaid Eligibility	Upon Completion
3	Reports: QA and I-team reports	Upon completion
1A	Enrollee Brochures/Information: Standard Review Process	September 30, 2002
6A	Enrollee Protections: Access: Monitoring Plan	September 30, 2002
8	Children with Special Health Care Needs Reports for First Year	September 30, 2002
5	Actuarial Soundness of Rates Report	November 30, 2002
4A	Access to Services: Plan	November 30, 2002
1B	Enrollee Brochures/Information: Revised Brochures	September 30, 2003
2	Data: Utilization Information	September 30, 2003
8	Children with Special Health Care Needs Reports for Second Year	September 30, 2003
6B	Enrollee Protections: Access: Report of State Activities	September 30, 2003
4B	Access to Services: Evidence of Progress	November 30, 2003
6C	Enrollee Protections: Access: Results of Monitoring	December 31, 2004

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Mental Health Division • PO Box 45320 • Olympia WA 98504-5320 • (360) 902-8070

February 7, 2002

Robert Reed, Chief
Medicaid Branch
Centers for Medicare and Medicaid Services
Division of Medicaid and State Operations
2201 Sixth Avenue, RX 43
Seattle, WA 98121-2500

Dear Mr. Reed:

By letter dated December 5, 2001, the Washington State Department of Social and Health Services responded to your September 10, 2001, request for additional information regarding renewal of the Integrated Mental Health Services 1915B waiver. Attached to that response, identified as attachment number three, was an Excel spreadsheet reflecting the cost effectiveness of our managed care system as compared to a fee for service system.

Enclosed with this letter is a similar document. We now request this be substituted for that earlier submission. This new attachment, again identified as attachment number three, reflects the revisions discussed in our numerous phone conversations over the last months. Our most recent conversation, held February 7, 2002, concluded with an agreement that we change the calculations to:

1. Insure SCHIP eligible counts and related payments are not included in these calculations.
2. To replace the inflation indices to comport with those as used in the original waiver and subsequent renewal requests.

Thank you for your assistance in reaching a mutual understanding of the components inherent to this continued cost effectiveness presentation and assurance.

Sincerely,

Paul Montgomery, Chief Operations
Mental Health Division

Enclosure

Mental Health Division - Washington State
Cost Effectiveness Calculations for Medicaid 1915b Waiver - 2000 - 2003
inflation assumption is actuarial estimate of 3% per year

	Children				Adults			Outpatient	Children		Adults		Inpatient	Grand
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Total	Non-Dis	Disabled	Non-Dis	Disabled	Total	Total
FY00														
Fee for Service	57,244,884	10,681,733	7,991	14,301,886	16,984,961	118,647,211	1,084,655	218,953,322	22,620,090	5,336,518	9,564,696	25,402,990	62,924,294	281,877,617
PHP Payments	51,735,684	9,731,607	7,411	14,502,908	15,812,231	111,215,678	1,082,791	204,088,308	18,118,946	4,268,218	7,654,420	20,331,167	50,372,751	254,461,059
Difference	5,509,200	950,127	581	(201,022)	1,172,731	7,431,534	1,864	14,865,014	4,501,144	1,068,300	1,910,276	5,071,823	12,551,543	27,416,557
FY01														
Fee for Service	63,703,196	9,594,255	-	13,834,839	18,805,551	130,101,008	1,259,134	237,297,983	24,456,545	4,790,033	10,616,792	27,852,130	67,715,500	305,013,483
PHP Payments	57,014,900	8,655,551	-	13,896,664	17,338,089	124,156,012	1,244,803	222,306,020	19,399,679	3,793,798	8,412,851	22,075,717	53,682,045	275,988,065
Difference	6,688,296	938,704	-	(61,825)	1,467,462	5,944,996	14,331	14,991,962	5,056,866	996,235	2,203,941	5,776,414	14,033,455	29,025,418
FY02														
Fee for Service	67,209,859	10,218,117	-	14,811,871	19,674,037	138,546,766	1,406,152	251,866,802	25,878,783	5,101,503	11,133,911	29,660,205	71,774,402	323,641,204
PHP Payments	58,403,265	8,950,171	-	14,445,194	17,611,066	128,369,096	1,349,702	229,128,494	19,930,595	3,922,932	8,565,931	22,824,829	55,244,288	284,372,781
Difference	8,806,594	1,267,946	-	366,677	2,062,971	10,177,671	56,450	22,738,308	5,948,187	1,178,571	2,567,980	6,835,376	16,530,114	39,268,423
FY03														
Fee for Service	71,066,890	10,830,275	-	15,777,568	20,501,173	146,793,702	1,537,269	266,506,877	27,404,702	5,407,129	11,623,724	31,425,716	75,861,271	342,368,149
PHP Payments	59,956,954	9,210,179	-	14,939,004	17,817,181	132,050,370	1,432,596	235,406,282	20,491,305	4,036,896	8,682,407	23,479,383	56,689,991	292,096,273
Difference	11,109,936	1,620,096	-	838,565	2,683,992	14,743,333	104,673	31,100,595	6,913,397	1,370,234	2,941,317	7,946,333	19,171,281	50,271,876

SCHIP eligibles and related payments are not included in the model.

Cost Effectiveness
FY 2000

FY92 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS

	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38
Greater Columbia	13.53	52.27	12.89	9.51	6.54	81.18	9.04
King	8.52	47.83	8.86	9.51	7.43	103.64	18.65
NEWRSN	11.56	64.30	8.62	9.51	6.08	77.18	16.13
North Central	11.03	44.55	4.45	9.51	7.26	62.00	74.47
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.85
Pierce	12.46	34.40	14.98	9.51	8.06	101.96	8.06
Southwest	5.36	22.44	7.46	9.51	4.29	57.76	2.39
Spokane	10.32	25.18	5.77	9.51	6.45	28.49	1.80
Thurston Mason	7.74	64.54	16.02	9.51	9.52	71.52	19.18
Timberlands	6.00	20.67	7.61	9.51	4.80	37.16	9.08

FY92 INPATIENT GROSS CAPITATION

	Children		Adults	
	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	3.83	22.03	4.36	17.00
Clark	4.02	22.08	4.08	19.80
Grays Harbor	2.85	24.70	2.64	15.28
Greater Columbia	3.29	26.38	3.53	12.03
King	2.84	22.05	4.73	22.79
NEWRSN	4.85	22.42	2.86	13.58
North Central	4.25	20.47	3.81	16.53
North Sound	2.64	24.13	2.27	13.10
Peninsula	2.71	21.46	2.88	13.20
Pierce	1.53	19.87	6.07	23.94
Southwest	3.61	24.31	3.93	20.86
Spokane	5.66	22.44	3.62	12.67
Thurston Mason	4.76	22.50	3.15	19.01
Timberlands	2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.86	8.29	9.15	5.85	74.25	15.52
North Central	10.61	42.86	4.28	9.15	6.98	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.99	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment

FY93	3.00%	103.00%
FY94	3.00%	106.09%
FY95	3.00%	109.27%
FY96	3.00%	112.55%
FY97	3.00%	115.93%
FY98	3.00%	119.41%
FY99	3.00%	122.99%
FY00	3.00%	126.68%
FY01	3.00%	130.48%
FY 02	3.00%	134.39%
FY 03	3.00%	138.42%
APPLIED RATE	138.42%	

Cost Effectiveness
FY 2000

	FY00 Contracted Rates							FY00 Contracted Rates			
	Children				Adults			Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	6.31	51.27	2.59	12.34	10.83	112.38	2.47	3.99	22.90	4.53	17.67
Clark	12.21	118.36	11.67	12.34	4.74	121.47	6.52	4.17	22.94	4.24	20.57
Grays Harbor	13.02	82.10	11.67	12.34	2.67	87.29	8.84	2.97	25.67	2.74	15.88
Greater Columbia	14.98	58.60	15.41	12.34	7.80	101.96	10.71	3.43	27.42	3.66	12.51
King	10.40	56.69	10.59	12.34	8.70	117.68	23.96	2.96	22.91	4.92	23.68
NEWRSN	13.02	72.15	11.67	12.34	7.26	106.59	20.88	5.04	23.30	2.98	14.11
North Central	13.02	53.53	11.67	12.34	8.69	83.57	96.84	4.42	21.28	3.96	17.18
North Sound	16.20	55.99	11.67	12.34	15.30	127.28	12.05	2.74	25.08	2.36	13.62
Peninsula	12.70	45.76	10.26	12.34	7.40	115.28	5.99	2.81	21.99	2.99	13.71
Pierce	13.80	42.09	11.67	12.34	9.65	117.18	10.42	1.59	20.66	6.31	24.88
Southwest	6.93	29.00	8.91	12.34	5.20	79.22	2.95	3.75	25.27	4.08	21.69
Spokane	12.38	32.00	11.67	12.34	7.72	44.93	2.45	5.88	23.32	3.76	13.17
Thurston Mason	9.55	72.36	11.67	12.34	11.41	91.06	24.95	4.95	23.39	3.27	19.75
Timberlands	7.63	27.03	9.10	12.34	5.79	56.16	10.97	2.33	23.87	2.53	14.91

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient. Rates/1.025 for administration for inpatient

Chelan Douglas	6.01	48.83	2.47	11.75	10.31	107.03	2.35	3.89	22.34	4.42	17.24
Clark	11.63	112.72	11.11	11.75	4.51	115.69	6.21	4.07	22.38	4.14	20.07
Grays Harbor	12.40	78.19	11.11	11.75	2.54	83.13	8.42	2.90	25.04	2.67	15.49
Greater Columbia	14.27	55.81	14.68	11.75	7.43	97.10	10.20	3.35	26.75	3.57	12.20
King	9.90	53.99	10.09	11.75	8.29	112.08	22.82	2.89	22.35	4.80	23.10
NEWRSN	12.40	68.71	11.11	11.75	6.91	101.51	19.89	4.92	22.73	2.91	13.77
North Central	12.40	50.98	11.11	11.75	8.28	79.59	92.23	4.31	20.76	3.86	16.76
North Sound	15.43	53.32	11.11	11.75	14.57	121.22	11.48	2.67	24.47	2.30	13.29
Peninsula	12.10	43.58	9.77	11.75	7.05	109.79	5.70	2.74	21.45	2.92	13.38
Pierce	13.14	40.09	11.11	11.75	9.19	111.60	9.92	1.55	20.16	6.16	24.27
Southwest	6.60	27.62	8.49	11.75	4.95	75.45	2.81	3.66	24.65	3.98	21.16
Spokane	11.79	30.48	11.11	11.75	7.35	42.79	2.33	5.74	22.75	3.67	12.85
Thurston Mason	9.10	68.91	11.11	11.75	10.87	86.72	23.76	4.83	22.82	3.19	19.27
Timberlands	7.27	25.74	8.67	11.75	5.51	53.49	10.45	2.27	23.29	2.47	14.55

Cost Effectiveness
FY 2000

	FY92 Rates Inflated Forward							FY92 Rates Inflated Forward				
		Children				Adults			Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	5.86	51.74	2.64	11.59	11.00	102.12	2.21	4.85	27.91	5.52	21.54	
Clark	12.38	128.59	1.45	11.59	4.76	123.41	6.15	5.09	27.97	5.17	25.08	
Grays Harbor	13.50	89.38	7.88	11.59	2.60	77.87	8.99	3.61	31.29	3.34	19.36	
Greater Columbia	16.49	63.70	15.71	11.59	7.97	98.93	11.02	4.17	33.42	4.47	15.24	
King	10.38	58.29	10.80	11.59	9.05	126.30	22.73	3.60	27.93	5.99	28.87	
NEWRSN	14.09	78.36	10.50	11.59	7.41	94.06	19.66	6.14	28.40	3.62	17.20	
North Central	13.44	54.29	5.42	11.59	8.85	75.56	90.75	5.38	25.93	4.83	20.94	
North Sound	17.83	60.87	9.90	11.59	15.60	135.13	11.42	3.34	30.57	2.88	16.60	
Peninsula	12.92	45.75	10.47	11.59	7.51	115.80	5.91	3.43	27.19	3.65	16.72	
Pierce	15.18	41.92	18.26	11.59	9.82	124.25	9.82	1.94	25.17	7.69	30.33	
Southwest	6.53	27.35	9.09	11.59	5.23	70.39	2.91	4.57	30.80	4.98	26.43	
Spokane	12.58	30.69	7.03	11.59	7.86	34.72	2.19	7.17	28.43	4.59	16.05	
Thurston Mason	9.43	78.65	19.52	11.59	11.60	87.16	23.37	6.03	28.50	3.99	24.08	
Timberlands	7.31	25.19	9.27	11.59	5.85	45.29	11.07	2.84	29.10	3.09	18.19	

FY00 ACTUAL MEDICAID ELIGIBLES- PER MONTH AVERAGES

Chelan Douglas	7,990	242	0	2,861	2,591	1,210	136	10,851	242	2,727	1,210	
Clark	21,651	902	1	5,879	9,276	4,700	222	27,532	902	9,498	4,700	
Grays Harbor	6,390	270	2	1,627	2,736	1,978	135	8,019	270	2,871	1,978	
Greater Columbia	59,907	2,058	6	15,621	20,984	9,079	822	75,534	2,058	21,806	9,079	
King	72,385	3,029	21	21,110	37,490	23,890	1,260	93,516	3,029	38,749	23,890	
NEWRSN	6,729	217	0	1,735	2,677	1,732	118	8,464	217	2,795	1,732	
North Central	15,452	509	-	4,418	4,871	2,612	254	19,870	509	5,125	2,612	
North Sound	45,423	1,893	11	16,501	19,300	11,657	728	61,934	1,893	20,028	11,657	
Peninsula	17,348	895	5	4,935	7,646	5,205	420	22,288	895	8,066	5,205	
Pierce	44,153	2,465	8	11,394	18,931	13,434	558	55,556	2,465	19,489	13,434	
Southwest	7,732	408	-	1,683	3,549	2,196	103	9,415	408	3,651	2,196	
Spokane	29,921	1,513	2	8,447	14,154	8,782	501	38,370	1,513	14,655	8,782	
Thurston Mason	14,664	753	0	4,322	6,246	4,066	209	18,986	753	6,455	4,066	
Timberlands	7,910	352	1	2,303	3,297	2,052	173	10,214	352	3,470	2,052	
	357,656	15,506	57	102,837	153,747	92,592	5,638	460,549	15,506	159,385	92,592	728,033

FY00 INFLATED RATES PROJECTION ffs

Chelan Douglas	562,050	150,318	5	397,867	342,153	1,482,431	3,591	631,788	81,072	180,721	312,611	
Clark	3,216,954	1,392,280	17	817,638	530,370	6,960,672	16,413	1,682,467	302,841	589,074	1,414,686	
Grays Harbor	1,035,434	289,759	142	226,250	85,224	1,848,772	14,615	347,402	101,442	115,236	459,548	
Greater Columbia	11,853,292	1,573,378	1,084	2,172,518	2,006,924	10,777,746	108,636	3,777,698	825,429	1,170,132	1,660,233	
King	9,018,888	2,118,559	2,667	2,935,883	4,073,494	36,207,940	343,512	4,037,316	1,015,251	2,786,215	8,276,472	
NEWRSN	1,137,543	203,893	32	241,293	238,014	1,954,586	27,854	624,044	73,901	121,517	357,499	
North Central	2,492,496	331,558	-	614,393	517,154	2,368,262	276,345	1,283,742	158,363	296,816	656,350	
North Sound	9,718,091	1,382,712	1,286	2,294,810	3,612,764	18,901,061	99,710	2,485,553	694,349	691,119	2,321,287	
Peninsula	2,689,117	491,157	680	686,387	688,816	7,233,049	29,777	918,201	291,864	353,145	1,044,491	
Pierce	8,045,391	1,240,220	1,734	1,584,642	2,231,330	20,030,753	65,781	1,292,137	744,668	1,798,292	4,888,956	
Southwest	606,055	133,945	-	234,050	222,637	1,854,635	3,588	516,661	150,838	218,144	696,258	
Spokane	4,515,716	557,164	155	1,174,768	1,335,045	3,658,971	13,192	3,301,424	516,149	806,457	1,691,483	
Thurston Mason	1,659,791	710,389	59	601,123	869,603	4,253,086	58,669	1,373,850	257,439	309,118	1,175,123	
Timberlands	694,067	106,402	130	320,264	231,433	1,115,246	22,972	347,809	122,912	128,709	447,996	
	57,244,884	10,681,733	7,991	14,301,886	16,984,961	118,647,211	1,084,655	22,620,090	5,336,518	9,564,696	25,402,990	62,924,294

Cost Effectiveness
FY 2000

	FY00 Adjusted Rates							FY00 Adjusted Rates				
	Children				Adults			Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.01	48.83	2.47	11.75	10.31	107.03	2.35	3.89	22.34	4.42	17.24	
Clark	11.63	112.72	11.11	11.75	4.51	115.69	6.21	4.07	22.38	4.14	20.07	
Grays Harbor	12.40	78.19	11.11	11.75	2.54	83.13	8.42	2.90	25.04	2.67	15.49	
Greater Columbia	14.27	55.81	14.68	11.75	7.43	97.10	10.20	3.35	26.75	3.57	12.20	
King	9.90	53.99	10.09	11.75	8.29	112.08	22.82	2.89	22.35	4.80	23.10	
NEWRSN	12.40	68.71	11.11	11.75	6.91	101.51	19.89	4.92	22.73	2.91	13.77	
North Central	12.40	50.98	11.11	11.75	8.28	79.59	92.23	4.31	20.76	3.86	16.76	
North Sound	15.43	53.32	11.11	11.75	14.57	121.22	11.48	2.67	24.47	2.30	13.29	
Peninsula	12.10	43.58	9.77	11.75	7.05	109.79	5.70	2.74	21.45	2.92	13.38	
Pierce	13.14	40.09	11.11	11.75	9.19	111.60	9.92	1.55	20.16	6.16	24.27	
Southwest	6.60	27.62	8.49	11.75	4.95	75.45	2.81	3.66	24.65	3.98	21.16	
Spokane	11.79	30.48	11.11	11.75	7.35	42.79	2.33	5.74	22.75	3.67	12.85	
Thurston Mason	9.10	68.91	11.11	11.75	10.87	86.72	23.76	4.83	22.82	3.19	19.27	
Timberlands	7.27	25.74	8.67	11.75	5.51	53.49	10.45	2.27	23.29	2.47	14.55	
FY00 ACTUAL MEDICAID ELIGIBLES- PER MONTH AVERAGES												
Chelan Douglas	7,990	242	0	2,861	2,591	1,210	136	10,851	242	2,727	1,210	
Clark	21,651	902	1	5,879	9,276	4,700	222	27,532	902	9,498	4,700	
Grays Harbor	6,390	270	2	1,627	2,736	1,978	135	8,019	270	2,871	1,978	
Greater Columbia	59,907	2,058	6	15,621	20,984	9,079	822	75,534	2,058	21,806	9,079	
King	72,385	3,029	21	21,110	37,490	23,890	1,260	93,516	3,029	38,749	23,890	
NEWRSN	6,729	217	0	1,735	2,677	1,732	118	8,464	217	2,795	1,732	
North Central	15,452	509	-	4,418	4,871	2,612	254	19,870	509	5,125	2,612	
North Sound	45,423	1,893	11	16,501	19,300	11,657	728	61,934	1,893	20,028	11,657	
Peninsula	17,348	895	5	4,935	7,646	5,205	420	22,288	895	8,066	5,205	
Pierce	44,153	2,465	8	11,394	18,931	13,434	558	55,556	2,465	19,489	13,434	
Southwest	7,732	408	-	1,683	3,549	2,196	103	9,415	408	3,651	2,196	
Spokane	29,921	1,513	2	8,447	14,154	8,782	501	38,370	1,513	14,655	8,782	
Thurston Mason	14,664	753	0	4,322	6,246	4,066	209	18,986	753	6,455	4,066	
Timberlands	7,910	352	1	2,303	3,297	2,052	173	10,214	352	3,470	2,052	
	357,656	15,506	57	102,837	153,747	92,592	5,638	460,549	15,506	159,385	92,592	728,033
FY00 ADJUSTED RATES PROJECTION			mc									
Chelan Douglas	576,217	141,847	5	403,459	320,692	1,553,627	3,830	506,890	64,902	144,606	250,242	
Clark	3,021,301	1,220,461	133	829,130	502,467	6,524,790	16,561	1,344,078	242,314	471,459	1,131,872	
Grays Harbor	950,869	253,494	200	229,430	83,487	1,973,668	13,681	278,812	81,192	92,109	367,812	
Greater Columbia	10,256,050	1,378,495	1,013	2,203,054	1,870,574	10,578,787	100,582	3,033,147	660,755	934,350	1,329,624	
King	8,603,474	1,962,338	2,491	2,977,148	3,727,561	32,129,666	344,887	3,240,666	812,377	2,231,962	6,622,938	
NEWRSN	1,001,263	178,795	33	244,685	222,108	2,109,568	28,178	499,427	59,148	97,511	286,068	
North Central	2,299,307	311,341	-	623,029	483,760	2,494,684	280,836	1,028,204	126,787	237,588	525,356	
North Sound	8,409,667	1,211,250	1,445	2,327,065	3,374,801	16,955,878	100,210	1,986,725	555,797	553,359	1,858,672	
Peninsula	2,517,878	467,885	635	696,035	646,668	6,857,843	28,741	733,235	230,326	282,358	835,481	
Pierce	6,963,625	1,185,896	1,056	1,606,915	2,087,773	17,990,701	66,460	1,034,147	596,298	1,439,690	3,913,005	
Southwest	612,361	135,278	-	237,339	210,897	1,987,894	3,461	413,330	120,754	174,413	557,549	
Spokane	4,233,453	553,356	245	1,191,280	1,248,765	4,509,517	14,033	2,641,376	413,094	645,102	1,354,082	
Thurston Mason	1,600,453	622,434	33	609,572	814,511	4,231,862	59,642	1,100,286	206,106	247,132	940,235	
Timberlands	689,767	108,738	121	324,765	218,167	1,317,193	21,689	278,623	98,368	102,780	358,233	
	51,735,684	9,731,607	7,411	14,502,908	15,812,231	111,215,878	1,082,791	18,118,946	4,268,218	7,654,420	20,331,167	50,372,751

Mental Health Division
Fiscal Section
2/7/2002

Cost Effectiveness
FY 2001

	FY92 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS							FY92 INPATIENT GROSS CAPITATION			
		Children				Adults		Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81	3.83	22.03	4.36	17.00
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05	4.02	22.08	4.08	19.80
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38	2.85	24.70	2.64	15.28
Greater Columbia	13.53	52.27	12.89	9.51	6.54	81.18	9.04	3.29	26.38	3.53	12.03
King	8.52	47.83	8.86	9.51	7.43	103.64	18.65	2.84	22.05	4.73	22.79
NEWRSN	11.56	64.30	8.62	9.51	6.08	77.18	16.13	4.85	22.42	2.86	13.58
North Central	11.03	44.55	4.45	9.51	7.26	62.00	74.47	4.25	20.47	3.81	16.53
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37	2.64	24.13	2.27	13.10
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.85	2.71	21.46	2.88	13.20
Pierce	12.46	34.40	14.98	9.51	8.06	101.96	8.06	1.53	19.87	6.07	23.94
Southwest	5.36	22.44	7.46	9.51	4.29	57.76	2.39	3.61	24.31	3.93	20.86
Spokane	10.32	25.18	5.77	9.51	6.45	28.49	1.80	5.66	22.44	3.62	12.67
Thurston Mason	7.74	64.54	16.02	9.51	9.52	71.52	19.18	4.76	22.50	3.15	19.01
Timberlands	6.00	20.67	7.61	9.51	4.80	37.16	9.08	2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.86	8.29	9.15	5.85	74.25	15.52
North Central	10.61	42.86	4.28	9.15	6.98	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.99	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment		
FY93	3.00%	103.00%
FY94	3.00%	106.09%
FY95	3.00%	109.27%
FY96	3.00%	112.55%
FY97	3.00%	115.93%
FY98	3.00%	119.41%
FY99	3.00%	122.99%
FY00	3.00%	126.68%
FY01	3.00%	130.48%
FY 02	3.00%	134.39%
FY 03	3.00%	138.42%
APPLIED RATE	138.42%	

Cost Effectiveness
FY 2001

	FY01 Contracted Rates							FY01 Contracted Rates			
	Children				Adults			Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52	4.07	23.36	4.62	18.02
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65	4.26	23.40	4.33	20.98
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02	3.03	26.19	2.80	16.20
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92	3.50	27.97	3.74	12.76
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44	3.02	23.37	5.01	24.16
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30	5.14	23.76	3.04	14.39
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78	4.50	21.70	4.04	17.52
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29	2.80	25.58	2.40	13.89
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11	2.86	22.43	3.05	13.98
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63	1.62	21.07	6.44	25.38
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01	3.83	25.77	4.16	22.12
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50	5.99	23.78	3.84	13.43
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45	5.05	23.86	3.34	20.14
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18	2.37	24.35	2.58	15.21

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient. Rates/1.025 for administration for inpatient

Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84

Cost Effectiveness
FY 2001

	FY92 Rates Inflated Forward							FY92 Rates Inflated Forward				
		Children				Adults		Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.04	53.30	2.72	11.94	11.33	105.19	2.27	5.00	28.74	5.69	22.18	
Clark	12.75	132.45	1.49	11.94	4.91	127.12	6.34	5.25	28.81	5.32	25.84	
Grays Harbor	13.91	92.06	8.12	11.94	2.67	80.21	9.26	3.72	32.23	3.44	19.94	
Greater Columbia	16.98	65.61	16.18	11.94	8.21	101.90	11.35	4.29	34.42	4.61	15.70	
King	10.69	60.04	11.12	11.94	9.33	130.09	23.41	3.71	28.77	6.17	29.74	
NEWRSN	14.51	80.71	10.82	11.94	7.63	96.88	20.25	6.33	29.25	3.73	17.72	
North Central	13.85	55.92	5.59	11.94	9.11	77.82	93.48	5.55	26.71	4.97	21.57	
North Sound	18.36	62.70	10.19	11.94	16.07	139.18	11.76	3.44	31.48	2.96	17.09	
Peninsula	13.31	47.12	10.78	11.94	7.73	119.27	6.09	3.54	28.00	3.76	17.22	
Pierce	15.64	43.18	18.80	11.94	10.12	127.98	10.12	2.00	25.93	7.92	31.24	
Southwest	6.73	28.17	9.36	11.94	5.38	72.50	3.00	4.71	31.72	5.13	27.22	
Spokane	12.95	31.61	7.24	11.94	8.10	35.76	2.26	7.39	29.28	4.72	16.53	
Thurston Mason	9.72	81.01	20.11	11.94	11.95	89.77	24.08	6.21	29.36	4.11	24.80	
Timberlands	7.53	25.95	9.55	11.94	6.03	46.64	11.40	2.92	29.97	3.18	18.74	
FY01 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES												
Chelan Douglas	8,729	208	-	2,663	2,773	1,295	154	11,392	208	2,927	1,295	
Clark	23,460	788	-	5,561	10,054	4,989	243	29,021	788	10,296	4,989	
Grays Harbor	6,951	237	-	1,553	2,938	2,115	150	8,503	237	3,087	2,115	
Greater Columbia	65,025	1,791	-	14,493	22,487	9,700	929	79,518	1,791	23,416	9,700	
King	78,041	2,633	-	19,980	40,446	25,423	1,422	98,021	2,633	41,868	25,423	
NEWRSN	7,311	191	-	1,612	2,947	1,849	139	8,923	191	3,085	1,849	
North Central	16,655	444	-	4,129	5,194	2,793	287	20,784	444	5,481	2,793	
North Sound	48,925	1,648	-	15,500	20,661	12,412	803	64,426	1,648	21,465	12,412	
Peninsula	18,679	787	-	4,629	8,247	5,533	480	23,308	787	8,727	5,533	
Pierce	47,447	2,146	-	10,711	20,241	14,281	629	58,158	2,146	20,870	14,281	
Southwest	8,411	355	-	1,586	3,880	2,330	117	9,997	355	3,997	2,330	
Spokane	32,513	1,320	-	7,979	15,356	9,345	559	40,493	1,320	15,916	9,345	
Thurston Mason	15,787	664	-	4,052	6,680	4,338	235	19,839	664	6,914	4,338	
Timberlands	8,531	301	-	2,132	3,541	2,185	186	10,662	301	3,727	2,185	
	386,464	13,513	-	96,581	165,443	98,587	6,334	483,045	13,513	171,777	98,587	766,923
FY01 INFLATED RATES PROJECTION												
Chelan Douglas	632,421	133,030	-	381,421	377,230	1,634,447	4,186	683,140	71,748	199,817	344,667	
Clark	3,590,239	1,252,124	-	796,556	592,100	7,610,335	18,450	1,826,674	272,356	657,743	1,546,723	
Grays Harbor	1,160,006	262,238	-	222,403	94,251	2,035,213	16,623	379,446	91,807	127,614	505,891	
Greater Columbia	13,251,923	1,410,216	-	2,076,119	2,215,166	11,861,584	126,540	4,096,273	739,831	1,294,240	1,827,190	
King	10,015,276	1,897,182	-	2,862,103	4,526,487	39,687,972	399,585	4,358,773	909,163	3,100,768	9,071,943	
NEWRSN	1,273,016	185,114	-	230,976	269,859	2,148,991	33,702	677,639	67,095	138,166	393,056	
North Central	2,767,046	297,702	-	591,521	567,949	2,608,293	322,439	1,383,083	142,192	326,977	722,873	
North Sound	10,781,468	1,240,155	-	2,220,345	3,983,508	20,729,471	113,393	2,663,097	622,762	762,911	2,545,838	
Peninsula	2,982,410	444,965	-	663,034	765,201	7,918,808	35,087	989,006	264,415	393,546	1,143,519	
Pierce	8,904,807	1,112,144	-	1,534,302	2,457,351	21,932,560	76,367	1,393,233	667,767	1,983,519	5,353,134	
Southwest	679,056	119,865	-	227,200	250,689	2,027,000	4,229	565,067	134,982	245,952	760,966	
Spokane	5,054,062	500,597	-	1,143,020	1,491,935	4,010,118	15,163	3,588,543	463,746	902,109	1,853,812	
Thurston Mason	1,840,503	645,087	-	580,460	957,817	4,672,960	67,872	1,478,607	233,774	341,030	1,291,134	
Timberlands	770,962	93,835	-	305,377	256,008	1,223,256	25,497	373,965	108,395	142,400	491,383	
	63,703,196	9,594,255	-	13,834,839	18,805,551	130,101,008	1,259,134	24,456,545	4,790,033	10,616,792	27,852,130	67,715,500

Cost Effectiveness
FY 2001

	FY01 Adjusted Rates							FY01 Adjusted Rates				
		Children				Adults		Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58	
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47	
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80	
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45	
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57	
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04	
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09	
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55	
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64	
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76	
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58	
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10	
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65	
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84	
FY01 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES												
Chelan Douglas	8,729	208	-	2,663	2,773	1,295	154	11,392	208	2,927	1,295	
Clark	23,460	788	-	5,561	10,054	4,989	243	29,021	788	10,296	4,989	
Grays Harbor	6,951	237	-	1,553	2,938	2,115	150	8,503	237	3,087	2,115	
Greater Columbia	65,025	1,791	-	14,493	22,487	9,700	929	79,518	1,791	23,416	9,700	
King	78,041	2,633	-	19,980	40,446	25,423	1,422	98,021	2,633	41,868	25,423	
NEWRSN	7,311	191	-	1,612	2,947	1,849	139	8,923	191	3,085	1,849	
North Central	16,655	444	-	4,129	5,194	2,793	287	20,784	444	5,481	2,793	
North Sound	48,925	1,648	-	15,500	20,661	12,412	803	64,426	1,648	21,465	12,412	
Peninsula	18,679	787	-	4,629	8,247	5,533	480	23,308	787	8,727	5,533	
Pierce	47,447	2,146	-	10,711	20,241	14,281	629	58,158	2,146	20,870	14,281	
Southwest	8,411	355	-	1,586	3,880	2,330	117	9,997	355	3,997	2,330	
Spokane	32,513	1,320	-	7,979	15,356	9,345	559	40,493	1,320	15,916	9,345	
Thurston Mason	15,787	664	-	4,052	6,680	4,338	235	19,839	664	6,914	4,338	
Timberlands	8,531	301	-	2,132	3,541	2,185	186	10,662	301	3,727	2,185	
	386,464	13,513	-	96,581	165,443	98,587	6,334	483,045	13,513	171,777	98,587	766,923
FY01 ADJUSTED RATES PROJECTION												
Chelan Douglas	642,448	124,303	-	383,126	350,245	1,866,537	4,422	542,797	56,885	158,314	273,173	
Clark	3,338,030	1,086,974	-	800,116	556,103	7,253,867	18,434	1,447,361	215,817	521,935	1,225,420	
Grays Harbor	1,054,896	227,184	-	223,397	91,656	2,331,753	15,415	301,634	72,786	101,201	401,034	
Greater Columbia	11,355,224	1,223,510	-	2,085,396	2,045,657	11,907,747	115,978	3,258,316	586,519	1,025,283	1,449,109	
King	9,463,024	1,740,416	-	2,874,893	4,100,033	35,220,623	397,304	3,465,653	720,483	2,455,716	7,190,931	
NEWRSN	1,109,597	160,768	-	232,008	249,542	2,500,918	33,767	536,973	53,166	109,810	311,421	
North Central	2,527,727	276,833	-	594,164	525,893	2,911,057	324,509	1,094,975	112,707	259,242	572,869	
North Sound	9,237,083	1,075,831	-	2,230,268	3,685,954	18,752,436	112,846	2,111,899	493,626	603,103	2,018,338	
Peninsula	2,764,537	419,721	-	665,997	710,652	7,634,616	33,538	780,419	206,641	311,627	905,542	
Pierce	7,634,848	1,053,064	-	1,541,159	2,276,242	19,872,631	76,418	1,103,010	529,449	1,573,496	4,243,340	
Southwest	678,636	119,883	-	228,216	235,431	2,350,874	4,041	448,253	106,989	194,663	603,349	
Spokane	4,693,053	492,350	-	1,148,128	1,382,954	5,186,025	15,979	2,839,623	367,453	715,507	1,469,256	
Thurston Mason	1,757,300	559,752	-	583,054	888,566	4,751,193	68,332	1,172,923	185,360	270,372	1,022,776	
Timberlands	758,495	94,962	-	306,742	239,161	1,615,734	23,820	295,845	85,917	112,583	389,159	
	57,014,900	8,655,551	-	13,896,664	17,338,089	124,156,012	1,244,803	19,399,679	3,793,798	8,412,851	22,075,717	53,682,045

Mental Health Division
Fiscal Section
2/7/2002

Cost Effectiveness
FY 2002

FY92 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS

	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38
Greater Columbia	13.53	52.27	12.89	9.51	6.54	81.18	9.04
King	8.52	47.83	8.86	9.51	7.43	103.64	18.65
NEWRSN	11.56	64.30	8.62	9.51	6.08	77.18	16.13
North Central	11.03	44.55	4.45	9.51	7.26	62.00	74.47
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.85
Pierce	12.46	34.40	14.98	9.51	8.06	101.96	8.06
Southwest	5.36	22.44	7.46	9.51	4.29	57.76	2.39
Spokane	10.32	25.18	5.77	9.51	6.45	28.49	1.80
Thurston Mason	7.74	64.54	16.02	9.51	9.52	71.52	19.18
Timberlands	6.00	20.67	7.61	9.51	4.80	37.16	9.08

FY92 INPATIENT GROSS CAPITATION

Children		Adults	
Non-Dis	Disabled	Non-Dis	Disabled
3.83	22.03	4.36	17.00
4.02	22.08	4.08	19.80
2.85	24.70	2.64	15.28
3.29	26.38	3.53	12.03
2.84	22.05	4.73	22.79
4.85	22.42	2.86	13.58
4.25	20.47	3.81	16.53
2.64	24.13	2.27	13.10
2.71	21.46	2.88	13.20
1.53	19.87	6.07	23.94
3.61	24.31	3.93	20.86
5.66	22.44	3.62	12.67
4.76	22.50	3.15	19.01
2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.86	8.29	9.15	5.85	74.25	15.52
North Central	10.61	42.86	4.28	9.15	6.98	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.99	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment

FY93	3.00%	103.00%
FY94	3.00%	106.09%
FY95	3.00%	109.27%
FY96	3.00%	112.55%
FY97	3.00%	115.93%
FY98	3.00%	119.41%
FY99	3.00%	122.99%
FY00	3.00%	126.68%
FY01	3.00%	130.48%
FY 02	3.00%	134.39%
FY 03	3.00%	138.42%
APPLIED RATE	138.42%	

Cost Effectiveness
FY 2002

	FY02 Contracted Rates							FY02 Contracted Rates			
	Children				Adults			Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52	4.07	23.36	4.62	18.02
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65	4.26	23.40	4.33	20.98
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02	3.03	26.19	2.80	16.20
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92	3.50	27.97	3.74	12.76
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44	3.02	23.37	5.01	24.16
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30	5.14	23.76	3.04	14.39
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78	4.50	21.70	4.04	17.52
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29	2.80	25.58	2.40	13.89
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11	2.86	22.43	3.05	13.98
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63	1.62	21.07	6.44	25.38
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01	3.83	25.77	4.16	22.12
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50	5.99	23.78	3.84	13.43
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45	5.05	23.86	3.34	20.14
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18	2.37	24.35	2.58	15.21

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient. Rates/1.025 for administration for inpatient

Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84

Cost Effectiveness
FY 2002

	FY92 Rates Inflated Forward								FY92 Rates Inflated Forward				
	Children				Adults				Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	6.22	54.89	2.81	12.29	11.67	108.34	2.34	5.15	29.61	5.86	22.85		
Clark	13.14	136.42	1.54	12.29	5.05	130.93	6.53	5.40	29.67	5.48	26.61		
Grays Harbor	14.32	94.82	8.36	12.29	2.75	82.61	9.54	3.83	33.19	3.55	20.53		
Greater Columbia	17.49	67.58	16.66	12.29	8.46	104.95	11.69	4.42	35.45	4.74	16.17		
King	11.01	61.84	11.45	12.29	9.61	133.99	24.11	3.82	29.63	6.36	30.63		
NEWRSN	14.95	83.13	11.14	12.29	7.86	99.78	20.85	6.52	30.13	3.84	18.25		
North Central	14.26	57.60	5.75	12.29	9.39	80.16	96.28	5.71	27.51	5.12	22.21		
North Sound	18.91	64.58	10.50	12.29	16.55	143.35	12.11	3.55	32.43	3.05	17.61		
Peninsula	13.70	48.53	11.11	12.29	7.96	122.85	6.27	3.64	28.84	3.87	17.74		
Pierce	16.11	44.47	19.37	12.29	10.42	131.82	10.42	2.06	26.70	8.16	32.17		
Southwest	6.93	29.01	9.64	12.29	5.55	74.67	3.09	4.85	32.67	5.28	28.03		
Spokane	13.34	32.55	7.46	12.29	8.34	36.83	2.33	7.61	30.16	4.86	17.03		
Thurston Mason	10.01	83.44	20.71	12.29	12.31	92.46	24.80	6.40	30.24	4.23	25.55		
Timberlands	7.76	26.72	9.84	12.29	6.21	48.04	11.74	3.01	30.87	3.28	19.30		
FY02 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES													
Chelan Douglas	8,941	215	-	2,768	2,817	1,339	166	11,709	215	2,984	1,339		
Clark	24,031	815	-	5,780	10,212	5,158	263	29,812	815	10,475	5,158		
Grays Harbor	7,120	245	-	1,614	2,984	2,186	162	8,734	245	3,146	2,186		
Greater Columbia	66,608	1,852	-	15,066	22,841	10,030	1,008	81,674	1,852	23,848	10,030		
King	79,941	2,723	-	20,769	41,082	26,286	1,542	100,710	2,723	42,625	26,286		
NEWRSN	7,489	198	-	1,676	2,993	1,911	150	9,165	198	3,143	1,911		
North Central	17,060	459	-	4,292	5,275	2,888	312	21,353	459	5,587	2,888		
North Sound	50,117	1,704	-	16,112	20,986	12,833	871	66,229	1,704	21,858	12,833		
Peninsula	19,134	814	-	4,811	8,377	5,721	521	23,946	814	8,898	5,721		
Pierce	48,602	2,219	-	11,134	20,560	14,766	682	59,736	2,219	21,242	14,766		
Southwest	8,616	367	-	1,649	3,941	2,409	127	10,264	367	4,068	2,409		
Spokane	33,305	1,365	-	8,294	15,598	9,662	606	41,599	1,365	16,205	9,662		
Thurston Mason	16,171	686	-	4,212	6,785	4,485	255	20,383	686	7,039	4,485		
Timberlands	8,738	312	-	2,216	3,597	2,260	202	10,954	312	3,799	2,260		
	395,875	13,973	-	100,394	168,048	101,932	6,868	496,268	13,973	174,916	101,932	787,090	
FY02 INFLATED RATES PROJECTION													
Chelan Douglas	667,233	141,680	-	408,358	394,651	1,740,551	4,675	723,231	76,413	209,784	367,042		
Clark	3,787,871	1,333,543	-	852,810	619,445	8,104,374	20,604	1,932,678	290,065	689,213	1,647,132		
Grays Harbor	1,223,861	279,290	-	238,110	98,604	2,167,333	18,564	401,413	97,777	133,944	538,732		
Greater Columbia	13,981,400	1,501,915	-	2,222,737	2,317,468	12,631,602	141,315	4,333,388	787,938	1,357,636	1,945,806		
King	10,566,586	2,020,545	-	3,064,228	4,735,532	42,264,394	446,242	4,612,547	968,281	3,251,405	9,660,866		
NEWRSN	1,343,092	197,151	-	247,288	282,322	2,288,497	37,637	716,848	71,458	144,985	418,572		
North Central	2,919,364	317,060	-	633,294	594,178	2,777,615	360,088	1,463,498	151,438	343,288	769,800		
North Sound	11,374,954	1,320,796	-	2,377,149	4,167,477	22,075,164	126,632	2,819,671	663,257	800,159	2,711,106		
Peninsula	3,146,582	473,898	-	709,859	800,539	8,432,873	39,184	1,046,506	281,608	413,249	1,217,752		
Pierce	9,394,989	1,184,461	-	1,642,657	2,570,837	23,356,354	85,284	1,473,922	711,188	2,079,342	5,700,643		
Southwest	716,436	127,659	-	243,246	262,266	2,158,587	4,723	597,568	143,760	257,820	810,366		
Spokane	5,332,272	533,148	-	1,223,742	1,560,837	4,270,442	16,934	3,797,094	493,901	946,008	1,974,156		
Thurston Mason	1,941,817	687,033	-	621,453	1,002,051	4,976,314	75,797	1,564,703	248,975	357,598	1,374,950		
Timberlands	813,401	99,936	-	326,943	267,831	1,302,666	28,474	395,715	115,443	149,479	523,283		
	67,209,859	10,218,117	-	14,811,871	19,674,037	138,546,766	1,406,152	25,878,783	5,101,503	11,133,911	29,660,205	71,774,402	

Cost Effectiveness
FY 2002

	FY02 Adjusted Rates							FY02 Adjusted Rates				
	Children				Adults			Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58	
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47	
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80	
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45	
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57	
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04	
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09	
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55	
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64	
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76	
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58	
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10	
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65	
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84	
FY02 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES												
Chelan Douglas	8,941	215	-	2,768	2,817	1,339	166	11,709	215	2,984	1,339	
Clark	24,031	815	-	5,780	10,212	5,158	263	29,812	815	10,475	5,158	
Grays Harbor	7,120	245	-	1,614	2,984	2,186	162	8,734	245	3,146	2,186	
Greater Columbia	66,608	1,852	-	15,066	22,841	10,030	1,008	81,674	1,852	23,848	10,030	
King	79,941	2,723	-	20,769	41,082	26,286	1,542	100,710	2,723	42,625	26,286	
NEWRSN	7,489	198	-	1,676	2,993	1,911	150	9,165	198	3,143	1,911	
North Central	17,060	459	-	4,292	5,275	2,888	312	21,353	459	5,587	2,888	
North Sound	50,117	1,704	-	16,112	20,986	12,833	871	66,229	1,704	21,858	12,833	
Peninsula	19,134	814	-	4,811	8,377	5,721	521	23,946	814	8,898	5,721	
Pierce	48,602	2,219	-	11,134	20,560	14,766	682	59,736	2,219	21,242	14,766	
Southwest	8,616	367	-	1,649	3,941	2,409	127	10,264	367	4,068	2,409	
Spokane	33,305	1,365	-	8,294	15,598	9,662	606	41,599	1,365	16,205	9,662	
Thurston Mason	16,171	686	-	4,212	6,785	4,485	255	20,383	686	7,039	4,485	
Timberlands	8,738	312	-	2,216	3,597	2,260	202	10,954	312	3,799	2,260	
	395,875	13,973	-	100,394	168,048	101,932	6,868	496,268	13,973	174,916	101,932	787,090
FY02 ADJUSTED RATES PROJECTION												
Chelan Douglas	658,092	128,534	-	398,249	355,759	1,929,875	4,795	557,933	58,822	161,376	282,443	
Clark	3,419,314	1,123,973	-	831,698	564,858	7,500,018	19,987	1,486,799	223,163	530,995	1,267,004	
Grays Harbor	1,080,584	234,917	-	232,215	93,099	2,410,878	16,714	309,812	75,263	103,130	414,642	
Greater Columbia	11,631,734	1,265,157	-	2,167,711	2,077,865	12,311,822	125,751	3,346,639	606,483	1,044,214	1,498,283	
King	9,693,458	1,799,657	-	2,988,371	4,164,586	36,415,792	430,785	3,560,727	745,007	2,500,097	7,434,946	
NEWRSN	1,136,617	166,240	-	241,166	253,470	2,585,783	36,613	551,515	54,975	111,877	321,988	
North Central	2,589,280	286,256	-	617,617	534,173	3,009,840	351,855	1,124,928	116,543	264,255	592,309	
North Sound	9,462,015	1,112,450	-	2,318,301	3,743,987	19,388,777	122,356	2,171,009	510,428	614,145	2,086,828	
Peninsula	2,831,856	434,007	-	692,286	721,841	7,893,688	36,364	801,766	213,675	317,708	936,271	
Pierce	7,820,763	1,088,909	-	1,601,992	2,312,080	20,546,985	82,858	1,132,941	547,470	1,601,520	4,387,332	
Southwest	695,161	123,963	-	237,224	239,138	2,430,648	4,381	460,244	110,631	198,120	623,823	
Spokane	4,807,333	509,109	-	1,193,447	1,404,728	5,362,006	17,326	2,917,232	379,960	728,495	1,519,113	
Thurston Mason	1,800,092	578,805	-	606,069	902,556	4,912,418	74,090	1,205,107	191,670	275,258	1,057,483	
Timberlands	776,965	98,195	-	318,849	242,927	1,670,562	25,827	303,943	88,842	114,741	402,365	
	58,403,265	8,950,171	-	14,445,194	17,611,066	128,369,096	1,349,702	19,930,595	3,922,932	8,565,931	22,824,829	55,244,288

Mental Health Division
Fiscal Section
2/7/2002

Cost Effectiveness
FY 2003

FY92 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS

	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38
Greater Columbia	13.53	52.27	12.89	9.51	6.54	81.18	9.04
King	8.52	47.83	8.86	9.51	7.43	103.64	18.65
NEWRSN	11.56	64.30	8.62	9.51	6.08	77.18	16.13
North Central	11.03	44.55	4.45	9.51	7.26	62.00	74.47
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.85
Pierce	12.46	34.40	14.98	9.51	8.06	101.96	8.06
Southwest	5.36	22.44	7.46	9.51	4.29	57.76	2.39
Spokane	10.32	25.18	5.77	9.51	6.45	28.49	1.80
Thurston Mason	7.74	64.54	16.02	9.51	9.52	71.52	19.18
Timberlands	6.00	20.67	7.61	9.51	4.80	37.16	9.08

FY92 INPATIENT GROSS CAPITATION

	Children		Adults	
	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	3.83	22.03	4.36	17.00
Clark	4.02	22.08	4.08	19.80
Grays Harbor	2.85	24.70	2.64	15.28
Greater Columbia	3.29	26.38	3.53	12.03
King	2.84	22.05	4.73	22.79
NEWRSN	4.85	22.42	2.86	13.58
North Central	4.25	20.47	3.81	16.53
North Sound	2.64	24.13	2.27	13.10
Peninsula	2.71	21.46	2.88	13.20
Pierce	1.53	19.87	6.07	23.94
Southwest	3.61	24.31	3.93	20.86
Spokane	5.66	22.44	3.62	12.67
Thurston Mason	4.76	22.50	3.15	19.01
Timberlands	2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.86	8.29	9.15	5.85	74.25	15.52
North Central	10.61	42.86	4.28	9.15	6.98	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.99	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment

FY93	3.00%	103.00%
FY94	3.00%	106.09%
FY95	3.00%	109.27%
FY96	3.00%	112.55%
FY97	3.00%	115.93%
FY98	3.00%	119.41%
FY99	3.00%	122.99%
FY00	3.00%	126.68%
FY01	3.00%	130.48%
FY 02	3.00%	134.39%
FY 03	3.00%	138.42%
APPLIED RATE	138.42%	

Cost Effectiveness
FY 2003

	FY03 Contracted Rates							FY03 Contracted Rates			
		Children				Adults			Children		Adults
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52	4.07	23.36	4.62	18.02
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65	4.26	23.40	4.33	20.98
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02	3.03	26.19	2.80	16.20
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92	3.50	27.97	3.74	12.76
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44	3.02	23.37	5.01	24.16
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30	5.14	23.76	3.04	14.39
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78	4.50	21.70	4.04	17.52
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29	2.80	25.58	2.40	13.89
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11	2.86	22.43	3.05	13.98
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63	1.62	21.07	6.44	25.38
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01	3.83	25.77	4.16	22.12
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50	5.99	23.78	3.84	13.43
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45	5.05	23.86	3.34	20.14
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18	2.37	24.35	2.58	15.21

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient. Rates/1.025 for administration for inpatient

Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84

Cost Effectiveness
FY 2003

	FY92 Rates Inflated Forward							FY92 Rates Inflated Forward				
	Children				Adults			Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.41	56.54	2.89	12.66	12.02	111.59	2.41	5.30	30.49	6.04	23.53	
Clark	13.53	140.51	1.58	12.66	5.21	134.85	6.72	5.56	30.56	5.65	27.41	
Grays Harbor	14.75	97.66	8.62	12.66	2.84	85.09	9.83	3.94	34.19	3.65	21.15	
Greater Columbia	18.02	69.60	17.16	12.66	8.71	108.10	12.04	4.55	36.52	4.89	16.65	
King	11.35	63.69	11.80	12.66	9.89	138.01	24.83	3.93	30.52	6.55	31.55	
NEWRSN	15.39	85.62	11.48	12.66	8.10	102.77	21.48	6.71	31.03	3.96	18.80	
North Central	14.69	59.32	5.93	12.66	9.67	82.56	99.16	5.88	28.33	5.27	22.88	
North Sound	19.48	66.51	10.81	12.66	17.04	147.65	12.48	3.65	33.40	3.14	18.13	
Peninsula	14.11	49.99	11.44	12.66	8.20	126.53	6.46	3.75	29.70	3.99	18.27	
Pierce	16.59	45.81	19.95	12.66	10.73	135.77	10.73	2.12	27.50	8.40	33.14	
Southwest	7.14	29.88	9.93	12.66	5.71	76.91	3.18	5.00	33.65	5.44	28.87	
Spokane	13.74	33.53	7.68	12.66	8.59	37.94	2.40	7.83	31.06	5.01	17.54	
Thurston Mason	10.31	85.94	21.33	12.66	12.68	95.24	25.54	6.59	31.14	4.36	26.31	
Timberlands	7.99	27.52	10.13	12.66	6.39	49.48	12.09	3.10	31.80	3.38	19.88	
FY03 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES												
Chelan Douglas	9,179	221	-	2,862	2,850	1,377	177	12,042	221	3,027	1,377	
Clark	24,671	838	-	5,978	10,331	5,306	279	30,648	838	10,610	5,306	
Grays Harbor	7,309	253	-	1,669	3,019	2,249	172	8,978	253	3,191	2,249	
Greater Columbia	68,380	1,906	-	15,581	23,108	10,317	1,070	83,961	1,906	24,178	10,317	
King	82,068	2,802	-	21,479	41,563	27,040	1,637	103,547	2,802	43,200	27,040	
NEWRSN	7,688	203	-	1,733	3,028	1,966	160	9,422	203	3,188	1,966	
North Central	17,514	472	-	4,439	5,337	2,971	331	21,953	472	5,668	2,971	
North Sound	51,450	1,754	-	16,663	21,232	13,201	925	68,113	1,754	22,157	13,201	
Peninsula	19,643	837	-	4,976	8,475	5,885	553	24,619	837	9,028	5,885	
Pierce	49,895	2,284	-	11,514	20,800	15,189	724	61,409	2,284	21,524	15,189	
Southwest	8,845	377	-	1,705	3,987	2,478	135	10,550	377	4,122	2,478	
Spokane	34,191	1,404	-	8,578	15,781	9,939	644	42,769	1,404	16,424	9,939	
Thurston Mason	16,601	706	-	4,356	6,864	4,614	270	20,958	706	7,134	4,614	
Timberlands	8,971	321	-	2,292	3,639	2,324	215	11,263	321	3,853	2,324	
	406,406	14,379	-	103,825	170,014	104,856	7,290	510,232	14,379	177,304	104,856	806,771
FY03 INFLATED RATES PROJECTION												
Chelan Douglas	705,524	150,168	-	434,982	411,243	1,844,156	5,111	766,071	80,991	219,204	388,890	
Clark	4,005,249	1,413,435	-	908,411	645,487	8,586,784	22,525	2,046,517	307,443	719,075	1,745,177	
Grays Harbor	1,294,095	296,022	-	253,634	102,750	2,296,342	20,295	425,028	103,634	139,929	570,800	
Greater Columbia	14,783,763	1,591,893	-	2,367,653	2,414,899	13,383,493	154,492	4,588,314	835,143	1,417,651	2,061,629	
King	11,172,980	2,141,594	-	3,264,008	4,934,623	44,780,164	487,851	4,884,680	1,026,290	3,394,124	10,235,925	
NEWRSN	1,420,169	208,963	-	263,410	294,191	2,424,719	41,147	759,010	75,739	151,436	443,487	
North Central	3,086,900	336,055	-	674,584	619,158	2,942,951	393,664	1,549,782	160,511	358,701	815,622	
North Sound	12,027,739	1,399,924	-	2,532,133	4,342,686	23,389,179	138,440	2,986,843	702,992	835,433	2,872,484	
Peninsula	3,327,158	502,289	-	756,140	834,196	8,934,836	42,837	1,108,205	298,479	431,861	1,290,238	
Pierce	9,934,148	1,255,421	-	1,749,754	2,678,920	24,746,631	93,236	1,560,653	753,795	2,170,180	6,039,972	
Southwest	757,551	135,307	-	259,105	273,293	2,267,076	5,163	632,611	152,372	269,073	858,603	
Spokane	5,638,280	565,089	-	1,303,526	1,626,457	4,524,638	18,513	4,020,914	523,490	987,592	2,091,667	
Thurston Mason	2,053,254	728,193	-	661,970	1,044,179	5,272,527	82,865	1,657,023	263,891	373,295	1,456,793	
Timberlands	860,081	105,924	-	348,259	279,091	1,380,206	31,129	419,050	122,359	156,171	554,431	
	71,066,890	10,830,275	-	15,777,568	20,501,173	146,793,702	1,537,269	27,404,702	5,407,129	11,623,724	31,425,716	75,861,271

Cost Effectiveness
FY 2003

	FY03 Adjusted Rates							FY03 Adjusted Rates				
	Children				Adults			Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58	
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47	
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80	
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45	
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57	
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04	
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09	
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55	
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64	
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76	
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58	
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10	
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65	
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84	

FY03 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES

Chelan Douglas	9,179	221	-	2,862	2,850	1,377	177	12,042	221	3,027	1,377	
Clark	24,671	838	-	5,978	10,331	5,306	279	30,648	838	10,610	5,306	
Grays Harbor	7,309	253	-	1,669	3,019	2,249	172	8,978	253	3,191	2,249	
Greater Columbia	68,380	1,906	-	15,581	23,108	10,317	1,070	83,961	1,906	24,178	10,317	
King	82,068	2,802	-	21,479	41,563	27,040	1,637	103,547	2,802	43,200	27,040	
NEWRSN	7,688	203	-	1,733	3,028	1,966	160	9,422	203	3,188	1,966	
North Central	17,514	472	-	4,439	5,337	2,971	331	21,953	472	5,668	2,971	
North Sound	51,450	1,754	-	16,663	21,232	13,201	925	68,113	1,754	22,157	13,201	
Peninsula	19,643	837	-	4,976	8,475	5,885	553	24,619	837	9,028	5,885	
Pierce	49,895	2,284	-	11,514	20,800	15,189	724	61,409	2,284	21,524	15,189	
Southwest	8,845	377	-	1,705	3,987	2,478	135	10,550	377	4,122	2,478	
Spokane	34,191	1,404	-	8,578	15,781	9,939	644	42,769	1,404	16,424	9,939	
Thurston Mason	16,601	706	-	4,356	6,864	4,614	270	20,958	706	7,134	4,614	
Timberlands	8,971	321	-	2,292	3,639	2,324	215	11,263	321	3,853	2,324	
	406,406	14,379	-	103,825	170,014	104,856	7,290	510,232	14,379	177,304	104,856	806,771

FY03 ADJUSTED RATES PROJECTION

Chelan Douglas	675,599	132,268	-	411,863	359,923	1,985,219	5,089	573,776	60,530	163,712	290,543	
Clark	3,510,278	1,156,625	-	860,130	571,469	7,715,098	21,215	1,528,538	229,646	537,872	1,303,338	
Grays Harbor	1,109,330	241,742	-	240,153	94,189	2,480,016	17,741	318,488	77,450	104,602	426,533	
Greater Columbia	11,941,171	1,301,910	-	2,241,815	2,102,183	12,664,892	133,474	3,440,350	624,102	1,058,628	1,541,249	
King	9,951,330	1,851,938	-	3,090,529	4,213,327	37,460,097	457,242	3,661,020	766,650	2,533,854	7,648,160	
NEWRSN	1,166,854	171,069	-	249,410	256,437	2,659,937	38,861	566,952	56,573	113,453	331,222	
North Central	2,658,162	294,572	-	638,730	540,425	3,096,154	373,465	1,156,569	119,929	268,081	609,295	
North Sound	9,713,731	1,144,768	-	2,397,552	3,787,806	19,944,794	129,871	2,232,769	525,256	622,550	2,146,872	
Peninsula	2,907,192	446,615	-	715,951	730,289	8,120,057	38,598	824,317	219,882	322,351	963,120	
Pierce	8,028,817	1,120,542	-	1,656,756	2,339,140	21,136,216	87,946	1,164,681	563,375	1,622,820	4,513,149	
Southwest	713,654	127,565	-	245,333	241,937	2,500,353	4,650	473,048	113,845	200,747	641,712	
Spokane	4,935,222	523,899	-	1,234,245	1,421,168	5,515,774	18,390	2,999,249	390,998	738,376	1,562,677	
Thurston Mason	1,847,979	595,620	-	626,787	913,119	5,053,293	78,641	1,239,054	197,238	278,975	1,087,809	
Timberlands	797,634	101,047	-	329,749	245,770	1,718,469	27,413	312,495	91,422	116,388	413,904	
	59,956,954	9,210,179	-	14,939,004	17,817,181	132,050,370	1,432,596	20,491,305	4,036,896	8,682,407	23,479,383	56,689,991

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, WA 98504-5000

December 5, 2001

Robert Reed, Chief
Medicaid Branch
Centers for Medicare and Medicaid Services
Division of Medicaid and State Operations
2201 Sixth Avenue, RX 43
Seattle, Washington 98121-2500

Dear Mr. Reed:

This letter is in response to your September 10, 2001 request for additional information regarding the renewal of the Integrated Mental Health Services waiver program authorized under 1915(b) of the Social Security Act.

1. Please submit the following regarding the funding of the State's public mental health system.

- *The total number of dollars received by each RSN from all sources during the previous biennium and expected for the upcoming biennium. Information should be RSN specific and clearly identify the year and the source(s) of funds.*
- *Of the total dollars identified in the above information, identify for each RSN the funds identified as "Medicaid" dollars provided by the State (both State and Federal match). Provide this information as both the total number of Medicaid dollars and as the percentage of the total dollar received.*

Please see Attachment 1 for this information.

2. Please submit the following regarding the number of individuals served:

- *The total unduplicated number of individuals served in each RSN for the previous two years. Numbers must be RSN specific, reported quarterly, and include both the number and percentage of total that are Medicaid vs. non-Medicaid eligible.*

Please see Attachment 2 for both outpatient and inpatient services. These numbers were pulled from our SAS database and are current as of October 2001.

- *Any anticipated change in the number of individuals needing services in each RSN in the upcoming two years, and the reasons for those anticipated changes.*

The number of individuals seeking voluntary mental health services has continued to grow since the state implemented mental health managed care. The numbers of individuals needing services in each RSN has begun to level off and has remained fairly consistent over the last few years. For the upcoming two years, the Mental Health Division (MHD) does not anticipate much change in the number of individuals seeking voluntary services.

You have been provided a copy of the prevalence study done in the state of Washington prior to our last waiver renewal. This study may be amended over the course of this renewal period.

There has been, and will continue to be, more work with other community resources. Referral is now being made more often to the community for services that have in the past provided pro-bono to people seeking a variety of services from marriage counseling, domestic violence or substance abuse. The system in its entirety has to handle each case individually after assessment and ensure the services are appropriate for the public mental health system.

The mental health system will also have to carefully consider the impacts of the 1115 waiver being proposed by the Department of Social and Health Services Medical Assistance Administration (MAA) and the impact that it may have on our population.

3. *Please submit the following regarding access to services:*

- *A description of the system each RSN uses for tracking denials of service that occur at the RSN, provider, case manager/clinician and intake level.*

The system does not deny outpatient services to individuals - mental health services under our waiver are voluntary. Each person who accesses the system for outpatient service is provided an assessment or screening. Based on the assessment, the consumer will either receive services or be referred to a community resource that better fits the needs.

For inpatient services, a physician must sign off all denials of service. Denials of inpatient services occur when the Regional Support Network (RSN) and/or its provider network can provide an intensive service in a less restrictive area for the person and stabilize them in the community. Many RSNs have formal hospital diversion programs. Other reasons for denial of payment may be that a consumer was admitted to the hospital without seeking the appropriate certification in accordance with MAA guidelines. This has been done after several attempts to work with the provider and known only in one RSN.

- *The total number of denials of service for all levels (i.e., RSN, provider, case manager/clinician and intake) within each RSN during the previous two years. These numbers can be aggregated quarterly,but must remain RSN specific and must identify Medicaid vs. non-Medicaid eligible individuals.*

The RSNs report that they have not denied screening or assessment to any individuals for outpatient services. These numbers vary across the RSNs as it is not required that the provider track the number of consumers referred to other community services for Medicaid and non-Medicaid.

The table below shows the numbers reported by RSNs for either inpatient or outpatient services referral to other community resource or no shows. Some RSNs have tracked the numbers of inpatient denials and others report that they know of consumers who would have had inpatient stays but were more appropriately diverted due to intense community support and, therefore, served in a less restrictive setting. The asterisk in the columns below indicates those RSNs who had not tracked these occurrences. The only RSN able to report by Medicaid and non-Medicaid is North Sound.

RSN	(1) In/2000	(2) In/2001	(3) Out/2000	(4) Out/2001
Clark	7	8	158	234
Chelan Douglas	0	0	*	*
Grays Harbor	0	3	50	50
Greater Columbia	*	*	*Of 11,981 intakes less than 15% did not receive ongoing services either due to no shows or to referral to community support*	*Column 3 is both for 00 and 01*
King	82	123	40	55
North Central	0	0	*	*
Northeast Washington	0	0	0	0
North Sound	0	0	*Referred elsewhere 2 Medicaid and 2 non-Medicaid 13 non-Medicaid and 8 Medicaid consumers chose not to enter service*	*3 Medicaid and 63 non-Medicaid were referred elsewhere 68 non-Medicaid and 1 Medicaid consumer chose not to enter service*
Peninsula	*	*	*This information is not consistently collected across the RSN. The total of referrals to other sources, no shows and those who are assessed and found to have private insurance totals less than 30% of those screened.*	*Column 3 is both for 00 and 01*
Pierce	*	*	*	*
Spokane	17	9	0	0
Southwest	*	*	*All Medicaid are served, non-Medicaid are served within available resources, private pay are referred to a qualified provider*	
Timberlands	0	0		*65 were referred to other community services*
Thurston Mason	0	0	0	0

- *A description of the system each RSN uses for tracking the number of individuals who have been determined to be in need of any covered mental health service based on an intake or assessment within the RSN system, or who have been referred by another system's agency to access mental health services based on a formal screening or assessment, but have not yet received the services identified.*

All consumers are provided a screening and/or assessment. Those consumers who are found to have met medical necessity are provided with an appointment. The RSNs report that assessments generally occur within 10 working days from contact with emergent and urgent calls happening sooner. The RSNs track time of contact to assessment to appointment through utilization management and quality management monitoring.

- *The total unduplicated number of individuals within each RSN that have been determined to be in need of services via intake/assessment within the RSN system, or who have been referred by another system's agency to access mental health services based on a formal screening or assessment, but have not yet begun receiving the services identified. Information must be RSN specific and identify Medicaid vs. non-Medicaid individuals.*

Consumers receive a screening and/or assessment within 10 days of contact. The RSNs provider network does not accept assessments done by others as this is not clinically appropriate. Should the assessment done at the RSN show the need for medically necessary services, those services would be provided. The system is referring to other community resources where the consumer may receive more appropriate services, e.g. children's administration, substance abuse, marriage counseling.

MHD is certain that CMS site visits will confirm this shift to community referral in all areas of the state.

COST EFFECTIVENESS

Please submit sufficient information to demonstrate the State's methodology used for calculation of the Upper Payment Limit, program savings (actual and anticipated) for the previous and upcoming renewal periods. The State may use the format proposed by the 1915(b) preprint, or the format used in the previous renewal requests for this waiver program. However, the information submitted must include identification of all relevant adjustments and assumptions applied in the methodology (e.g., inflation factors, increased in vendor payments, administrative costs).

Please see Attachment 3 which is the updated version of what was submitted under the informal review and as amended in the November 9, 2001 correspondence between you and Susan Lucas of the MHD.

Sincerely,

Dennis Braddock
Secretary

Enclosures

cc: Karl Brimner, Director, MHD

Funding Provided By MHD
By RSN
99-01 and 01-03 Biennia

FY 2000

RSN	Medicaid Federal	Medicaid State Match	Medicaid Total	Non-Medicaid State Funds	Block Grant Federal	Local Funds	Total Funds	% Medicaid
Chelan	2,153,296	1,988,117	4,141,413	223,195	60,559	75,629	4,500,796	92.02%
Clark	8,315,856	7,677,827	15,993,683	(845,327)	179,564	722,761	16,050,682	99.64%
Grays	2,350,795	2,170,190	4,520,984	51,579	60,902	57,578	4,691,044	96.37%
Greater	17,585,747	16,236,596	33,822,344	811,570	490,697	1,174,331	36,298,942	93.18%
King	34,049,135	31,434,305	65,483,440	17,698,084	1,383,847	3,334,663	87,900,034	74.50%
NorthCentral	4,568,347	4,217,706	8,786,053	(50,566)	164,030	87,378	8,986,895	97.77%
Nsound	20,325,035	18,765,908	39,090,944	(541,605)	523,136	939,298	40,011,773	97.70%
Newrsn	2,568,313	2,371,622	4,939,934	(392,973)	48,717	87,680	4,683,358	105.48%
Peninsula	7,234,180	6,679,086	13,913,267	2,405,252	209,045	5,000	16,532,563	84.16%
Pierce	20,049,959	18,510,501	38,560,460	4,677,880	749,127	1,448,295	45,435,762	84.87%
Southwest	2,414,924	2,229,785	4,644,709	444,150	81,826	56,210	5,226,894	88.86%
Spokane	9,111,944	8,413,266	17,525,210	6,414,567	381,717	423,305	24,744,798	70.82%
Thurston	5,664,709	5,230,198	10,894,907	170,570	157,007	219,552	11,442,037	95.22%
Timberlands	1,909,979	1,763,578	3,673,557	668,645	70,676	15,000	4,427,878	82.96%
	138,302,218	127,688,686	265,990,904	31,735,020	4,560,850	8,646,681	310,933,455	85.55%

FY 2001

RSN	Medicaid Federal	Medicaid State Match	Medicaid Total	Non-Medicaid State Funds	Block Grant Federal	Local Funds	Total Funds	% Medicaid
Chelan	2,401,890	2,309,690	4,711,580	182,509	60,559	79,423	5,034,072	93.59%
Clark	8,836,975	8,497,058	17,334,033	(848,133)	179,564	944,350	17,609,815	98.43%
Grays	2,544,189	2,446,628	4,990,816	23,938	60,902	51,691	5,127,346	97.34%
Greater	18,655,913	17,938,474	36,594,388	1,094,351	490,697	1,333,677	39,513,113	92.61%
King	35,230,463	33,873,992	69,104,456	19,201,504	1,383,847	2,751,655	92,441,461	74.75%
NorthCentral	4,902,980	4,714,030	9,617,010	(30,732)	164,030	106,295	9,856,604	97.57%
Nsound	21,998,596	21,154,309	43,152,906	(981,541)	523,135	935,457	43,629,958	98.91%
Newrsn	2,847,978	2,738,515	5,586,493	(507,232)	48,717	16,992	5,144,971	108.58%
Peninsula	7,729,565	7,432,432	15,161,998	2,464,342	209,045	5,000	17,840,386	84.99%
Pierce	20,960,328	20,153,199	41,113,527	5,079,760	844,998	1,192,403	48,230,687	85.24%
Southwest	2,646,280	2,544,818	5,191,097	434,036	81,826	27,284	5,734,243	90.53%
Spokane	9,854,171	9,475,973	19,330,145	6,785,235	381,717	577,096	27,074,192	71.40%
Thurston	6,034,141	5,801,975	11,836,116	193,798	159,981	353,392	12,543,287	94.36%
Timberlands	2,162,556	2,079,502	4,242,058	649,286	70,676	11,000	4,973,020	85.30%
	146,806,026	141,160,595	287,966,622	33,741,121	4,659,694	8,385,717	334,753,153	86.02%

FY 2002

RSN	Medicaid Federal	Medicaid State Match	Medicaid Total	Non-Medicaid State Funds	Block Grant Federal	Local Funds	Total Funds	% Medicaid
Chelan	2,416,456	2,369,424	4,785,881	329,378	77,575	79,423	5,272,257	90.77%
Clark	8,852,050	8,679,749	17,531,800	(513,472)	230,019	944,350	18,192,697	96.37%
Grays	2,664,589	2,612,877	5,277,466	72,148	78,014	51,691	5,479,319	96.32%
Greater	18,940,501	18,572,167	37,512,667	1,457,024	628,574	1,333,677	40,931,943	91.65%
King	38,043,046	35,602,236	73,645,283	17,283,799	1,772,685	2,751,655	95,453,421	77.15%
NorthCentral	4,986,107	4,889,246	9,875,353	153,611	210,120	106,295	10,345,380	95.46%
Nsound	21,596,258	21,174,901	42,771,158	(122,465)	670,128	935,457	44,254,278	96.65%
Newrsn	2,860,093	2,804,414	5,664,507	(357,787)	62,405	16,992	5,386,117	105.17%
Peninsula	7,862,111	7,709,249	15,571,360	2,352,087	267,783	5,000	18,196,231	85.57%
Pierce	21,806,604	20,962,718	42,769,322	4,602,549	1,082,428	1,192,403	49,646,703	86.15%
Southwest	2,813,043	2,758,511	5,571,554	495,797	104,818	27,284	6,199,453	89.87%
Spokane	10,431,520	10,229,313	20,660,833	6,400,288	488,973	577,096	28,127,189	73.46%
Thurston	6,154,747	6,035,119	12,189,865	363,636	204,933	353,392	13,111,826	92.97%
Timberlands	2,311,224	2,266,457	4,577,681	704,894	90,535	11,000	5,384,110	85.02%
	151,738,349	146,666,380	298,404,730	33,221,487	5,968,991	8,385,717	345,980,924	86.25%

Mental Health Division-Fiscal Section
September 25, 2001

Funding Provided By MHD
By RSN
99-01 and 01-03 Biennia
FY 2003

RSN								% Medicaid
Chelan	2,507,478	2,470,640	4,978,118	483,291	81,442	79,423	5,622,274	88.54%
Clark	8,958,020	8,826,415	17,784,435	(63,217)	241,484	944,350	18,907,052	94.06%
Grays	2,810,142	2,768,858	5,579,000	175,154	81,902	51,691	5,887,748	94.76%
Greater	19,429,257	19,143,816	38,573,073	2,043,657	659,904	1,333,677	42,610,312	90.53%
King	41,103,231	36,686,566	77,789,797	15,414,997	1,861,041	2,751,655	97,817,490	79.53%
NorthCentral	5,152,267	5,076,573	10,228,840	406,410	220,593	106,295	10,962,139	93.31%
Nsound	21,565,614	21,248,787	42,814,401	933,718	703,529	935,457	45,387,106	94.33%
Newrsn	2,913,046	2,870,250	5,783,296	(151,111)	65,516	16,992	5,714,693	101.20%
Peninsula	8,185,885	7,989,501	16,175,387	2,217,214	281,131	5,000	18,678,732	86.60%
Pierce	22,851,292	21,453,481	44,304,773	4,308,694	1,136,380	1,192,403	50,942,250	86.97%
Southwest	3,031,609	2,987,071	6,018,680	580,065	110,042	27,284	6,736,071	89.35%
Spokane	11,448,065	11,279,878	22,727,942	5,750,185	513,344	577,096	29,568,568	76.87%
Thurston	6,390,262	6,296,381	12,686,643	590,880	215,148	353,392	13,846,062	91.63%
Timberlands	2,599,849	2,561,654	5,161,504	719,063	95,047	11,000	5,986,613	86.22%
	158,946,017	151,659,873	310,605,889	33,409,000	6,266,504	8,385,717	358,667,109	86.60%

Note: 2001 Eligible counts are not final until January 2002, so figures for 2001 are projected.
Dollar estimates assume full integration for comparative purposes, some RSNs had not signed their integrated contracts as of 7/99.
RSNs certify local match for Non-Medicaid shortfalls.
Local funds provided by RSNs. FY02 and FY03 assumes same levels as FY01.

Funding Provided By MHD
By RSN
99-01 and 01-03 Biennia

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Chelan-Douglas RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	785	10,435	45%	56%
	Yes	614	12,929	55%	44%
January 1, 2000 through June 30, 2000	No	1,007	12,383	46%	62%
	Yes	611	14,518	54%	38%
July 1, 2000 through December 31, 2000	No	1,050	12,105	46%	61%
	Yes	659	14,345	54%	39%
January 1, 2001 through June 30, 2001	No	1,138	16,581	47%	62%
	Yes	706	18,542	53%	38%

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Clark County RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	1,448	28,078	23%	32%
	Yes	3,096	92,068	77%	68%
January 1, 2000 through June 30, 2000	No	1,679	36,872	29%	35%
	Yes	3,139	90,224	71%	65%
July 1, 2000 through December 31, 2000	No	1,678	34,377	30%	35%
	Yes	3,066	80,812	70%	65%
January 1, 2001 through June 30, 2001	No	1,874	41,991	29%	36%
	Yes	3,394	103,716	71%	64%

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Grays Harbor RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	703	4,643	24%	49%
	Yes	732	14,746	76%	51%
January 1, 2000 through June 30, 2000	No	860	7,093	31%	55%
	Yes	700	15,472	69%	45%
July 1, 2000 through December 31, 2000	No	922	7,669	39%	60%
	Yes	603	11,748	61%	40%
January 1, 2001 through June 30, 2001	No	936	8,777	40%	58%
	Yes	676	13,364	60%	42%

Attachment 2

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Greater Columbia RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	2,750	25,805	15%	32%
	Yes	5,923	145,576	85%	68%
January 1, 2000 through June 30, 2000	No	3,401	20,973	20%	38%
	Yes	5,439	83,451	80%	62%
July 1, 2000 through December 31, 2000	No	4,484	29,278	37%	52%
	Yes	4,186	49,210	63%	48%
January 1, 2001 through June 30, 2001	No	7,040	60,160	43%	67%
	Yes	3,539	78,572	57%	33%

Attachment 2

Mental Health Outpatients Served Per 6 Month Period

DRAFT

King County RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	2,793	35,295	10%	15%
	Yes	15,541	312,679	90%	85%
January 1, 2000 through June 30, 2000	No	4,578	48,358	13%	22%
	Yes	16,048	324,638	87%	78%
July 1, 2000 through December 31, 2000	No	4,863	49,430	14%	23%
	Yes	16,148	298,293	86%	77%
January 1, 2001 through June 30, 2001	No	4,580	45,033	12%	21%
	Yes	16,922	336,820	88%	79%

Attachment 2

Mental Health Outpatients Served Per 6 Month Period

DRAFT

North Sound RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	6,282	28,441	26%	51%
	Yes	6,052	79,787	74%	49%
January 1, 2000 through June 30, 2000	No	7,446	33,068	28%	55%
	Yes	6,122	85,728	72%	45%
July 1, 2000 through December 31, 2000	No	6,204	30,884	28%	51%
	Yes	6,069	80,497	72%	49%
January 1, 2001 through June 30, 2001	No	5,641	26,159	21%	44%
	Yes	7,183	97,186	79%	56%

Machment 2

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Northeast RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	568	8,279	39%	54%
	Yes	485	12,939	61%	46%
January 1, 2000 through June 30, 2000	No	561	6,748	34%	48%
	Yes	620	12,993	66%	52%
July 1, 2000 through December 31, 2000	No	480	5,921	37%	45%
	Yes	577	10,011	63%	55%
January 1, 2001 through June 30, 2001	No	420	5,797	41%	44%
	Yes	529	8,424	59%	56%

Attachment D.

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Peninsula RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	1,634	13,060	16%	39%
	Yes	2,588	68,072	84%	61%
January 1, 2000 through June 30, 2000	No	1,502	13,115	15%	34%
	Yes	2,908	75,168	85%	66%
July 1, 2000 through December 31, 2000	No	1,542	12,374	14%	34%
	Yes	2,959	76,814	86%	66%
January 1, 2001 through June 30, 2001	No	1,951	16,[illegible]6	16%	39%
	Yes	3,036	84,279	84%	61%

Attachment 2.

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Pierce County RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	5,145	39,069	19%	45%
	Yes	6,379	162,404	81%	55%
January 1, 2000 through June 30, 2000	No	5,130	41,510	19%	42%
	Yes	7,205	177,010	81%	58%
July 1, 2000 through December 31, 2000	No	4,922	40,056	19%	39%
	Yes	7,638	166,498	81%	61%
January 1, 2001 through June 30, 2001	No	5,315	46,170	20%	40%
	Yes	8,139	180,182	80%	60%

Attachment 2

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Southwest RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	1,001	7,848	45%	45%
	Yes	1,223	9,644	55%	55%
January 1, 2000 through June 30, 2000	No	1,279	11,395	49%	51%
	Yes	1,250	11,636	51%	49%
July 1, 2000 through December 31, 2000	No	997	8,204	32%	41%
	Yes	1,449	17,527	68%	59%
January 1, 2001 through June 30, 2001	No	1,243	9,109	31%	41%
	Yes	1,762	20,508	69%	59%

Attachment 2

Mental Health Outpatients Served Per 6 Month Period

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Spokane County RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	4,249	47,907	58%	74%
	Yes	1,523	34,363	42%	26%
January 1, 2000 through June 30, 2000	No	3,587	35,968	33%	54%
	Yes	3,040	73,078	67%	46%
July 1, 2000 through December 31, 2000	No	3,581	30,264	31%	53%
	Yes	3,236	66,778	69%	47%
January 1, 2001 through June 30, 2001	No	3,542	35,799	28%	49%
	Yes	3,642	92,418	72%	51%

Attachment 2

Mental Health Outpatients Served Per 6 Month Period

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Thurston-Mason RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	686	2,170	5%	25%
	Yes	2,035	37,617	95%	75%
January 1, 2000 through June 30, 2000	No	850	3,933	9%	28%
	Yes	2,230	39,980	91%	72%
July 1, 2000 through December 31, 2000	No	852	3,201	9%	27%
	Yes	2,300	31,059	91%	73%
January 1, 2001 through June 30, 2001	No	825	3,603	10%	26%
	Yes	2,358	31,145	90%	74%

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A3

Mental Health Outpatients Served Per 6 Month Period

DRAFT

Timberlands RSN

	Title XIX	Total Number of Outpatients Served	Total Hours	Percent of Hours	Percent of People
July 1, 1999 through December 31, 1999	No	927	4,195	31%	48%
	Yes	1,003	9,470	69%	52%
January 1, 2000 through June 30, 2000	No	1,049	5,184	34%	50%
	Yes	1,048	9,944	66%	50%
July 1, 2000 through December 31, 2000	No	1,047	4,631	29%	50%
	Yes	1,047	11,344	71%	50%
January 1, 2001 through June 30, 2001	No	1,195	5,108	29%	52%
	Yes	1,107	12,558	71%	48%

Attachment 2

Mental Health Inpatients Served Per 6 Month Period *

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Chelan-Douglas RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	7	36	10%	27%
	Yes	19	314	90%	73%
January 1, 2000 through June 30, 2000	No	6	54	20%	21%
	Yes	22	213	80%	79%
July 1, 2000 through December 31, 2000	No	3	50	20%	18%
	Yes	14	199	80%	82%
January 1, 2001 through June 30, 2001	No	6	66	25%	23%
	Yes	20	200	75%	77%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2

Mental Health Inpatients Served Per 6 Month Period *

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Clark County RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	53	460	24%	28%
	Yes	136	1,493	76%	72%
January 1, 2000 through June 30, 2000	No	65	492	28%	34%
	Yes	124	1,262	72%	66%
July 1, 2000 through December 31, 2000	No	55	426	22%	27%
	Yes	152	1,515	78%	73%
January 1, 2001 through June 30, 2001	No	40	280	20%	26%
	Yes	111	1,129	80%	74%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2.

Mental Health Inpatients Served Per 6 Month Period *

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Grays Harbor RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	11	72	15%	27%
	Yes	30	416	85%	73%
January 1, 2000 through June 30, 2000	No	11	162	25%	21%
	Yes	41	477	75%	79%
July 1, 2000 through December 31, 2000	No	11	108	31%	31%
	Yes	25	237	69%	69%
January 1, 2001 through June 30, 2001	No	7	57	19%	20%
	Yes	28	285	81%	80%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

attachment 2
11

Mental Health Inpatients Served Per 6 Month Period *

DRAFT

Greater Columbia RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	141	1,381	34%	38%
	Yes	231	2,700	66%	62%
January 1, 2000 through June 30, 2000	No	118	1,010	26%	33%
	Yes	240	2,803	74%	67%
July 1, 2000 through December 31, 2000	No	111	1,074	33%	36%
	Yes	194	2,227	67%	64%
January 1, 2001 through June 30, 2001	No	83	747	23%	28%
	Yes	216	2,535	77%	72%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2

Mental Health Inpatients Served Per 6 Month Period *

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King County RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	454	4,555	30%	36%
	Yes	807	10,685	70%	64%
January 1, 2000 through June 30, 2000	No	473	4,953	30%	34%
	Yes	907	11,478	70%	66%
July 1, 2000 through December 31, 2000	No	429	4,483	30%	36%
	Yes	779	10,349	70%	64%
January 1, 2001 through June 30, 2001	No	355	3,816	32%	34%
	Yes	679	8,297	68%	66%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2

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Mental Health Inpatients Served Per 6 Month Period *

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North Central RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	30	299	41%	42%
	Yes	41	426	59%	58%
January 1, 2000 through June 30, 2000	No	18	162	20%	28%
	Yes	46	635	80%	72%
July 1, 2000 through December 31, 2000	No	16	122	15%	27%
	Yes	44	681	85%	73%
January 1, 2001 through June 30, 2001	No	10	111	20%	23%
	Yes	33	433	80%	77%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2

Mental Health Inpatients Served Per 6 Month Period *

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North Sound RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	102	1,041	20%	26%
	Yes	284	4,220	80%	74%
January 1, 2000 through June 30, 2000	No	123	1,404	23%	28%
	Yes	321	4,587	77%	72%
July 1, 2000 through December 31, 2000	No	82	811	15%	21%
	Yes	312	4,443	85%	79%
January 1, 2001 through June 30, 2001	No	78	751	17%	21%
	Yes	289	3,698	83%	79%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

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Mental Health Inpatients Served Per 6 Month Period *

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Northeast RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	6	61	11%	15%
	Yes	35	485	89%	85%
January 1, 2000 through June 30, 2000	No	3	14	4%	10%
	Yes	26	363	96%	90%
July 1, 2000 through December 31, 2000	No	3	33	10%	12%
	Yes	23	307	90%	88%
January 1, 2001 through June 30, 2001	No	7	63	25%	30%
	Yes	16	192	75%	70%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2.

Mental Health Inpatients Served Per 6 Month Period *

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Peninsula RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	30	208	19%	25%
	Yes	92	900	81%	75%
January 1, 2000 through June 30, 2000	No	24	184	18%	21%
	Yes	93	859	82%	79%
July 1, 2000 through December 31, 2000	No	17	113	13%	17%
	Yes	84	769	87%	83%
January 1, 2001 through June 30, 2001	No	13	96	12%	15%
	Yes	76	728	88%	85%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

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Mental Health Inpatients Served Per 6 Month Period *

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Pierce County RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	161	1,564	27%	30%
	Yes	367	4,142	73%	70%
January 1, 2000 through June 30, 2000	No	160	1,315	20%	27%
	Yes	441	5,244	80%	73%
July 1, 2000 through December 31, 2000	No	97	766	21%	28%
	Yes	245	2,864	79%	72%
January 1, 2001 through June 30, 2001	No	62	514	21%	24%
	Yes	201	1,940	79%	76%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2

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Mental Health Inpatients Served Per 6 Month Period *

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Southwest RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	66	360	25%	36%
	Yes	117	1,059	75%	64%
January 1, 2000 through June 30, 2000	No	57	335	24%	34%
	Yes	111	1,077	76%	66%
July 1, 2000 through December 31, 2000	No	54	332	23%	34%
	Yes	104	1,116	77%	66%
January 1, 2001 through June 30, 2001	No	50	427	33%	35%
	Yes	93	857	67%	65%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2

Mental Health Inpatients Served Per 6 Month Period *

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Spokane County RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	89	917	16%	21%
	Yes	332	4,654	84%	79%
January 1, 2000 through June 30, 2000	No	75	815	12%	16%
	Yes	405	6,216	88%	84%
July 1, 2000 through December 31, 2000	No	54	484	9%	14%
	Yes	332	4,946	91%	86%
January 1, 2001 through June 30, 2001	No	37	332	10%	13%
	Yes	244	3,038	90%	87%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

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Mental Health Inpatients Served Per 6 Month Period *

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Thurston-Mason RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	35	333	21%	24%
	Yes	108	1,245	79%	76%
January 1, 2000 through June 30, 2000	No	26	250	19%	20%
	Yes	104	1,042	81%	80%
July 1, 2000 through December 31, 2000	No	49	481	36%	36%
	Yes	88	839	64%	64%
January 1, 2001 through June 30, 2001	No	34	372	36%	37%
	Yes	58	658	64%	63%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2.

Mental Health Inpatients Served Per 6 Month Period *

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Timberlands RSN

	Title XIX	Total Number of Inpatients Served	Total Days	Percent of Days	Percent of People
July 1, 1999 through December 31, 1999	No	10	68	23%	29%
	Yes	25	227	77%	71%
January 1, 2000 through June 30, 2000	No	8	48	13%	20%
	Yes	32	317	87%	80%
July 1, 2000 through December 31, 2000	No	9	71	13%	23%
	Yes	31	476	87%	78%
January 1, 2001 through June 30, 2001	No	7	38	15%	24%
	Yes	22	209	85%	76%

* When looking at community hospital services data by RSN it is important to remember that significant modifications can take place to existing data. For large RSN's as many as 10% of admissions may be reassigned within 18 months.

Attachment 2

Cost Effectiveness

	Children				Adults			Outpatient	Children		Adults		Inpatient	Grand
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Total	Non-Ds	Disabled	Non-Ds	Disabled	Total	Total
FY00														
Fee for Service	59,703,519	11,157,302	8,347	14,938,629	17,741,160	123,929,578	1,132,946	228,701,481	23,627,173	5,574,109	9,990,532	26,533,972	65,725,786	294,427,267
PHP Payments	51,735,684	9,731,607	7,411	14,502,908	15,812,231	111,215,678	1,082,791	204,088,308	18,118,940	4,268,218	7,654,420	20,331,167	50,372,751	254,461,059
Difference	8,057,838	1,425,695	936	435,721	1,928,929	12,713,901	50,155	24,613,173	5,508,228	1,305,891	2,336,111	6,202,805	15,353,035	39,966,208
FY01														
Fee for Service	66,861,992	10,069,997	-	14,520,855	19,738,046	136,552,215	1,321,570	249,054,674	25,669,251	5,027,552	11,143,237	29,233,210	71,073,251	320,137,925
PHP Payments	57,014,900	8,655,551	-	13,896,664	17,338,089	124,156,012	1,244,803	222,306,020	19,399,679	3,793,798	8,412,851	22,075,717	53,682,045	275,988,065
Difference	9,847,092	1,414,446	-	624,191	2,399,956	12,396,203	76,767	26,758,654	6,269,571	1,233,755	2,730,387	7,157,493	17,391,206	44,149,860
FY02														
Fee for Service	70,885,072	10,778,061	-	15,621,956	20,750,041	146,124,106	1,483,057	265,641,793	27,294,134	5,380,512	11,742,842	31,282,369	75,699,856	341,341,649
PHP Payments	58,403,265	8,950,171	-	14,445,194	17,611,966	128,369,096	1,349,702	229,128,494	19,930,595	3,922,932	8,565,031	22,824,629	55,244,288	284,372,781
Difference	12,482,407	1,828,790	-	1,176,762	3,138,975	17,755,011	133,354	36,513,299	7,363,539	1,457,580	3,176,911	8,457,539	20,455,569	56,968,868
FY03														
Fee for Service	75,317,065	11,478,110	-	16,721,350	21,727,511	155,574,600	1,629,225	282,448,771	29,043,995	5,730,572	12,319,031	33,305,538	80,399,137	362,847,908
PHP Payments	59,956,054	9,270,179	-	14,939,004	17,817,181	132,050,370	1,432,596	235,406,282	20,491,305	4,036,896	8,682,407	23,479,383	56,689,991	292,096,273
Difference	15,361,012	2,207,941	-	1,782,346	3,910,330	23,524,231	196,629	47,042,489	8,552,690	1,693,677	3,636,624	9,826,155	23,709,146	70,751,635

Attachment 3

Cost Effectiveness for Waiver.xlsSummary

Mental Health Division
Fiscal Section
September 4, 2001

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Cost Effectiveness
FY 2000

FY92 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS

	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38
Greater Columbia	13.53	52.27	12.89	9.51	6.54	61.18	9.04
King	8.52	47.83	8.86	9.51	7.43	103.64	18.65
NEWRSN	11.56	64.30	8.62	9.51	6.08	77.18	16.13
North Central	11.03	44.55	4.45	9.51	7.26	62.00	74.47
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.85
Pierce	12.46	34.40	14.98	9.51	8.06	101.96	8.06
Southwest	5.36	22.44	7.46	9.51	4.29	57.76	2.39
Spokane	10.32	25.18	5.77	9.51	6.45	28.49	1.80
Thurston Mason	7.74	64.54	16.02	9.51	9.52	71.52	19.18
Timberlands	6.00	20.67	7.61	9.51	4.80	37.16	9.09

FY92 INPATIENT GROSS CAPITATION

Children		Adults	
Non-Dis	Disabled	Non-Dis	Disabled
3.83	22.03	4.36	17.00
4.02	22.08	4.08	19.60
2.85	24.70	2.64	15.28
3.29	26.38	3.53	12.03
2.84	22.05	4.73	22.79
4.85	22.42	2.86	13.58
4.25	20.47	3.81	16.53
2.64	24.13	2.27	13.10
2.71	21.46	2.88	13.20
1.53	19.87	6.07	23.94
3.61	24.31	3.93	20.86
5.66	22.44	3.62	12.67
4.76	22.50	3.15	19.01
2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.86	8.29	9.15	5.85	74.25	15.52
North Central	10.61	42.86	4.28	9.15	6.98	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.99	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment

FY93	4.50%	104.50%	*FY93 - 1993 CPI Services*
FY94	3.00%	107.64%	*FY94 - 1994 CPI Services*
FY95	3.90%	111.84%	*FY 95 - FY 00*
FY96	3.00%	115.20%	*Department of Labor - Bureau of Labor Statistics*
FY97	2.80%	118.43%	*CPI for Medical Care - Unadjusted 12-month increase*
FY98	3.40%	122.46%	*December to December*
FY99	3.70%	126.99%	
FY00	4.20%	132.32%	
FY01	3.50%	136.95%	*Estimate - average of 95-00*
FY 02	3.50%	141.74%	*Estimate - average of 95-00*
FY 03	3.50%	146.70%	*Estimate - average of 95-00*
APPLIED RATE	146.70%		

Attachment 3

Cost Effectiveness
FY 2000

	FY00 Contracted Rates								FY00 Contracted Rates			
	Children				Adults				Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.31	51.27	2.59	12.34	10.83	112.38	2.47	3.99	22.90	4.53	17.67	
Clark	12.21	118.36	11.67	12.34	4.74	121.47	6.52	4.17	22.94	4.24	20.57	
Grays Harbor	13.02	82.10	11.67	12.34	2.67	87.29	8.84	2.97	25.67	2.74	15.88	
Greater Columbia	14.98	58.60	15.41	12.34	7.80	101.96	10.71	3.43	27.42	3.66	12.51	
King	10.40	56.69	10.59	12.34	8.70	117.08	23.96	2.96	22.91	4.92	23.68	
NEWRSN	13.02	72.15	11.67	12.34	7.20	108.59	20.88	5.04	23.30	2.98	14.11	
North Central	13.02	53.53	11.67	12.34	8.69	83.57	96.84	4.42	21.28	3.96	17.18	
North Sound	16.20	55.99	11.67	12.34	15.30	127.28	12.05	2.74	25.08	2.36	13.62	
Peninsula	12.70	45.76	10.26	12.34	7.40	115.28	5.99	2.81	21.99	2.99	13.71	
Pierce	13.80	42.09	11.67	12.34	9.65	117.18	10.42	1.59	20.66	6.31	24.88	
Southwest	6.93	20.00	8.91	12.34	5.20	79.22	2.95	3.75	25.27	4.08	21.69	
Spokane	12.38	32.00	11.67	12.34	7.72	44.93	2.45	5.88	23.32	3.76	13.17	
Thurston Mason	9.55	72.36	11.67	12.34	11.41	91.06	24.95	4.95	23.39	3.27	19.75	
Timberlands	7.63	27.03	9.10	12.34	5.79	56.16	10.97	2.33	23.87	2.53	14.91	

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient. Rates/1.025 for administration for inpatient

Chelan Douglas	6.01	48.83	2.47	11.75	10.31	107.03	2.35	3.89	22.34	4.42	17.24
Clark	11.63	112.72	11.11	11.75	4.51	115.69	6.21	4.07	22.38	4.14	20.07
Grays Harbor	12.40	78.19	11.11	11.75	2.54	83.13	8.42	2.90	25.04	2.67	15.49
Greater Columbia	14.27	55.81	14.68	11.75	7.43	97.10	10.20	3.35	26.75	3.57	12.20
King	9.90	53.99	10.09	11.75	8.29	112.08	22.82	2.89	22.35	4.80	23.10
NEWRSN	12.40	68.71	11.11	11.75	6.91	101.51	19.89	4.92	22.73	2.91	13.77
North Central	12.40	50.98	11.11	11.75	8.28	79.59	92.23	4.31	20.76	3.86	16.76
North Sound	15.43	53.32	11.11	11.75	14.57	121.22	11.48	2.67	24.47	2.30	13.29
Peninsula	12.10	43.58	9.77	11.75	7.05	109.79	5.70	2.74	21.45	2.92	13.38
Pierce	13.14	40.09	11.11	11.75	9.19	111.60	9.92	1.55	20.16	6.16	24.27
Southwest	6.60	27.62	8.49	11.75	4.95	75.45	2.81	3.66	24.65	3.98	21.16
Spokane	11.79	30.48	11.11	11.75	7.35	42.79	2.33	5.74	22.75	3.67	12.85
Thurston Mason	9.10	68.91	11.11	11.75	10.87	86.72	23.76	4.63	22.82	3.19	19.27
Timberlands	7.27	25.74	8.67	11.75	5.51	53.49	10.45	2.27	23.29	2.47	14.55

Attachment 3

Cost Effectiveness
FY 2000

	FY02 Rates Inflated Forward								FY02 Rates Inflated Forward				
		Children				Adults			Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	0.12	54.05	2.76	12.11	11.49	106.67	2.30	5.07	29.15	5.77	22.49		
Clark	12.93	134.32	1.51	12.11	4.98	128.91	6.43	5.32	29.22	5.40	20.20		
Grays Harbor	14.10	93.36	8.24	12.11	2.71	81.34	9.39	3.77	32.68	3.49	20.22		
Greater Columbia	17.22	60.54	10.41	12.11	8.32	103.34	11.51	4.35	34.91	4.67	15.92		
King	10.65	60.88	11.28	12.11	9.46	131.93	23.74	3.76	29.18	6.26	30.16		
NEWRSN	14.71	81.85	10.97	12.11	7.74	98.24	20.53	0.42	29.67	3.78	17.97		
North Central	14.04	50.71	5.66	12.11	9.24	78.92	94.70	5.62	27.09	5.04	21.87		
North Sound	16.62	63.58	10.34	12.11	16.20	141.14	11.93	3.40	31.93	3.00	17.33		
Peninsula	13.40	47.79	10.93	12.11	7.84	120.95	6.17	3.59	28.40	3.81	17.47		
Pierce	15.86	43.79	19.07	12.11	10.20	129.79	10.26	2.02	26.29	8.03	31.68		
Southwest	6.82	28.56	9.50	12.11	5.46	73.52	3.04	4.78	32.17	5.20	27.60		
Spokane	13.14	32.05	7.34	12.11	8.21	36.27	2.29	7.49	20.69	4.79	16.76		
Thurston Mason	0.85	82.15	20.39	12.11	12.12	91.04	24.41	6.30	29.77	4.17	25.15		
Timberlands	7.64	26.31	0.69	12.11	6.11	47.30	11.56	2.96	30.[illegible]	3.23	19.00		
FY00 ACTUAL MEDICAID ELIGIBLES- PER MONTH AVERAGES													
Chelan Douglas	7,990	242	0	2,861	2,591	1,210	136	10,851	242	2,727	1,210		
Clark	21,651	902	1	5,879	9,276	4,700	222	27,532	902	9,498	4,700		
Grays Harbor	6,390	270	2	1,627	2,736	1,978	135	8,019	270	2,871	1,978		
Greater Columbia	59,907	2,058	6	15,621	20,984	9,079	822	75,534	2,058	21,606	9,079		
King	72,385	3,029	21	21,110	37,400	23,890	1,260	93,516	3,029	78,749	23,890		
NEWRSN	8,729	217	0	1,735	2,677	1,732	118	8,464	217	2,785	1,732		
North Central	15,452	509	-	4,418	4,871	2,612	254	19,870	509	5,125	2,612		
North Sound	45,423	1,893	11	16,501	19,300	11,657	728	61,934	1,893	20,028	11,657		
Peninsula	17,348	895	5	4,935	7,646	5,205	420	22,288	895	8,060	5,205		
Pierce	44,153	2,465	8	11,394	18,931	13,434	558	55,556	2,465	19,489	13,434		
Southwest	7,732	408	-	1,683	3,549	2,196	103	9,415	408	3,651	2,196		
Spokane	29,921	1,513	2	8,447	14,154	8,782	501	38,370	1,513	14,655	8,782		
Thurston Mason	14,664	753	0	4,322	6,246	4,066	209	18,986	753	6,455	4,066		
Timberlands	7,910	352	1	2,303	3,297	2,052	173	10,214	352	3,470	2,052		
	357,656	15,506	57	102,837	153,747	92,592	5,638	460,549	15,506	159,385	92,592	728,033	
FY00 INFLATED RATES PROJECTION													
Chelan Douglas	587,073	157,010	6	415,581	357,386	1,548,431	3,751	659,916	84,681	188,767	326,529		
Clark	3,360,178	1,454,266	18	854,041	553,983	7,270,573	17,144	1,757,373	316,324	615,301	1,477,670		
Grays Harbor	1,081,533	302,660	148	236,323	89,018	1,931,083	15,265	362,868	105,958	120,367	480,007		
Greater Columbia	12,381,010	1,843,427	1,132	2,269,242	2,090,275	11,257,589	113,472	3,945,887	862,170	1,222,229	1,734,149		
King	9,420,423	2,212,861	2,788	3,066,593	4,254,853	37,610,976	358,806	4,217,064	1,060,451	2,910,262	8,644,054		
NEWRSN	1,188,188	212,970	33	252,036	248,011	2,041,607	29,004	651,828	77,191	126,927	373,415		
North Central	2,603,485	340,319	-	641,747	540,178	2,473,700	288,649	1,340,897	165,414	310,030	685,572		
North Sound	10,150,756	1,444,273	1,344	2,396,979	3,773,610	19,742,507	104,149	2,596,213	725,263	721,889	2,424,634		
Peninsula	2,608,841	513,024	711	718,946	719,484	7,555,076	31,103	959,081	304,858	368,868	1,090,994		
Pierce	8,403,585	1,295,437	1,811	1,655,192	2,330,673	20,922,555	68,709	1,349,665	777,822	1,878,354	5,106,620		
Southwest	633,038	139,908	-	244,470	232,549	1,937,206	3,748	539,663	157,554	227,856	727,256		
Spokane	4,718,763	581,970	162	1,227,071	1,394,484	3,821,874	13,780	3,448,409	539,129	842,362	1,766,790		
Thurston Mason	1,733,887	742,017	61	627,886	908,319	4,442,441	61,281	1,435,016	268,901	322,880	1,227,441		
Timberlands	724,968	111,139	136	334,522	241,737	1,164,899	23,995	363,294	128,384	134,439	467,941		
	59,793,519	11,157,302	8,347	14,936,629	17,741,160	123,929,578	1,132,940	23,627,173	5,574,109	9,990,532	26,533,972	65,725,786	

Attachment 3

Cost Effectiveness for Waiver.xlsSummary 00

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2000

	FY00 Adjusted Rates								FY00 Adjusted Rates				
	Children				Adults				Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	6.01	48.83	2.47	11.75	10.31	107.03	2.35	3.89	22.34	4.42	17.24		
Clark	11.63	112.72	11.11	11.75	4.51	115.69	6.21	4.07	22.38	4.14	20.07		
Grays Harbor	12.40	78.19	11.11	11.75	2.54	83.13	8.42	2.90	25.04	2.07	15.49		
Greater Columbia	14.27	55.81	14.68	11.75	7.43	97.10	10.20	3.35	26.75	3.57	12.20		
King	9.90	53.99	10.09	11.75	8.29	112.08	22.62	2.89	22.35	4.80	23.10		
NEWRSN	12.40	66.71	11.11	11.75	6.91	101.51	19.69	4.02	22.73	2.01	13.77		
North Central	12.40	50.98	11.11	11.75	8.28	79.59	92.23	4.31	20.76	3.66	16.76		
North Sound	15.43	53.32	11.11	11.75	14.57	121.22	11.48	2.67	24.47	2.30	13.29		
Peninsula	12.10	43.58	9.77	11.75	7.05	109.79	5.70	2.74	21.45	2.92	13.38		
Pierce	13.14	40.09	11.11	11.75	9.19	111.60	9.92	1.55	20.16	6.16	24.27		
Southwest	6.60	27.62	8.49	11.75	4.95	75.45	2.81	3.66	24.65	3.98	21.16		
Spokane	11.79	30.48	11.11	11.75	7.35	42.79	2.33	5.74	22.75	3.67	12.65		
Thurston Mason	9.10	68.91	11.11	11.75	10.87	86.72	23.76	4.83	22.82	3.19	19.27		
Timberlands	7.27	25.74	8.67	11.75	5.51	53.49	10.45	2.27	23.29	2.47	14.55		
FY00 ACTUAL MEDICAID ELIGIBLES- PER MONTH AVERAGES													
Chelan Douglas	7,990	242	0	2,861	2,591	1,210	136	10,851	242	2,727	1,210		
Clark	21,651	902	1	5,870	9,276	4,700	222	27,532	902	9,498	4,700		
Grays Harbor	8,390	270	2	1,627	2,730	1,978	135	8,019	270	2,871	1,978		
Greater Columbia	59,907	2,058	6	15,621	20,984	9,079	822	75,534	2,058	21,806	9,079		
King	72,385	3,029	21	21,110	37,490	23,890	1,260	93,516	3,029	38,749	23,890		
NEWRSN	8,720	217	0	1,735	2,677	1,732	118	8,464	217	2,795	1,732		
North Central	15,452	509	-	4,418	4,871	2,612	254	10,670	509	5,125	2,612		
North Sound	45,423	1,893	11	16,501	19,300	11,657	728	61,934	1,893	20,028	11,657		
Peninsula	17,348	895	5	4,935	7,646	5,205	420	22,288	895	6,066	5,205		
Pierce	44,153	2,405	8	11,394	18,931	13,434	558	55,556	2,405	19,489	13,434		
Southwest	7,732	408	-	1,683	3,549	2,196	103	9,415	408	3,651	2,196		
Spokane	20,921	1,513	2	6,447	14,154	8,782	501	38,370	1,513	14,655	8,782		
Thurston Mason	14,684	753	0	4,322	8,248	4,066	209	18,986	753	6,455	4,066		
Timberlands	7,910	352	1	2,303	3,297	2,052	173	10,214	352	3,470	2,052		
	357,056	15,506	57	102,837	153,747	92,592	5,638	460,549	15,506	159,385	92,592	728,033	
FY00 ADJUSTED RATES PROJECTION													
Chelan Douglas	578,217	141,847	5	403,459	320,692	1,553,627	3,830	506,890	64,902	144,606	250,242		
Clark	3,021,301	1,220,461	133	829,130	502,487	6,524,790	16,561	1,344,076	242,314	471,459	1,131,872		
Grays Harbor	950,869	253,494	200	229,430	83,487	1,973,668	13,681	278,812	81,192	92,109	367,812		
Greater Columbia	10,256,050	1,378,495	1,013	2,203,054	1,870,574	10,578,787	100,582	3,033,147	660,755	934,350	1,329,624		
King	8,803,474	1,962,336	2,491	2,977,148	3,727,561	32,129,666	344,887	3,240,666	812,377	2,231,962	6,622,038		
NEWRSN	1,001,263	178,795	33	244,685	222,108	2,109,568	28,178	499,427	59,148	97,511	286,068		
North Central	2,299,307	311,341	-	623,029	483,760	2,494,884	280,836	1,028,204	126,787	237,588	525,356		
North Sound	8,409,667	1,211,250	1,445	2,327,065	3,374,601	16,955,878	100,210	1,986,725	555,797	553,359	1,858,672		
Peninsula	2,517,878	467,885	635	696,035	640,668	6,857,843	28,741	733,235	230,326	282,358	835,481		
Pierce	6,963,625	1,185,896	1,056	1,606,915	2,087,773	17,990,701	66,460	1,034,147	596,208	1,439,690	3,013,005		
Southwest	612,361	135,278	-	237,339	210,897	1,987,894	3,461	413,330	120,754	174,413	557,549		
Spokane	4,233,453	553,356	245	1,191,280	1,248,765	4,509,517	14,033	2,041,376	413,094	645,102	1,354,082		
Thurston Mason	1,800,453	622,434	33	609,572	814,511	4,231,862	59,642	1,100,286	206,106	247,132	940,235		
Timberlands	889,787	108,738	121	324,765	218,167	1,317,193	21,689	278,623	88,368	102,780	358,233		
	51,735,684	9,731,607	7,411	14,502,908	15,812,231	111,215,678	1,082,791	18,118,046	4,268,218	7,054,420	20,331,167	50,372,751	

Attachment 3

Cost Effectiveness for Waivor.xlsSummary 00

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2001

FY92 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS

	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38
Greater Columbia	13.53	52.27	12.89	9.51	6.54	81.18	9.04
King	8.52	47.83	8.86	9.51	7.43	103.64	18.65
NEWRSN	11.56	64.30	8.62	9.51	6.08	77.18	16.13
North Central	11.03	44.55	4.45	9.51	7.26	62.00	74.47
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.85
Pierce	12.48	34.40	14.98	9.51	8.06	101.96	8.06
Southwest	5.36	22.44	7.46	9.51	4.29	57.76	2.39
Spokane	10.32	25.18	5.77	9.51	6.45	28.49	1.80
Thurston Mason	7.74	64.54	10.02	9.51	9.52	71.52	19.18
Timberlands	6.00	20.67	7.01	9.51	4.80	37.16	9.08

FY92 INPATIENT GROSS CAPITATION

	Children		Adults	
	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	3.83	22.03	4.36	17.00
Clark	4.02	22.08	4.08	19.80
Grays Harbor	2.85	24.70	2.64	15.28
Greater Columbia	3.29	26.38	3.53	12.03
King	2.84	22.05	4.73	22.70
NEWRSN	4.85	22.42	2.86	13.58
North Central	4.25	20.47	3.81	16.53
North Sound	2.64	24.13	2.27	13.10
Peninsula	2.71	21.46	2.88	13.20
Pierce	1.53	19.87	6.07	23.94
Southwest	3.61	24.31	3.93	20.86
Spokane	5.66	22.44	3.62	12.67
Thurston Mason	4.76	22.50	3.15	19.01
Timberlands	2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.86	8.29	9.15	5.85	74.25	15.52
North Central	10.61	42.86	4.28	9.15	6.98	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.99	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment

FY93	4.50%	104.50%	*FY93 - 1993 CPI Services*
FY94	3.00%	107.64%	*FY94 - 1994 CPI Services*
FY95	3.00%	1 1.84%	*FY 95 - FY 00*
FY96	3.00%	115.20%	*Department of Labor - Bureau of Labor Statistics*
FY97	2.80%	118.43%	*CPI for Medical Care - Unadjusted 12-month increase*
FY98	3.40%	122.46%	*December to December*
FY99	3.70%	126.99%	
FY00	4.20%	132.32%	
FY01	3.50%	136.95%	*Estimate - average of 95-00*
FY 02	3.50%	141.74%	*Estimate - average of 95-00*
FY 03	3.50%	146.70%	*Estimate - average of 95-00*
APPLIED RATE	146.70%		

Attachment 3
Cost Effectiveness for Waiver.xlsSummary 01

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2001

	FY01 Contracted Rates								FY01 Contracted Rates			
	Children				Adults				Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	8.44	52.29	2.64	12.59	11.05	126.13	2.52	4.07	23.36	4.62	18.02
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65	4.26	23.40	4.33	20.98
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02	3.03	26.19	2.80	16.20
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92	3.50	27.97	3.74	12.76
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44	3.02	23.37	5.01	24.16
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30	5.14	23.76	3.04	14.39
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78	4.50	21.70	4.04	17.52
North Sound	10.52	57.11	11.90	12.59	15.61	132.20	12.20	2.80	25.58	2.40	13.89
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11	2.86	22.43	3.05	13.98
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63	1.62	21.07	6.44	25.38
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01	3.83	25.77	4.16	22.12
Spokane	12.63	32.04	11.90	12.59	7.88	48.56	2.50	5.99	23.78	3.84	13.43
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45	5.05	23.86	3.34	20.14
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18	2.37	24.35	2.58	15.21

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient, Rates/1.025 for administration for inpatient

Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47
Grays Harbor	12.65	70.75	11.33	11.99	2.60	91.90	8.59	2.76	25.55	2.73	15.80
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84

Attachment 3

Cost Effectiveness for Waiver.xlsSummary 01

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2001

	FY02 Rates Inflated Forward								FY02 Rates Inflated Forward				
	Children				Adults				Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	6.34	55.94	2.88	12.53	11.00	110.40	2.38	5.25	30.17	5.97	23.28		
Clark	13.39	139.02	1.57	12.53	5.15	133.42	0.65	5.51	30.24	5.59	27.12		
Grays Harbor	14.60	96.62	8.52	12.53	2.81	84.19	0.72	3.90	33.83	3.62	20.93		
Greater Columbia	17.83	68.86	16.98	12.53	8.62	100.95	11.91	4.51	36.13	4.83	16.48		
King	11.22	63.01	11.07	12.53	0.79	136.54	24.57	3.89	30.20	6.48	31.21		
NEWRSN	15.23	84.71	11.36	12.53	8.01	101.68	21.25	6.64	30.70	3.92	18.80		
North Central	14.53	58.69	5.86	12.53	9.56	81.68	08.11	5.82	28.03	5.22	22.64		
North Sound	19.27	65.81	10.70	12.53	16.80	140.08	12.34	3.62	33.05	3.11	17.94		
Peninsula	13.97	49.46	11.32	12.53	8.12	125.19	6.39	3.71	29.39	3.04	18.08		
Pierce	18.42	45.32	19.74	12.53	10.62	134.33	10.62	2.10	27.21	8.31	32.79		
Southwest	7.06	29.58	9.63	12.53	5.65	76.10	3.15	4.94	33.29	5.38	28.57		
Spokane	13.60	33.17	7.60	12.53	8.50	37.53	2.37	7.75	30.73	4.96	17.35		
Thurston Mason	10.20	85.03	21.11	12.53	12.54	94.22	25.27	6.52	30.81	4.31	26.03		
Timberlands	7.90	27.23	10.03	12.53	6.32	48.96	11.96	3.07	31.49	3.34	19.67		
FY01 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES													
Chelan Douglas	8,729	208	-	2,663	2,773	1,295	154	11,392	208	2,927	1,295		
Clark	23,460	788	-	5,561	10,054	4,989	243	29,021	788	10,296	4,989		
Grays Harbor	6,951	237	-	1,553	2,938	2,115	150	8,503	237	3,087	2,115		
Greater Columbia	65,025	1,791	-	14,493	22,487	9,700	929	79,518	1,791	23,416	9,700		
King	78,041	2,633	-	19,980	40,446	25,423	1,422	98,021	2,633	41,868	25,423		
NEWRSN	7,311	191	-	1,612	2,947	1,849	139	8,923	191	3,085	1,849		
North Central	16,655	444	-	4,129	5,104	2,793	287	20,784	444	5,481	2,793		
North Sound	48,925	1,648	-	15,500	20,601	12,412	803	64,426	1,648	21,465	12,412		
Peninsula	16,079	787	-	4,029	8,247	5,533	480	23,308	787	8,727	5,533		
Pierce	47,447	2,146	-	10,711	20,241	14,281	620	58,158	2,146	20,870	14,281		
Southwest	8,411	355	-	1,580	3,680	2,330	117	9,097	355	3,997	2,330		
Spokane	32,513	1,320	-	7,979	15,356	9,345	559	40,493	1,320	15,910	9,345		
Thurston Mason	15,787	664	-	4,052	6,680	4,338	235	19,839	664	6,914	4,338		
Timberlands	8,531	301	-	2,132	3,541	2,185	186	10,662	301	3,727	2,185		
	386,464	13,513	-	96,581	165,443	98,587	6,334	483,045	13,513	171,777	98,587	766,923	
FY01 INFLATED RATES PROJECTION													
Chelan Douglas	663,780	139,627	-	400,334	395,935	1,715,493	4,394	717,014	75,300	209,725	361,758		
Clark	3,768,205	1,314,212	-	838,054	621,460	7,987,702	19,365	1,917,252	285,881	690,358	1,623,419		
Grays Harbor	1,217,526	275,241	-	233,431	98,925	2,136,131	17,447	398,262	96,359	133,942	530,976		
Greater Columbia	13,909,035	1,480,143	-	2,179,065	2,325,008	12,449,754	132,615	4,299,391	776,516	1,358,416	1,917,794		
King	10,511,805	1,991,258	-	3,004,024	4,750,938	41,655,040	419,399	4,574,908	954,245	3,254,524	9,521,786		
NEWRSN	1,336,140	194,294	-	242,429	283,240	2,255,551	35,373	711,241	70,422	145,017	412,546		
North Central	2,904,253	312,464	-	620,852	596,111	2,737,628	338,428	1,451,665	149,243	343,191	758,717		
North Sound	11,316,078	1,301,650	-	2,330,444	4,181,035	21,757,365	110,015	2,795,149	653,643	800,741	2,672,076		
Peninsula	3,130,296	487,029	-	695,912	803,144	8,311,471	36,827	1,038,047	277,526	413,060	1,200,221		
Pierce	8,346,302	1,167,291	-	1,610,382	2,570,201	23,020,111	80,154	1,462,318	700,879	2,081,874	5,618,575		
Southwest	712,728	125,608	-	238,460	263,120	2,127,512	4,438	593,086	141,676	258,147	798,700		
Spokane	5,304,874	525,420	-	1,199,698	1,565,915	4,208,964	15,915	3,766,465	486,741	946,841	1,945,730		
Thurston Mason	1,931,767	677,074	-	609,243	1,005,311	4,904,674	71,238	1,551,925	245,366	357,941	1,355,156		
Timberlands	809,191	98,488	-	320,519	268,702	1,283,912	26,761	392,509	113,770	149,461	515,749		
	60,861,992	10,069,997	-	14,520,855	19,738,046	136,552,215	1,321,570	25,669,251	5,027,552	11,143,237	29,233,210	71,073,251	

Attachment 3

Cost Effectiveness for Waiver.xlsSummary 01

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2001

	FY01 Adjusted Rates									FY01 Adjusted Rates				
	Children				Adults					Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy		Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	8.13	49.80	2.51	11.99	10.52	120.12	2.40	#	3.97	22.79	4.51	17.58		
Clark	11.88	114.98	11.33	11.99	4.61	121.18	6.33	#	4.16	22.83	4.22	20.47		
Grays Harbor	12.65	70.75	11.33	11.99	2.60	91.90	8.50	#	2.96	25.55	2.73	15.80		
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	#	3.41	27.29	3.65	12.45		
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	#	2.95	22.80	4.89	23.57		
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.20	#	5.01	23.18	2.97	14.04		
North Central	12.65	52.00	11.33	11.99	8.44	80.86	94.08	#	4.39	21.17	3.94	17.09		
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	#	2.73	24.96	2.34	13.55		
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	#	2.70	21.88	2.98	13.64		
Pierce	13.41	40.69	11.33	11.99	8.37	115.90	10.12	#	1.58	20.50	6.28	24.76		
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	#	3.74	25.14	4.06	21.58		
Spokane	12.03	31.09	11.33	11.99	7.50	40.25	2.38	#	5.84	23.20	3.75	13.10		
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	#	4.93	23.28	3.26	19.65		
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	#	2.31	23.76	2.52	14.84		
FY01 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES														
Chelan Douglas	8,729	208	-	2,683	2,773	1,205	154		11,392	208	2,927	1,205		
Clark	23,460	788	-	5,501	10,054	4,989	243		29,021	788	10,296	4,989		
Grays Harbor	6,951	237	-	1,553	2,938	2,115	150		8,503	237	3,087	2,115		
Greater Columbia	65,025	1,791	-	14,493	22,487	9,700	929		79,518	1,791	23,416	9,700		
King	78,041	2,633	-	19,980	40,446	25,423	1,422		98,021	2,633	41,868	25,423		
NEWRSN	7,311	191	-	1,612	2,947	1,849	139		8,923	191	3,085	1,849		
North Central	16,655	444	-	4,120	5,104	2,793	287		20,784	444	5,481	2,793		
North Sound	48,925	1,648	-	15,500	20,661	12,412	603		64,426	1,648	21,465	12,412		
Peninsula	18,679	787	-	4,629	8,247	5,533	480		23,308	787	8,727	5,533		
Pierce	47,447	2,146	-	10,711	20,241	14,281	620		58,158	2,146	20,870	14,281		
Southwest	8,411	355	-	1,586	3,680	2,330	117		9,997	355	3,997	2,330		
Spokane	32,513	1,320	-	7,970	15,350	9,345	559		40,493	1,320	15,916	9,345		
Thurston Mason	15,787	664	-	4,052	6,680	4,338	235		19,839	664	6,914	4,338		
Timberlands	8,531	301	-	2,132	3,541	2,185	186		10,662	301	3,727	2,185		
	386,464	13,513	-	96,581	165,443	98,587	6,334		483,045	13,513	171,777	98,587	766,923	
FY01 ADJUSTED RATES PROJECTION														
Chelan Douglas	642,448	124,303	-	383,126	350,245	1,866,537	4,422	#	542,797	56,885	158,314	273,173		
Clark	3,338,030	1,086,974	-	600,116	556,103	7,253,867	18,434	#	1,447,361	215,817	521,935	1,225,420		
Grays Harbor	1,054,896	227,184	-	223,397	91,656	2,331,753	15,415	#	301,634	72,786	101,201	401,034		
Greater Columbia	11,355,224	1,223,510	-	2,085,396	2,045,057	11,907,747	115,078	#	3,258,316	586,519	1,025,283	1,449,109		
King	9,483,024	1,740,416	-	2,874,693	4,100,033	35,220,023	397,304	#	3,465,653	720,483	2,455,716	7,190,931		
NEWRSN	1,109,597	160,768	-	232,008	249,542	2,500,918	33,767	#	536,973	53,166	109,810	311,421		
North Central	2,527,727	276,833	-	594,164	525,693	2,911,057	324,509	#	1,094,975	112,707	259,242	572,869		
North Sound	9,237,083	1,075,831	-	2,230,268	3,685,054	18,752,436	112,846	#	2,111,899	493,626	603,103	2,018,338		
Peninsula	2,764,537	419,721	-	665,997	710,652	7,634,616	33,538	#	780,419	206,641	311,627	905,542		
Pierce	7,634,848	1,053,064	-	1,541,159	2,276,242	19,872,631	76,418	#	1,103,010	529,449	1,573,496	4,243,340		
Southwest	678,636	119,883	-	228,218	235,431	2,350,874	4,041	#	448,253	106,089	194,663	603,349		
Spokane	4,693,053	492,350	-	1,148,128	1,382,954	5,180,025	15,979	#	2,839,623	367,453	715,507	1,469,256		
Thurston Mason	1,757,300	550,752	-	583,054	888,566	4,751,193	68,332	#	1,172,923	185,360	270,372	1,022,776		
Timberlands	758,495	94,002	-	300,742	239,161	1,615,734	23,820	#	295,845	85,917	112,583	389,159		
	57,014,900	8,655,551	-	13,696,604	17,338,089	124,156,012	1,244,603	#	19,399,070	3,793,798	8,412,851	22,075,717	53,682,045	

attachment 3

Cost Effectiveness for Waiver.xlsSummary 01

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2002

FY02 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS

	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38
Greater Columbia	13.53	52.27	12.89	9.51	6.54	81.18	9.04
King	8.52	47.83	8.80	9.51	7.43	103.04	18.65
NEWRSN	11.56	64.30	8.62	9.51	6.08	77.18	16.13
North Central	11.03	44.55	4.45	9.51	7.26	62.00	74.47
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.85
Pierce	12.46	34.40	14.98	9.51	8.00	101.96	8.06
Southwest	5.36	22.44	7.46	9.51	4.29	57.76	2.39
Spokane	10.32	25.16	5.77	9.51	6.45	28.49	1.80
Thurston Mason	7.74	64.54	16.02	9.51	9.52	71.52	19.18
Timberlands	6.00	20.67	7.01	9.51	4.80	37.16	9.08

FY92 INPATIENT GROSS CAPITATION

Children		Adults	
Non-Dis	Disabled	Non-Dis	Disabled
3.83	22.03	4.36	17.00
4.02	22.08	4.08	19.80
2.85	24.70	2.64	15.28
3.29	26.38	3.53	12.03
2.84	22.05	4.73	22.79
4.85	22.42	2.86	13.58
4.25	20.47	3.81	16.53
2.64	24.13	2.27	13.10
2.71	21.46	2.88	13.20
1.53	19.87	6.07	23.94
3.61	24.31	3.93	20.86
5.66	22.44	3.62	12.67
4.76	22.50	3.15	19.01
2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.86	8.29	9.15	5.85	74.25	15.52
North Central	10.61	42.88	4.28	9.15	6.98	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.99	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment

FY93	4.50%	104.50%	*FY93 - 1993 CPI Services*
FY94	3.00%	107.64%	*FY94 - 1994 CPI Services*
FY95	3.00%	111.84%	*FY 95 - FY 00*
FY96	3.00%	115.20%	*Department of Labor - Bureau of Labor Statistics*
FY97	2.80%	118.43%	*CPI for Medical Care - Unadjusted 12-month increase*
FY98	3.40%	122.46%	*December to December*
FY99	3.70%	126.90%	
FY00	4.20%	132.32%	
FY01	3.50%	136.95%	*Estimate - average of 95-00*
FY 02	3.50%	141.74%	*Estimate - average of 95-00*
FY 03	3.50%	146.70%	*Estimate - average of 95-00*
APPLIED RATE	146.70%		

Attachment 3
Cost Effectiveness for Waiver.xlsSummary 02

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2002

	FY02 Contracted Rates								FY02 Contracted Rates			
	Children				Adults				Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52	4.07	23.36	4.62	18.02
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65	4.26	23.40	4.33	20.98
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02	3.03	28.19	2.80	16.20
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92	3.50	27.97	3.74	12.76
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44	3.02	23.37	5.01	24.16
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30	5.14	23.76	3.04	14.39
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78	4.50	21.70	4.04	17.52
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29	2.80	25.58	2.40	13.89
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11	2.86	22.43	3.05	13.98
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63	1.62	21.07	6.44	25.38
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01	3.83	25.77	4.16	22.12
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50	5.99	23.78	3.84	13.43
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45	5.05	23.86	3.34	20.14
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18	2.37	24.35	2.58	15.21

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient. Rates/1.025 for administration for inpatient

Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.16	2.97	14.04
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76
Southwest	6.72	28.17	8.60	11.99	5.06	84.09	2.87	3.74	25.14	4.00	21.58
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84

Attachment 3

Cost Effectiveness
FY 2002

	FY92 Rates Inflated Forward								FY92 Rates Inflated Forward				
	Children				Adults				Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	6.56	57.90	2.96	12.97	12.31	114.26	2.47	5.43	31.23	6.18	24.10		
Clark	13.85	143.88	1.62	12.97	5.33	138.09	6.89	5.70	31.30	5.78	28.06		
Grays Harbor	15.11	100.00	8.62	12.97	2.90	87.13	10.06	4.04	35.01	3.74	21.66		
Greater Columbia	18.45	71.27	17.58	12.97	8.92	110.69	12.33	4.66	37.39	5.00	17.05		
King	11.62	65.22	12.08	12.97	10.13	141.32	25.43	4.03	31.25	6.70	32.30		
NEWRSN	15.76	87.08	11.75	12.97	8.20	105.24	21.99	6.87	31.78	4.05	19.25		
North Central	15.04	60.75	9.07	12.97	9.90	84.54	101.54	6.02	29.01	5.40	23.43		
North Sound	19.95	68.11	11.07	12.97	17.45	151.19	12.78	3.74	34.20	3.22	18.57		
Peninsula	14.45	51.19	11.71	12.97	8.40	129.56	6.61	3.84	30.42	4.08	18.71		
Pierce	16.99	46.91	20.43	12.97	10.99	139.03	10.99	2.17	28.16	8.60	33.93		
Southwest	7.31	30.60	10.17	12.97	5.85	78.76	3.26	5.12	34.46	5.57	29.57		
Spokane	14.07	34.33	7.87	12.97	6.79	38.65	2.45	6.02	31.81	5.13	17.96		
Thurston Mason	10.55	88.00	21.84	12.97	12.98	97.52	26.15	6.75	31.89	4.46	20.94		
Timberlands	8.18	28.18	10.38	12.97	6.54	50.67	12.38	3.17	32.56	3.46	20.35		
FY02 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES													
Chelan Douglas	8,941	215	-	2,768	2,817	1,339	166	11,709	215	2,984	1,339		
Clark	24,031	815	-	5,760	10,212	5,158	263	29,812	815	10,475	5,158		
Grays Harbor	7,120	245	-	1,614	2,084	2,186	162	8,734	245	3,140	2,186		
Greater Columbia	66,608	1,852	-	15,066	22,841	10,030	1,008	81,674	1,852	23,846	10,030		
King	79,941	2,723	-	20,769	41,082	26,286	1,542	100,710	2,723	42,625	26,286		
NEWRSN	7,489	198	-	1,676	2,993	1,911	150	9,165	198	3,143	1,911		
North Central	17,060	459	-	4,292	5,275	2,888	312	21,353	459	5,587	2,888		
North Sound	50,117	1,704	-	16,112	20,986	12,833	871	66,229	1,704	21,858	12,833		
Peninsula	19,134	814	-	4,811	8,377	5,721	521	23,946	814	8,898	5,721		
Pierce	48,602	2,219	-	11,134	20,500	14,766	682	59,736	2,219	21,242	14,766		
Southwest	8,616	367	-	1,649	3,941	2,409	127	10,264	367	4,068	2,409		
Spokane	33,305	1,365	-	8,294	15,598	9,662	606	41,599	1,365	16,205	9,662		
Thurston Mason	16,171	686	-	4,212	6,785	4,485	255	20,383	686	7,039	4,485		
Timberlands	8,738	312	-	2,218	3,597	2,260	202	10,954	312	3,799	2,260		
	395,875	13,973	-	100,394	168,048	101,932	6,868	496,268	13,973	174,916	101,932	787,090	
FY02 INFLATED RATES PROJECTION													
Chelan Douglas	703,725	149,429	-	430,691	416,235	1,835,744	4,931	762,766	80,592	221,258	387,116		
Clark	3,995,035	1,406,477	-	899,451	653,323	8,547,615	21,731	2,038,379	305,929	726,907	1,737,216		
Grays Harbor	1,290,795	294,564	-	251,132	103,997	2,285,868	19,579	423,367	103,124	141,270	568,196		
Greater Columbia	14,748,065	1,584,057	-	2,344,302	2,444,214	13,322,444	149,044	4,570,388	831,032	1,431,888	2,052,225		
King	11,144,489	2,131,052	-	3,231,816	4,994,525	44,575,900	470,647	4,864,815	1,021,237	3,429,229	10,189,234		
NEWRSN	1,416,648	207,934	-	260,812	297,763	2,413,658	39,696	756,054	75,366	152,015	441,464		
North Central	3,079,028	334,400	-	667,930	620,674	2,029,527	379,781	1,543,539	159,721	362,063	811,901		
North Sound	11,997,068	1,393,032	-	2,507,159	4,395,402	23,282,490	133,558	2,073,883	699,532	843,921	2,859,381		
Peninsula	3,318,074	499,817	-	748,682	844,322	8,894,080	41,327	1,103,741	297,010	435,850	1,264,353		
Pierce	9,908,816	1,240,241	-	1,732,498	2,711,440	24,633,750	89,948	1,554,533	750,084	2,193,064	6,012,420		
Southwest	755,619	134,640	-	256,549	276,810	2,276,644	4,981	630,250	151,622	271,921	654,680		
Spokane	5,623,903	582,307	-	1,290,870	1,646,201	4,503,999	17,860	4,004,763	520,913	997,746	2,082,126		
Thurston Mason	2,048,010	724,608	-	655,441	1,058,655	5,248,477	79,043	1,650,279	262,502	377,155	1,450,148		
Timberlands	857,887	105,402	-	344,824	282,479	1,373,911	30,031	417,358	121,757	157,654	551,902		
	70,885,672	10,778,861	-	15,021,956	20,750,041	146,124,106	1,483,057	27,204,134	5,380,512	11,742,842	31,282,369	75,699,856	

Attachment 3

Cost Effectiveness for Waiver.xlsSummary 02

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2002

	FY02 Adjusted Rates								FY02 Adjusted Rates				
	Children				Adults				Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	8.13	49.80	2.61	11.99	10.52	120.12	2.40	3.97	22.79	4.61	17.58		
Clark	11.80	114.98	11.33	11.99	4.01	121.16	6.33	4.16	22.83	4.22	20.47		
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80		
Greater Columbia	14.55	50.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45		
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57		
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04		
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09		
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55		
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.70	21.88	2.98	13.64		
Pierce	13.41	40.69	11.33	11.99	8.37	115.96	10.12	1.58	20.56	6.28	24.76		
Southwest	6.72	28.17	6.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58		
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10		
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.03	23.28	3.26	19.65		
Timberlands	7.41	20.26	8.84	11.99	5.03	61.61	10.65	2.31	23.76	2.52	14.84		
FY02 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES													
Chelan Douglas	8,041	215	-	2,768	2,817	1,339	166	11,709	215	2,084	1,339		
Clark	24,031	815	-	5,780	10,212	5,158	263	29,812	815	10,475	5,158		
Grays Harbor	7,120	245	-	1,614	2,984	2,180	162	8,734	245	3,146	2,186		
Greater Columbia	68,608	1,852	-	15,066	22,841	10,030	1,008	81,674	1,852	23,848	10,030		
King	79,941	2,723	-	20,769	41,082	26,286	1,542	100,710	2,723	42,625	26,280		
NEWRSN	7,469	198	-	1,676	2,993	1,911	150	9,165	198	3,143	1,911		
North Central	17,060	459	-	4,292	5,275	2,888	312	21,353	459	5,587	2,888		
North Sound	50,117	1,704	-	16,112	20,986	12,833	871	66,229	1,704	21,858	12,833		
Peninsula	19,134	614	-	4,811	8,377	5,721	521	23,946	614	6,698	5,721		
Pierce	48,602	2,219	-	11,134	20,560	14,766	682	59,736	2,219	21,242	14,766		
Southwest	8,610	367	-	1,649	3,941	2,409	127	10,264	367	4,068	2,409		
Spokane	33,305	1,365	-	8,294	15,598	9,662	606	41,599	1,365	16,205	9,662		
Thurston Mason	16,171	686	-	4,212	6,785	4,465	255	20,383	686	7,039	4,465		
Timberlands	8,736	312	-	2,216	3,597	2,260	202	10,954	312	3,799	2,260		
	395,875	13,973	-	100,394	168,048	101,932	6,868	496,268	13,973	174,916	101,932	787,090	
FY02 ADJUSTED RATES PROJECTION													
Chelan Douglas	658,092	128,534	-	398,240	355,750	1,929,875	4,705	557,933	58,822	161,376	282,443		
Clark	3,419,314	1,123,973	-	831,698	564,858	7,500,018	10,987	1,486,799	223,163	530,995	1,267,004		
Grays Harbor	1,080,584	234,917	-	232,215	93,099	2,410,678	16,714	309,812	75,263	103,130	414,642		
Greater Columbia	11,631,734	1,265,157	-	2,167,711	2,077,865	12,311,822	125,751	3,346,639	606,463	1,044,214	1,498,263		
King	9,893,458	1,709,057	-	2,988,371	4,164,586	36,415,792	439,785	3,560,727	745,007	2,500,097	7,434,946		
NEWRSN	1,136,617	166,240	-	241,166	253,470	2,585,783	36,613	551,515	54,975	111,877	321,088		
North Central	2,589,280	286,250	-	617,617	534,173	3,009,840	351,855	1,124,928	116,543	204,255	592,309		
North Sound	9,462,015	1,112,450	-	2,316,301	3,743,087	19,368,777	122,356	2,171,009	510,428	614,145	2,086,828		
Peninsula	2,831,656	434,007	-	692,286	721,841	7,893,688	36,364	801,766	213,675	317,708	936,271		
Pierce	7,620,763	1,088,909	-	1,601,992	2,312,080	20,546,985	82,858	1,132,941	547,470	1,601,520	4,387,332		
Southwest	695,161	123,903	-	237,224	239,138	2,430,648	4,381	460,244	110,631	198,120	623,823		
Spokane	4,807,333	500,109	-	1,193,447	1,404,728	5,362,006	17,326	2,917,232	370,960	728,495	1,519,113		
Thurston Mason	1,800,092	578,805	-	606,069	902,556	4,912,418	74,090	1,205,107	191,670	275,258	1,057,483		
Timberlands	778,905	98,195	-	318,849	242,927	1,670,562	25,827	303,943	88,842	114,741	402,365		
	58,403,285	8,950,171	-	14,445,194	17,011,066	128,309,096	1,349,702	10,930,595	3,022,932	8,565,931	22,824,829	55,244,268	

Attachment 3

Cost Effectivenoss for Waivor.xlsSummary 02

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2003

FY92 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS

	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38
Greater Columbia	13.53	52.27	12.89	9.51	6.54	81.18	9.04
King	8.52	47.83	8.86	9.51	7.43	103.64	18.65
NEWRSN	11.56	64.30	8.62	9.51	6.08	77.18	16.13
North Central	11.03	44.55	4.45	9.51	7.28	62.00	74.47
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.85
Pierce	12.46	34.40	14.98	9.51	8.06	101.96	8.06
Southwest	5.38	22.44	7.46	9.51	4.29	57.76	2.39
Spokane	10.32	25.18	5.77	9.51	6.45	28.49	1.80
Thurston Mason	7.74	64.54	10.02	9.51	9.52	71.52	19.18
Timberlands	6.00	20.67	7.61	9.51	4.80	37.16	9.08

FY92 INPATIENT GROSS CAPITATION

	Children		Adults	
	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	3.83	22.03	4.36	17.00
Clark	4.02	22.08	4.08	19.80
Grays Harbor	2.85	24.70	2.64	15.28
Greater Columbia	3.29	26.38	3.53	12.03
King	2.84	22.05	4.73	22.79
NEWRSN	4.85	22.42	2.86	13.58
North Central	4.25	20.47	3.81	16.53
North Sound	2.64	24.13	2.27	13.10
Peninsula	2.71	21.46	2.88	13.20
Pierce	1.53	19.87	6.07	23.04
Southwest	3.61	24.31	3.93	20.86
Spokane	5.66	22.44	3.62	12.67
Thurston Mason	4.76	22.50	3.15	19.01
Timberlands	2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.88	8.29	9.15	5.85	74.25	15.52
North Central	10.31	42.86	4.28	9.15	6.08	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.98	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment

FY93	4.50%	101.50%	*FY93 - 1993 CPI Services*
FY94	3.00%	107.64%	*FY94 1994 CPI Services*
FY95	3.90%	111.84%	*FY 95 - FY 00*
FY96	3.00%	115.20%	*Department of Labor - Bureau of Labor Statistics*
FY97	2.80%	118.43%	*CPI for Medical Care - Unadjusted 12-month increase*
FY98	3.40%	122.46%	*December to December*
FY99	3.70%	126.99%	
FY00	4.20%	132.32%	
FY01	3.50%	136.95%	*Estimate - average of 95 00*
FY 02	3.50%	141.74%	*Estimate - average of 95 00*
FY 03	3.50%	146.70%	*Estimate - average of 95 00*
APPLIED RATE	146.70%		

attachment 3

Cost Effectiveness for Waiver.xlsSummary 03

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2003

	FY03 Contracted Rates								FY03 Contracted Rates			
	Children				Adults				Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	120.13	2.52	4.07	23.36	4.62	18.02	
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65	4.26	23.40	4.33	20.98	
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02	3.03	26.19	2.80	16.20	
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92	3.50	27.97	3.74	12.76	
King	10.61	57.83	10.80	12.59	6.87	121.22	24.44	3.02	23.37	5.01	24.16	
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30	5.14	23.76	3.04	14.39	
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78	4.50	21.70	4.04	17.52	
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29	2.80	25.58	2.40	13.89	
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11	2.86	22.43	3.05	13.98	
Pierce	14.08	42.93	11.90	12.59	9.84	121.70	10.63	1.62	21.07	6.44	25.38	
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01	3.83	25.77	4.16	22.12	
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50	5.99	23.78	3.84	13.43	
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45	5.05	23.86	3.34	20.14	
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18	2.37	24.35	2.58	15.21	

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient. Rates/1.025 for administration for inpatient

Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	6.28	24.76
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84

Attachment 3
Cost Effectiveness for Waiver.xlsSummary 03

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2003

	FY02 Rates Inflated Forward								FY02 Rates Inflated Forward				
	Children				Adults				Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	8.79	59.92	3.06	13.42	12.74	118.20	2.55		5.62	32.32	6.40	24.04	
Clark	14.34	148.92	1.08	13.42	5.52	142.92	7.13		5.90	32.39	5.09	20.05	
Grays Harbor	15.64	103.50	9.13	13.42	3.01	90.18	10.42		4.18	36.23	3.87	22.42	
Greater Columbia	19.09	73.77	18.19	13.42	9.23	114.57	12.76		4.83	38.70	5.18	17.65	
King	12.02	67.50	12.50	13.42	10.49	146.26	26.32		4.17	32.35	6.94	33.43	
NEWRSN	18.31	90.74	12.17	13.42	8.58	108.02	22.76		7.11	32.89	4.20	19.02	
North Central	15.57	62.87	6.28	13.42	10.25	87.50	105.10		6.23	30.03	5.59	24.25	
North Sound	20.65	70.49	11.46	13.42	18.06	156.48	13.22		3.87	35.40	3.33	19.22	
Peninsula	14.96	52.98	12.12	13.42	8.69	134.10	6.84		3.98	31.48	4.22	19.36	
Pierce	17.58	48.55	21.14	13.42	11.37	143.89	11.37		2.24	20.15	8.90	35.12	
Southwest	7.56	31.67	10.53	13.42	6.05	81.51	3.37		5.30	35.60	5.77	30.60	
Spokane	14.56	35.54	8.14	13.42	9.10	40.21	2.54		8.30	32.92	5.31	18.59	
Thurston Mason	10.92	81.08	22.61	13.42	13.44	100.93	27.07		6.98	33.01	4.62	27.89	
Timberlands	8.47	20.17	10.74	13.42	6.77	52.44	12.61		3.29	33.[illegible]	3.58	21.07	

FY03 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES

Chelan Douglas	9,178	221	-	2,862	2,650	1,377	177	12,042	221	3,027	1,377	
Clark	24,871	838	-	5,978	10,331	5,306	279	30,646	838	10,610	5,306	
Grays Harbor	7,309	253	-	1,669	3,010	2,249	172	8,978	253	3,191	2,249	
Greater Columbia	68,380	1,906	-	15,581	23,108	10,317	1,070	83,961	1,906	24,178	10,317	
King	82,068	2,802	-	21,479	41,503	27,040	1,637	103,547	2,802	43,200	27,040	
NEWRSN	7,668	203	-	1,733	3,028	1,966	160	9,422	203	3,188	1,966	
North Central	17,514	472	-	4,439	5,337	2,971	331	21,953	472	5,668	2,971	
North Sound	51,450	1,754	-	18,663	21,232	13,201	925	68,113	1,754	22,157	13,201	
Peninsula	19,643	837	-	4,976	6,475	5,885	553	24,619	837	9,028	5,885	
Pierce	49,895	2,284	-	11,514	20,800	15,189	724	61,409	2,284	21,524	15,189	
Southwest	8,845	377	-	1,705	3,987	2,478	135	10,550	377	4,122	2,478	
Spokane	34,191	1,404	-	8,578	15,781	9,939	644	42,769	1,404	10,424	9,939	
Thurston Mason	16,601	706	-	4,356	8,804	4,614	270	20,958	706	7,134	4,614	
Timberlands	8,971	321	-	2,292	3,639	2,324	215	11,263	321	3,853	2,324	
	406,406	14,379	-	103,825	170,014	104,856	7,290	510,232	14,379	177,304	104,856	806,771

FY03 INFLATED RATES PROJECTION

Chelan Douglas	747,728	159,151	-	461,001	435,843	1,954,470	5,417	811,896	65,836	232,316	412,153	
Clark	4,244,834	1,497,983	-	962,750	684,099	9,100,427	23,873	2,168,935	325,834	762,088	1,849,570	
Grays Harbor	1,371,505	313,729	-	268,806	108,896	2,433,705	21,509	450,453	109,834	148,209	604,944	
Greater Columbia	15,668,098	1,687,117	-	2,509,282	2,559,353	14,184,066	163,734	4,662,778	885,099	1,502,452	2,184,952	
King	11,841,324	2,269,700	-	3,459,255	5,229,802	47,458,821	517,034	5,176,872	1,087,680	3,597,154	10,846,217	
NEWRSN	1,505,121	221,462	-	279,167	311,789	2,569,760	43,608	804,413	80,269	160,495	470,015	
North Central	3,271,552	356,157	-	714,936	656,195	3,118,993	417,212	1,642,487	170,112	380,158	864,410	
North Sound	12,747,213	1,463,664	-	2,683,600	4,602,456	24,788,272	146,721	3,165,509	745,044	885,407	3,044,310	
Peninsula	3,526,182	532,335	-	801,370	884,096	9,469,300	45,400	1,174,496	316,333	457,694	1,367,418	
Pierce	10,528,388	1,330,518	-	1,854,420	2,839,168	26,226,924	98,813	1,654,008	798,886	2,299,996	6,401,270	
Southwest	802,868	143,400	-	274,604	289,640	2,423,884	5,472	670,452	101,487	285,168	909,062	
Spokane	5,975,551	598,891	-	1,381,501	1,723,749	4,795,293	19,620	4,261,437	554,804	1,040,668	2,216,786	
Thurston Mason	2,178,076	771,752	-	701,568	1,106,040	5,587,919	87,822	1,756,143	279,676	395,624	1,543,936	
Timberlands	911,529	112,260	-	369,091	295,786	1,462,767	32,991	444,116	129,679	185,512	587,596	
	75,317,965	11,478,119	-	16,721,350	21,727,511	155,574,600	1,629,225	29,043,995	5,730,572	12,319,031	33,305,538	80,399,137

attachment 3

Cost Effectivoness for Waivor.xlsSummary 03

Mental Health Division
Fiscal Section
September 4, 2001

Cost Effectiveness
FY 2003

	FY03 Adjusted Rates								FY03 Adjusted Rates				
	Cal Needy	Children Disabled	Med Needy	Expansion	Cal Needy	Adults Disabled	Med Needy	Non-Dis	Children Disabled	Non-Dis	Adults Disabled	
Chelan Douglas	8.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58	
Clark	11.86	114.98	11.33	11.99	4.01	121.16	6.33	4.16	22.83	4.22	20.47	
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.96	25.55	2.73	15.80	
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.20	3.65	12.45	
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57	
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.07	14.04	
North Central	12.05	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09	
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55	
Peninsula	12.33	44.45	0.97	11.99	7.18	114.09	5.82	2.79	21.88	2.98	13.84	
Pierce	13.41	40.89	11.33	11.99	9.37	115.96	10.12	1.58	20.56	0.28	24.76	
Southwest	8.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58	
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10	
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.03	23.28	3.26	19.65	
Timberlands	7.41	28.26	8.84	11.09	5.63	61.61	10.65	2.31	23.76	2.52	14.84	

FY03 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES/ PER MONTH AVERAGES

Chelan Douglas	9,179	221	-	2,862	2,850	1,377	177	12,042	221	3,027	1,377	
Clark	24,871	838	-	5,978	10,331	5,306	279	30,648	838	10,010	5,306	
Grays Harbor	7,309	253	-	1,669	3,019	2,249	172	8,978	253	3,191	2,249	
Greater Columbia	68,380	1,906	-	15,581	23,138	10,317	1,070	83,961	1,906	24,178	10,317	
King	82,068	2,802	-	21,479	41,563	27,040	1,637	103,547	2,802	43,200	27,040	
NEWRSN	7,088	203	-	1,733	3,028	1,966	160	9,422	203	3,188	1,966	
North Central	17,514	472	-	4,439	5,337	2,971	331	21,953	472	5,668	2,971	
North Sound	51,450	1,754	-	16,663	21,232	13,201	925	68,113	1,754	22,157	13,201	
Peninsula	19,843	837	-	4,976	8,475	5,885	553	24,619	837	9,028	5,885	
Pierce	49,895	2,284	-	11,514	20,600	15,189	724	61,409	2,284	21,524	15,189	
Southwest	8,845	377	-	1,705	3,987	2,478	135	10,550	377	4,122	2,478	
Spokane	34,191	1,404	-	8,576	15,781	9,939	644	42,769	1,404	16,424	9,939	
Thurston Mason	16,801	706	-	4,356	6,864	4,614	270	20,958	706	7,134	4,614	
Timberlands	8,071	321	-	2,292	3,039	2,324	215	11,263	321	3,653	2,324	
	406,406	14,379	-	103,825	170,014	104,856	7,290	510,232	14,379	177,304	104,856	806,771

FY03 ADJUSTED RATES PROJECTION

Chelan Douglas	875,599	132,268	-	411,863	359,923	1,985,219	5,089	573,770	60,530	163,712	290,543	
Clark	3,510,278	1,156,625	-	860,130	571,469	7,715,098	21,215	1,528,538	229,646	537,872	1,303,338	
Grays Harbor	1,109,330	241,742	-	240,153	94,189	2,480,016	17,741	318,488	77,450	104,602	426,533	
Greater Columbia	11,941,171	1,301,910	-	2,241,615	2,102,183	12,664,692	133,474	3,440,350	624,102	1,058,628	1,541,249	
King	9,951,330	1,851,938	-	3,090,529	4,213,327	37,460,097	457,242	3,661,020	766,650	2,533,654	7,646,160	
NEWRSN	1,166,654	171,069	-	249,410	256,437	2,059,937	38,861	566,952	56,573	113,453	331,222	
North Central	2,658,162	294,572	-	638,730	540,425	3,096,154	373,465	1,156,569	119,929	268,081	609,295	
North Sound	9,713,731	1,144,768	-	2,397,552	3,787,806	19,944,794	129,871	2,232,769	525,256	622,550	2,146,672	
Peninsula	2,907,192	448,015	-	715,951	730,289	8,120,057	38,598	824,317	219,882	322,351	963,120	
Pierce	8,028,817	1,120,542	-	1,650,756	2,339,140	21,136,216	87,946	1,164,681	583,375	1,622,820	4,513,149	
Southwest	713,654	127,565	-	245,333	241,937	2,500,353	4,650	473,048	113,845	200,747	641,712	
Spokane	4,935,222	523,899	-	1,234,245	1,421,168	5,515,774	18,390	2,999,249	390,998	738,376	1,562,677	
Thurston Mason	1,647,979	595,620	-	626,787	913,119	5,053,293	76,641	1,239,054	197,238	278,975	1,087,809	
Timberlands	797,634	101,047	-	329,749	245,770	1,718,469	27,413	312,495	81,422	116,388	413,904	
	59,956,954	9,210,179	-	14,939,004	17,817,181	132,050,370	1,432,596	20,491,305	4,036,896	8,662,407	23,479,383	56,689,991

attachment 3
Cost Effectiveness for Waiver.xlsSummary 03

Mental Health Division
Fiscal Section
September 4, 2001

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care
Financing Administration

Region X
M/S 43
2201 Sixth Avenue
Seattle, WA 98121

SECRETARY'S OFFICE
RECEIVED
SEP 12 2001

RECEIVED
DSHS - Asst. Secretary
SEP 12 2001
Health & Rehabilitative Services

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

September 10, 2001

#7750
Jim
DB Sign
Due 9/26
C/Dennis
Roxie

Dennis Braddock, Secretary
Department of Social and Health Services
P.O. Box 45010
Olympia, Washington 98504

Dear Mr. Braddock:

This in response to your July 30, 2001, request for renewal of the Integrated Mental Health Services waiver program authorized under section 1915(b) of the Social Security Act.

After extensive analysis of your request, we believe that additional information is required. All waiver requests under section 1915(b) of the Act are subject to requirements that the State document the cost-effectiveness of the project, its effect on beneficiary access to services, and its projected impact on the State's Medicaid Program (42 CFR 431.55(b){2}). Your current request does not provide sufficient documentation to determine whether or not these requirements are met. Please respond to our comments/questions, which have been enclosed. Your response will allow us to proceed with the approval of your renewal request.

Under section 1915(f)(2) of the Act, a waiver must be approved, disapproved, or additional information requested within 90 days of receipt, or else it will be deemed granted. In this case, the 90-day period ends on October 28, 2001. This request for additional information will, however, stop the 90-day clock, which will restart at day one, once the information is submitted to us. In order to facilitate a timely completion of our review of your waiver renewal request, your response to this request for additional information should be submitted for review no later than 90 days from the date of this letter.

Please contact me or Carol Crimi of my staff at (206)615-2515 if additional assistance is required.

Sincerely,

Robert Reed

Robert Reed, Chief
Medicaid Branch
Division of Medicaid and State Operations

Enclosure

cc: Theresa Pratt, CMS Central Office
Karl Brimner, DSHS, Mental Health Division

The Health Care Financing Administration (HCFA) was renamed to the Centers for Medicare & Medicaid Services (CMS).

REQUEST FOR ADDITIONAL INFORMATION

In making a decision to approve a waiver request, the Centers for Medicare and Medicaid Services (CMS) must determine that the statutory and regulatory requirements regarding capitated programs have been met. In order to make such a finding, the waiver request must include an adequate description of the program, its projected impact on the State's Medicaid Program, its effect on beneficiary access to adequate services, and cost effectiveness. Section 1915(b) of the Act requires that access to medically necessary services of adequate quality not be substantially impaired. Federal regulations at 42 CFR 431.55(b) require that the effect of the waiver on access to services and quality of care be documented.

ACCESS TO SERVICES

The following sections describe what additional information is needed to document access to services under the waiver program:

- **Background**: CMS has received information from a number of sources indicating individuals who are eligible for Medicaid and in need of mental health services may have either been denied or have not been allowed adequate access to needed services. Some questions exist regarding the existence of these restrictions in access to services as a result of services being provided to individuals not eligible for Medicaid in a system that is primarily funded with Medicaid dollars. The following list includes examples of information provided to CMS regarding this issue:

  A. Funding:

  - The State has reported to CMS that the dollars provided to Regional Support Networks (RSN) from the State to fund the waiver program are primarily Medicaid dollars.

  B. Numbers of Individuals Served:

  - The State reports that in the last three years, between 57.5% and 59.3% of the total number of individuals served in the system were Medicaid eligible.

  - An article published in the Spokesman Review on 7/31/01 quotes the clinical director of Spokane Mental Health: "... The problem is that Spokane's public mental health system treats an unusually high percentage of non-Medicaid recipients with Medicaid funds." And "State and Federal Medicaid regulators frown on this. They pay about 90 percent of the state's $360 million yearly outpatient mental health costs."

C. Access to Services:

- The above-mentioned article in the Spokesman Review further states that the county's largest public mental health provider currently has an 8-week waiting list for services.

- Anecdotal reports and other types of information from providers and advocates have historically alleged that access to services for Medicaid eligibles is difficult unless the individual is very sick or in crisis. Allegations are that medically necessary services have been denied to individuals in need.

- The State's request to renew the waiver states: "It was the State's intention to manage the costs of the community support program while continuing to target service to the most disabled enrollees with better-coordinated services."

- The State's request also specifies the State's legislative intent via RCW 71.24.015: "... programs, which will provide for (1) Access to mental health services for adults of the state who are acutely mentally ill, chronically mentally ill, or seriously disturbed and children of the state who are acutely mentally ill, severely emotionally disturbed, or seriously disturbed... This is true also of Medicaid eligibles."

- WAC 388-865-0215 states: "(1) Within available resources as defined in RCW 71.24.025(2), the regional support network must serve consumers in the following order of priority as defined in RCW 71.24.035(b): (a) Acutely mentally ill persons; (b) Chronically mentally ill adults and severely emotionally disturbed children and (c) Seriously disturbed persons. (2) Consumers eligible for the Title XIX Medicaid program are entitled to receive covered medically necessary services from a mental health prepaid health plan without charge to the consumer."

- The State's request states: "There has been improvement in the way that the systems are described as working together.... However, there is also an increasing demand on the public mental health system to see additional clients due to the growing awareness of mental illness. This becomes difficult due to the statutorily defined population we serve and the need for medically necessary services. What we are finding is that we are serving those most in need, while our cross-system partners are requesting that we see a much larger population within the limited amount of resources we have."

- Anecdotal information from some providers alleges that they have been required by RSNs to reassess and "readjust" the diagnosis and treatment plans of individuals in order to allow for a lesser degree of service provision because of a shortage of funds.

- A recent on-site chart review, completed by CMS staff at Washington's Program for All-Inclusive Care for the Elderly (PACE) site, revealed Medicaid eligible individuals who had been assessed by the medical team and found in need of outpatient mental health services, but who had been denied services by the RSN because they were not "sick enough."

- Information regarding the proposed funding allocation for the 2001-2003 Biennium indicates that on average, 81% of the dollars allocated for the system are Medicaid revenue for FY 2002, and 82% in FY 2003. No increase of state dollars is projected.

- The State's request reports the loss of a number of community psychiatric beds as an issue, the overall impact of which has not yet been assessed.

Additional Information Requested:

1. Please submit the following regarding the funding of the State's public mental health system:

   - The total number of dollars received by each RSN from all sources during the previous biennium and expected for the upcoming biennium. Information should be RSN specific and clearly identify the year and the source(s) of funds.

   - Of the total dollars identified in the above information, identify for each RSN the funds identified as "Medicaid" dollars provided by the State (both State and Federal match). Provide this information as both the total number of Medicaid dollars and as the percentage of total dollars received.

2. Please submit the following regarding the number of individuals served:

   - The total unduplicated number of individuals served in each RSN for the previous two years. Numbers must be RSN specific, reported quarterly, and include both the number and percentage of total that are Medicaid vs. non-Medicaid eligible.

   - Any anticipated change in the number of individuals needing services in each RSN in the upcoming two years, and the reasons for those anticipated changes.

3. Please submit the following regarding access to services:

   - A description of the system each RSN uses for tracking denials of service that occur at the RSN, provider, case manager/clinician and intake level.

- The total number of denials of service for all levels (i.e., RSN, provider, case manager/clinician and intake) within each RSN during the previous two years. These numbers can be aggregated quarterly, but must remain RSN specific and must identify Medicaid vs. non-Medicaid eligible individuals.

- A description of the system each RSN uses for tracking the number of individuals who have been determined to be in need of any covered mental health service based on an intake or assessment within the RSN system, or who have been referred by another system's agency to access mental health services based on a formal screening or assessment, but have not yet received the services identified.

- The total unduplicated number of individuals within each RSN that have been determined to be in need of services via intake/assessment within the RSN system, or who have been referred by another system's agency to access mental health services based on a formal screening or assessment, but have not yet begun receiving the services identified. Information must be RSN specific and identify Medicaid vs. non-Medicaid individuals.

In addition to the above information, the State will arrange, via RSNs and providers, for CMS and State staff to meet independently with the following: RSN staff, Ombudsmen, QRT staff, provider staff and clinicians, consumer groups, family members, advocacy groups, health care providers, professional groups, community organizations representing diverse populations, community clinics, and other interested parties within other state agencies and programs (e.g., DOH, DDD, DASA, CSOs). The State will provide for interpreter services as necessary and may include other interested parties as appropriate. Meetings are to be held during the months of September and October 2001 in the following RSN service areas: Clark, Greater Columbia, King, Kitsap, Peninsula, North Sound, and Spokane. The State will work with CMS in determining the specific timing and format of those meetings, and to assure that adequate notice has been provided to interested parties.

COST EFFECTIVENESS:

The following sections describe what additional information is needed to document cost effectiveness under the waiver program:

Background: The information in Section D of the State's response is not complete and does not provide adequate information for CMS to determine the cost effectiveness of the program. The submittal contains only summary information for one of the previous two years of the waiver, along with summary information for the two-year renewal period.

Additional Information Requested:

1. Please submit sufficient information to demonstrate the State's methodology used for calculation of the Upper Payment Limit, program savings (actual and anticipated) for the previous and upcoming renewal periods. The State may use the format proposed by the 1915(b) preprint, or the format used in previous renewal requests for this waiver program. However, the information submitted must include identification of all relevant adjustments and assumptions applied in the methodology (e.g., inflation factors, increases in vendor payments, administrative costs).

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia WA 98504-5000

July 30, 2001

Robert Reed, Chief
Center for Medicare and Medicaid Services
Medicaid Branch
2201 6th Avenue, RX43
Seattle, Washington 98121-2500

Dear Mr. Reed:

The Mental Health Division (MHD) of the Department of Social and Health Services (DSHS), under the authority of Sections 1915 (b)(1) and (b)(4) of the Social Security Act, requests a renewal of its waiver. The specific provisions to be waived are Section 1902 (a)(1) – Statewideness, the statewideness provision to limit the geographic area in which this program will be implemented initially; Section 1902 (a)(10) – Comparability of Services, the comparability of services provision to allow services not available to other Medicaid recipients; Section 1902 (a)(23) – Freedom of Choice, the freedom of choice provision to limit the recipients' choice of providers to specific Prepaid Health Plans (PHPs) participating in the program; and Section 1902 (a)(30) – Basis of Payment, the basis of payment provision as there is the potential for exceeding the established upper payment limit in a service area.

This waiver renewal request is made so that the state may continue capitation arrangements with regional PHPs for both outpatient community mental health rehabilitation services and psychiatric inpatient in community hospital services to Medicaid recipients in the state of Washington. Under the waiver, the department proposes to continue contracting with a PHP in each service area to provide these services to recipients on a mandatory enrollment basis in lieu of the fee-for-service alternative.

An essential component of this renewal request is to contract with the Regional Support Networks (RSNs) who have demonstrated qualifications and entered into full risk capitated mental health services contract with the MHD. This approach is based on the unique structure of mental health and human service delivery systems administrated by the RSNs under state law. Pursuant to the state's Community Mental Health Services Act (RCW 71.24), the RSNs administer all community mental health services funded by the state. Under the state's Involuntary Treatment Act (RCW 71.05), the RSNs are responsible for investigating and detaining people who are in need of involuntary treatment.

Further, under other state statutes, the counties play a key role in alcohol and drug treatment as well as services for people with developmental disabilities. Counties are also

responsible for local criminal justice systems, including local jails and juvenile detention facilities. As a result of these diverse but interrelated responsibilities, RSNs remain in a unique position to facilitate coordination and integration of their existing program responsibilities with the managed mental health care system to provide seamless care for people covered by Medicaid. Moreover, based on their long history of experience in administering mental health programs, the RSNs are knowledgeable about the comprehensive needs of the high risk populations included in this managed mental health care system. In the event that one or more RSNs are unwilling or unable to demonstrate its qualifications as a PHP, the MHD will secure a qualified alternate.

Whether an RSN-based PHP or other entity holds the managed care contract, with the scope of services requested herein, the contractor will be required to assure an integrated system of mental health care and control the escalation of per eligible costs. This system will ensure access to quality services while slowing the rate of expenditure growth of the system overall.

The enclosed waiver renewal request includes documentation that indicates that this program will result in Medicaid program savings and improve access and quality of care. Furthermore, this program will not interfere with access to family planning or emergency services and will operate in accordance with the purposes of Title XIX of the Social Security Act.

I hope this information is sufficient for your review and approval of this request. However, if you require additional information, please contact Karl Brimner or Paul Montgomery from the Mental Health Division. Karl can be reached at (360) 902-0790 and Paul can be reached at (360) 902-0864.

Thank you for your cooperation and attention in this matter.

Sincerely,

DENNIS BRADDOCK
Secretary

Enclosure

cc: Tammi Hesson, CMS, Central Office
Carol Crimi, HCFA, Region X, M/S-47
Tim Brown, Assistant Secretary, DSHS
Karl Brimner, MHD, DSHS
Paul Montgomery, MHD, DSHS

Washington State – Integrated Community Mental Health Program
Proposal for a Section 1915(b) Capitated Waiver Program
Waiver Renewal Submittal

November 1, 2001- November 1, 2003

Submitted by:
Department of Social and Health Services
Mental Health Division
Karl Brimner, Director

Washington State – Integrated Community Mental Health Program

Washington State – Integrated Community Mental Health Program

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Washington State – Integrated Community Mental Health Program

PROPOSAL FOR A SECTION 1915(b) CAPITATED WAIVER PROGRAM

Waiver Renewal Submittal

Introduction

The waiver renewal submittal is for a State's use in requesting renewal of an existing Section 1915(b) waiver program involving Managed Care Organizations (MCOs), Health Insuring Organizations (HIOs) or Prepaid Health Plans (PHPs) that provide contracted services to Medicaid enrollees under their care.

The use of this waiver renewal submittal is voluntary. The purpose is to facilitate the waiver renewal process and, thus, minimize unnecessary and cumbersome paperwork requirements. The completion of this request, used in conjunction with State Medicaid Manual instructions at sections 2106-2112, should expedite the State's effort to request the renewal of an existing waiver and HCFA's effort to process the renewal request.

All waiver renewal requests under section 1915(b) of the Social Security Act (the Act) are subject to the requirements that the State document the cost effectiveness of the project, its effect on enrollee access to and quality of services, and its projected impact on the Medicaid program (42 CFR 431.55(b)(2)). This model section 1915(b) waiver renewal submittal will help States provide sufficient documentation in conjunction with a previously completed waiver application submittal for HCFA to be able to determine whether the statutory and regulatory requirements of section 1915(b) of the Act have been satisfied.

Please note the following qualifications: (1) This version of the capitated waiver renewal submittal does not include new requirements proposed for the Medicaid Balanced Budget Act (BBA) regulation for managed care. Once those regulations are promulgated in their final form, waiver renewal requests will need to document compliance with any new requirements the regulations may contain. (2) States must still have MCO contracts and capitation rates prior approved by their HCFA Regional Office.

HCFA staff will be glad to meet with the State, set up a conference call, or assist the State in any way in the completion of the application. States requesting the renewal of a waiver under only Sections 1915(b)(2), 1915(b)(3), or 1915(b)(4), or a combined 1915(b) and 1915(c), waiver should work with their HCFA Regional Office to identify required submission items from this format.

Instructions

This waiver renewal submittal builds upon the new 1999 format for an initial waiver request. It is essentially the same document, with two changes: each section now

starts with a request for monitoring results from the previous two-year waiver period, and asks for changes proposed for the next waiver period. In the 1999 initial submittal we asked for a description of the waiver program. In this document we ask not only for the program description for the next two years, but a description/confirmation of what occurred in the previous two years.

Each section now starts with one or more items under the heading "Previous Waiver Monitoring." States are asked a couple questions (as appropriate to each Section). First, States are asked to identify any variance between what they said they would do in the last waiver application and what actually happened in the last two years. In a waiver renewal process, HCFA determines whether States adhered to the program descriptions and activities in the previous waiver application. Changes to the waiver program should not be made without obtaining HCFA approval for a modification to the waiver.

In some sections, a second question in "Previous Waiver Monitoring" asks for the results of monitoring various aspects of the waiver program over the previous 2-year waiver period. Please provide a summary of the State's monitoring results, including any breakdown available by sub-populations (i.e., if you have different or additional monitoring for foster care or SSI children than TANF, please indicate).

Following "Previous Waiver Monitoring" is the subsection called "Upcoming Two Year Period." Its purpose is to give the State the opportunity to describe the waiver program for the next two years. Within this section States are asked to identify any items which reflect a future change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") the item being changed.

Please fill out this form in its entirety. Since this renewal submittal builds on the new 1999 initial submittal, there is not a one-to-one correspondence between sections in this 1999 and the 1995 format. When filling out the "Previous Waiver Monitoring" part of each section, we have tried to identify corresponding sections of the 1995 format when possible. However, States should provide monitoring results from all relevant sections of their previous waiver.

Waiver Submittal Instructions (See State Medicaid Manual 2106)
Please submit an original and four (4) copies of the waiver request to the appropriate office:

For MCO and PCCM programs:

HCFA, Center for Medicaid and State Operations, FCHPG
Attn: Director, Division of Integrated Health Systems
7500 Security Boulevard
Baltimore, MD 21244

Washington State – Integrated Community Mental Health Program

For Prepaid Health Plan programs focusing on Behavioral Health or Elderly and Disabled populations:

HCFA, Center for Medicaid and State Operations, DEHPG
Attn: Director, Division of Integrated Health Systems
7500 Security Boulevard
Baltimore, MD 21244

At the same time, send at least one copy of the waiver request to the appropriate HCFA Regional Office. A waiver request submitted under 1915(b) of the Act must be approved, disapproved, or additional information requested within 90 days of receipt, or else the request is deemed granted. The Secretary approves or denies such requests in writing or informs you in writing with respect to any additional information which is needed in order to make a final determination with respect to the request. When additional information is requested, the waiver request must be approved or disapproved within 90 days of receipt of your complete response to the request for additional information, or the waiver request is granted.

The 90-day time period begins (i.e., day number one) on the day the waiver is received by the addressee (i.e., the Secretary, the HCFA Central Office (CO) or Regional Office (RO) designee) and ends 90 calendar days later by which time HCFA must either approve or disapprove the request.

General instructions

States should check all items which apply, and provide additional information when specified. Leaving an item un-checked signifies it is not in the State's waiver program. Please note the following:

- A number of the items are required by federal statute, regulation, or policy. These required items are identified as such either in the instructions or headings for a section, or on an item by item basis. State must check-off these required items to affirm the State's intent to comply. If a required item is not checked, States should explain why it is not.

- All items are applicable to both MCOs and PHPs unless otherwise noted (i.e. only MCO or PHP is referenced in the item)

- For any of the sections that require explanations, if possible, please insert them into the document itself instead of attaching the explanation as an appendix.

- Because this is for a renewal of an existing waiver, HCFA is requesting data or summary results from efforts the State has made during the previous waiver period to ensure compliance, quality of services, enrollee protections, etc. In an effort to

ensure a complete submission package and to minimize the amount of additional information requested by HCFA, please be sure to respond to these items as fully as possible so that additional information requests are not necessary.

- If a State modifies the wording of the waiver renewal submittal, please italicize and/or strikeout the modification. States may use italics, underlines, and strikeouts for any State-added information or modification to the standard waiver renewal submittal.

- Please update the table of contents prior to submitting the waiver to HCFA to reflect the current page numbers and appendices.

- Please enclose any attachment directly following the section referenced and number the attachments with the section and question number, (e.g., Attachment C.I.a is the attachment for question a. under point I. Elements of State Quality Strategies in Section C.)

Amendments or modifications during the renewal period
During the renewal period, a State may wish to modify their Section 1915(b) waiver program if an aspect of the program changes. Four (4) copies of the modification request must be submitted to the appropriate CO address listed above. A copy should also be sent to the RO at the same time.

HCFA considers only waiver requests submitted by or through the Governor, State cabinet members responsible for State Medicaid Agency activities, the Director of the State Medicaid Agency, or someone with the authority to submit waiver requests on behalf of the Director.

HCFA reviews the request and makes its recommendation to approve or disapprove the request based on the validity of the request and the documentation that is submitted to support the modification. Approval of modification requests are effective from the date of approval through the end of the renewal period.

HCFA receives a variety of waiver modification requests, which range from being minor in nature to extensive. Regardless of the extent of the needed modification, a State must submit an official request for modification to HCFA as soon as it is aware of the need for a change in its program. The request must be submitted and approved prior to implementation of a change in the waiver program.

Washington State – Integrated Community Mental Health Program

Section A. General Impact

I. Background

[Required] Please provide a brief executive summary of the State's 1915(b) waiver program's activities since implementation, including experiences during the previous waiver period(s) and a summary of any program changes either planned or anticipated during the requested renewal period. Please specify the types of stakeholders or other advisory committee meetings that have occurred in the previous waiver period or are expected to occur under the future waiver period. Please include descriptions of any advisory boards that have consumer representation. In addition, please describe any program changes and/or improvements that have occurred as a result of stakeholder involvement during the previous waiver period(s). Please describe any stakeholder involvement in monitoring of the previous waiver period. Finally, to the extent the State enrolls persons with special health care needs, please describe how the various stakeholders have been involved in the development, implementation, and ongoing operation of the program.

The purpose of this waiver renewal is to continue, through contracts with the Regional Support Networks (RSNs), to: 1) promote comprehensive coordination of services with regionally managed care through Prepaid Health Plans (PHP); 2) provide community mental health rehabilitation services and community psychiatric inpatient care in a seamless manner providing continuity of care for persons served by the public mental health system; and 3) support recovery and community reintegration to the community for persons with mental illness.

The Washington State Legislature passed the Mental Health Reform Act (2SSB 5400) in 1989 and created a single point of local responsibility for mental health services. This 1989 legislation created county-based RSNs to design and administer mental health delivery systems to meet the unique needs of people with mental disorders. Although the RSNs addressed the issue of coordination of outpatient and state hospital care, prior to 1993 they did not have the ability or responsibility to manage care and to control the escalating costs of the Medicaid program.

The capitated managed mental health system gives the RSN the ability to design an integrated system of mental health care and, as necessary, subcontract with a provider[1] network capable of providing quality service delivery which is age and culturally competent.

The Mental Health Division (MHD) began delivering services under a 1915 (b) waiver in 1993, for outpatient mental health services. This established the ability to control the rate of financial growth and improved service outcomes. The services covered under the waiver were the full range of

1 For the purpose of this renewal, when the MHD speaks of a provider we mean it to be a Community Mental Health Center. If we are speaking of the primary person responsible for carrying out the treatment plan, we will refer to them as the PCP. The term(s) therapists, social worker, Dr. are self explanatory.

community mental health rehabilitation services offered previously under the Medicaid State Plan through a fee-for-service reimbursement system. These services stress ongoing community support to provide the enrollee with tailored services, responsive to their individualized needs. It was the State's intention to manage the costs of the community support program while continuing to target service to the most disabled enrollees with better-coordinated services.

In 1997, an amendment to the existing waiver was approved which incorporated community psychiatric inpatient services for adults, older persons, and children into the capitated contracts with the RSNs. This integration furthered the principles of mental health reform and improved the services provided to enrollees.

An essential component of the waiver amendment was to provide the RSNs the first opportunity to demonstrate qualifications and enter into an integrated full-risk capitated mental health services contract with the MHD. The MHD took this approach due to the existing unique structure of mental health and human service delivery systems administered by counties and the RSNs under state law. Pursuant to the State's Community Mental Health Services Act (Revised code of Washington (RCW) 71.24), the RSNs administer all community mental health services funded by the state. Under the State's Involuntary Treatment Act (RCW 71.05), the RSNs are responsible for investigating and detaining people who are in need of involuntary treatment. Further, under other state statutes, the counties play a key role in chemical dependency treatment as well as providing for people with developmental disabilities.

Counties are also responsible for local criminal justice systems, including local jails and juvenile detention facilities. As a result of these diverse but interrelated responsibilities, RSNs maintain a unique position to facilitate coordination and integration of their existing program responsibilities with the managed mental health care system. Moreover, based on their long history of experience in administering mental health programs, the RSNs are knowledgeable about the comprehensive mental health needs of the high risk populations included in managed mental health care system.

Upon requests of a Tribal authority or authorities within a RSN, the joint operating agreement or the county authority shall allow for the inclusion of the tribal authority to be represented as a party to the RSN. The roles and responsibilities of the county and tribal authority shall be determined by the terms of that agreement including a determination of membership on the governing board and advisory committees. The number of tribal representatives to the party to the agreement, and to the provisions of the law shall assure the provision of culturally competent services to the tribes served.

Should the RSNs choose not to become the PHP, the MHD will procure these services. Timing of this occurrence will be critical to maintain services for enrollees. The MHD would continue the existing relationship with the RSN until the procurement was complete to ensure a smooth transition. It may be necessary for a short (time limited) period of time that the State of Washington will have to implement a fee-for-service system in the geographic area relevant to the RSN.

The MHD ensures that whether an RSN-based PHP or other entity holds the managed care

contract, the contractor is required to provide an integrated system of service delivery and control per eligible costs. This system ensures access to quality services while managing the rate of expenditure growth of the overall system. The statewide mission, values, and guiding principles are the basis ofall aspects of service delivery, interpretation, and implementation of the waiver and the RSN contracts. They are:

Mission Statement

Washington State Publicly Funded Mental Health System

The mission of Washington State's mental health system is to ensure that people of all ages experiencing mental illness can better manage their illness, achieve their personal goals, and live, work and participate in their community.

We are committed to take actions consistent with these values:

1. We value the strengths and assets of consumers and their families, and seek to include their participation in decision-making and policy setting.
2. We respect and celebrate the cultural and other diverse qualities of each consumer.
3. We work in partnership with allied community providers to deliver quality-individualized supports and services.
4. We treat people with respect, equality, courtesy and fairness.

Given this mission, we believe the operation of the system should be based on the following principles:

1. Treatment becomes meaningful when participants have voice, access and ownership of the mental health services.
2. Staff at all levels shall treat people in the system with respect, equality, courtesy and fairness.
3. Services shall heed individual diversity and explicitly incorporate the age, culture and preferences of the participant, his or her family and/or natural supports in the plan of care.
4. Participants and their families shall be included in the ongoing process of decision-making and policy-setting in the planning, implementation and operation of the system.
5. Treatment and support is provided in such a way that the lives of people are disrupted as little as possible by mental illness while keeping them and their community safe.
6. Providers of mental health services must work in active partnership with other allied community providers to ensure that participants receive a balanced, coordinated and individualized array of quality supports and services.
7. People shall be provided access to information about mental illness and treatment options.
8. Services shall be offered that are most responsive to the participant's needs in the least restrictive manner and setting possible.
9. Services shall be quickly and conveniently offered so that the right services are available at the right time and in the right place allowing for the greatest possible opportunity for recovery.
10. Participants have the right to receive services from qualified staff who are both clinically and culturally competent.

Washington State – Integrated Community Mental Health Program

11. Effective plans of care shall result from a comprehensive evaluation and be based on the strengths of the person and his or her family or natural supports. They should begin with education on the nature of the mental illness he or she is experiencing and the range of options for treatment and support available in the system. This includes not only medications and formal psychotherapies, but also alternative approaches that may be appropriate to the age, culture and preferences of the participants.
12. Participants who experience persistent but fluctuating effects from their mental illnesses require stable relationships with the network of providers as their needs wax and wane. These relationships must allow for reductions, increases and modifications of support and services without repeated reapplication for enrollment and without constant changes in the personnel with whom the participant and his or her family or natural supports interact.
13. Managing the publicly-funded trust requires acting as stewards for the taxpayers dollars by providing the needed services in the most cost effective and efficient manner possible.

Stakeholder work will occur over the next year to revise and/or update the statewide mission as it is now five years old.

This system of capitated, managed mental health care will continue to provide the following:

1. Provide comprehensive, integrated services within regionally managed care through Prepaid Health Plans;
2. Provide enrollees access to services and active voice in their treatment plan;
3. Provide medically necessary tailored services that are age and culturally competent and which are individualized to meet the needs for those enrollees requiring on-going community support;
4. Ensure service intensity commensurate with each enrollee's level of need;
5. Provide rehabilitation and recovery services enabling each enrollee to live, work and participate more fully in his/her culture in the community;
6. Provide ready access to emergency services;
7. Ensure engagement and services to high-need populations;
8. Ensure community inpatient psychiatric services for adults, older persons, and children in a seamless manner with ongoing care;
9. Provide appropriate utilization of community psychiatric inpatient care for adults, older persons, and children;
10. Promote coordination of services with other systems of care (e.g., vocational rehabilitation, physical health care, alcohol and substance abuse, developmental disabilities, acute care, informal and natural support systems, child welfare, juvenile justice, aging and adult services, tribes, corrections, jails, and education); and
11. Promote collaboration with tribal authorities and ensure American Indians access to culturally competent services.

Washington State – Integrated Community Mental Health Program
Since the RSN serves a specific geographic area, the MHD requires assurances from each RSN that they will have a sufficient number of service sites, both in and out of facility, to ensure enrollees have choices of service locations. In addition, under the rehabilitation services options, most services, especially crisis and emergency services, are provided out of the facility (e.g., enrollee's residence or in other community settings that are comfortable to the enrollee). The MHD assures that adequate service capacity and service diversity can be met through the integrated community mental health program.

The RSN will continue to provide inpatient service through community inpatient providers and will purchase service capacity for adults and children to ensure that services are as close to the enrollee's community as possible so long as it is clinically indicated. The state will contract with hospitals that are licensed and willing to provide inpatient psychiatric care. The state will allow the RSNs to submit a regional plan for direct contracting with psychiatric hospital providers. Any contract between an RSN and local hospital must contain the provision of collaboration for emergency admissions to non-contracted hospitals and the transfer of enrollees to contracted hospitals. The state allows exceptions to this, if the transfer would cause harm to the enrollee, or there is no hospital within reasonable travel time of the residence of the immediate family member who helps with the personal needs of the enrollee. Each RSN will also need to ensure that Medicaid enrollees, who have other insurance but have exhausted their benefits, will receive continuity of care. Any RSN that develops a direct contract network will be required to include the hospitals included in the network in their marketing brochures. They will also be required to develop a plan that ensures hospitals and physicians will by provided orientation to the prepaid health plan. All contracts between a RSN and community hospital will have a grievance procedure for enrollees, which will be made available to enrollees. If a RSN develops a direct contract network, the state will require them to show that they have a capacity (combined in-network and out-of network providers) of at least 110% of their actual utilization for the prior year.

During the last waiver cycle, there was much work done between the MHD, CMS Region X staff and Tribal authorities with regards to mandatory enrollment in the prepaid health plan. In the previous waivers, tribal members were required to seek disenrollment from the prepaid health plan when they sought services from Indian Health programs or tribal clinics. This was a burdensome process and did not provide for the services or supports needed. It is now possible for members to coordinate their array of services with both programs, which is of greater benefit to the members. Tribal members are now not disenrolled when they wish to use the services from indain health Programs or tribal clinics.

On-site monitoring of the system continues to occur annually (and more often if necessary) through the Quality Assurance and Improvement (QA & I) Team. This team is made up of three sections of the MHD's Mental Health Services section described in our last waiver. The three sections were licensing and certification, contract monitoring and the integrated review.

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Stakeholder involvement and advisory committees

The public mental health system in Washington State was and continues to be developed with significant stakeholder and consumer involvement. This is not a new process for the MHD. It is one that has its roots from the 1970's. The MHD receives stakeholder input in a variety of ways.

Consumer and family voice and recovery is the foundation of the service delivery system. The MHD believes that those persons being served should drive the system. The system and advocates are seeing the impact of consumer voice both in policy development and service delivery, and in the structure of the way in which services are delivered. There are many arenas where the MHD collects input from consumers and their families:

- The MHD Office of Consumer Affairs (OCA), in the MHD, meets regularly with consumers, parents, and advocates. Frequent and consistent communication assures an accurate understanding of the points of view of consumers, parents, and other family members, which is then incorporated into the workings of the public mental health system. The OCA reports directly to the MHD Director, and the Administrator of the OCA is a member of the Management Team.
- The Consumer Roundtable includes a consumer representative from each RSN who receives public mental health services. Recovered consumers act as mentors with this group to provide assistance and advice as they assume their role as active participants. This group provides direct input to the MHD Director.
- MHD contracts with two family advocacy groups statewide for education and advocacy purposes. These groups are also very visible during the state's legislative session.
- MHD supports a Parent Council consisting of parents of children who receive services through the public mental health system. These parents each represent a parent organization in their RSN or the Community Connector Project sponsored by the MHD. The parent council provides input through the OCA to the MHD Director.
- Consumers and family members make-up 51% of our state mental health advisory committee (MHAC). This committee (as do all others), includes representatives who are advocates for children and for older person with mental illness, RSNs, service providers and allied systems. The MHAC has a very active role in establishing and monitoring the federal block grant plan submitted to the Center for Mental Health Services at the Substance Abuse Mental Health Administration. They along with their sub-committees, Children, Family and Youth, Ethnic Minority, Sexual Minority, and Aging have set priorities for the next year and are focusing their efforts on Best Practice and stigma reduction. They are very active participants in many of the other stakeholder activities and provide valuable input and insight to the MHD.
- Washington Administrative Code (WAC) requires the existence of an advisory board at the RSN level that has 51% consumers and family members and is demographic in its make-up.
- MHD staff meet regularly with the Department of Social and Health Services (DSHS)

Indian Policy Advisory Committee (IPAC) to share information and to discuss strengths and concerns.

- Ombuds/QRT oversight committee provides policy guidance to MHD about Ombuds and QRT. Examples of this are defining "Functional Independence" and establishing a "Dispute Resolution Policy". An ad-hoc sub-committee has established the basis of an electronic report process for Ombuds and for QRT. They also provide advice to the contractor that provides training and support to Ombuds and QRT members statewide.
- MHD is responsible to answer questions from constituents and the general public regarding the public mental health system that are directed to the Department from legislative office, the Governor's office and the internally through the Department's Office of Community Relations.
- MHD and the Division of Alcohol and Substance Abuse (DASA) staff the co-occurring disorders interagency committee (CODIAC) made up of state, providers from mental health, chemical dependency providers, consumers and other cross-system providers. This group has been in existence for approximately twelve years and addresses co-occurring mental illness and substance related disorders.
- Inpatient Roundtable is a technical assistance group comprised of staff from MHD, Medical Assistance Administration (MAA), RSNs and community hospitals that meet on a routine basis to discuss various issues that arise.
- By contract the RSNs are required to have consumers and family members involved in all levels of service delivery including policy setting and decision making. This is also monitored during the annual on-site monitoring process and by other means.
- MHD staff meets regularly with the RSN administrators and assures that there is representation from the RSNs on any committee, which meets to change, establish or set policy. These committees also include providers, consumers, parents and family advocates. Allied system partners are at times invited to attend. These meetings include topics ranging from performance indicators to Washington Administrative Code changes.
- MHD's management team has a monthly call with the leadership of the RSN where the main purpose is to keep each group informed of current and ongoing activities.
- MHD meets with the Washington Community Mental Health Council. This is a group representing some of the community mental health centers providing services under subcontract with the RSNs. The MHD has also developed ways to receive input from the community mental health centers that do not belong to the Council but subcontract with the RSNs.
- As part of the quality management there were three separate MHD sponsored System Improvement Groups that met for specific tasks. The System Improvement Group (SIG) is a group of stakeholders representing consumers, parents, family advocates, community mental health centers (both council and non-council members, Washington Institute for Mental Illness Research and Training (WIMRT), Regional Support Networks and MHD. The group is divided east/west and has no duplicative service area representation. The first group met to decide on the major focus areas for monitoring and system accountability. This group identified three areas of system focus and set outcomes for each.

Washington State – Integrated Community Mental Health Program

They made recommendations on outcomes and left methodology to achieve each outcome to the responsible entity. The foundation was to begin with the consumers prospective, then the provider, the RSN, and finally the MHD delineating roles and responsibilities at level. The monitoring focus areas identified were consumer voice, quality management, and cross-system collaboration. It was also made clear that each level of the system only had pieces of each of these outcomes and would need to work for several years to attain completion. One recommendation of the first group was to look at duplicate monitoring activities and roles and responsibilities throughout the system. The MHD's management team sponsored the SIG foundation both in process and product as a methodology to move the system forward.

The SIG 2 was formed using the SIG 1 foundation and some of the same individuals for continuity to begin work on the SIG 1 recommendations. SIG 2 defined a pilot project for better coordination of overall monitoring activities (MHD, RSN, CMHC) to reduce duplication of effort. That pilot led to the current realignment of the mental health services section within the MHD to coordinate the activities. As a result of participation on the SIG 2 pilot, consumers and parents are now contractors of the MHD to be an active part of the QA & I team and participate on the annual on-site monitoring.

The SIG 3 group has began to further look at the deeming process and establish working agreements with CARF and JCAHO regarding deeming as a continued look at duplicative monitoring activities. It is the intention of SIG 3 to have a report and recommendations by the end of October 2001.

Other SIG activities may continue to refine additional recommendations using the foundation established. SIG recommendations have been incorporated into the MHD's QM plan, planning, policy, and contracting activities.

The RSN have involved stakeholders in a variety of ways including:

Advisory board	Ombuds/QRT
QRT forums	Consumer advisory committee
Support groups	Contracted family organizations
Community forums to gather information and solicit input	Public health agency
NAMI-WA	Housing authority
Chamber of Commerce	Policy workgroups
Quality Management over-site committee	Cross-system committees
DSHS Regional Advisory Committee	Community Hospital
Provider network survey	Allied systems meetings
Tribal meetings and participation	Use of grievance determinations to make broader QM improvements

The community mental health centers (providers) have involved stakeholders:

Public Health Meetings	NAMI-WA
Allied system meetings	Consumer advisory committee
Clubhouses	Cross-system committee
Consumer and parent voice through direct work	Ombuds/QRT
On boards, committees, forums	community forums
Washington State coalition for homeless	Civic clubs
Liaison with family groups	Community events to gather information and solicit input

Monitoring & evaluation activities are required of the Mental Health Advisory Committee and their subcommittees. This activity is mostly done through communication with their stakeholders and by reading of reports and recommendations. They will be hosting annual large meetings of the entire stakeholder communities. National Alliance for the Mentally Ill (NAMI)-Washington also provides evaluation to the system and provides input to both the MHD and the RSNs. NAMI is also very active in the legislative process at both the state and national level. Their recommendations are used to continue to develop overall system policy and planning and are often blended into the federal block grant application process and into the contract development.

Two stakeholders comments (one came from a parent and the other from a consumer during different meetings) standout as important to follow during this waiver period:

"Stop making the community mental health center the focus of consumer lives. Make it a place for us to get help and move on." and
"It is good for the system and the providers to receive complaints, if they do not, how will they know what to correct to make the system better. They will listen to us and respond when given the chance."

II. General Description of the Waiver Program

Previous Waiver Period

a.___ During the last waiver period, the program operated differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period – For items a. through m. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

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a. The State of Washington requests a waiver under the authority of section 1915(b)(1) of the Act. The waiver program will be operated directly by the Medicaid agency.

The waiver program will continue to be administered directly by the MHD of the Department of Social and Health Services (DSHS), which is the Medicaid single state agency.

b. Effective Dates: This waiver renewal is requested for a period of 2 years; effective November 1, 2001 and ending November 1, 2003.

c. The waiver program is called Integrated Community Mental Health Program.

d. State Contact: The State contact person for this waiver is Paul Montgomery and can be reached by telephone at (360) 902-0864, or fax at (360) 902-0809, or e-mail at montgpr@dshs.wa.gov.

e. Type of Delivery Systems: The State will be entering into the following types of contracts with the MCO or PHP. The definitions below are taken from federal statute. However, many "other risk" or "non-risk" programs will not fit neatly into these categories (e.g. a PHP program for mental health carve out is "other risk," but just checking the relevant items under "2" will not convey that information fully). Please note this answer should be consistent with your response in Section A.II.d.1 and Section D.I.

1.___ **Risk-Comprehensive (fully-capitated--MCOs, HIOs, or certain PHPs):** Risk-comprehensive contracts are generally referred to as fully-capitated and require that the contractor be an MCO or HIO. Comprehensive means that the contractor is at risk for inpatient hospital services and any other mandatory State plan service in section 1905(a), or any three or more mandatory services in that section. References in this preprint to MCOs generally apply to these risk-comprehensive entities. Check either (a) or (b), and within each the items that apply:

(a)__ The contractor is at-risk for inpatient hospital services and any one of the following services:

i.__ Outpatient hospital services *services*,
ii.___ Rural health clinic (RHC) services,
iii.___ Federally qualified health clinic (FQHC) services,
iv.___ Other laboratory and X-ray services,
v.___ Skilled nursing facility (NF) services,
vi ___ Early periodic screening, diagnosis and treatment (EPSDT) services,
vii.__ Family planning services,
viii.__ Physician services, and

ix.___ Home Health services.

(b)__The contractor is at-risk for three or more of the above services ((i) through (ix)). Please mark the services in (a) and list the services in Section A.II.d.1.

2.__ x_ **Other Risk (partially-capitated or PHP):** Other risk contracts having a scope of risk that is less than comprehensive are referred to as partially-capitated. PHPs are the contractors in these programs (e.g., a PHP for mental health/substance abuse). References in this preprint to PHPs generally apply to these other risk entities. Please check either (a) or (b); if (b) is chosen, please check the services which apply. In addition to checking the appropriate item, please provide a brief narrative of the other risk (PHP) model, which will be implemented by the State:

(a)_ x_ The contractor is at-risk for *community inpatient psychiatric* hospital services

OR

(b)__The contractor is at-risk for two or fewer of the below services ((i) through (ix)).

i.__x_ Outpatient *mental health* services,
ii.___ Rural health clinic (RHC) services,
iii._x__ Federally qualified health clinic (FQHC)*mental health* services,
iv.___ Other laboratory and X-ray services,
v.___ Skilled nursing facility (NF) services,
vi.__x_ Early periodic *mental health* screening, diagnosis and treatment (EPSDT) services,
vii.__Family planning services,
viii.__ Physician services, and
ix.___ Home Health services.
x.____ other

3.___ **Non-risk:** Non-risk contracts involve settlements based on fee-for-service (FFS) costs (e.g., an MCO contract where the State performs a cost-settlement process at the end of the year). If this block is checked, replace Section D (Cost Effectiveness) of this waiver preprint with the cost-effectiveness section of the waiver preprint application for a FFS primary care case management (PCCM) program. In addition to checking the appropriate items, please provide a brief narrative description of non-risk model, which will be implemented by the State.

4.___ Other (Please provide a brief narrative description of the model. If the model is an HIO, please modify the entire preprint accordingly):

f. Statutory Authority: The State's waiver program is authorized under **Section**

1915(b)(1) of the Act, which provides for a capitated managed care program under which the State restricts the entity from or through which a enrollee can obtain medical care.

g. Other Statutory Authority. The State is also relying upon authority provided in the following section(s) of the Act:

1.___ **1915(b)(2)** - A locality will act as a central broker (agent, facilitator, negotiator) in assisting eligible individuals in choosing among competing health plans in order to provide enrollees with more information about the range of health care options open to them. See Waiver Preprint Section A.III.B Enrollment/Disenrollment and Section 2105 of the State Medicaid Manual. This section must be checked if the State has an independent enrollment broker.

2.___ **1915(b)(3)** - The State will share cost savings resulting from the use of more cost effective medical care with enrollees by providing them with additional services. Please refer to Section 2105 of the State Medicaid Manual. The savings must be expended for the benefit of the enrolled Medicaid beneficiary.

Please list additional services to be provided under the waiver which are not covered under the State plan in Section A.III.d.1 and Appendix D.III. The services must be for medical or health-related care, or other services as described in 42 CFR Part 440, and are subject to HCFA approval.

3.x___ **1915(b)(4)** - The State requires enrollees to obtain services only from specified providers who undertake to provide such services and meet reimbursement, quality, and utilization standards which are consistent with access, quality, and efficient and economic provision of covered care and services. Please refer to Section 2105 of the State Medicaid Manual.

h. Sections Waived. Relying upon the authority of the above Section(s), the State requests a waiver of the following Sections of 1902 of the Act:

1.__x_ **Section 1902(a)(1)** - Statewideness--This Section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. This waiver program is not available throughout the State.

This waiver program is implemented statewide. It may be necessary however, if at any time the RSN can not or chooses not to demonstrate qualifications, for the State of Washington to implement a fee for service system on a very time limited basis to implement a procurement process for that geographic area. This would be done thoughtfully and carefully so as to not disrupt care to consumers and to maintain cost-effectiveness and the Upper Payment Level.

2.__x__ **Section 1902(a)(10)(B)** - Comparability of Services--This Section of the Act requires all services for categorically needy individuals to be equal in amount, duration, and scope. This waiver program includes additional benefits such as case management and health education that will not be available to other Medicaid enrollees not enrolled in the waiver program.

3.__x__ **Section 1902(a)(23)** - Freedom of Choice--This Section of the Act requires Medicaid State plans to permit all individuals eligible for Medicaid to obtain medical assistance from any qualified provider in the State. Under this program, free choice of providers is restricted. That is, individuals enrolled in this program receive certain services through an MCO or PHP.

4.__x__ **Section 1902(a)(30)** - Upper Payment Limits--This Section of the Act require that payments to a contractor may not exceed the cost to the agency of providing those same services on a FFS basis to an actuarially equivalent nonenrolled population. Under this waiver, a contractor may receive a capitation rate and any other applicable payment which may cause total payments to the contractor to exceed the upper payment limits for the capitated services in a given waiver year. The waiver must still be cost-effective for the two-year period. An example of a program with this waiver is a partial capitation program, where the State gives the capitated entity (or entities) a bonus (which in conjunction with the capitation payment exceeds the UPL) for reductions in Medicaid expenditures for high cost areas, but the State demonstrates cost-effectiveness on the basis that total waiver program expenditures are less than total without waiver program expenditures.

The UPL for this waiver is calculated by age group and region. This waiver program has the potential of exceeding the UPL as it pertains to savings redistribution between the participating RSNs or across age groups. The sharing of these savings may result in total reimbursement in a service area reaching a level above what would have been realized under the traditional fee-for-service system without the waiver. However, the total reimbursement statewide remains less than the UPL.

5._x__ **Other Statutes Waived** - Please list any additional section(s) of the Act the State requests to waive, including an explanation of the request. As noted above, States requesting a combined 1915(b) and 1915(c) waiver should work with their HCFA Regional Office to identify required submission items from this format.

§ 1932(a)(1)	Waiver of this section is necessary in order to allow MHD to provide services through a managed care system that differs from some of the requirements in § 1932, as approved in previous waiver

	renewals.
§ 1932(a)(2)	Waiver of this section is necessary in order to continue MHD's program that requires all Medicaid recipients receive mental health services through managed care, as approved in previous waiver renewals.
§ 1932(a)(3)	Waiver of this section is necessary in order to continue MHD's managed care program that uses a single county-operated PHP for a particular region, as approved in previous waiver renewals.
§ 1932(a)(4)	Waiver of this section is necessary in order to allow MHD to continue to use the disenrollment procedures approved in previous waiver renewals.

To the extent deemed necessary by the federal government, any other provisions of Section 1902 and 1932 of the Act.

i. Geographical Areas of the Waiver Program: Please indicate the area of the State where the waiver program will be implemented. (Note: If the State wishes to alter the waiver area at any time during the waiver period, an official waiver modification request must be submitted to HCFA):

1.__X__ Statewide -- all counties, zip codes, or regions of the State have managed care (Please list in the table below) or

2.____ Other (please list in the table below):

Regardless of whether item 1 or 2 is checked above, please list in the chart below the areas (i.e., cities, counties, and/or regions) and the name and type of entity (MCO, PHP, HIO, or other entity) with which the State will contract:

City/County/Region	Name of Entity*	Type of Entity (e.g., PHP, Staff model HMO)
(Service Area map is in Attachment AIIia)	Chelan/ Douglas Regional Support Network	PHP
	Clark County Regional Support Network	PHP
	Grays Harbor Regional Support Network	PHP
	Greater Columbia Behavioral health Regional Support Network	PHP
	King County Regional	PHP

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City/County/Region	Name of Entity*	Type of Entity (e.g., PHP, Staff model HMO)
	Support Network	
	North Central Regional Support Network	PHP
	Northeast Washington Regional Support Network	PHP
	North Sound Regional Support Network	PHP
	Peninsula Regional Support Network	PHP
	Pierce County Regional Support Network	PHP
	Southwest Regional Support Network	PHP
	Spokane Regional Support Network	PHP
	Thurston Mason Regional Support Network	PHP
	Timberlands Regional Support Network	PHP

*The State should list the actual names of the contracting entities. Cost-effectiveness data should be submitted for every city/county/region listed here as described in Section D.

j. **MCO Requirement for Choice:** Section 1932(a)(3) of the Act requires States to permit individuals to choose from not less than two managed care entities.

1.___This model has a choice of managed care entities.
(a)__At least one MCO and PCCM
(b)__One PCCM system with a choice of two or more Primary Care Case Managers (please use the PCCM preprint instead of this capitated preprint)
(c)__Two or more MCOs
(d)__At least one PHP and a combination of the above entities

2.___ This model is an HIO.

3.___Other: the State requests a waiver of 1932(a)(3). Please list the reasons for the request (Please note: The exception to choice in rural areas, under Section 1932(a)(3) will not apply until final promulgation of the Balanced Budget Act Medicaid Managed Care regulations):

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k. Waiver Population Included: The waiver program includes the following targeted groups of beneficiaries *who choose to recieve public mental health services.* Check all items that apply:

1._x_Section 1931 Children and Related Poverty Level Populations (TANF/AFDC)

2.__x Section 1931 Adults and Related Poverty Level Populations, including pregnant women (TANF/AFDC)

3.__x Blind/Disabled Children and Related Populations (SSI)

4.__x_Blind/Disabled Adults and Related Populations (SSI)

5.__x_Aged and Related Populations (Please specify: SSI, QMB, Medicare, etc.)

Includes SSI, QMB Only, QMB Plus, SLMB Plus, and Medicaid Only Dual Eligibles (Non QMB, SLMB, QDWI, QI-1, or QI-2).

6._x_Foster Care Children

7._x__ Title XXI CHIP - includes an optional group of targeted low income children who are eligible to participate in Medicaid if the State has elected the State Children's Health Insurance Program through Medicaid

8.__x_ Other Eligibility Category(ies)/Population(s) Included - If checked, please describe these populations below.
RCW 71.24.015 Legislative intent and policy.

"It is the intent of the legislature to establish a community mental health program, which shall help people experiencing mental illness to retain a respected and productive position in the community. This will be accomplished through programs, which provide for:

(1) Access to mental health services for adults of the state who are acutely mentally ill, chronically mentally ill, or seriously disturbed and children of the state who are acutely mentally ill, severely emotionally disturbed, or seriously disturbed, which services recognize the special needs of underserved populations, including minorities, children, the elderly, tribal members, disabled, and low-income persons. It is also the purpose of this chapter to promote the early identification of mentally ill children and to ensure that they receive the mental health care and treatment which is appropriate to their developmental level. This care should improve home, school, and community functioning, maintain children in a safe and nurturing home environment, and should enable treatment decisions to be made in response to clinical needs in accordance with sound professional judgment while also recognizing parents' rights to participate in treatment decisions for their children;" This is true also of Medicaid eligibles.

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Revised Code(s) of Washington (RCW) 71.24; 71.34 and 71.05 were attached to our last waiver renewal.

For admission to psychiatric inpatient care being determined to be medically necessary the psychiatric diagnoses (ICD9-CM) that qualify for psychiatric inpatient care are as detailed in the state Medicaid plan.

9.___ Other Special Needs Populations. Please ensure that any special populations in the waiver outside of the eligibility categories above are listed here (Please explain further in Section F. Special Populations)

i.___ Children with special needs due to physical and/ or mental illnesses,
ii.___ Older adults,
iii.___ Foster care children,
iv.___ Homeless individuals,
v.___ Individuals with serious and persistent mental illness and/or substance abuse,
vi.___ Non-elderly adults who are disabled or chronically ill with developmental or physical disability, or
vii.__ Other (please list):

I. **Excluded Populations:** The following enrollees will be excluded from participation in the waiver:

Pregnant women who are eligible for only prenatal care. Residents of State psychiatric hospitals and the Children Long Term Inpatient Program

1.__x__ Medicare coverage *only*, except for purposes of Medicaid-only services;

2. _____ have medical insurance other than Medicaid;

3._____ are residing in a nursing facility;

4.__x__ are residing in an Intermediate Care Facility for the Mentally Retarded (ICF/MR);

5._____ are enrolled in another Medicaid managed care program;

6.___ have an eligibility period that is less than 3 months;

7.___ are in a poverty level eligibility category for pregnant women;

8.___ are American Indian or Alaskan Native;

9.___ participate in a home and community-based waiver;

10.__ receive services through the State's Title XXI CHIP program;

11.__ have an eligibility period that is only retroactive;

12.__ are included under the State's definition of Special Needs Populations. Please ensure that any special populations excluded from the waiver in the eligibility categories in I. above are listed here (Please explain further in Section F. Special Populations if necessary);

i.___ Children with special needs due to physical and/ or mental illnesses,
ii.___ Older adults,
iii.___ Foster care children,
iv.___ Homeless individuals,
v.___ Individuals with serious and persistent mental illness and/or substance abuse,
vi.___ Non-elderly adults who are disabled or chronically ill with developmental or physical disability, or
vii.__Other (please list):

13.__ have other qualifications which the State may exclude enrollees from participating under the waiver program. Please explain those reasons below:

m. Automated Data Processing: Federal approval of this waiver request does not obviate the need for the State to comply with the Federal automated data processing systems approval requirements described in 42 CFR Part 433, Subpart C, 45 CFR Part 95, Subpart F, and Part 11 of the State Medicaid Manual.

n. Independent Assessment: The State will arrange for an Independent Assessment of the cost-effectiveness of the waiver and its impact on enrollee access to care of adequate quality. The Independent Assessment is required for at least the first two waiver periods. **This assessment is to be submitted to HCFA at least 3 months prior to the end of the waiver period.** [Please refer to SMM 2111 and HCFA's "Independent Assessment: Guidance to States" for more information]. Please check one of the following:

1.__ This is the first or second renewal of the waiver. An Independent Assessment has been completed and submitted to HCFA as required.

2.__x__Independent Assessments have been completed and submitted for the first two waiver periods. The State is requesting that it not be required to arrange for additional Independent Assessments unless HCFA finds reasons to request additional evaluations as a result of this renewal request. In these instances, HCFA will notify the State that an Independent Assessment is needed in the waiver approval letter.

III. PROGRAM IMPACT:

In the following informational sections, please complete the required information to describe your program. The questions should be answered for MCOs and, if applicable, for PHPs.

a. Marketing including indirect MCO/PHP marketing (e.g., radio and TV advertising for the MCO/PHP in general) and direct MCO/PHP marketing (e.g., direct mail to Medicaid beneficiaries). For information to enrollees (i.e., member handbooks), see Section H.

Previous Waiver Period

1._x__ During the last waiver period, the program marketing policies operated differently than described in the waiver governing that period. The differences were:

The one change that was required through contract was the addition to brochures to ensure the consumers right to disenroll. This addition to the brochure was monitored for compliance and corrective action plans were completed for RSNs to come into compliance.

2._x__ [Required for all elements checked in the previous waiver submittal] Please describe how often and through what means the State monitored compliance with its marketing requirements [items A.III.a.1-7 of 1999 initial preprint; as applicable in 1995 preprint], as well as results of the monitoring.

The MHD requires the RSNs to submit a marketing plan and their brochures for prior approval biennially and upon change. These are reviewed and approved by the MHD's policy and planning unit and contract monitoring team (now QA & I) for compliance with contract and regulations. Additionally, during any on-site review the team(s) looks for the accessibility of brochures both for service availability and for Ombuds services.

Upcoming Waiver Period Please describe the waiver program for the upcoming two-year period. For items 1. through 7. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

Information about how to access the system is not done for the purpose of solicitation of membership, but rather to make the public aware of the system.

1.__The State does not permit direct or indirect MCO/PHP marketing (go to item "b. Enrollment/Disenrollment")

2.___The State permits indirect MCO/PHP marketing (e.g., radio and TV advertising for the MCO/PHP in general). Please list types of indirect marketing permitted.

3.___The State permits direct MCO/PHP marketing (e.g., direct mail to Medicaid beneficiaries). Please list types of direct marketing permitted.

Please describe the State's procedures regarding direct and indirect marketing by answering the following questions and/or referencing contract provisions or Requests for Proposals, if applicable.

4.___ The State prohibits or limits MCOs/PHPs from offering gifts or other incentives to potential enrollees. Please explain any limitation/prohibition and how the State monitors this:

5.___The State permits MCO/PHPs to pay their marketing representatives based on the number of new Medicaid enrollees he/she recruited into the plan. Please explain how the State monitors marketing to ensure it is not coercive or fraudulent:

6._x__The State requires MCO/PHP marketing materials to be translated into the languages listed below (If the State does not translate enrollee materials, please explain):
The MHD requires that all materials be in the language most understood by the enrollee and at the education level of the largest amount of that population. The following are languages that have been specified include but are not limited to:

Spanish	Tagalog
Chinese	Japanese
Korean	German
Vietnamese	Cambodian
Laotian	

**The languages will be updated when census information is released in November 2001. A process will be developed to communicate with the community before major translation occurs. This will be done as an important piece of developing culturally relevant services.

The State has chosen these languages because (check any that apply):
i._x_ The languages comprise all prevalent languages in the MCO/PHP service area.

ii._x_The languages comprise all languages in the MCO/PHP service area spoken by approximately ~~percent~~ *500 people* or more of the population.

iii.__ Other (please explain):

7._x_The State requires MCO/PHP marketing materials to be translated into alternative formats for those with visual impairments *when there is a need for this translation.*

8. **MCO Required Marketing Elements**: Listed below is a description of requirements which the State must meet under the waiver program (items 1.a through 1.g). These items are optional PHP marketing elements. If an item is not checked, please explain why. The State:

(a)_x_ Ensures that all marketing materials are prior approved by the State

(b)_x_ Ensures that PHP marketing materials do not contain false or misleading information

(c)__ Consults with the Medical Care Advisory Committee (or subcommittee) in the review of MCO marketing materials

Does not apply for PHPs. Marketing materials are approved by a designated staff in the Program and Planning section and reviewed by staff in the QA & I section of the MHD.

(d)_x_ Ensures that the PHP distributes marketing materials to its entire service area

(e)__ Ensures that the MCO does not offer the sale of any other type of insurance product as an enticement to enrollment.

The RSNs are governmental agencies serving specific populations with mandatory enrollment and operate within a limited budget. They do not solicit membership, offer incentives or do cold call marketing.

(f)_x__ Ensures that the MCO does not conduct directly or indirectly, door-to-door, telephonic, or other forms of "cold-call" marketing.

(g)_x_ Ensures that PHP does not discriminate against individuals eligible to be covered under the contract on the basis of health status or need of health services.

b. Enrollment/Disenrollment:

Previous Waiver Period

1.___ During the last waiver period, the enrollment and disenrollment operated differently than described in the waiver governing that period. The differences were:

2. x [Required for all elements checked in the previous waiver submittal] Please provide a description of how often and through what means the State has monitored compliance with Enrollment/Disenrollment requirements (items A.III.b of the 1999 initial preprint; items A.8, 9, 17(g-j), 20, and 22 of 1995 preprint). Please include the results from those monitoring efforts for the previous waiver period.

During this current waiver period, as in the past, the MHD has staff assigned to oversee disenrollments. The MHD approves disenrollment for good cause (see WAC 388-865-0340). Through the current waiver cycle there has been one disenrollment allowed. There are two pending hearings on disenrollment. Monitoring of requests for disenrollment show the reasons for disenrollment requests to be primarily associated with one RSN. Several of the requests are from consumers who have requested disenrollment previously and been denied (those reported under our last waiver renewal). It appears that an independent provider may

be using the disenrollment process to try to become part of the provider network or at least to have a contract with the RSN for services. This individual provider has sued the RSN apparently in an attempt to force the RSN to contract. The suit was unsuccessful.

Our historical experience leads us to believe the number of disenrollment requests is small because consumers may change PCP or even to go to another community mental health center without requesting disenrollment. The RSNs contract with a variety of community mental health centers within their service area. These community mental health centers employ a number of persons who act as primary care providers. The WAC defines a primary care provider as the person who is responsible to carry out the individualized service plan. If the enrollee is assigned case manager, that case manager is the primary care provider. The MHD does not track these requests for change. Grievances or complaints regarding a consumer's inability to transfer to another provider would be reported as part of the grievance, fair hearing report process and may come to the attention of the MHD. (WACs are attached as Attachment AIIIb2)

Disenrollment means that the enrollee is no longer in the managed care system and receives services on a fee-for-service or on an encounter rate basis. A transfer to another RSN may occur and the enrollee will continue to receive managed care services through the receiving RSN.

Upcoming Waiver Period - Please describe the State's enrollment process for MCOs/PHPs by checking the applicable items below. For items 1. through 6. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

1._**__ **Outreach:** The State conducts outreach to inform potential enrollees, providers, and other interested parties of the managed care program (e.g., media campaigns, subcontracting with community-based organizations or out stationed eligibility workers). Please describe the outreach process, and specify any special efforts made to reach and provide information to special populations included in the waiver program:

A new benefit notification to enrollees will be issued to all persons at the time eligibility for Medicaid is determined. This brochure will describe the public mental health system; the Regional Support Networks; the provider network, including tribal clinics; community psychiatric inpatient care; mental health and mental illness; mental health managed care; and a section designed for stigma reduction by the state. It is anticipated this brochure will be available in May 2002 during Mental Health Month.

2.___ **Administration of Enrollment Process:**

(a)__ State staff conduct the enrollment process.

(b)__ The State contracts with an independent contractor(s) (i.e., enrollment broker) to conduct the enrollment process and related activities. The State must request a waiver of 1915(b)(2) in Section A.II.g.1. (Refer to Section 2105 of the State Medicaid Manual)

i. Broker name: _____

ii. Procurement method:

(A). ____Competitive

(B). ____Sole source

iii. Please list the functions that the contractor will perform:

(c)__ State allows MCOs/PHPs to enroll beneficiaries. Please describe the process and the State's monitoring.

3. **Enrollment Requirement:** Enrollment in the program is:

(a)_x_ Mandatory for populations in Section A.II.I

(b)__ Voluntary -- See Cost-effectiveness Section D introduction for instructions on inclusion of costs and enrollment numbers (please describe populations for whom it will be voluntary):

(c)___ Other (please describe):

4. **Enrollment:**

All Medicaid enrollees are automatically enrolled in the single RSN for there area of residence.

(a)__ The State will make counseling regarding their MCO/PHP choices prior to the selection of their plan available to potential enrollees. Please describe location and accessibility of sites for face-to-face meetings and availability of telephone access to enrollment selection counseling staff, the counseling process, and information provided to potential enrollees.

(b)__ Enrollment selection counselors will have information and training to assist special populations and persons with special health care needs in selecting appropriate MCO/PHPs and providers based on their medical needs. Please describe.

(c)__ Enrollees will notify the State/enrollment broker of their choice of plan by:

i. ___mail

ii.___phone

iii.___ in person at ____

iv.___ other (please describe):

(d)__ [Required for MCOs and PHPs] There will be an open enrollment period during which the plans will accept individuals who are eligible to enroll. Please describe how long the open enrollment period is and how often beneficiaries are offered open enrollment. Please note if the open enrollment period is continuous (i.e., there is no enrollment lock-in period).

(e)__ Newly eligible beneficiaries will receive initial notification of the requirement to enroll into the program. Please describe the initial notification process.

(f)___ Mass enrollments are expected. Please describe the initial enrollment time frames or phase-in requirements:

(g)__ If an enrollee does not select a plan within the given time frame, the enrollee will be auto-assigned or default assigned to a plan.

i. Potential enrollees will have____days/month(s) to choose a plan.
ii. Please describe the auto-assignment process and/or algorithm. What factors are considered? Does the auto-assignment process assign persons with special health care needs to an MCO/PHP that includes their current provider or to an MCO/PHP that is capable of serving their particular needs?

(h) __ The State provides guaranteed eligibility of ____ months for all managed care enrollees under the State plan. How and at which point(s) in time are potential enrollees notified of this?

(i)__ The State allows otherwise mandated beneficiaries to request exemption from enrollment in an MCO/PHP. Please describe the circumstances under which an enrollee would be eligible for exemption from enrollment. In addition, please describe the exemption process:

5. **Disenrollment:**

(a)_x_ The State allows enrollees to ~~disenroll~~/transfer between MCOs/PHPs. Please explain the procedures for ~~disenrollment~~/transfer:

Enrollees may transfer from one RSN's service area to another with the permission of the receiving RSN. This type of transfer does not require direct and/or prior authorization from the MHD. Enrollees who wish to transfer to another service area may do so at any time without cause with the permission of the receiving RSN. In cases where an enrollee moves from one RSN to another (changes residence), the transfer will be considered automatic, and the new RSN will accept the individual for enrollment without any requirement to enroll on the part of the individual. The receiving RSN shall notify the MHD within 7 working days when an enrollee transfers from one service area to another.

(b)__The State does not allow enrollees to disenroll from the PHP.

(c)_x_ The State monitors and tracks disenrollments and transfers between MCOs/PHPs. Please describe the tracking and analysis:

The MHD is the responsible entity for approval or denial of disenrollments and retains the responsibility to decide upon requests for disenrollment based upon good cause at the state level. RSNs are bound by contractual requirement to participate in and comply with determinations resulting from the process.

Disenrollment from an RSN occurs when the individual is no longer eligible for Medicaid, moves from the service area to another service area or dies. In the events of death or an individual losing eligibility, the people will be disenrolled from the RSN as a matter of general DSHS procedure.

The current standard for disenrollment is that the individual may be disenrolled for "good cause". Good Cause is defined in WAC 388-865-0340. As explained above, in the several years that MHD has operated under a 1915 (b) waiver, there have been only a small number of requests for disenrollment. The MHD has a clearly defined a process and formally established the MHD policy by which a request for disenrollment will be addressed. RSNs are bound to utilize the process through contract. (A copy of the internal policy/procedure is attached s in AttachmentAIII5c.)

(d)__ The State has a lock-in period of ____ months (up to 12 months permitted). If so, the following are required:

i.___ MCO enrollees must be permitted to disenroll without cause within the first 90 days of each enrollment period with each MCO.

ii ___ PHP enrollees must be permitted to disenroll without cause within the first month of each enrollment period with each PHP

ii.___ MCO enrollees must be notified of their ability to disenroll or change MCOs at the end of their enrollment period at least 60 days before the end of that period.

iii.___ MCO and PHP enrollees have the following good cause reasons for disenrollment are allowed during the lock-in period:

(e)__ The State does not have a lock-in, and enrollees in MCOs/PHPs are allowed to terminate or change their enrollment without cause at any time. Please describe the effective date of an enrollee disenrollment request.

6. **MCO/PHP Disenrollment of Enrollees**: If the State permits MCOs/PHPs to request disenrollment of enrollees, please check items below which apply:
We do not allow the RSN to request disenrollment.

(a)_ The MCO/PHP can request to disenroll or transfer enrollment of an enrollee to another plan. If so, **it is important that reasons for reassignment are not discriminatory in any way -- including adverse change in an enrollee's health status and non-compliant behavior for individuals with mental health and substance abuse diagnoses -- against the enrollee.** Please describe the reasons for which the MCO/PHP can request reassignment of an enrollee:

(b)____ The State reviews and approves all MCO/PHP-initiated requests for enrollee transfers or disenrollments.

(c)____ If the reassignment is approved, the State notifies the enrollee in a direct and timely manner of the desire of the MCO/PHP to remove the enrollee from its membership.

(d)____ The enrollee remains a member of the MCO/PHP until another MCO/PHP is chosen or assigned.

c. Entity Type or Specific Waiver Requirements

Previous Waiver Period

1._____ During the last waiver period, the program operated differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period – Please describe the entity type or specific waiver requirements for the upcoming two-year period. For items 1. through 4. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

1.__x___ **Required MCO/PHP Elements:** MCOs/PHPs will be required to comply with all applicable federal statutory and regulatory requirements, including those in Section 1903(m) and 1932 of the Act, and 42 CFR 434 et seq.

2. ___X__ **Required Elements Relating to Waiver under Section 1915(b)(4):** If the State is requesting a waiver under Section 1915(b)(4) of the Social Security Act, please mark the items that the State is in compliance with:

(a)__x__ The State believes that the requirements of section 1915(b)(4) of the Act are met for the following reasons:

i.____ Although the organization of the service delivery and payment mechanism for that service are different from the current system, the standards for access and quality of services are the same or more rigorous than those in your State's Medicaid State Plan.

ii._x__MCO/PHP must provide or arrange to provide for the full range of

Medicaid services to be provided under the waiver.

iii._x__MCO/PHP must agree to accept as payment the reimbursement rate set by the State as payment in full.

iv._x__Per 42 CFR 431.55(f)(2)(i), enrollees residing at a long term care facility are not subject to a restriction of freedom of choice based on this waiver authority unless the State arranges for reasonable and adequate enrollee transfer.

State psychiatric hospital and CLIP residents are excluded from the waiver. Nursing home residents needing medically necessary mental health services can change PCP/provider as can any enrollee. They remain enrolled in the PHP.

v._x__There are no restrictions that discriminate among classes of providers on ground unrelated to their demonstrated effectiveness and efficiency in providing services.

3. The State has/will select the MCOs/PHPs that will operate under the waiver in the following manner:

(a)__ The State has used/will use a competitive procurement process. Please describe.

(b)__ The State has used/will use an open cooperative procurement process in which any qualifying MCO/PHP may participate that complies with federal procurement requirements and 45 CFR Section 74.

(c)_X_ The State has not used a competitive or open procurement process. Please explain how the State's selection process is consistent with federal procurement regulations, including 45 CFR Section 74.43 which requires States to conduct all procurement transactions in a manner to provide to the maximum extent practical, open and free competition.

For the reasons outlined in the original waiver amendment, the first opportunity to demonstrate qualifications and enter into capitated managed mental health care contracts was provided to county-based Regional Support Networks. The first opportunity provision was contingent upon the RSNs agreement to enter into a full-risk capitation contract at an actuarially sound rate determined by the MHD. RSNs were also required to demonstrate capacity to meet the program and fiscal requirements. The RSNs administer the Medicaid mental health care system directly, or subcontract with a qualified organization. Such subcontracts do not relieve the RSNs of ultimate responsibility for compliance with the MHD's program and fiscal requirements. RSNs may impose additional requirements and incentives on subcontractors as may be needed to affect appropriate management oversight and flexibility in addressing local needs.

Washington State – Integrated Community Mental Health Program

Pursuant to the State's Community Mental Health Services Act (RCW 71.24), the RSNs administer all community mental health services funded by the state. Under the State's Involuntary Treatment Act (RCW 71.05), the RSNs are responsible for investigating and detaining people who are in need of involuntary treatment. Further, under other state statutes, the counties play a key role in chemical dependency treatment as well as services for people with developmental disabilities. All RSNs shall meet the requirements of RCW 71.24 as a certified RSN or a licensed mental health agency and the requirements of RCW 48.44, as applicable.

Counties are also responsible for local criminal justice systems, including local jails and juvenile detention facilities. As a result of these diverse but interrelated responsibilities, RSNs maintain a unique position to facilitate coordination and integration of their existing program responsibilities with the managed mental health care system to provide seamless care for people covered by Medicaid. Moreover, based on their long history of experience in administering mental health programs, the RSNs are knowledgeable about the comprehensive needs of the high risk populations included in this managed mental health care system.

RSNs have a growing responsibility for the coordination of improved services with the correction system. The RSNs have developed triage, jail diversion, post-prison and community transition.

If an RSN chooses not to participate in this initiative, or is unable to meet required qualifications, the MHD will secure an alternate contractor.

Whether the PHP is a RSN or another organization, the MHD will ensure that:

1. The PHP embraces and implements the statewide mission, values and guiding principles.
2. The PHP has the ability and capacity to provide the full range of services;
3. The PHP, through appropriate partnerships with both formal and informal allied service systems, has the capacity to manage integrated inpatient and outpatient services for adults and children;
4. The PHP has the administrative structure to perform the duties;
5. The PHP is able to bear the financial risk of operating a capitated mental health managed care system; and

The Department of Social and Health Services will retain its administrative authority as the single state agency and make no inappropriate delegation.

The MHD ensures that whether an RSN or other entity holds the managed care contract, the contractor will be required to provide an integrated system of care and control per eligible costs. This system ensures access to quality services while slowing the rate of expenditure growth of the system overall.

4._ Per Section 1932(d) of the Act, the State has conflict of interest safeguards with respect to its officers and employees who have responsibilities related to MCO contracts and the default enrollment process now established for MCOs.

The Regional Support Networks are all county entities. The DSHS contract General Terms and Conditions does have the required safeguards.

d. SERVICES

Previous Waiver Period

1._____ During the last waiver period, the program operated differently than described in the waiver governing that period. The differences were:

2.__x__ [Required for all elements checked in the previous waiver submittal] Please provide a description of how often and through what means the State has monitored compliance with service provision requirements. [items A.III.d.2-6 of the 1999 initial preprint; items A.13, 14, 21 of the 1995 preprint]. Please include the results from those monitoring efforts for the previous waiver period.

RSNs are required to provide services comparable in scope and intensity to the state plan rehabilitation services and community inpatient services for adults and children. RSNs must also ensure system capacity to provide a full range of services tailored to the individual enrollee's needs in a way that provides for seamless coordination and continuity of services creating the least amount of disruption in the enrollee's life and supports recovery and reintegration to their community. Inpatient services covered under this waiver include acute community psychiatric services for all ages. Psychiatric diagnoses (ICD9-CM) that qualify for psychiatric inpatient care are as detailed in the state Medicaid plan. In addition, admission must be determined to be medically necessary.

The MHD monitors services provided in a variety of ways. In addition to the annual on-site monitoring activities and the meetings with stakeholders, there is additional monitoring through the Information System, monitoring of complaints and grievances, and satisfaction surveys.

During this period the advocates report the growing positive impact of consumer voice in their treatment as well as development of the system. The on-site monitoring team report that services are within the acceptable standards.

Stakeholder meetings continue to express both growth in the service system and the need for more services and a richer funded program that is able to reach more people in need. The difficulty with the public mental health system is that we are both a service system and a "safety net" responsible for the entire population of the state in certain circumstances. There is an ongoing need to be clear in our mandates and services and to continue to work appropriately with cross-system partners for those populations we all serve.

Stakeholders continue to express the need for continuation of work to reduce the duplicative monitoring that takes time and money away from direct services and the need for consumer outcomes and incentives in the system for achieving those outcomes. MHD will continue to

address this issue within the SIG groups and with other stakeholders.

Results of RSN surveys show that consumers are generally satisfied with their services. (RSN surveys are provided in Attachment AIIId2.) The Children with Special Health Care Needs satisfaction survey has been forwarded to CMS with MHD's condition #5 report. This report shows satisfaction with service received

Special term and conditions #2, #4, and #5 required the submittal of all reports from the MHD to the RSNs and from the RSNs to the MHD. There is more information included in those reports.

In Attachment AIIId2ii, please find the data on the number Medicaid enrollees served and the amount of services received.

Upcoming Waiver Period -- Please describe the service-related requirements for the upcoming two year period. For items 1. through 7. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

1. The Medicaid services MCO/PHPs will be responsible for delivering, prescribing, or referring to are listed in the chart below. The purpose of the chart is to show which of the services in the State's state plan are/are not in the MCO/PHP contract; which non-covered services are impacted by the MCO/PHP (i.e. for calculating cost effectiveness; see Appendix D.III); and which new services are available only through the MCO/PHP under a 1915(b)(3) waiver. When filling out the chart, please do the following:

(Column 1 Explanation) Services: The list of services below is provided as *an example only. States should modify the list to include:*
- all services available in the State's State Plan, regardless of whether they will be included or excluded under the waiver
- subset(s) of state plan amendment services which will be carved out, if applicable; for example, list mental health separately if it will be carved out of physician and hospital services
- services not covered by the state plan (note: only add these to the list if this is a 1915(b)(3) waiver, which uses cost savings to provide additional services)

(Column 2 Explanation) State Plan Approved: Check this column if this is a Medicaid State Plan approved service. This information is needed because only Medicaid State Plan approved services can be included in cost effectiveness. For 1915(b)(3) waivers it will also distinguish existing Medicaid versus new services available under the waiver.

(Column 3 Explanation) 1915(b)(3) waiver services: If a covered service is not a Medicaid State Plan approved service, check this column. Marking this column will

distinguish new services available under the waiver versus existing Medicaid service.

(Column 4 Explanation) MCO/PHP Capitated Reimbursement: Check this column if this service will be included in the capitation or other reimbursement to the MCO/PHP. All services checked in this column should be marked in Appendix D.III in the "Capitated Reimbursement" column.

(Column 5 Explanation) Fee-for-Service Reimbursement: Check this column if this service will NOT be the responsibility of the MCO/PHP, i.e. not included in the reimbursement paid to the MCO/PHP. However, do not include services impacted by the MCO/PHP (see column 6).

(Column 6 Explanation) Fee-for-Service Reimbursement impacted by MCO/PHP: Check this column if the service is not the responsibility of the MCO/PHP, but is impacted by it. For example, if the MCO/PHP is responsible for physician services but the State pays for pharmacy on a FFS basis, the MCO/PHP will impact pharmacy use because access to drugs requires a physician prescription. All services checked in this column should appear in Appendix D.III (in "Fee-For-Service Reimbursement" column). Do not include services NOT impacted by the MCO/PHP (see column 5).

Service (1)	*Mental Health* State Plan Approved (2)	1915(b)(3) waiver services (3)	*Mental Health State Plan* MCO/PHP Capitated Reimbursement (4)	Fee-for-Service Reimbursement (5)	Fee-for-Service Reimbursement impacted by *Mental Health* MCO/PHP (6)
Emergency *mental health* Services	✓		✓		
EPSDT *mental health*	✓		✓		
Federally Qualified Health Center Services					
Inpatient Hospital – Psychiatric	✓		✓		
Lab					✓
Mental Health	✓		✓		

Washington State – Integrated Community Mental Health Program

Service (1)	*Mental Health* State Plan Approved (2)	1915(b)(3) waiver services (3)	*Mental Health State Plan* MCO/PHP Capitated Reimbursement (4)	Fee-for-Service Reimbursement (5)	Fee-for-Service Reimbursement impacted by *Mental Health* MCO/PHP (6)
Services					
Pharmacy					✓
Physician					✓
Psychologist	✓		✓		
Substance Abuse Treatment Services					
Transportation – Emergency					✓
Transportation - Non-emergency					✓

2. **Emergency Services (Required).** The State must ensure enrollees in MCOs/PHPs have access to emergency *mental health* services without prior authorization even if the emergency *mental health* provider does not have a contractual relationship with the entity. For PHPs, "emergency services" means covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish such *community support* services, and are needed to evaluate or stabilize an emergency *mental health* medical condition.

For MCOs, "emergency medical condition" means a *mental health* medical condition manifesting itself by acute symptoms of sufficient severity ~~(including severe pain~~) such that a prudent layperson, who possesses an average knowledge of *mental* health and medicine, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

(a)__X__ The State has a more stringent definition of emergency medical condition for MCOs or PHPs than the definition above. Please describe.

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Each RSN has an integrated crisis system, which is accessible 24 hours/7days a week. Responses are from individuals, rather than recorded messages. The intent is to facilitate efficient and effective mental health crisis diversion and resolution; to resolve crises in the least restrictive manner possible, including: emergency services; crisis intervention; crisis respite; investigation and detention services; and evaluation and treatment services. These services are available throughout the RSN, including for American Indians living on or off Indian reservations.

Phone systems must continue to have toll free numbers to ensure access, including access forpeople who may not have the funds to utilize a public pay phone. Services for non-English speaking and hearing impaired enrollees must also be in place. RSNs are required to include the 24-hr crisis response system in their internal quality assurance mechanisms. In addition, the MHD monitors crisis response through direct telephone calls to verify performance capacity and ability. Over the course of the waiver MHD crisis system monitoring may be shifted to an independent contractor.

Results of monitoring indicate response times and access to appropriate personnel are within required and acceptable parameters, with timely access to pertinent information regarding services, individualized treatment and/or crisis plans, medications, case manager, etc.

Pre-authorization is precluded for emergency services under the waiver. The system of service delivery to be established upon approval of the requested waiver renewal does not restrict enrollee access to emergency services. This can be demonstrated in the following manner: outpatient emergency room service is not within the scope of the managed care system under this waiver; physician services under the Medicaid State Plan are not within the scope of the managed care system under the waiver. While crisis response services from RSNs are covered within the scope of the managed care system, access to crisis response is universal, without establishing medical necessity for the first contact and without reference to the enrollee's ongoing coverage under a particular RSN. RSNs triage with local hospitals to reduce unnecessary utilization of emergency rooms through the working agreements with local evaluation and treatment facilities, which are a necessary qualification of RSNs. The agreements assure that enrollees who request mental health services inappropriately from emergency rooms are directed to the crisis response system. The agreements also establish how people served in emergency rooms may be referred for County Designated Mental Health Professional evaluation for possible involuntary treatment. Inpatient services for enrollees admitted through the emergency room are covered provided the designated professional person for the consumer(s) county of residence has conducted a pre-admission certification and conditions of medical necessity are met.

The State takes the following required steps to ensure access to emergency services. If an item below is not checked, please explain.

(b)__x__ The State ensures enrollee access to emergency *mental health* services

by requiring the MCO/PHP to provide adequate information to all enrollees regarding emergency service access (see Section H. Enrollee Information and Rights)

(c)__x__ The State ensures enrollee access to emergency *mental health* services by including in the contract requirements for MCOs/PHPs to cover the following. Please note that this requirement for coverage does not stipulate how, or if, payment will be made. States may give MCOs/PHPs the flexibility to develop their own payment mechanisms, e.g. separate fee for screen/evaluation and stabilization, bundled payment for both, etc.

i.__x__ For the screen/evaluation and all medically necessary *mental health* emergency services when an enrollee is referred by the PCP or other plan representative to the emergency room, regardless of whether the prudent layperson definition was met,

ii.__x__ The screen/evaluation, when an absence of clinical *mental health* emergency is determined, but the enrollee's presenting symptoms met the prudent layperson definition,

iii.__x__ Both the *mental health* screening/evaluation and stabilization services when a clinical emergency is determined,

iv.__x__ Continued emergency *mental health* services until the enrollee can be safely discharged or transferred,

v.____ Post-stabilization services which are pre-authorized by the MCO/PHP, or were not pre-authorized, but the MCO/PHP failed to respond to request for pre-authorization within one hour, or could not be contacted (Medicare+Choice guideline). Post-stabilization services remain covered until the MCO/PHP contacts the emergency room and takes responsibility for the enrollee.
(c) _x_ Family planning services are not included under the waiver.

4.___ **Other Services to Which Enrollee Can Self-Refer**: In addition to emergency care and family planning, the State requires MCOs/PHPs to allow enrollees to self-refer (i.e. access without prior authorization) to the following services (Please note whether self-referral is allowed only to network providers or to non-network providers):

5.___ **Monitoring Self-Referral Services**. The State places the following requirements on the MCO/PHP to track, coordinate, and monitor services to which an enrollee can self-refer:

6. **Federally Qualified Health Center** (FQHC) Services will be made available to enrollees under the waiver in the following manner (indicate one of the following, and if the State's methodology differs, please explain in detail below):

(a)__The program is **voluntary**, and the enrollee can disenroll at any time if he or she desires access to FQHC services. No FQHC services will be required to be furnished by the MCO/PHP to the enrollee during the enrollment period.

(b)_x_ The program is **mandatory** and the enrollee is guaranteed a choice of at least one MCO/PHP which has at least one FQHC as a participating provider. If the enrollee elects not to select the MCO/PHP that gives him or her access to FQHC services, no FQHC services will be required to be furnished to the enrollee while the enrollee is enrolled with the MCO/PHP he or she selected. In any event, since reasonable access to FQHC services will be available under the waiver program, FQHC services outside the program will not be available._____

Please explain how the State will guarantee all enrollees will have a choice of at least one MCO/PHP with a participating FQHC:

Currently there are FQHC contracting for mental health services in the public mental health system and these providers will continue participating in the waiver system. The RSNs are required to contract with at least one FQHC in their service area if the FQHC requests. The FQHC is accessed the same as any other provider (Community Mental health Center) in the RSN service area.

(c)__The program is **mandatory** and the enrollee has the right to obtain FQHC services **outside** this waiver program through the regular Medicaid Program.

7. **EPSDT Services:** The State has coordinated and monitored EPSDT services under the waiver program as follows:

(a) __x The State requires MCOs/PHPs to report EPSDT screening data, including behavioral health data (e.g., detailed health and development history including physical and mental health assessments). Please describe the type and frequency of data required by the State.

Washington State has had an approved EPSDT Plan since 1992. Children covered under EPSDT receive the same mental health services as other children. However, given the same clinical need, the child referred through EPSDT screening will receive appointments first. The plan includes preventive screening and cross-system team planning. This team planning also includes the child and their family. In the mental health system, in the early 90s it was projected that there would be a large influx of children to the system and a special EPSDT flag was established in the data dictionary. While this increase was true of some of our sister agencies, it was found that the mental health system was already seeing these children. We no longer collect EPSDT data differently than other data for children.

One initial requirement contained in our original EPSDT implementation (no longer required by the MHD) that continues today is correspondence and follow-up with physicians or other

referral sources for children with EPSDT screens. The Community Mental Health Centers continue to notify the physician or other referral source when they have seen a child referred and provides information on what service(s) will be offered. This follow-up activity was found to be one of the most influential and helpful activities to increase communication between physical and mental health care for these children. This correspondence loop has also provided for better access to physical health care for the children who are seen in the mental health system initially.

(b)_x_ EPSDT screens *for mental health services* are covered under this waiver.

(c) __ Immunizations are covered under this waiver. Please list the State's immunization rates for previous waiver period. What activities will the State initiate to improve immunization rates for enrollees under the waiver?

(d)__Managed care providers are required to enroll in the Vaccines for Children Program. If not, please explain.

(e)_x_ Mechanisms are in place to coordinate school services with those provided by the MCO/PHP. Please describe and clarify the aspects of school services that are coordinated including IEPS, IFSPs, special education requirements, and school-based or school-linked health centers (e.g., plan requirements for PCP cooperation or involvement in the development of the IEPs).

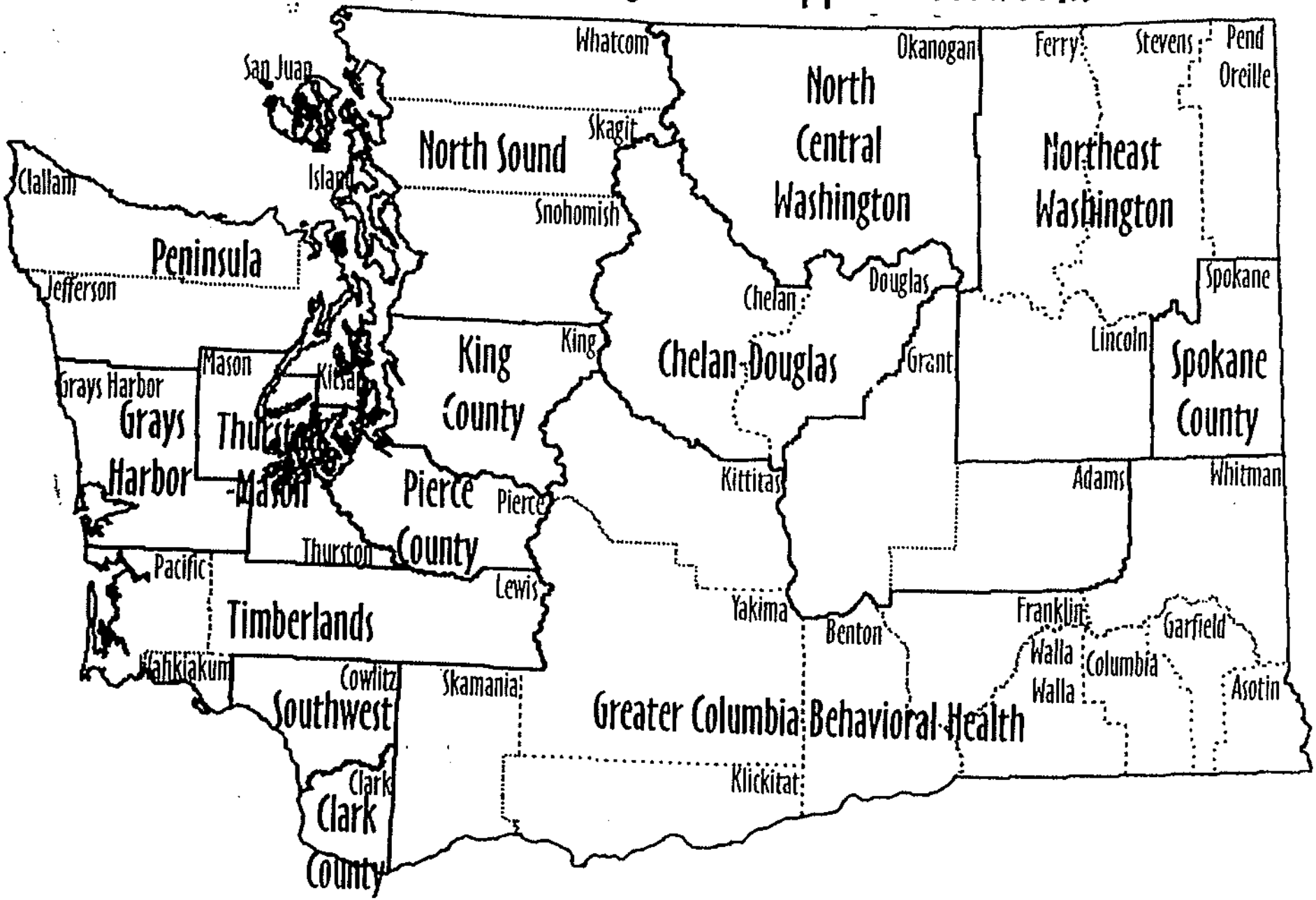
See below

(f)_x_ Mechanisms are in place to coordinate other aspects of EPSDT (e.g., dental, mental, Title V, etc) with those provided by the MCO/PHP. Please describe.

The requirements of this plan still exist in contract such as, the oversight committee for children that is representative of cross-system partners (including schools) serving children. The formal and informal systems and the natural supports (such as the coffee bistro that street youth trust), parents of children and youth are a required member of this oversight committee. The requirement for those individual community teams including the child for the development of service planning for 10% of the children in level II also requires participation by the cross-system providers. This process includes those who know the child best including the teacher whenever possible to address IEP and other requirements. There is also a requirement in the WAC 388-865-0425 with regards to Individual Service Planning that there be connection to the IFSP.

Attachment A.11ia

Washington State Regional Support Networks



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effective 7/1/01

www.wa.gov/DSHS/dockets/apprules.htm

Chapter 388-865 WAC

COMMUNITY MENTAL HEALTH AND INVOLUNTARY TREATMENT PROGRAMS

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SECTION ONE--COMMUNITY MENTAL HEALTH AND INVOLUNTARY TREATMENT PROGRAMS

WAC 388-865-0100 Purpose

Chapter 388-865 of the Washington Administrative Code implements chapters 71.05, 71.24, and 71.34 RCW, and the mental health Title XIX Section 1915 b Medicaid waiver provisions.

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WAC 388-865-0105 What the mental health division does and how it is organized

(1) The department of social and health services is designated by the legislature as the state mental health authority, and has designated the mental health division to administer the state mental health program.

(2) To request an organizational chart, contact the mental health division at 1-888-713-6010 or (360) 902-8070, or write to the Mental Health Division Director, PO Box 45320, Olympia, WA 98504.

(3) Local services are administered by regional support networks (RSN), which are a county, or combination of counties, whose telephone number is located in the local telephone directory and can also be obtained by calling the mental health division at the above telephone number.

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WAC 388-865-0110 Access to records of registration

The mental health division, regional support networks, mental health prepaid health plans, and service providers must ensure that information about the fact that a consumer has or is receiving mental health services is not shared or released except as specified under RCW 71.05.390 and other laws and regulations about confidentiality as noted below in WAC 388-865-0115.

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WAC 388-865-0115 Access to clinical records

There are numerous federal and state rules and regulations on the subjects of confidentiality and access to consumer clinical

records. Many of the rules are located in chapter 70.02 RCW, RCW 71.05.390, 71.05.400, 71.05.410, 71.05.420, 71.05.430, 71.05.440, 71.05.445, 71.05.610 through 71.05.680, 71.34.160, 71.34.162, 71.34.170, 71.34.200, 71.34.210, 71.34.220, 71.34.225, 13.50.100(4)(b), and 42 C.F.R. 431 and 438, and 42 C.F.R. Part 2 of the Code of Federal Regulations and are not repeated in these rules.

[]

WAC 388-865-0120 Waiver of a minimum standard of this chapter

(1) A regional support network, mental health prepaid health plan, service provider or applicant subject to the rules in this chapter may request a waiver of any sections or subsections of these rules by submitting a request in writing to the director of the mental health division. The request must include:

(a) The name and address of the entity that is making the request;

(b) The specific section or subsection of these rules for which a waiver is being requested;

(c) The reason why the waiver is necessary, or the method the entity will use to meet the desired outcome of the section or subsection in a more effective and efficient manner;

(d) A description of the plan and timetable to achieve compliance with the minimum standard or to implement, test, and report results of an improved way to meet the intent of the section or subsection. In no case will the mental health division write a waiver of minimum standards for more than the time period of the entity's current license and/or certificate.

(2) For agencies contracting with a regional support network or mental health prepaid health plan, a statement by the regional support network or mental health prepaid health plan recommending mental health division approval of the request, including:

(a) Recommendations, if any, from the quality review team or ombuds staff; and

(b) A description of how consumers will be notified of changes made as a result of the exception.

(3) The mental health division makes a determination on the waiver request within thirty days from date of receipt. The review will consider the impact on accountability, accessibility, efficiency, consumer satisfaction, and quality of care and any violations of the request with state or federal

law.

(4) When granting the request, the mental health division issues a notice to the person making the request, and the involved regional support network if the regional support network is not the applicant, that includes:

(a) The section or subsection waived;

(b) The conditions of acceptance;

(c) The timeframe for which the waiver is approved;

(d) Notification that the agreement may be reviewed by the mental health division and renewed, if requested.

(5) When denying the request, the mental health division includes the reason for the decision in the notice sent to the person making the request.

(6) The mental health division does not waive any requirement that is part of statute.

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WAC 388-865-0150 Definitions

"Adult" means a person on or after their eighteenth birthday. For persons eligible for the Medicaid program, adult means a person on or after his/her twenty-first birthday.

"Child" means a person who has not reached his/her eighteenth birthday. For persons eligible for the Medicaid program, child means a person who has not reached his/her twenty-first birthday.

"Clinical services" means those direct age and culturally appropriate consumer services which either:

(1) Assess a consumer's condition, abilities or problems;

(2) Provide therapeutic interventions which are designed to ameliorate psychiatric symptoms and improve a consumer's functioning.

"Consumer" means a person who has applied for, is eligible for or who has received mental health services. For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.

"Consultation" means the clinical review and development of recommendations regarding the job responsibilities, activities, or decisions of, clinical staff, contracted employees, volunteers, or students by persons with appropriate knowledge and experience to make recommendations.

"Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of

care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.

"Ethnic minority" or **"racial/ethnic groups"** means, for the purposes of this chapter, any of the following general population groups:

(1) African American;

(2) An American Indian or Alaskan native, which includes:

(a) A person who is a member of considered to be a member in a federally recognized tribe;

(b) A person determined eligible to be found Indian by the secretary of interior, and

(c) An Eskimo, Aleut, or other Alaskan native.

(d) A Canadian Indian, meaning a person of a treaty tribe, Metis community, or nonstatus Indian community from Canada.

(e) An unenrolled Indian meaning a person considered Indian by a federally or nonfederally recognized Indian tribe or off reservation Indian/Alaskan native community organization.

(3) Asian/Pacific Islander; or

(4) Hispanic.

"Medical necessity" or **"medically necessary"** - A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause or physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. For the purpose of this chapter "course of treatment" may include mere observation or, where appropriate, no treatment at all.

"Mental health division" means the mental health division of the Washington state department of social and health services (DSHS). DSHS has designated the mental health division as the state mental health authority to administer the state and Medicaid funded mental health program authorized by chapter 71.05, 71.24, and 71.34 RCW.

"Mental health professional" means:

(1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;

(2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment

of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;

(3) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.

(4) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or

(5) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-265.

"Mental health specialist" means:

(1) A **"child mental health specialist"** is defined as a mental health professional with the following education and experience:

(a) A minimum of one hundred actual hours (not quarter or semester hours) of special training in child development and the treatment of children and youth with serious emotional disturbance and their families; and

(b) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

(2) A **"geriatric mental health specialist"** is defined as a mental health professional who has the following education and experience:

(a) A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and

(b) The equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

(3) An **"ethnic minority mental health specialist"** is defined as a mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

(a) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or

(b) A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

(4) A **"disability mental health specialist"** is defined as a

mental health professional with special expertise in working with an identified disability group. For purposes of this chapter only, **"disabled"** means an individual with a disability other than a mental illness, including a developmental disability, serious physical handicap, or sensory impairment.

(a) If the consumer is deaf, the specialist must be a mental health professional with:

(i) Knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and

(ii) Ability to communicate fluently in the preferred language system of the consumer.

(b) The specialist for consumers with developmental disabilities must be a mental health professional who:

(i) Has at least one year's experience working with people with developmental disabilities; or

(ii) Is a developmental disabilities professional as defined in RCW 71.05.020.

"Older person" means an adult who is sixty years of age or older.

"Service recipient" means for the purposes of a mental health prepaid health plan, a consumer eligible for the Title XIX Medicaid program.

"Substantial hardship" means that a consumer will not be billed for emergency involuntary treatment if he or she meets the eligibility standards of the medically indigent program that is administered by the DSHS medical assistance administration.

"Supervision" means monitoring of the administrative, clinical, or clerical work performance of staff, students, volunteers, or contracted employees by persons with the authority to give direction and require change.

"Underserved" means consumers who are:

(1) Minorities;

(2) Children;

(3) Older adults;

(4) Disabled; or

(5) Low-income persons.

[]

SECTION TWO--REGIONAL SUPPORT NETWORKS

WAC 388-865-0200 Regional support networks

The mental health division contracts with certified regional support networks to administer all mental health services activities or programs within their jurisdiction using available resources. The regional support network must ensure services are responsive in an age and culturally competent manner to the mental health needs of its community. To gain and maintain certification, the regional support network must comply with all applicable federal, state and local laws and regulations, and all of the minimum standards of this section. The community mental health program administered by the regional support network includes the following programs:

(1) Administration of the involuntary treatment program, including investigation, detention, transportation, court related and other services required by chapter 71.05 and 71.34 RCW;

(2) Resource management program as defined in RCW 71.24.025(15) and this section;

(3) Community support services as defined in RCW 71.24.025(7);

(4) Residential and housing services as defined in RCW 71.24.025(14);

(5) Ombuds services;

(6) Quality review teams;

(7) Inpatient services as defined in chapter 71.05 and 71.34 RCW; and

(8) Services operated or staffed by consumers, former consumers, family members of consumers, or other advocates. If the service is clinical, the service must comply with the requirements for licensed services. Consumer or advocate run services may include, but are not limited to:

(a) Consumer and/or advocate operated businesses;

(b) Consumer and/or advocate operated and managed clubhouses;

(c) Advocacy and referral services;

(d) Consumer and/or advocate operated household assistance programs;

(e) Self-help and peer support groups;

(f) Ombuds service; and

(g) Other services.

[]

WAC 388-865-0201 Allocation of funds to RNS/PHPs

This section describes how Medicaid and community mental health funds are allocated to the RSN/PHPs.

(1) Funding allocations are projected at the beginning of

each fiscal year, using forecasted Medicaid enrollees for that fiscal year.

(2) Payments are made on the number of actual Medicaid enrollees each month, which may result in actual payments being higher or lower than projected payments, depending on whether actual Medicaid enrollees are more or less than forecasted enrollees.

(3) The mental health division (MHD) uses two different methodologies to allocate funds:

(a) Historical method;

(b) Eligibles method.

(4) For the period July 1, 2001 to June 30, 2005, the funds will be allocated using the methodologies as follows:

(a) For July, 1, 2001 to June 30, 2002, seventy-five percent of funds of will be allocated using the historical method and twenty-five percent of funds will be allocated using the prevalence method;

(b) For June 1, 2002 to June 30, 2003, fifty percent of funds will be allocated using the historical method and fifty percent of funds will be allocated using the prevalence method;

(c) For June 1, 2003 to June 30, 2004, twenty-five percent of funds will be allocated using the historical method and seventy-five percent of funds will be allocated using the prevalence method;

(d) For June 1, 2004 forward, one hundred percent of funds will be allocated using the prevalence method. These percentages will remain in effect unless the department is directed otherwise by the state Legislature.

(5)(a) Historical method means that federal Medicaid funds projected to be paid to the RSN/PHPs are calculated using actuarially determined per member per month (PMPM) rates specific to each regional support network multiplied by the number of persons enrolled in the Medicaid program in each regional support network for each month during the fiscal year.

(b) The actuarially determined rates were determined at the beginning of the managed care program (1992 for outpatient services and 1997 for inpatient services) and have been increased periodically by the Legislature.

(i) Rates differ by RSN and by category of enrollee (disabled and nondisabled adults and disabled and nondisabled children).

(ii) These rates are tracked by MHD.

(iii) The number of Medicaid enrollees is tracked by the medical assistance administration.

(c) The product of rates and enrollees is the projected amount of Medicaid funding each RSN/PHP will receive during the year.

(i) This amount is divided into two portions - federal funds and state match funds.

(ii) The two portions of Medicaid funds are determined by a percentage known as the Federal Medicaid Assistance Percentage (FMAP). This percentage is set by the federal Health Care Financing Authority and changes each year.

(d) In the inpatient program, each RSN/PHP is allocated the amount of federal and state funds projected in the calculations explained above.

(e) State funds in the outpatient program (also called "consolidated") to be paid to the RSN/PHPs are set by the Legislature These funds are allocated to the RSN/PHPs according to the RSN/PHP's calculated percentage of the total funds. The RSN/PHP's percentage is based primarily on historical fee-for-service data.

(i) The RSN/PHP percentages are tracked by MHD and are carried forward each year.

(ii) The percentage of consolidated funds paid to each RSN/PHP is adjusted each year by the Legislature through budget proviso direction, generally requiring that new funds in the program be allocated according to Medicaid enrollees in each RSN. Therefore, the amount of consolidated funds in the outpatient program at the beginning of the fiscal year (also called "base funds") are allocated according to the percentage tracked by MHD (put in place by the Legislature in the previous year).

(iii) New consolidated funds are allocated as directed by the Legislature, generally according to the number of Medicaid enrollees residing in each RSN.

(f) The base allocation and new consolidated allocations are combined into one percentage that serves as the RSN/PHP's percentage allocation for the next year's base funds.

(g) The sum of federal Medicaid funds, state match funds in the inpatient program, and consolidated funds equals the amount of funding provided to each RSN/PHP.

(6) Eligibles method.

(a) Medicaid and non-Medicaid funds are allocated based on a formula that reflects prevalence of mental disorders in each county. The formula takes into consideration each RSN's:

(i) Concentrations of priority populations;

(ii) Commitments to state hospitals under chapter 71.05 and 71.34 RCW;

(iii) Population concentrations in urban areas;

(iv) Population concentrations at border crossings at state boundaries; and

(v) Other demographic and workload factors such as number of MI/GA-U clients, commitments to community hospitals under

chapter 71.05 and 71.34 RCW, and number of homeless persons.

(b) The RSN/PHP historical method rates for 2001 have been used to calculate a weighted average statewide rate (WASR) for each category of Medicaid eligible (disabled and nondisabled adults and disabled and nondisabled children):

(c) The WASR for each category is determined by:

(i) Adding the RSN/PHP's inpatient and outpatient rates to create one combined rate;

(ii) Multiplying each RSN/PHP's rate by the number of Medicaid enrollees residing in that RSN/PHP;

(iii) Adding the results; and

(iv) Dividing the sum by the state-wide number of Medicaid eligibles.

(d) WASR rates are tracked by MHD.

(e) The number of Medicaid enrollees is tracked by the medical assistance administration.

(f) To project the amount of Medicaid funding each RSN/PHP will receive during the year, MHD multiplies the RSN/PHP's WASR for each category by the projected number of Medicaid enrollees in each category.

(i) This amount is divided into two portions - federal funds and state match funds.

(ii) Each RSN/PHP's projected allocation includes both portions of Medicaid funding (federal and state match funds).

(iii) Payments to the RSN/PHP are made based on the actual number of Medicaid enrollees.

(g) The level of non-Medicaid funds appropriated to the community mental health services program is determined by the state Legislature.

(i) Eighty percent of the non-Medicaid funds appropriated are allocated to the RSN/PHPs according to the number persons enrolled in the state funded general assistance - unemployable, medically indigent and state only "v" programs (persons in the state only "v" program are counted at thirteen percent of the total enrolled).

(A) The number of persons enrolled in these programs is tracked by the medical assistance administration.

(B) The projected number of persons in these programs residing in each RSN, divided by the total persons projected to be in these programs, is multiplied by eighty percent of the total funds appropriated to determine the amount of funding provided to each RSN/PHP.

(ii) Twenty percent of the non-Medicaid funds appropriated are allocated according to a summary z score factor that is calculated using four sub-factors:

(A) The number of urban counties in each RSN;

(B) The number of state and country border counties in each

RSN;

(C) The number of homeless persons in each RSN; and

(D) The number of ITA commitments from each RSN.

These sub-factors are weighted differently, with the urban factor weighted at 0.3, the border county factor weighted at 0.05, the homeless factor weighted at 1.0 and the ITA commitments factor weighted at 0.2. For each of these factors, information is tracked by MHD and the most recent complete year of data is used to calculate z score factors for each sub-factor. These factors are combined into a summary z score factor for each RSN that is multiplied by the total funding available (twenty percent of non-Medicaid funds appropriated).

(7) The mental health division does not pay providers on a fee-for-service basis for services that are the responsibility of the mental health RSN or PHP, even if the RSN or PHP has not paid for the service for any reason.

(8) To the extent authorized by the state legislature, regional support networks and mental health prepaid health plans may use local funds spent on health services to increase the collection of federal Medicaid funds. Local funds used for this purpose may not be used as match for any other federal funds or programs.

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WAC 388-865-0203 Allocation formula for state hospital beds

The mental health division (MHD) allocates nonforensic adult beds at the state hospital utilized by the regional support network (RSN) based on the number of beds funded by the Legislature at that hospital.

(1) The allocation formula is (M x 40%)+(U x 35%)+(P x 25%) x F.

(a) M is the average number of Medicaid eligible persons in the RSN during the period of January to December prior to the start of the biennium, divided by the average number of Medicaid eligible persons at each state hospital catchment area (westside for western state hospital and eastside for eastern state hospital) during the same period;

(b) U is the number of each regional support network's average daily census at the state hospital during the period of January to December prior to the start of each biennium divided by the average daily census at the hospital based on the utilization of beds by the regional support network included in the hospital catchment area during the same period;

(c) P is the percent of the general population that resides within the RSN based on the most recent population estimate on December 1 of the year prior to the start of the biennium

divided by the general population in the hospital catchment area at the same time;

(d) F is the total number of funded nonforensic beds at each state hospital (westside for western state hospital and eastside for eastern state hospital);

(e) The MHD will project and distribute tentative allocations upon issuance of the Governor's budget, and upon enactment of the Legislative budget. The operative allocation will be made and distributed at the start of each fiscal year.

(2) This formula will be phased in as follows:

(a) For July 1, 2001 to June 30, 2002, twenty five percent of the bed allocation will be based on the new formula, and seventy five percent based on the 1999-2001 allocation;

(b) For July 1, 2002 to June 30, 2003, fifty percent of the allocation will be based on the new formula and fifty percent based on the 1999-2001 allocation;

(c) For July 1, 2003 to June 30, 2004, seventy-five percent of the allocation will be based on the new formula and twenty-five percent based on the 1999-2001 allocation;

(d) For July 1, 2004 to June 30, 2005 one hundred percent of the allocation will be based on the new formula;

(e) The formula will be recalculated on or about April 4, 2005 and each biennium thereafter based on data that is current at that time.

(3) If the in-residence census exceeds the funded capacity on any day or days within the fiscal year, the MHD will assess liquidated damages calculated on the following formula:

(a) Only RSNs who are in excess of their individual allocated census on the day or each day of over census will be assessed liquidated damages;

(b) The amount of liquidated damages charged for each day will be the number of beds over the funded capacity of the hospital multiplied by the state hospital daily bed charge consistent with RCW 43.20B.325;

(c) The amount of liquidated damages charged to each RSN will be a percentage based on the number of beds over their allocation divided by the total number of beds over the funded capacity on the day or each day of over census;

(d) The liquidated damages will be recovered by the MHD by a deduction from the monthly payment made by the MHD two months after the end of the month in which the in residence census exceeded the state bed allocation of that RSN.

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WAC 388-865-0205 Initial certification of a regional support network

A regional support network is a county authority or group of county authorities that have a joint operating agreement. In order to gain certification as a regional support network, a county or group of counties must submit to the department:

(1) A statement of intent to become a regional support network;

(2) Documentation that the total population in the county or group of counties is not less than forty thousand;

(3) A joint operating agreement if the proposed regional support network is more than one county or includes a tribal authority. The agreement must include the following:

(a) Identification of a single authority with final responsibility for all available resources and performance of the contract with the department consistent with chapter 71.05, 71.24, and 71.34 RCW;

(b) Assignment of all responsibilities required by RCW 71.24.300; and

(c) Participation of tribal authorities in the agreement at the request of the tribal authorities.

(d) A preliminary operating plan completed according to departmental guidelines.

(4) Within thirty days of the submission the department will provide a written response either:

(a) Certifying the regional support network; or

(b) Denying certification because the requirements are not met.

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WAC 388-865-0210 Renewal of regional support network certification

At least biennially the mental health division reviews the compliance of each regional support network with the statutes, applicable rules and regulations, applicable standards, and state minimum standards as defined in this chapter:

(1) If the regional support network is in compliance with the statutes, applicable rules and regulations, applicable standards, and state minimum standards, the mental health division provides the regional support network with a written certificate of compliance.

(2) If the regional support network is not in compliance with the statutes, applicable rules and regulations, the mental health division will provide the regional support network

written notice of the deficiencies. In order to maintain certification, the regional support network must develop a plan of corrective action approved by the mental health division.

(3) If the regional support network fails to develop an approved plan of corrective action or does not complete implementation of the plan within the timeframes specified, the mental health division may initiate procedures to suspend, revoke, limit, or restrict certification consistent with the provisions of RCW 71.24.035(7) through (11) and of 43.20A.205. The mental health division sends a written decision to revoke, suspend, or modify the former certification, with the reasons for the decision and informing the regional support network of its right to an administrative hearing.

(4) The mental health division may suspend or revoke the certification of a regional support network immediately if the mental health division determines that deficiencies imminently jeopardize the health and safety of consumers.

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WAC 388-865-0215 Consumer eligibility and payment for services

(1) Within available resources as defined in RCW 71.24.025(2), the regional support network must serve consumers in the following order of priority as defined in RCW 71.24.035(5)(b):

(a) Acutely mentally ill persons;

(b) Chronically mentally ill adults and severely emotionally disturbed children;

(c) Seriously disturbed persons.

(2) Consumers eligible for the Title XIX Medicaid program are entitled to receive covered medically necessary services from a mental health prepaid health plan without charge to the consumer;

(3) The consumer or the parent(s) of a child who has not reached their eighteenth birthday, the legal guardian, or the estate of the consumer is responsible for payment for services provided. The consumer may apply to the following entities for payment assistance:

(a) DSHS for medical assistance;

(b) The community support provider for payment responsibility based on a sliding fee scale; or

(c) The regional support network for authorization of payment for involuntary evaluation and treatment services for consumers who would experience a substantial hardship as defined in WAC 388-865-0150.

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WAC 388-865-0220 Standards for administration

The regional support network must demonstrate that it meets the requirements of chapter 71.05, 71.24, and 71.34 RCW, and ensures the effectiveness and cost effectiveness of community mental health services in an age and culturally competent manner. The regional support network must:

(1) Establish a governing board that includes, where applicable, representation from tribal authorities, consistent with RCW 71.24.300;

(2) For multi-county regional support networks, function as described in the regional support network joint operating agreement;

(3) Ensure the protection of consumer and family rights as described in this chapter, and chapter 71.05 and 71.34 RCW; and other applicable statutes for consumers involved in multiservice systems;

(4) Collaborate with and make reasonable efforts to obtain and use resources in the community to maximize services to consumers;

(5) Educate the community regarding mental illness to diminish stigma;

(6) Maintain agreement(s) with sufficient numbers of certified involuntary inpatient evaluation and treatment facilities to ensure that persons eligible for regional support network services have access to inpatient care;

(7) Develop publicized forums in which to seek and include input about service needs and priorities from community stakeholders, including:

(a) Consumers;

(b) Family members and consumer advocates;

(c) Culturally diverse communities including consumers who have limited English proficiency;

(d) Service providers;

(e) Social service agencies;

(f) Organizations representing persons with a disability;

(g) Tribal authorities; and

(h) Underserved groups.

(8) Maintain job descriptions for regional support staff with qualifications for each position with the education, experience, or skills relevant to job requirements; and

(9) Provide orientation and ongoing training to regional support network staff in the skills pertinent to the position and the treatment population, including age and culturally competent consultation with consumers, families, and community members.

(10) Identify trends and address service gaps;

(11) The regional support network must provide an updated

two-year plan biennially to the mental health division for approval consistent with the provisions of RCW 71.24.300(1). The biennial plan must be submitted to the regional support network governing board for approval and to the advisory board for review and comment.

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WAC 388-865-0221 Public awareness of mental health services

The regional support network or its designee must provide public information on the availability of mental health services. The regional support network must:

(1) Maintain listings of services in telephone directories and other public places such as libraries, community services offices, juvenile justice facilities, of the service area. The regional support network or its designee must prominently display listings for crisis services in telephone directories;

(2) Publish and disseminate brochures and other materials or methods for describing services and hours of operation that are appropriate for all individuals, including those who may be visually impaired, limited-English proficient, or unable to read;

(3) Post and make information available to consumers regarding the ombuds service consistent with WAC 388-865-0250, and local advocacy organizations that may assist consumers in understanding their rights.

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WAC 388-865-0222 Advisory board

The regional support network must promote active engagement with persons with mental disorders, their families and services providers by soliciting and using their input to improve its services. The regional support network must appoint an advisory board that:

(1) Is broadly representative of the demographic character of the region and the ethnicity and broader cultural aspects of consumers served;

(2) Is composed of at least fifty-one percent:

(a) Current consumers or past consumers of public mental health services, including those who are youths, older adults, or who have a disability; and

(b) Family, foster family members, or care givers of consumers, including parents of emotionally disturbed children.

(3) Independently reviews and provides comments to the regional support network governing board on plans, budgets, and policies developed by the regional support network to implement

the requirements of this section, chapter 71.05, 71.24, 71.34 RCW and applicable federal law and regulations.

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WAC 388-865-0225 Resource management

The regional support network must establish mechanisms which maximize access to and use of age and culturally competent mental health services, and ensure eligible consumers receive appropriate levels of care. The regional support network must:

(1) Authorize admission, transfers and discharges for eligible consumers into and out of the following services:

(a) Community support services;

(b) Residential services; and

(c) Inpatient evaluation and treatment services.

(2) Ensure that services are provided according to the consumer's individualized service plan;

(3) Not require preauthorization of emergency services and transportation for emergency services that are required by an eligible consumer;

(4) Identify in the agreement with the mental health division any of these duties it has delegated to a subcontractor.

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WAC 388-865-0229 Inpatient services

The regional support network must develop and implement age and culturally competent services that are consistent with chapter 71.24, 71.05, and 71.34 RCW. The regional support network must:

(1) For voluntary inpatient services: Develop and implement formal agreements with inpatient services funded by the regional support network regarding:

(a) Referrals;

(b) Admissions; and

(c) Discharges.

(2) For involuntary evaluation and treatment services:

(a) Maintain agreements with sufficient numbers of certified involuntary evaluation and treatment facilities to ensure that consumers eligible for regional support network services have access to involuntary inpatient care. The agreements must address regional support network responsibility for discharge planning;

(b) Determine which service providers on whose behalf the regional support network will apply on behalf of for certification by the mental health division;

(c) Ensure that all service providers or its subcontractors

that provide evaluation and treatment services are currently certified by the mental health division and licensed by the department of health;

(d) Ensure periodic reviews of the evaluation and treatment service facilities consistent with regional support network procedures and notify the appropriate authorities if it believes that a facility is not in compliance with applicable statutes, rules and regulations.

(3) Authorize admissions, transfers and discharges into and out of inpatient evaluation and treatment services for eligible consumers including:

(a) State psychiatric hospitals:

(i) Western state hospital;

(ii) Eastern state hospital;

(iii) Child study and treatment center.

(b) Community hospitals;

(c) Residential inpatient evaluation and treatment facilities licensed by the department of health as adult residential rehabilitation centers; and

(d) Children's long-term inpatient program.

(4) Receive prior approval from the mental health division in the form of a single bed certification for services to be provided to consumers on a ninety- or one hundred eighty-day community inpatient involuntary commitment order consistent with the exception criteria in WAC 388-865-0502; and

(5) Identify in the agreement with the mental health division any of these duties is has delegated to a subcontractor.

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WAC 388-865-0230 Community support services

The regional support network must develop and coordinate age and culturally competent community support services that are consistent with chapter 71.24, 71.05, and 71.34 RCW:

(1) Provide the following services directly, or contract with sufficient numbers and variety of licensed and/or certified service providers to ensure that persons eligible for regional support network services have access to at least the following services:

(a) Emergency crisis intervention services;

(b) Case management services;

(c) Psychiatric treatment including medication supervision;

(d) Counseling and psychotherapy services;

(e) Day treatment services as defined in RCW 71.24.300(5) and 71.24.035(7); and

(f) Consumer employment services as defined in RCW

71.24.035(5)(e).

(2) Conduct prescreening determinations for providing community support services for persons with mental illness who are being considered for placement in nursing homes (RCW 71.24.025(7) and 71.24.025(9)); and

(3) Complete screening for persons with mental illness who are being considered for admission to residential services funded by the regional support network (RCW 71.24.025 and 71.24.025(9)).

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WAC 388-865-0235 Residential and housing services

The regional support network must ensure:

(1) Active promotion of consumer access to, and choice in, safe and affordable independent housing that is appropriate to the consumer's age, culture, and residential needs.

(2) Provision of services to families of eligible children and to eligible consumers who are homeless or at imminent risk of becoming homeless as defined in Public Law 100-77, through outreach, engagement and coordination or linkage of services with shelter and housing.

(3) The availability of community support services, with an emphasis supporting consumers in their own home or where they live in the community, with residences and residential supports prescribed in the consumer's treatment plan. This includes a full range of residential services as required in RCW 71.24.025(7) and (14); and chapter 71.24.025(14) RCW.

(4) That eligible consumers in residential facilities receive mental health services consistent with their individual service plan, and are advised of their rights, including long-term care rights (chapter 70.129 RCW).

(5) If supervised residential services are needed they are provided only in licensed facilities:

(a) An adult family home that is licensed under chapter 388-76 WAC.

(b) A boarding home facility that is licensed under chapter 388-78A WAC.

(c) An adult residential rehabilitative center facility that is licensed under chapter 246-325 WAC.

(6) The active search of comprehensive resources to meet the housing needs of consumers.

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WAC 388-865-0240 Consumer employment services

The regional support network must coordinate with rehabilitation

and employment services to assure that consumers wanting to work are provided with employment services consistent with WAC 388-865-0464.

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WAC 388-865-0245 Administration of the Involuntary Treatment Act

The regional support network must establish policies and procedures for administration of the involuntary treatment program, including investigation, detention, transportation, court related and other services required by chapter 71.05 and 71.34 RCW. This includes:

(1) Designating mental health professionals to perform the duties of involuntary investigation and detention in accordance with the requirements of chapter 71.05 and 71.34 RCW.

(2) Documenting consumer compliance with the conditions of less restrictive alternative court orders by:

(a) Ensuring periodic evaluation of each committed consumer for release from or continuation of an involuntary treatment order. Evaluations must be recorded in the clinical record, and must occur at least monthly for ninety and one hundred eighty-day commitments.

(b) Notifying the county designated mental health professional if noncompliance with the less restrictive order impairs the individual sufficiently to warrant detention or evaluation for detention and petitioning for revocation of the less restrictive alternative court order.

(3) Ensuring that when a peace officer or county designated mental health professional escorts a consumer to a facility, the county designated mental health professional must take reasonable precautions to safeguard the consumer's property including:

(a) Safeguarding the consumer's property in the immediate vicinity of the point of apprehension;

(b) Safeguarding belongings not in the immediate vicinity if there may be possible danger to those belongings;

(c) Taking reasonable precautions to lock and otherwise secure the consumer's home or other property as soon as possible after the consumer's initial detention.

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WAC 388-865-0250 Ombuds services

The regional support network must provide unencumbered access to and maintain the independence of the ombuds service as set forth in this section and in the agreement between mental health division and the regional support network. The mental health

division and the regional support network must include representatives of consumer and family advocate organizations when revising the terms of the agreement regarding the requirements of this section. Ombuds members must be current consumers of the mental health system, past consumers or family members. The regional support network must maintain an ombuds service that:

(1) Is responsive to the age and demographic character of the region and assists and advocates for consumers with resolving complaints and grievances at the lowest possible level;

(2) Is independent of service providers;

(3) Receives and investigates consumer, family member, and other interested party complaints and grievances;

(4) Is accessible to consumers, including a toll-free, independent phone line for access;

(5) Is able to access service sites and records relating to the consumer with appropriate releases so that it can reach out to consumers, and resolve complaints and/or grievances;

(6) Receives training and adheres to confidentiality consistent with this chapter and chapter 71.05, 71.24, and 70.02 RCW;

(7) Continues to be available to investigate, advocate and assist the consumer through the grievance and administrative hearing processes;

(8) Involves other persons, at the consumer's request;

(9) Assists consumers in the pursuit of formal resolution of complaints;

(10) If necessary, continues to assist the consumer through the fair hearing processes;

(11) Coordinates and collaborates with allied systems' advocacy and ombuds services to improve the effectiveness of advocacy and to reduce duplication of effort for shared clients;

(12) Provides information on grievance experience to the regional support network and mental health division quality management process; and

(13) Provides reports and formalized recommendations at least biennially to the mental health division and regional support network advisory and governing boards, quality review team, local consumer and family advocacy groups, and provider network.

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WAC 388-865-0255 Consumer grievance process

The regional support network 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 mental health division for written approval and incorporation into the agreement between the regional support network and the mental health division. The process must:

(1) Be age, culturally and linguistically competent;

(2) 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;

(3) Ensure that grievances are investigated and resolved within thirty days. This timeframe can be extended by mutual written agreement, not to exceed ninety days;

(4) 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;

(5) Encourage resolution of complaints at the lowest level possible;

(6) Include a formal process for dispute resolution;

(7) Include referral of the consumer to the ombuds service for assistance at all levels of the grievance and fair hearing processes;

(8) Allow the participation of other people, at the grievant's choice;

(9) 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;

(10) Ensure that grievances are resolved even if the consumer is no longer receiving services;

(11) Continue to provide mental health services to the grievant during the grievance and fair hearing process;

(12) 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;

(13) Provide for follow-up by the regional support network to assure that there is no retaliation against consumers who have filed a grievance;

(14) Make information about grievances available to the regional support network;

(15) Inform consumers of their right to file an administrative hearing with DSHS without first accessing the

contractor's grievance process. Consumers must utilize the regional support network grievance process prior to requesting disenrollment;

(16) 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:

(a) The consumer believes there has been a violation of DSHS rule;

(b) The regional support network did not provide a written response within thirty days from the date a written request was received;

(c) The regional support network, mental health prepaid health plan, the department of social and health services, or a provider denies services.

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WAC 388-865-0260 Mental health professionals and specialists

The regional support network must assure sufficient numbers of mental health professionals and specialists are available in the service area to meet the needs of eligible consumers. The regional support network must:

(1) Document efforts to acquire the services of the required mental health professionals and specialists;

(2) Ensure development of a training program using in-service training or outside resources to assist service providers to acquire necessary skills and experience to serve the needs of the consumer population;

(3) If more than five hundred persons in the total population in the regional support network geographic area report in the U.S. census that they belong to racial/ethnic groups as defined in WAC 388-865-0150, the regional support network must contract or otherwise establish a working relationship with the required specialists to:

(a) Provide all or part of the treatment services for these populations; or

(b) Supervise or provide consultation to staff members providing treatment services to these populations.

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WAC 388-865-0265 Mental health professional—Exception

The regional support network may request an exception of the requirements of a mental health professional for a person with less than a masters degree level of training. The mental health division may grant an exception of the minimum requirements on a time-limited basis and only with a demonstrated need for an

exception under the following conditions:

(1) The regional support network has made a written request for an exception including:

(a) Demonstration of the need for an exception;

(b) The name of the person for whom an exception is being requested;

(c) The functions which the person will be performing;

(d) A statement from the regional support network that the person is qualified to perform the required functions based on verification of required education and training, including:

(i) Bachelor of Arts or Sciences degree from an accredited college or university;

(ii) Course work or training in making diagnoses, assessments, and developing treatment plans; and

(iii) Documentation of at least five years of direct treatment of persons with mental illness under the supervision of a mental health professional.

(2) The regional support network assures that periodic supervisory evaluations of the individual's job performance are conducted;

(3) The regional support network submits a plan of action to assure the individual will become qualified no later than two years from the date of exception. The regional support network may apply for renewal of the exception. The exception may not be transferred to another regional support network or to use for an individual other than the one named in the exception;

(4) If compliance with this rule causes a disproportionate economic impact on a small business as defined in the Regulatory Fairness Act, chapter 19.85 RCW, and the business does not contract with a regional support network, the small business may request the exception directly from the mental health division.

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WAC 388-865-0270 Financial management

The regional support network must be able to demonstrate that it ensures the effectiveness and cost effectiveness of community mental health services. The regional support network must:

(1) Spend funds received by the mental health division in accordance with its contract and to meet the requirements of chapter 71.05, 71.24, 71.34 RCW, and the State Appropriations Act;

(2) Use accounting procedures that are consistent with applicable state and federal requirements and generally accepted accounting principles (GAAP), with the following additional requirements:

(a) Include as assets all property, equipment, vehicles,

buildings, capital reserve funds, operating reserve funds, risk reserve funds, or self-insurance funds.

(b) Interest accrued on funds stated in this section must be accounted for and kept for use by the regional support network.

(c) Property, equipment, vehicles, and buildings must be properly inventoried with a physical inventory conducted at least every two years.

(d) Proceeds from the disposal of any assets must be retained by the regional support network for purposes of subsection (1) of this section.

(3) Comply with the 1974 county maintenance of effort requirement for administration of the Involuntary Treatment Act (chapter 71.05 RCW) and 1990 county maintenance of effort requirement for community programs for adults consistent with RCW 71.24.160, and in the case of children, no state funds shall replace local funds from any source used to finance administrative costs for involuntary commitment procedures conducted prior to January 1, 1985 (chapter 71.34 RCW);

(4) Maintain accounting procedures to ensure that accrued interest and excess reserve balances are returned to the regional support network for use in the public mental health system.

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WAC 388-865-0275 Management information system

The regional support network must be able to demonstrate that it collects and manages information that shows the effectiveness and cost effectiveness of mental health services. The regional support network must:

(1) Operate an information system and ensure that information about consumers who receive publicly funded mental health services is reported to the state mental health information system according to mental health division guidelines.

(2) Ensure that the information reported is:

(a) Sufficient to produce accurate regional support network reports; and

(b) Adequate to locate case managers in the event that a consumer requires treatment by a service provider that would not normally have access to treatment information about the consumer.

(3) Ensure that information about consumers is shared or released between service providers only in compliance with state statutes (see chapter 70.02, 71.05, and 71.34 RCW) and this chapter. Information about consumers and their individualized

crisis plans must be available:

(a) Twenty-four hours a day, seven days a week to county-designated mental health professionals and inpatient evaluation and treatment facilities, as consistent with confidentiality statutes; and

(b) To the state and regional support network staff as required for management information and program review.

(4) Maintain on file a statement signed by regional support network, county or service provider staff having access to the mental health information systems acknowledging that they understand the rules on confidentiality and will follow the rules.

(5) Take appropriate action if a subcontractor or regional support network employee willfully releases confidential information, as required by chapter 71.05 RCW.

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WAC 388-865-0280 Quality management process

The regional support network must implement a process for continuous quality improvement in the delivery of culturally competent mental health services. The regional support network must submit a quality management plan as part of the written biennial plan to the mental health division for approval. All changes to the quality management plan must be submitted to the mental health division for approval prior to implementation. The plan must include:

(1) Roles, structures, functions and interrelationships of all the elements of the quality management process, including but not limited to the regional support network governing board, clinical and management staff, advisory board, ombuds service, and quality review teams.

(2) Procedures to ensure that quality management activities are effectively and efficiently carried out with clear management and clinical accountability, including methods to:

(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, allied service systems, community providers, ombuds and quality review team;

(v) Clinical care and service utilization including consumer outcome measures; and

(vi) Recommendations and strategies for system and clinical

care improvements, including information from exit interviews of consumers and practitioners.

(b) Monitor management information system data integrity;

(c) Monitor complaints, grievances and adverse incidents for adults and children;

(d) Monitor contracts with contractors and to notify the mental health division of observations and information indicating that providers may not be in compliance with licensing or certification requirements;

(e) Immediately investigate and report allegations of fraud and abuse of the contractor or subcontractor to the mental health division;

(f) Monitor delegated administrative activities;

(g) Identify necessary improvements;

(h) Interpret and communicate practice guidelines to practitioners;

(i) Implement change;

(j) Evaluate and report results;

(k) Demonstrate use of all corrective actions to improve the system;

(l) Consider system improvements based on recommendations from all on-site monitoring, evaluation and accreditation/certification reviews;

(m) Review update, and make the plan available to community stakeholders.

(3) Targeted improvement activities, including:

(a) Performance measures that are objective, measurable, and based on current knowledge/best practice including at least those defined by the mental health division in the agreement with the regional support network;

(b) An analysis of consumer care covering a representative sample of at least ten percent of consumers or five hundred consumers, whichever is smaller;

(c) Efficient use of human resources; and

(d) Efficient business practices.

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WAC 388-865-0282 Quality review teams

The regional support network must establish and maintain unencumbered access to and maintain the independence of a quality review team as set forth in this section and in the agreement between mental health division and the regional support network. The quality review team must include current consumers of the mental health system, past consumers or family members. The regional support network must assure that quality review teams:

(1) Fairly and independently review the performance of the regional support network and service providers to evaluate systemic customer service issues as measured by objective indicators of consumer outcomes in rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices, including:

(a) Quality of care;

(b) The degree to which services are consumer-focused/directed and are age and culturally competent;

(c) The availability of alternatives to hospitalization, cross-system coordination and range of treatment options; and

(d) The adequacy of the regional support network's cross system linkages including, but not limited to schools, state and local hospitals, jails and shelters.

(2) Have the authority to enter and monitor any agency providing services for area regional support network consumers, including state and community hospitals, freestanding evaluation and treatment facilities, and community support service providers;

(3) Meet with interested consumers and family members, allied service providers, including state or community psychiatric hospitals, regional support network contracted service providers, and persons that represent the age and ethnic diversity of the regional support network to:

(a) Determine if services are accessible and address the needs of consumers based on sampled individual recipient's perception of services using a standard interview protocol developed by the mental health division. The protocol will query the sampled individuals regarding ease of accessing services, the degree to which services address medically necessary needs (acceptability), an the benefit of the service received; and

(b) Work with interested consumers, service providers, the regional support network, and DSHS to resolve identified problems.

(4) Provide reports and formalized recommendations at least biennially to the mental health division, the mental health advisory committee and the regional support network advisory and governing boards and ensure that input from the quality review team is integrated into the overall regional support network quality management process, ombuds services, local consumer and family advocacy groups, and provider network; and

(5) Receive training and adhere to confidentiality standards.

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WAC 388-865-0284 Standards for contractors and subcontractors

The regional support network must not subcontract for clinical services to be provided using state funds unless the subcontractor is licensed and/or certified by the mental health division for those services or is personally licensed by the department of health as defined in chapter 48.43, 18.57, 18.71, 18.83, or 18.79 RCW. The regional support network must:

(1) Require and maintain documentation that contractors and subcontractors are licensed, certified, or registered in accordance with state or federal laws;

(2) Follow applicable requirements of the regional support network agreement with the mental health division;

(3) Demonstrate that it monitors contracts with contractors and notifies the mental health division of observations and information indicating that providers may not be in compliance with licensing or certification requirements; and

(4) Terminate its contract with a provider if the mental health division notifies the regional support network of a provider's failure to attain or maintain licensure or certification, if applicable.

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WAC 388-865-0286 Coordination with a mental health prepaid health plan

If the regional support network is not also a mental health prepaid health plan, the regional support network must ensure continuity of services between itself and the mental health prepaid health plan by maintaining a working agreement about coordination for at least the following services:

(1) Community support services;

(2) Inpatient evaluation and treatment services;

(3) Residential services;

(4) Transportation services;

(5) Consumer employment services;

(6) Administration of involuntary treatment investigation and detention services; and

(7) Immediate crisis response after presidential declaration of a disaster.

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WAC 388-865-0288 Regional support networks as a service provider

A regional support network may operate as a community support service provider under the following circumstances:

(1) Meeting the criteria specified in RCW 71.24.037 and 71.24.045;

(2) Maintaining a current license as a community support

service provider from the mental health division.

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SECTION THREE--MENTAL HEALTH PREPAID HEALTH PLANS

WAC 388-865-0300 Mental health prepaid health plans

A mental health prepaid health plan is an entity that contracts with the mental health division to administer mental health services for people who are eligible for the Title XIX Medicaid program. The mental health prepaid health plan must ensure services are responsive in an age and culturally competent manner to the mental health needs of its community. To be eligible for a contract as a mental health prepaid health plan, the entity must:

(1) Provide documentation of a population base of forty-one thousand six hundred Medicaid eligible persons (covered lives) within the service area or receive approval from the mental health division based on submittal of an actuarially sound risk management profile;

(2) Maintain certification as a regional support network or licensure by the Washington state office of the insurance commissioner as a health care service contractor under chapter 48.44 RCW.

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WAC 388-865-0305 Regional support network contracting as a mental health prepaid health plan

A regional support network contracting with the mental health division as a mental health prepaid health plan must comply with all requirements for a regional support network and the additional requirements for a prepaid health plan.

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WAC 388-865-0310 Mental health prepaid health plans--Minimum standards

To be eligible for a contract, a mental health prepaid health plan must comply with all applicable federal, state, and local statutes and regulations and meet all of the minimum standards of WAC 388-865-300 through 388-865-355. The mental health

prepaid health plan must:

(1) Provide medically necessary mental health services that are age and culturally competent for all Medicaid recipients in the service area within a capitated rate;

(2) Provide outreach to consumers, including homeless persons and families as defined in Public Law 100-77, and home-bound individuals;

(3) Demonstrate working partnerships with tribal authorities for the delivery of services that blend with tribal values, beliefs and culture;

(4) Develop and maintain written subcontracts that clearly recognize that legal responsibility for administration of the service delivery system remains with the mental health prepaid health plan, as identified in the agreement with the mental health division;

(5) Retain responsibility to ensure that applicable standards of state and federal statute and regulations and this chapter are met even when it delegates duties to subcontractors;

(6) Ensure the protection of consumer and family rights as described in chapter 71.05 and 71.34 RCW;

(7) Ensure compliance with the following standards:

(a) WAC 388-865-0220, Standards for administration;

(b) WAC 388-865-0225, Resource management program;

(c) WAC 388-865-0229, Inpatient services and treatment services;

(d) WAC 388-865-0230, Community support services;

(e) WAC 388-865-0250, Ombuds services;

(f) WAC 388-865-0255, Consumer grievance process;

(g) WAC 388-865-0260, Mental health professionals or specialists;

(h) WAC 388-865-0265, Mental health professional--Exception;

(i) WAC 388-865-0270, Financial management;

(j) WAC 388-865-0275, Management information system;

(k) WAC 388-865-0280, Quality management process;

(l) WAC 388-865-0282, Quality review teams; and

(m) WAC 388-865-0284, Standards for contractors and subcontractors.

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WAC 388-865-0315 Governing body

The mental health prepaid health plan must establish a governing body responsible for oversight of the mental health prepaid health plan. The governing body must:

(1) Be free from conflict of interest and all appearance of conflict of interest between personal, professional and

fiduciary interests of a governing body member and the best interests of the prepaid health plan and the consumers it serves.

(2) Have rules about:

(a) When a conflict of interest becomes evident;

(b) Not voting or joining a discussion when a conflict of interest is present; and

(c) When the body scan assign the matter to others, such as staff or advisory bodies.

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WAC 388-865-0320 Utilization management

Utilization management is the way the mental health prepaid health plan authorizes or denies mental health services, monitors services, and follows the level of care guidelines. To demonstrate the impact on enrollee access to care of adequate quality, a mental health prepaid health plan must provide utilization management of the community mental health rehabilitation services (42 C.F.R. 440) that is independent of service providers. This process must:

(1) Provide effective and efficient management of resources;

(2) Assure capacity sufficient to deliver appropriate quality and intensity of services to enrolled consumers without a wait list consistent with the agreement with the mental health division;

(3) Plan, coordinate, and authorize community support services;

(4) Ensure that services are provided according to the individual service plan;

(5) Ensure assessment and monitoring processes are in place by which service delivery capacity responds to changing needs of the community and enrolled consumers;

(6) Develop, implement, and enforce written level of care guidelines for admission, placements, transfers and discharges into and out of services. The guidelines must address:

(a) A clear process for the mental health prepaid health plan's role in the decision-making process about admission and continuing stay at various levels is available in language that is clearly understood by all parties involved in an individual consumer's care, including laypersons;

(b) Criteria for admission into various levels of care, including community support, inpatient and residential services that are clear and concrete;

(c) Methods to ensure that services are individualized to meet the needs for all Medicaid consumers served, including

consumers of different ages, cultures, languages, civil commitment status, physical abilities, and unique service needs; and

(d) To the extent authorization of care at any level of care or at continuing stay determinations is delegated, the mental health prepaid health plan retains a sufficiently strong and regular oversight role to assure those decisions are being made appropriately.

(7) Collect data that measures the effectiveness of the criteria in ensuring that all eligible people get services that are appropriate to his/her needs;

(8) Report to the mental health division any knowledge it gains that the mental health prepaid health plan or service provider is not in compliance with all state and federal laws and regulations.

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WAC 388-865-0325 Risk management

The mental health prepaid health plan must:

(1) Assume the financial risk of providing community mental health outpatient rehabilitation services, community hospital services and operation of a capitated mental health managed care system for the Medicaid eligible persons in the service area;

(2) Maintain a risk reserve of annual premium payments as defined by chapter 48.44 RCW or the actuarial analysis submitted with the formal request for waiver for mental health approved by the Health Care Financing Administration. All other mental health reserves and undesignated fund balances shall be limited to no more than ten percent of annual revenues supporting the prepaid health plan's mental health program;

(3) Demonstrate solvency and manage all fiscal matters within the managed care system, including:

(a) Current pro-forma;

(b) Financial reports;

(c) Balance sheets;

(d) Revenue and expenditure; and

(e) An analysis of reserve account(s) and fund balance(s) information including a detailed composition of capital, operating, and risk reserves and or fund balances.

(4) Maintain policies for each reserve account and have a process for collecting and disbursing reserves to pay for costs incurred by the mental health prepaid health plan;

(5) Demonstrate capacity to process claims for members of the contracted provider network and any emergency service providers accessed by consumers while out of the mental health prepaid health plan service area within sixty days using methods

consistent with generally accepted accounting practices;

(6) Comply with the requirements of section 1128 (b) of the Social Security Act, which prohibits making payments directly or indirectly to physicians or other providers as an inducement to reduce or limit services provided to consumers;

(7) In accordance with the Medicaid section 1915b waiver, the mental health prepaid health plan is required to pay for psychiatric inpatient services in community hospitals either through a direct contract with community hospitals or through an agreement with the department. In the event that the mental health prepaid health plan chooses to use the department as its fiscal agent, the plan agrees to abide by all policies, rules, payment requirements, and levels promulgated by the medical assistance administration. If the plan chooses to direct contract, the plan is responsible for executing contracts for sufficient hospital capacity pursuant to a plan approved by the mental health division.

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WAC 388-865-0330 Marketing/education of mental health services

The mental health prepaid health plan must demonstrate that it provides information to eligible persons so that they are aware of available mental health services and how to access them. The mental health prepaid health plan must:

(1) Develop and submit marketing/education plan(s) and procedures to the mental health division within the timeframes in the agreement with the mental health division for approval prior to issuance. The plan shall, at a minimum, include information on the following:

(a) Consumer rights and responsibilities;

(b) The service recipient's right to disenroll;

(c) Cross-system linkages;

(d) Access to mental health services for diverse populations, including other languages than English;

(e) Use of media;

(f) Stigma reduction;

(g) Subcontractor participation/involvement;

(h) Plan for evaluation of marketing strategy;

(i) Procedures and materials, and any revisions thereof and

(j) Maintain listings of mental health services with toll-free numbers in the telephone and other public directories of the service area.

(2) Describe services and hours of operations through brochures and other materials and other methods of advertising;

(3) Assure that the materials and methods are effective in

reaching people who may be visually impaired, have limited comprehension of written or spoken English, or who are unable to read. At a minimum, all written materials generally available to service recipients shall be translated to the most commonly used languages in the service area;

(4) Post and otherwise make information available to consumers about ombuds services and local advocacy organizations that may assist consumers in understanding their rights;

(5) Ensure distribution of written educational material(s) to consumers, allied systems and local community resources including:

(a) Annual brochure(s) containing educational material on major mental illnesses and the range of options for treatment, supports available in the system, including medication and formal psychotherapies, as well as alternative approaches that may be appropriate to age, culture and preference of the service recipient;

(b) Information regarding the scope of available benefits (e.g., inpatient, outpatient, residential, employment, community support);

(c) Service locations, crisis response services; and

(d) Service recipients' responsibilities with respect to out-of-area emergency services; unauthorized care; noncovered services; complaint process, grievance procedures; and other information necessary to assist in gaining access.

(6) Ensure marketing plans, procedures and materials are accurate and do not mislead, confuse or defraud the service recipient.

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WAC 388-865-0335 Consumer enrollment

(1) DSHS enrolls a Medicaid recipient in a mental health prepaid health plan when the person resides in the contracted service area;

(2) An enrolled Medicaid consumer who requests or receives medically necessary nonemergency community mental health rehabilitation services requests and receives such service from the assigned mental health prepaid health plan through authorized providers only;

(3) An enrolled Medicaid consumer does not need to request disenrollment from the mental health division when the recipient moves from one mental health prepaid health plan to another

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WAC 388-865-0340 Consumer disenrollment

(1) The mental health division must disenroll a Medicaid consumer from his/her mental health prepaid health plan only when the consumer:

(a) Loses eligibility for Title XIX Medicaid services; or

(b) Is deceased.

(2) On a case-by-case basis, the mental health division will disenroll a consumer from his/her mental health prepaid health plan when the consumer has "good cause" for disenrollment. For the purposes of this chapter, "good cause" is defined as the inability of the mental health prepaid health plan to provide medically necessary care that is reasonably available and accessible. A consumer will not be disenrolled in a mental health prepaid health plan solely due to an adverse change in the consumer's health. In determining whether the mental health prepaid health plan provides medically necessary care that is reasonably available and accessible the mental health division may consider, but is not limited to considering:

(a) The medically necessary services needed by the consumer;

(b) Whether services are or should be available to other consumers in the mental health prepaid health plan;

(c) Attempts the consumer has made to access services in his/her assigned mental health prepaid health plan;

(d) Efforts by the assigned mental health prepaid health plan to provide the medically necessary services needed by the consumer.

(3) A consumer wishing to disenroll from his/her assigned mental health prepaid health plan must utilize the local mental health prepaid health plan grievance process prior to requesting disenrollment from the mental health division;

(4) A consumer requesting disenrollment must make a request in writing to the mental health division fair hearing coordinator. The request must include:

(a) The consumer's name, address, phone number (or number where the consumer can receive a message), and the name of the consumer's current mental health prepaid health plan;

(b) A statement outlining the reasons why the consumer believes his/her current mental health prepaid health plan does not provide medically necessary care that is reasonably available and accessible.

(5) The mental health division will make a decision within forty-five days of the request for disenrollment or within time frames prescribed by the federal Health Care Financing Administration, whichever is shorter. The mental health division will screen the request to determine if there is sufficient information upon which to base a decision;

(6) The mental health division will notify the consumer within fifteen days of receipt of the request whether or not the request contains sufficient information. If there is not sufficient information to allow the mental health division to make a decision, additional information will be requested from the consumer. The consumer will have fifteen days to provide requested information. Failure to provide additional requested information will result in denial of the disenrollment request;

(7) The mental health division will send written notice of the decision to the consumer:

(a) If a decision to disenroll is made, the mental health division will notify the consumer ten days in advance of the effective date of the proposed disenrollment, including arrangements for continued mental health services;

(b) If the consumer's request to disenroll is denied, the notice will include the consumer's right to request a fair hearing, how to request a fair hearing, and how the consumer may access ombuds services in his/her area.

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WAC 388-865-0345 Choice of primary care provider

The mental health prepaid health plan must ensure that each consumer who is receiving nonemergency community mental health rehabilitation services has a primary care provider who is responsible to carry out the individualized service plan. The mental health prepaid health plan must allow consumers, parents of consumers under the age of thirteen, and guardians of consumers of all ages to select a primary care provider from the available primary care provider staff within the mental health prepaid health plan.

(1) For an enrolled client with an assigned case manager, the case manager is the primary care provider;

(2) If the consumer does not make a choice, the mental health prepaid health plan or its designee must assign a primary care provider no later than fifteen working days after the consumer requests services;

(3) The mental health prepaid health plan or its designee must allow a consumer to change primary care providers in the first ninety days of enrollment with the mental health prepaid health plan and once during a twelve-month period for any reason;

(4) Any additional change of primary care provider during the twelve-month period may be made with documented justification at the consumer's request by:

(a) Notifying the mental health prepaid health plan (or its designee) of his/her request for a change, and the name of the

new primary care provider; and

(b) Identifying the reason for the desired change.

(5) A consumer whose request to change primary care providers is denied may submit a grievance with the plan, or request an administrative hearing.

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WAC 388-865-0350 Mental health screening for children

The mental health prepaid health plan is responsible for conducting mental health screening and treatment for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment (EPSDT) program. This includes:

(1) Providing resource management services for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program as specified in contract with the mental health division;

(2) Developing and maintaining an oversight committee for the coordination of the early and periodic screening, diagnosis and treatment program. The oversight committee must include representation from parents of Medicaid-eligible children.

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WAC 388-865-0355 Consumer request for a second opinion

An enrolled consumer in a mental health prepaid health plan must have the right to a second opinion by another participating staff in the enrolled consumer's assigned mental health prepaid health plan:

(1) When the enrolled consumer needs more information about the medical necessity of the treatment recommended by the mental health prepaid health plan; or

(2) If the enrolled consumer believes the mental health prepaid health plan primary care provider is not authorizing medically necessary community mental health rehabilitation services.

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WAC 388-865-0360 Monitoring of mental health prepaid health plans

The mental health division will conduct an annual on-site medical audit and an administrative audit at least every two years for purposes of assessing the quality of care and conformance with the minimum standards of this section and the Title XIX Medicaid 1915 b mental health waiver requirements. The monitoring will include a review of:

(1) The mental health prepaid health plan's conformance to monitoring its service provider network in accordance with the quality management plan approved by the mental health division that includes processes established under the Medicaid waiver for mental health services;

(2) Any direct services provided by the mental health prepaid health plan;

(3) Other provisions within the code of federal regulations for managed care entities, which may include access, quality of care, marketing, record keeping, utilization management and disenrollment functions.

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WAC 388-865-0363 Coordination with the regional support network

If the mental health prepaid health plan is not also a regional support network, the mental health prepaid health plan must ensure continuity of services between itself and the regional support network by maintaining a working agreement about coordination for at least the following services:

(1) Residential services;

(2) Transportation services;

(3) Consumer employment services;

(4) Administration of involuntary treatment investigation and detention services; and

(5) Immediate crisis response after presidential declaration of a disaster.

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WAC 388-865-0365 Suspension, revocation, limitation or restriction of a contract

The mental health division may suspend, revoke, limit or restrict a mental health prepaid health plan contract or refuse to grant a contract for failure to conform to applicable state and federal rules and regulations or for violation of health or safety considerations.

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SECTION FOUR--COMMUNITY SUPPORT SERVICE PROVIDERS

WAC 388-865-0400 Community support service providers

The mental health division licenses and certifies community support service providers. To gain and maintain licensure or certification, a provider must meet applicable local, state and federal statutes and regulations as well as the requirements of WAC 388-865-400 through 388-865-450 as applicable to services offered. The license or certificate lists service components the provider is authorized to provide to publicly funded consumers and must be prominently posted in the provider reception area. In addition, the provider must meet minimum standards of the specific service components for which licensure is being sought:

(1) Emergency crisis intervention services;

(2) Case management services;

(3) Psychiatric treatment, including medication supervision;

(4) Counseling and psychotherapy services;

(5) Day treatment services; and/or

(6) Consumer employment services.

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WAC 388-865-0405 Competency requirements for staff

The licensed service provider must ensure that staff are qualified for the position they hold and have the education, experience, or skills to perform the job requirements. The provider must maintain documentation that:

(1) All staff have a current Washington state department of health license or certificate or registration as may be required for their position;

(2) Washington state patrol background checks are conducted for employees in contact with consumers consistent with RCW 43.43.830;

(3) Mental health services are provided by a mental health professional, or under the clinical supervision of a mental health professional;

(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;

(5) 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 mental health specialist(s) when the consumer:

(a) Is a child as defined in WAC 866-865-0150;

(b) Is or becomes an older person as defined in WAC

388-865-0150;

(c) Is a member of a racial/ethnic group as defined in WAC 866-865-0105 and as reported:

(i) In the consumer's demographic data; or

(ii) By the consumer or others who provide active support to the consumer; or

(iii) Through other means.

(d) Is disabled as defined in WAC 388-865-0150 and as reported:

(i) In the consumer's demographic data; or

(ii) By the consumer or others who provide active support to the consumer; or

(iii) Through other means.

(6) Staff receive regular supervision and an annual performance evaluation; and

(7) An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for his/her job description and the population served.

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WAC 388-865-0410 Consumer rights

(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 WA 388-865-0260(3);

(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;

(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:

(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 chapter 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 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 service 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 a provider within the regional support network about what services are medically necessary;

(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:_____."

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WAC 388-865-0415 Access to services

The community support service provider must document and otherwise ensure that eligible consumers have access to age and culturally competent services when and where those services are needed. The provider must:

(1) Identify and reduce barriers to people getting the services where and when they need them;

(2) Comply with the Americans with Disabilities Act and the Washington State Antidiscrimination Act, chapter 49.60 RCW;

(3) Assure that services are timely, appropriate and sensitive to the age, culture, language, gender and physical condition of the consumer;

(4) Provide alternative service delivery models to make services more available to underserved persons as defined in WAC 388-865-0150;

(5) Provide access to telecommunication devices or services and certified interpreters for deaf or hearing impaired consumers and limited English proficient consumers;

(6) Bring services to the consumer or locate services at sites where transportation is available to consumers; and

(7) Ensure compliance with all state and federal nondiscrimination laws, rules and plans.

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WAC 388-865-0420 Intake evaluation

The community support service provider must complete an intake evaluation in collaboration with the consumer within fourteen days of admission to service. If seeking this information presents a barrier to service, the item may be left incomplete provided that the reasons are documented in the clinical record. The following must be documented in the consumer's intake evaluation:

(1) A consent for treatment or copy of detention or involuntary treatment order;

(2) Consumer strengths, needs and desired outcomes in their own words. At the consumer's request also include the input of people who provide active support to the consumer;

(3) The consumer's age, culture/cultural history, and disability;

(4) History of substance use and abuse or other co-occurring disorders;

(5) Medical and mental health services history and a list of medications used;

(6) For children:

(a) Developmental history and

(b) Parent's goals and desired outcomes.

(7) Sufficient information to justify the diagnosis;

(8) Review of the intake evaluation by a mental health professional.

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WAC 388-865-0425 Individual service plan

Community support service providers must provide consumers with an individual service plan that meets his or her unique needs. Individualized and tailored care is a planning process that may be used to develop a consumer-driven, strength-based, individual service plan. The individual service plan must:

(1) Be developed collaboratively with the consumer and other people identified by the consumer within thirty days of starting community support services. The service plan should be in language and terminology that is understandable to consumers and their family, and include goals that are measurable;

(2) Address age, cultural, or disability issues of the consumer;

(3) Include measurable goals for progress toward rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices, involving other systems when appropriate;

(4) Demonstrate that the provider has worked with the consumer and others at the consumer's request to determine his/her needs in the following life domains:

(a) Housing;

(b) Food;

(c) Income;

(d) Health and dental care;

(e) Transportation;

(f) Work, school or other daily activities;

(g) Social life; and

(h) Referral services and assistance in obtaining supportive services appropriate to treatment, such as substance abuse treatment.

(5) Document review by the person developing the plan and the consumer. If the person developing the plan is not a mental health professional, the plan must also document review by a mental health professional. If the person developing the plan is not a mental health specialist required per WAC 388-865-405 (5) there must also be documented consultation with the appropriate mental health specialist;

(6) Document review and update at least every one hundred eighty days or more often at the request of the consumer;

(7) In the case of children:

(a) Be integrated with the individual education plan from the education system whenever possible;

(b) If the child is under three, the plan must be integrated with the individualized family service plan (IFSP) if this exists, consistent with Title 20, Section 1436.

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WAC 388-865-0430 Clinical record

The community support service provider must maintain a clinical record for each consumer and safeguard the record against loss, defacement, tampering, or use by unauthorized persons. The clinical record must contain:

(1) An intake evaluation;

(2) Evidence that the consumer rights statement was provided to the consumer;

(3) A copy of any advance directives, powers of attorney or letters of guardianship provided by the consumer;

(4) The crisis treatment plan when appropriate;

(5) The individualized service plan and all changes in the plan;

(6) Documentation that services are provided by or under the clinical supervision of a mental health professional;

(7) Documentation that services are provided by, or under the clinical supervision, or the clinical consultation of a mental health specialist. Consultation must occur within thirty days of admission and periodically thereafter as specified by the mental health specialist;

(8) Periodic documentation of the course of treatment and objective progress toward established goals for rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices;

(9) A notation of extraordinary events affecting the consumer;

(10) Documentation of mandatory reporting of abuse, neglect, or exploitation of consumers consistent with chapter 26.44 and 74.34 RCW;

(11) Documentation of informed consent to treatment and medications by the consumer or legally responsible other;

(12) Documentation of confidential information that has been released without the consent of the consumer including, but not limited to provisions in RCW 70.02.050, 71.05.390 and 71.05.630.

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WAC 388-865-0435 Consumer access to their clinical record

The service provider must provide access to clinical records for consumers, their designated representative, and/or the person legally responsible for the consumer, consistent with chapter 71.05, 70.02, and 71.34 RCW and RCW 13.50.400(4)(b) for children. The provider must:

(1) Make the record available within fifteen days;

(2) Review the clinical record to identify and remove any material confidential to another person, agency, provider or reports not originated by the community support service provider;

(3) Allow the consumer appropriate time and privacy to review the clinical record;

(4) Provide a clinical staff member to answer questions at

the request of the consumer; and

(5) Charge for copying at a rate not higher than that defined in RCW 70.02.010(12).

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WAC 388-865-0436 Clinical record access procedures

The community support service provider must develop policies and procedures to protect information and to ensure that information about consumers is shared or released only in compliance with state and federal law (see chapter 70.02, 71.05, 71.34, 74.04 RCW and RCW 13.50.100(4)(b)) and this chapter.

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WAC 388-865-0440 Availability of consumer information

(1) Consumer individualized crisis plans as provided by the consumer must be available twenty-four hours a day, seven days a week to county-designated mental health professionals, crisis teams, and voluntary and involuntary inpatient evaluation and treatment facilities, as consistent with confidentiality statutes; and

(2) Consumer information must be available to the state and regional support network staff as required for management information, quality management and program review.

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WAC 388-865-0445 Establishment of procedures to bill for services

Consumers receiving services or the parent(s) of a person under the age of eighteen, the legal guardian, or the estate of the individual is responsible for payment for services received. The provider must establish policies and procedures to:

(1) Bill all third-party payors and private pay consumers. Persons eligible for the Medicaid program are not to be billed for medically necessary covered services.

(2) Develop a written schedule of fees that considers the consumer's available income, family size, allowable deductions and exceptional circumstances:

(a) Payment must not be required from consumers whose income is below TANF standards as defined in WAC 388-478-0020;

(b) The fee schedule must be posted in the agency and available to provider staff, consumers, the regional support network, and the mental health prepaid health plan.

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WAC 388-865-0450 Quality management process

Community support service providers must ensure continued progress toward more effective and efficient age and culturally competent services and improved consumer satisfaction and outcomes, including objective measures of progress toward rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices by maintaining an internal quality management process. The process must:

(1) Review the services offered and provided to improve the treatment of consumers, including the quality of intake evaluations and the effectiveness of prescribed medications;

(2) Review the work of persons providing mental health services at least annually; and

(3) Continuously collect, maintain, and use information to correct deficiencies and improve services. Such data must include but is not limited to reports of serious and emergent incidents as well as grievances filed by consumers or their representatives.

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WAC 388-865-0452 Emergency crisis intervention services--Additional standards

The community support service provider that is licensed for emergency crisis intervention services must assure that required general minimum standards for community support services are met, plus the additional minimum requirements:

(1) Availability of staff to respond to crises twenty-four hours a day, seven days a week, including:

(a) Bringing services to the person in crisis when clinically indicated;

(b) Requiring that staff remain with the consumer in crisis to stabilize and support him/her until the crisis is resolved or a referral to another service is accomplished;

(c) Resolving the crisis in the least restrictive manner possible;

(d) A process to include family members, significant others, and other relevant treatment providers as necessary to provide support to the person in crisis; and

(e) Written procedures for managing assaultive and/or self-injurious patient behavior.

(2) Crisis telephone screening;

(3) Mobile outreach and stabilization services with trained staff available to provide in-home or in-community stabilization services, including flexible supports to the person where he/she lives.

(4) Provide access to necessary services including:

(a) Medical services, which means at least emergency

services, preliminary screening for organic disorders, prescription services, and medication administration;

(b) Interpretive services to enable staff to communicate with consumers who have limited ability to communicate in English, or have sensory disabilities;

(c) Mental health specialists for children, elderly, ethnic minorities or consumers who are deaf or developmentally disabled;

(d) Voluntary and involuntary inpatient evaluation and treatment services, including a written protocol to assure that consumers who require involuntary inpatient services are transported in a safe and timely manner;

(e) Investigation and detention to involuntary services under chapter 71.05 RCW for adults and chapter 71.34 RCW for children who are thirteen years of age or older, including written protocols for contacting the county designated mental health professional.

(5) Document all telephone and face-to-face crisis response contacts, including:

(a) Source of referral;

(b) Nature of crisis;

(c) Time elapsed from the initial contact to face-to-face response; and

(d) Outcomes, including basis for decision not to respond in person, follow-up contacts made, and referrals made.

(6) The provider must have a written protocol for referring consumers to a voluntary or involuntary inpatient evaluation and treatment facility for admission on a seven-day-a-week, twenty-four-hour-a-day basis, including arrangements for contacting the county designated mental health professional and transporting consumers.

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WAC 388-865-0454 Provider of crisis telephone services only

This section applies only to organizations that receive public mental health funds for the purpose of providing crisis telephone services but are not licensed community support providers. In order to be licensed to provide crisis telephone services, the following requirements must be met:

(1) Staff available to respond to crisis calls twenty-four hours a day, seven days a week;

(2) The agency must assure communication and coordination with the consumer's case manager or primary care provider;

(3) The agency must assure that staff are aware of and protect consumer rights as described in WAC 388-865-0410;

(4) The following sections of WAC subsections apply:

(a) WAC 388-865-0405, Competency requirements for staff;
(b) WAC 388-865-0410, Consumer rights;
(c) WAC 388-865-0440, Availability of consumer information;
(d) WAC 388-865-0450, Quality management process;
(e) WAC 388-865-0452(6)(a) thru (d), Emergency crisis intervention services--Additional standards;
(f) WAC 388-865-0468, The process for licensing service providers;
(g) WAC 388-865-0472, Licensing categories;
(h) WAC 388-865-0474, Fees for community support licensure;
(i) WAC 388-865-0476, Licensure based on deemed status;
(j) WAC 388-865-0478, Renewal of the provider license;
(k) WAC 388-865-0480, Procedures to suspend or revoke a license;
(l) WAC 388-865-0482, Procedures to contest a licensing decision.

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WAC 388-865-0456 Case management services--Additional standards

The community support service provider for case management services must assure that all general minimum standards for community support services and are met, plus the following additional minimum requirements:

(1) Assist consumers to achieve the goals stated in their individualized service plan;

(2) Support consumer employment, education or participation in other daily activities appropriate to their age and culture;

(3) Make referrals to other needed services and supports, including treatment for co-occurring disorders and health care;

(4) Assist consumers to resolve crises in least-restrictive settings;

(5) Provide information and education about the consumer's illness so the consumer and family and natural supports are engaged to help consumers manage the consumer's symptoms;

(6) Include, as necessary, flexible application of funds, such as rent subsidies, rent deposits, and in-home care to enable stable community living.

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WAC 388-865-0458 Psychiatric treatment, including medication supervision--Additional standards

The licensed community support service provider for psychiatric treatment, including medication supervision must meet all general minimum standards for community support in addition to the following minimum requirements:

(1) Document the assessment and prescription of psychotropic medications appropriate to the needs of the consumer. Document that consumers and, as appropriate, family members are informed about the medication and possible side effects in language that is understandable to the consumer, and referred to other health care facilities for treatment of nonpsychiatric conditions;

(2) Provider staff must inspect and inventory medication storage areas at least quarterly:

(a) Medications must be kept in locked, well-illuminated storage;

(b) Medications kept in a refrigerator containing other items must be kept in a separate container with proper security;

(c) No outdated medications must be retained, and medications must be disposed of in accordance with regulations of the state board of pharmacy;

(d) Medications for external use must be stored separately from oral and injectable medications;

(e) Poisonous external chemicals and caustic materials must be stored separately.

(3) Medical direction and responsibility is assigned to a physician who is licensed to practice under chapter 18.57 or 18.71 RCW, and is board-certified or -eligible in psychiatry;

(4) Medications are only prescribed and administered by persons consistent with their license and related requirements;

(5) Medications are reviewed at least every three months;

(6) Medication information is maintained in the clinical record and documents at least the following for each prescribed medication:

(a) Name and purpose of medication;

(b) Dosage and method of giving medication;

(c) Dates prescribed, reviewed, and renewed;

(d) The effects, interactions, and side effects the staff observes or the consumer reports spontaneously or as the result of questions from the staff;

(e) Any laboratory findings;

(f) Reasons for changing or stopping the medication; and

(g) Name and signature of prescribing person.

(7) Assessment and appropriate referrals to or consultation with a physician or other health care provider when physical health problems are suspected or identified;

(8) Address current medical concerns consistent with the individualized service plan;

(9) If the service provider is unable to employ or contract with a psychiatrist, a physician without board eligibility in psychiatry may be utilized, provided that:

(a) Psychiatrist consultation is provided to the physician

at least monthly; and

(b) A psychiatrist is accessible in person, by telephone, or by radio communication to the physician for emergency consultation.

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WAC 388-865-0460 Counseling and psychotherapy services--Additional standards

The licensed community support service provider for counseling and psychotherapy services must assure that all general minimum standards for community support are met.

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WAC 388-865-0462 Day treatment services--Additional standards

The licensed community support service provider for day treatment services must assure that all general minimum standards for community support are met. Day treatment services are defined as work or other activities of daily living for consumers:

(1) Services for adults include:
(a) Training in basic living and social skills;
(b) Supported work and preparation for work;
(c) Vocational rehabilitation;
(d) Day activities; and, if appropriate;
(e) Counseling and psychotherapy services.
(2) Services for children include:
(a) Age-appropriate living and social skills;
(b) Educational and pre-vocational services;
(c) Day activities; and
(d) Counseling and psychotherapy services.

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WAC 388-865-0464 Consumer employment services--Additional standards

The community support service provider licensed for employment services must assure that all general minimum standards for community support and are met, plus the following additional minimum requirements:

(1) Assist consumers to achieve the goals stated in his/her individualized service plan and provide access to employment opportunities, including:

(a) A vocational assessment of work history, skills, training, education, and personal career goals;

(b) Information about how employment will affect income and benefits the consumer is receiving because of their disability;

(c) Active involvement with consumers served in creating and revising individualized job and career development plans;

(d) Assistance in locating employment opportunities that are consistent with the consumer's skills, goals, and interests;

(e) Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required; and

(f) Interaction with the consumer's employer to support stable employment and advise about reasonable accommodation in keeping with the Americans with Disabilities Act (ADA) of 1990, and the Washington State Antidiscrimination law.

(2) Pay consumers according to the Fair Labor Standards Act; and ensure safety standards that comply with local and state regulations are in place if the provider employs consumers as part of the pre-vocational or vocational program;

(3) Coordinate efforts with other rehabilitation and employment services, such as:

(a) The division of vocational rehabilitation;

(b) The state employment services;

(c) The business community; and

(d) Job placement services within the community.

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WAC 388-865-0466 Community support outpatient certification--Additional standards

In order to provide services to consumers on a less restrictive alternative court order, providers must be licensed to provide the psychiatric and medical service component of community support services and be certified by the mental health division to provide involuntary treatment services consistent with WAC 388-865-0484. In addition, the provider must:

(1) Document in the consumer clinical record and otherwise ensure:

(a) Detained and committed consumers are advised of their rights under chapter 71.05 or 71.34 RCW and as follows:

(i) To receive adequate care and individualized treatment;

(ii) To make an informed decision regarding the use of antipsychotic medication and to refuse medication beginning twenty-four hours before any court proceeding that the consumer has the right to attend;

(iii) To maintain the right to be presumed competent and not lose any civil rights as a consequence of receiving evaluation and treatment for a mental disorder;

(iv) Of access to attorneys, courts, and other legal redress;

(v) To have the right to be told statements the consumer

makes may be used in the involuntary proceedings; and

(vi) To have the right to have all information and records compiled, obtained, or maintained in the course of treatment kept confidential as defined in chapter 71.05 and 71.34 RCW.

(b) A copy of the less restrictive alternative court order and any subsequent modifications are included in the clinical record;

(c) Development and implementation of an individual service plan which addresses the conditions of the less restrictive alternative court order and a plan for transition to voluntary treatment;

(d) That the consumer receives psychiatric treatment including medication management for the assessment and prescription of psychotropic medications appropriate to the needs of the consumer. Such services must be provided:

(i) At least weekly during the fourteen-day period;

(ii) Monthly during the ninety-day and one-hundred eighty day periods of involuntary treatment unless the attending physician determines another schedule is more appropriate, and they record the new schedule and the reasons for it in the consumer's clinical record.

(2) Maintain written procedures for managing assaultive and/or self-destructive patient behavior, and provide training to staff in these interventions;

(3) Have a written protocol for referring consumers to an inpatient evaluation and treatment facility for admission on a seven-day-a-week, twenty-four-hour-a-day basis;

(4) For consumers who require involuntary detention the protocol must also include procedures for:

(a) Contacting the county designated mental health professional regarding revocations and extension of less restrictive alternatives, and

(b) Transporting consumers.

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WAC 388-865-0468 Emergency crisis intervention services certification--Additional standards

In order to provide emergency services to a consumer who may need to be detained or who has been detained, the service provider must be licensed for emergency crisis intervention services and be certified by the mental health division to provide involuntary treatment services consistent with WAC 388-865-0484. In addition, the provider must:

(1) Be available seven-days-a-week, twenty-four-hours-per-day;

(2) Follow a written protocol for holding a consumer and

contacting the county designated mental health professional;

(3) Provide or have access to necessary medical services;

(4) Have a written agreement with a certified inpatient evaluation and treatment facility for admission on a seven day a week, twenty four hour per day basis; and

(5) Follow a written protocol for transporting individuals to inpatient evaluation and treatment facilities.

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WAC 388-865-0470 The process for initial licensing of service providers

An applicant for a community support license must comply with the following process:

(1) Complete and submit an application form, along with the required fee to the mental health division. A copy of the application form must be provided to the area regional support network. The regional support network may make written comments to the mental health division about the provider's application for licensure. The application must indicate the service components the applicant wants to offer, as listed in WAC 388-865-0400;

(2) A regional support network may submit an application to the mental health division to operate as a licensed community support service provider as defined in WAC 388-865-0288;

(3) The mental health division conducts an on-site review to examine agency policies and procedures, personnel records, clinical records, financial documents, and any other information that may be necessary to confirm compliance with minimum standards of this section;

(4) The consumer chart review is conducted during a second site review within twelve month of the issuance of the provisional license for the agency or service component if the site review is being conducted in response to a license application for a new agency or a new service component in a currently licensed agency;

(5) The mental health division may include representatives of the regional support network or mental health prepaid health plan in the licensing review process. If a provider is licensed based on deemed status as outlined in WAC 388-865-0476, input from the accrediting agency may be considered;

(6) The on-site review concludes with an exit conference that includes:

(a) Discussion of findings, if any;

(b) Statement of deficiencies requiring a plan of correction;

(c) A plan of correction signed by the applicant agency director and the mental health division review team

representative with a completion date no greater than sixty days from the date of the exit conference, unless otherwise negotiated with the review team representative. Consumer health and safety concerns may require immediate corrective action.

(7) If the provider fails to correct the deficiencies noted within the agreed-upon timeframes, licensure will be denied. The mental health division notifies the applicant in writing of the reasons for denial and the right to a review of the decision in an administrative hearing;

(8) If licensure is denied, the applicant must wait at least six months following the date of notification of denial before reapplying.

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WAC 388-865-0472 Licensing categories

The mental health division assigns the community support service applicant or licensee one of the following types of licenses:

(1) Provisional license. This category is given only to a new applicant. The mental health division may grant a provisional license for up to one year if the provider, has:

(a) An acceptable detailed plan for the development and operation of the services;

(b) The availability of administrative and clinical expertise required to develop and provide the planned services;

(c) The fiscal management and existence or projection of resources to reasonably ensure stability and solvency; and

(d) A corrective action plan approved by the mental health division, if applicable, for any deficiencies.

(2) Full License. Full licensure means that the applicant or licensee is in substantial compliance with the law, applicable rules and regulations, and state minimum standards.

(3) Probationary license. The mental health division may issue a probationary license if the service provider is substantially out of compliance with the requirements of state and federal law, applicable rules and regulations and state minimum standards. The mental health division provides the service provider with a written notice of the deficiencies.

(a) If the deficiency has caused or is likely to cause serious injury, harm, impairment or death to a consumer the deficiencies must be corrected within a timeframe specified by the mental health division;

(b) If the provider fails to complete a corrective action plan or correct deficiencies according to the corrective action plan, the license may be suspended or revoked;

(c) To regain full licensure, a service provider in probationary status must provide a written statement to the

mental health division when it has made all required corrective actions and now complies with relevant federal and state law, applicable rules and regulations, and state minimum standards;

(d) The mental health division may conduct an on-site review to confirm that the corrections have been made.

(4) The mental health division may perform an onsite visit to determine the validity of a complaint or notice that a community support service provider is out of compliance with law, applicable rules and regulations, and state minimum standards.

(5) If the service provider does not demonstrate compliance with the requirements of this section, the mental health division may initiate procedures to suspend or revoke a license consistent with state and federal laws, rules and regulations consistent with the provisions of RCW 71.24.035(7) through (11) and of 43.20A.205.

(6) A regional support network or prepaid health plan may choose to contract with a service provider with a provisional license, full license, or probationary license, but may not contract with a provider with a suspended or revoked license.

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WAC 388-865-0474 Fees for community support service provider licensure

(1) Fees are due with an initial application or for annual license renewal;

(2) Fees must be paid for a minimum of one year;

(3) If an application is withdrawn prior to issuance or denial, one-half of the fees may be refunded at the request of the applicant;

(4) A change in ownership requires a new license and payment of fees;

(5) Fee payments must be made by check, electronic fund transfer, or money order made payable to the mental health division;

(6) Fees will not be refunded if a license or certificate is denied, revoked, or suspended;

(7) Failure to pay fees when due will result in suspension or denial of the license;

(8) The following fees must be sent with the application for a license or renewal:

Range	Service Hours	Annual Fee
1	[illegible]-3,999	$291.00
2	4,000-14,999	422.00
3	[illegible]	[illegible]

4	30,000-49,999	842.00
5	50,000 or more	1,030.00

(9) Annual service hours are computed on the most recent year. For new entities, annual service hours equals the projected service hours for the year of licensure. The provider must report the number of annual service hours based on the mental health division consumer information system data dictionary.

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WAC 388-865-0476 Licensure based on deemed status

(1) The mental health division may deem compliance with state minimum standards and issue a community support service license based on the provider being currently accredited by a national accreditation agency recognized by and having a current agreement with the mental health division. Deeming will be in accordance with the established agreement between the mental health division and the accrediting agency.

(2) The mental health division will only grant licensure based on deemed status to providers with a full license as defined in WAC 388-865-0472.

(3) Specific requirements of state regulation, contract or policy will be waived through a deeming process consistent with the working agreement between the mental health division and the accrediting agency;

(4) Specific requirements of state or federal law, or regulation will not be waived through a deeming process.

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WAC 388-865-0478 Renewal of a community support service provider license

(1) Each year the community support service provider must renew its license. The community support service provider sends the reapplication for licensure to mental health division along with the required fee.

(2) If the service provider contracts with the regional support network or prepaid health plan it must send a copy of the application to the regional support network or mental health prepaid health plan. The regional support network or mental health prepaid health plan may make written comments to the mental health division about renewing the service provider's license. They must send the service provider a copy.

(3) The mental health division considers the request for renewal, along with any recommendations from the regional

support network or mental health prepaid health plan and the results of any onsite reviews completed.

(4) If the provider is in compliance with applicable laws and standards, the mental health division sends the service provider a renewed license, with a copy to the regional support network or mental health prepaid health plan if applicable.

(5) Failure to submit the annual application for renewal license and/or to pay fees when due results in expiration of the license and the provider will be placed on probationary status.

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WAC 388-865-0480 Procedures to suspend, or revoke a license

(1) The mental health division may suspend, revoke, limit or restrict the license of a community support service provider, or refuse to grant or renew a license for failure to conform to the law, applicable rules and regulations, or state minimum standards.

(2) The mental health division may suspend, revoke, limit or restrict the license of a service provider immediately if there is imminent risk to consumer health and safety.

(3) The mental health division sends a written decision to revoke, suspend, or modify the former licensure status under RCW 43.20A.205, with the reasons for the decision and informing the service provider of its right to an administrative hearing. A copy of the letter will be sent to the area regional support network.

(4) A regional support network or mental health prepaid health plan must not contract with a service provider with a suspended or revoked license.

(5) The mental health division may suspend or revoke a license when a service provider in probationary status fails to correct the health and safety deficiencies as agreed in the corrective action plan with the mental health division.

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WAC 388-865-0482 Procedures to contest a licensing decision

To contest a decision by the mental health division, the service provider, regional support network, or mental health prepaid health plan must, within twenty-eight calendar days:

(1) File a written application for a hearing with a method that shows proof of receipt to: The Board of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(2) Include in the appeal:

a. The issue to be reviewed and the date the decision was made;

(b) A specific statement of the issue and law involved;

(c) The grounds for contesting a decision of the mental health division; and

(d) A copy of the mental health division decision that is being contested.

(3) The appeal must be signed by the director of the service provider and include the address of the service provider.

(4) The decision will be made following the requirements of the Administrative Procedure Act, chapter 34.05 RCW and chapter 388-02 WAC.

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WAC 388-865-0484 Process to certify providers of involuntary services

In order to be certified to provide services to consumers on an involuntary basis, the provider must comply with the following process:

(1) Be licensed as a community support provider consistent with this section or licensed as a community hospital by the department of health;

(2) Complete and submit an application for certification to the regional support network;

(3) The regional support network selects providers for certification and makes a request to the mental health division for certification;

(4) The mental health division conducts an on-site review to examine agency policies and procedures, personnel records, clinical records, financial documents, and any other information that may be necessary to confirm compliance with minimum standards of this section;

(5) The mental health division grants certification based on compliance with the minimum standards of this section and chapter 71.05 RCW;

(6) The certificate may be renewed annually at the request of the regional support network and the provider's continued compliance with the minimum standards of this section;

(7) The procedures to suspend or revoke a certificate are the same as outlined WAC 388-865-0468;

(8) The appeal process to contest a decision of the mental health decision is the same as outlined in WAC 388-865-0462

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SECTION FIVE–INPATIENT EVALUATION AND TREATMENT FACILITIES

WAC 388-865-0500 Inpatient evaluation and treatment facilities

The mental health division certifies facilities to provide involuntary inpatient evaluation and treatment services for more than twenty-four hours. Facilities must be certified in order to provide services to consumers who are authorized by the regional support network or mental health prepaid health plan to receive psychiatric inpatient evaluation and treatment services on an involuntary basis.

(1) The following facilities must be licensed by the department of health:

(a) General hospital;

(b) Psychiatric hospital; or

(c) Residential (nonhospital) inpatient facility such as adult residential rehabilitation centers and psychiatric institutions for children and youth.

(2) The following state psychiatric hospitals for adults or children are not licensed by the state, but certified by the Health Care Financing Administration and accredited by the Joint Commission on Accreditation of Healthcare Organizations:

(a) Eastern state hospital;

(b) Western state hospital; and

(c) Child study and treatment center.

(3) No correctional institution or facility, juvenile court detention facility, or jail may be used as an inpatient evaluation and treatment facility within the meaning of this chapter.

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WAC 388-865-0501 Certification based on deemed status

(1) The mental health division may deem compliance with state minimum standards and issue an inpatient evaluation and treatment certificate based on the provider being currently accredited by a national accreditation agency recognized by and having a current agreement with the mental health division. Deeming will be in accordance with the established agreement between the mental health division and the accrediting agency;

(2) The mental health division will only grant certification based on deemed status to providers that have

attained full certification as defined in WAC 388-865-0472;

(3) Specific requirements of state regulation, contract or policy will be waived through a deeming process consistent with the working agreement between the mental health division and the accrediting agency;

(4) Specific requirements of state or federal law or regulation will not be waived through a deeming process.

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WAC 388-865-0502 Single bed certification

At the discretion of the mental health division, an exception may be granted to allow treatment to an adult on a seventy-two hour detention or fourteen-day commitment in a facility that is not certified under WAC 388-865-0500 or for a maximum of thirty days to allow a community facility to provide treatment to an adult on a ninety- or one hundred eighty-day inpatient involuntary commitment order.

(1) The regional support network or its designee must submit a written request for a single bed certification to the mental health division prior to the commencement of the order;

(2) The facility receiving the single bed certification must meet all requirements of this section unless specifically waived by the mental health division;

(3) The request for single bed certification must describe why the consumer meets at least one of the following criteria:

(a) The consumer requires services that are not available at a state psychiatric hospital; or

(b) The consumer is expected to be ready for discharge from inpatient services within the next thirty days and being at a community facility would facilitate continuity of care.

(4) The mental health division director or the director's designee makes the decision and gives written notification to the requesting regional support network in the form of a single bed certification. The single bed certification must not contradict a specific provision of federal law or state statute;

(5) The mental health division may make site visits at any time to verify that the terms of the single bed certification are being met. Failure to comply with any term of the exception certification may result in corrective action or, if the mental health division determines that the violation places consumers in imminent jeopardy, immediate revocation of the certification;

(6) Neither consumers nor facilities have fair hearing rights as defined under chapter 388-02 WAC regarding single bed certification decisions by mental health division staff.

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WAC 388-865-0504 Exception to rule--Long-term certification

(1) At the discretion of the mental health division, a facility may be granted an exception to WAC 388-865-0229 in order to allow the facility to be certified to provide treatment to adults on ninety-or one hundred eighty-day inpatient involuntary commitment orders.

(2) The exception certification may be requested by the facility, the director of the mental health division or his designee, or the RSN for the facility's geographic area.

(3) The facility receiving the exception certification for ninety- or one hundred eighty-day patients must meet all requirements found in chapter 388-865 WAC for the evaluation and treatment facility short-term inpatient component.

(4) The exception certification must be signed by the director of the mental health division. The exception certification may impose additional requirements, such as types of patients allowed and not allowed at the facility, reporting requirements, requirements that the facility immediately report suspected or alleged incidents of abuse, or any other requirements that the director of the mental health division determines are necessary for the best interests of patients.

(5) The mental health division may make unannounced site visits at any time to verify that the terms of the exception certification are being met. Failure to comply with any term of the exception certification may result in corrective action or, if the mental health division determines that the violation places patients in imminent jeopardy, immediate revocation of the certification.

(6) Neither consumers nor facilities have fair hearing rights as defined under chapter 388-02 WAC regarding the decision to grant or not to grant exception certification.

WAC 388-865-0505 Evaluation and treatment facility certification--Minimum standards

To gain and maintain certification to provide inpatient evaluation and treatment services under chapter 71.05 and 71.34 RCW, a facility must meet applicable local, state and federal laws and regulations including department of health licensure requirements and WAC 388-865-500 through 388-865-560:

(1) Designate a physician or other mental health professional as the professional person in charge of that facility. This person must be given the authority and be responsible for:

(a) Making admission and discharge decisions on behalf of that facility;

(b) Supervision of clinical services provided by the

facility; and

(c) Explore less restrictive alternatives, in considering the filing of all petitions for involuntary commitments to inpatient treatment including possible community support or residential treatment, to see if the consumer can be as well or better served, preferably within his or her home community.

(2) Have the capability to admit consumers needing inpatient evaluation and treatment services seven days a week, twenty-four hours a day. Psychiatric institutions for children and youth are exempted from this requirement;

(3) Have at least one seclusion room meeting the requirements of WAC 246-320-365(12)(d)(ii);

(4) Assure access to necessary medical treatment, emergency life-sustaining treatment, and medication.

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WAC 388-865-0510 Standards for administration

The inpatient evaluation and treatment facility must develop policies to address the following administrative requirements:

(1) Protect clinical records against loss, defacement, tampering, or use by unauthorized persons;

(2) Maintain adequate fiscal accounting records;

(3) Bill and collect payment for services from all private payors and third party payors, including Medicaid and Medicare consumers;

(4) Ensure the protection of consumer and family rights as described in this chapter and chapter 71.05 and 71.34 RCW;

(5) Maintain written protocols to physically and legally detain a consumer who refuses voluntary treatment and meets the legal criteria for involuntary commitment, including the method to contact the county designated mental health professional;

(6) Maintain written procedures for managing assaultive and/or self-injurious consumer behavior;

(7) Maintain written procedures to ensure the safety of children and adults in an inpatient evaluation and treatment facility:

(a) Adults must be separated from children who are not yet thirteen years of age;

(b) Children who have had their thirteenth birthday, but are under the age of eighteen, may be served with adults only if the child's clinical record contains a professional judgment saying that placement in an adult facility will not be harmful to the child or adult.

(8) Develop policies and procedures to inform and provide relevant information on persons who are absent from the facility without leave consistent with RCW 71.05.410 and 71.05.420;

(9) Maintain written procedures to either admit all consumers who have been detained or arrange for transfer to a more appropriate facility only after it is confirmed that the facility will admit the consumer;

(10) Maintain written procedures to ensure the protection of the consumer's property including:

(a) Inventory articles brought to the facility and not kept by the consumer;

(b) Use reasonable precautions to safeguard the property of the consumer.

(11) If the facility treats children, it must maintain written procedures to ensure that:

(a) Whenever a child is conditionally released or discharged before the end of the commitment, the professional person in charge gives the court written notice of the release within three days of the release. If the child is on a one a one hundred and eighty day commitment the children's long-term inpatient placement committee must also be notified.

(b) If the child elopes, the professional person in charge immediately notifies the parents and the appropriate law enforcement agencies.

(12) Maintain written procedures to ensure that upon discharge of a consumer of voluntary services:

(a) The consumer's permission is sought for release of a clinical summary to the community physician, psychiatrist, or therapist of his/her choice, or to the local treatment facility or licensed service provider.

(b) Information sharing complies with RCW 71.05.390.

(c) The consumer is advised of his or her competency and given the following written notice: "No person is presumed incompetent nor does any person lose any civil rights as a consequence of receiving evaluation and treatment services for a mental disorder, whether voluntary or involuntary, as required by RCW 71.05.390."

(13) Maintain written procedures to ensure that the county designated mental health professional who detained a person can not also be one of the two mental health professionals who examines and evaluates a person within twenty-four hours of admission to determine what treatment he or she requires. An exception can be made only by the director or the mental health division and because no other mental health professional is reasonably available to do the necessary examination and evaluation.

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WAC 388-865-0515 Admission and intake evaluation

The provider must include the following documentation in the intake evaluation:

(1) An initial treatment plan;

(2) A copy of any advance directives, powers of attorney or letters of guardianship provided by the consumer;

(3) That the consumer was advised of his/her rights;

(4) Consideration of a less restrictive treatment alternative for each patient at the time of detention, admission, and discharge;

(5) For consumers who have been involuntarily detained, evaluations to determine the nature of the disorder, the treatment necessary, and whether or not detention is required at least within twenty-four hours of the initial detention of the consumer, including Saturdays, Sundays and holidays. The evaluation must include at least a:

(a) Medical evaluation by a an appropriately licensed medical professional within his/her scope of practice; and

(b) Psychosocial evaluation by a mental health professional.

[]

WAC 388-865-0525 Clinical record

The treatment record for each consumer must contain:

(1) A comprehensive plan for treatment developed collaboratively with the consumer;

(2) Copies of advance directives, powers of attorney or letters of guardianship provided by the consumer.

(3) A plan for discharge including a plan for follow-up where appropriate;

(4) Sufficient information to justify the diagnosis;

(5) Documentation that the facility has provided for or arranged for diagnostic and therapeutic services prescribed by the attending professional staff. This may include participation of a multi-disciplinary team or mental health specialists as defined in WAC 388-865-0150, or collaboration with members of the consumer's support system as identified by the consumer;

(6) Documentation of the course of treatment;

(7) Documentation that a mental health professional has contact with each involuntary consumer at least daily for the purpose of:

(a) Observation;

(b) Evaluation; and

(c) Continuity of treatment.

(8) Documentation that a mental health professional and

licensed physician are available for consultation and communication with both the consumer and the direct patient care staff twenty-four hours a day, seven days a week;

(9) Documentation of evaluation of each involuntarily committed consumer for release from commitment at least weekly for fourteen-day commitments.

[]

WAC 388-865-0530 Competency requirements for staff

In order to gain and maintain certification as an inpatient evaluation and treatment facility, the provider must document that staff are qualified for the position they hold and have the education, experience, or skills to perform the job requirements, including:

(1) All staff have a current Washington state department of health license or certificate or registration as may be required for his/her position;

(2) Washington state patrol background checks are conducted for employees in contact with consumers consistent with RCW 43.43.830;

(3) Clinical supervisors meet the qualifications of mental health professionals or specialists as defined in WAC 388-865-0150;

(4) Staff receive an annual performance evaluation; and

(5) An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for his/her job description and the population they serve. Such training must include at least:

(a) Least restrictive alternative options available in the community and how to access them;

(b) Methods of patient care;

(c) Management of assaultive and self-destructive behavior; and

(d) The requirements of chapter 71.05 and 71.34 RCW, this chapter, and protocols developed by the mental health division.

[]

WAC 388-865-0535 The process for gaining certification and renewal of certification

These processes are the same as described in WAC 388-865-0434.

[]

WAC 388-865-0540 Fees for evaluation and treatment facility certification

Inpatient facilities certified to provide inpatient evaluation

and treatment services are assessed an annual fee of thirty-two dollars per bed.

[]

WAC 388-865-0545 Use of seclusion and restraint procedures—Adults

Consumers have the right to be free from seclusion and restraint, including chemical restraint. The use of restraints or seclusion must occur only when there is imminent danger to self or others and less restrictive measures have been determined to be ineffective to protect the consumer or others from harm and the reasons for the determination are clearly documented. The evaluation and treatment facility must develop policies and procedures to assure that restraint and seclusion procedures are utilized only to the extent necessary to ensure the safety of patients and others:

(1) Staff must notify, and receive authorization by, a physician within one hour of initiating patient restraint or seclusion;

(2) The consumer must be informed of the reasons for use of seclusion or restraint and the specific behaviors which must be exhibited in order to gain release from these procedures;

(3) The clinical record must document staff observation of the consumer at least every fifteen minutes and observation recorded in the consumer's clinical record;

(4) If the use of restraint or seclusion exceeds twenty-four hours, a licensed physician must assess the consumer and write a new order if the intervention will be continued. This procedure is repeated again for each twenty-four hour period that restraint or seclusion is used;

(5) All assessments and justification for the use of seclusion or restraint must be documented in the consumer's medical record.

[]

WAC 388-865-0546 Use of seclusion and restraint procedures—Children

Consumers have the right to be free from seclusion and restraint, including chemical restraint. The use of restraints or seclusion must occur only when there is imminent danger to self or others and less restrictive measures have been determined to be ineffective to protect the consumer or others from harm and the reasons for the determination are clearly

documented. The evaluation and treatment facility must develop policies and procedures to assure that restraint and seclusion procedures are utilized only to the extent necessary to ensure the safety of patients and others:

(1) In the event of an emergency use of restraints or seclusion, a licensed physician must be notified within one hour and must authorize the restraints or seclusion;

(2) No consumer may be restrained or secluded for a period in excess of two hours without having been evaluated by a mental health professional. Such consumer must be directly observed every fifteen minutes and the observation recorded in the consumer's clinical record;

(3) If the restraint or seclusion exceeds twenty-four hours, the consumer must be examined by a licensed physician. The facts determined by his or her examination and any resultant decision to continue restraint or seclusion over twenty-four hours must be recorded in the consumer's clinical record over the signature of the authorizing physician. This procedure must be repeated for each subsequent twenty-four hour period of restraint or seclusion.

[]

WAC 388-865-0550 Rights of all consumers who receive community inpatient services

The rights assured by RCW 71.05.370 and the following rights must be prominently posted within the department or ward of the community or inpatient evaluation and treatment facility. You have the right to:

(1) Adequate care and individualized treatment.

(2) To have all information and records compiled, obtained, or maintained in the course of receiving services kept confidential, under the provisions of RCW 71.05.390, 71.05.420, and 71.34.160.

[]

WAC 388-865-0555 Rights of consumers receiving involuntary inpatient services

Consumers who are receiving inpatient services involuntarily have the rights provided in RCW 71.05.370 plus the following rights. The provider must ensure consumers are informed of his or her rights and that all consumer rights are protected, including:

(1) At admission, each consumer must be informed in writing or orally of his or her rights to have a responsible member of the immediate family if possible, guardian or conservator, if any, and such other person as designated by the consumer given

written notice of the consumer's inpatient status, and his or her rights as an involuntary consumer;

(2) A medical and psychosocial evaluation within twenty-four hours of admission to determine whether continued detention in the facility is necessary;

(3) A judicial hearing before a superior court if the consumer is not released within seventy-two hours (excluding Saturdays, Sundays, and holidays), to decide if continued detention within the facility is necessary.

[]

WAC 388-865-0557 Rights related to antipsychotic medication.

All consumers have a right to make an informed decision regarding the use of antipsychotic medication consistent with the provisions of RCW 71.05.370(7) and 71.05.215. The provider must develop and maintain a written protocol for the involuntary administration of antipsychotic medications, including the following requirements:

(1) At the time of admission inform the consumer of his or her right to:

(a) Make an informed decision regarding the use of antipsychotic medication;

(b) Refuse all treatment except lifesaving treatment beginning twenty-four hours prior to any hearing;

(c) Refuse antipsychotic medication beginning twenty-four hours before any court proceeding wherein the consumer has the right to attend and is related to his or her continued commitment;

(d) The consumer must be asked if he or she wishes to decline treatment during the twenty-four hour period, and the answer must be in writing and signed when possible. Compliance with this procedure must be documented in the consumer's clinical record.

(2) The clinical record must document:

(a) The physician's attempt to obtain informed consent;

(b) The reasons why any antipsychotic medication is administered over the consumer's objection or lack of consent.

(3) The physician may administer antipsychotic medications over a consumer's objections or lack of consent only when:

(a) An emergency exists, provided there is a review of this decision by a second physician within twenty-four hours. An emergency exists if:

(i) The consumer presents an imminent likelihood of serious harm to self or others;

(ii) Medically acceptable alternatives to administration of antipsychotic medications are not available or are unlikely to

be successful; and

(iii) In the opinion of the physician, the consumer's condition constitutes an emergency requiring that treatment be instituted before obtaining an additional concurring opinion by a second physician.

(b) There is an additional concurring opinion by a second physician for treatment up to thirty days;

(c) For continued treatment beyond thirty days through the hearing on any one hundred eighty-day petition filed under RCW 71.05.370(7), provided the facility medical director or director's medical designee reviews the decision to medicate a consumer. Thereafter, antipsychotic medication may be administered involuntarily only upon order of the court. The review must occur at least every sixty days.

(4) The examining physician must sign all one hundred eighty-day petitions for antipsychotic medications files under the authority of RCW 71.05.370(7);

(5) Consumers committed for one hundred eighty days who refuse or lack the capacity to consent to antipsychotic medications have the right to a court hearing under RCW 71.05.370(7) prior to the involuntary administration of antipsychotic medications;

(6) In an emergency, antipsychotic medications may be administered prior to the court hearing provided that an examining physician files a petition for an antipsychotic medication order the next judicial day;

(7) All involuntary medication orders must be consistent with the provisions of RCW 71.05.370(7)(a) and (b), whether ordered by a physician or the court;

(8) This section does not preclude use of physical restraints and/or seclusion in compliance with WAC 388-865-0545 and 388-865-0546.

[]

WAC 388-865-0560 Rights of consumers who receive emergency and inpatient services voluntarily

(1) At admission, each consumer must be informed in writing or orally of his or her right to immediate release, and other rights as defined in this section and in RCW 71.05.[illegible] for adults and chapter 71.34 RCW for children.

(2) The following rights of voluntary consumers must be prominently displayed within the department or ward where the consumer is housed. You have the right to:

(a) Release, unless involuntary commitment proceedings are initiated.

(b) A review of condition and status at least each [illegible]

hundred and eighty days as required under RCW 71.05.050, 71.05.380, and 72.23.070.

(3) All voluntary consumers have the right to:

(a) Adequate care and individualized treatment;

(b) Make an informed decision about the use of antipsychotic medication.

[]

WAC 388-865-0565 Petition for the right to possess a firearm

A person is entitled to the immediate restoration of the right to firearm possession when he or she no longer require treatment or medication for a condition related to the involuntary commitment. This is described in RCW 9.41.040(6)(c).

(1) The person who wants his or her right to possess a firearm restored may petition the court that ordered involuntary treatment or the superior court of the county in which he or she lives for a restoration of the right to possess firearms. At a minimum, the petition must include:

(a) The fact, date, and place of involuntary treatment;

(b) The fact, date, and release from involuntary treatment;

(c) A certified copy of the most recent order of commitment with the findings and conclusions of law.

(2) The person must show the court that he/she no longer require treatment or medication for the condition related to the commitment.

(3) If the court requests relevant information about the commitment or release to make a decision, the mental health professionals who participated in the evaluation and treatment must give the court that information.

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SECTION SIX--DEPARTMENT OF CORRECTIONS ACCESS TO CONFIDENTIAL MENTAL HEALTH INFORMATION

WAC 388-865-0600 Purpose

In order to enhance and facilitate the department of corrections' ability to carry out its responsibility of planning and ensuring community protection, mental health records and information, as defined in this section, that are otherwise confidential shall be released by any mental health service provider to the department of corrections personnel for whom the information is necessary to carry out the responsibilities of their office as authorized in RCW 71.05.445 and 71.34.225. Department of corrections personnel must use records only for the stated purpose and must assure that records remain confidential and subject to the limitations on disclosure outlined in chapter 71.05 RCW, except as provided in RCW 72.09.585.

[]

WAC 388-865-0610 Definitions

Relevant records and reports includes written documents obtained from other agencies or sources, often referred to as third-party documents, as well as documents produced by the agency receiving the request. Relevant records and reports do not include the documents restricted by either federal law or federal regulation related to treatment for alcoholism or drug dependency or the Health Insurance Portability and Accountability Act or state law related to sexually transmitted diseases, as outlined in RCW 71.05.445 and 71.34.225.

(1) **"Relevant records and reports"** means:

(a) Records and reports of inpatient treatment:

(i) Inpatient psychosocial assessment - Any initial, interval, or interim assessment usually completed by a person with a master's degree in social work (or equivalent) or equivalent document as established by the holders of the records and reports;

(ii) Inpatient intake assessment - The first assessment completed for an admission, usually completed by a psychiatrist or other physician or equivalent document as established by the holders of the records and reports:

(iii) Inpatient psychiatric assessment - Any initial

interim, or interval assessment usually completed by a psychiatrist (or professional determined to be equivalent) or equivalent document as established by the holders of the records and reports;

(iv) Inpatient discharge/release summary - Summary of a hospital stay usually completed by a psychiatrist (or professional determined to be equivalent) or equivalent document as established by the holders of the records and reports;

(v) Inpatient treatment plan - A document designed to guide multi-disciplinary inpatient treatment or equivalent document as established by the holders of the records and reports;

(vi) Inpatient discharge and aftercare plan database - A document designed to establish a plan of treatment and support following discharge from the inpatient setting or equivalent document as established by the holders of the records and reports.

(b) Records and reports of outpatient treatment:

(i) Outpatient intake evaluation - Any initial or intake evaluation or summary done by any mental health practitioner or case manager the purpose of which is to provide an initial clinical assessment in order to guide outpatient service delivery or equivalent document as established by the holders of the records and reports;

(ii) Outpatient periodic review - Any periodic update, summary, or review of treatment done by any mental health practitioner or case manager. This includes, but is not limited to: documents indicating diagnostic change or update; annual or periodic psychiatric assessment, evaluation, update, summary, or review; annual or periodic treatment summary; concurrent review; individual service plan as required by WAC 388-865-0425 through 388-865-0430, or equivalent document as established by the holders of the records and reports;

(iii) Outpatient crisis plan - A document designed to guide intervention during a mental health crisis or decompensation or equivalent document as established by the holders of the records and reports;

(iv) Outpatient discharge or release summary - Summary of outpatient treatment completed by a mental health professional or case manager at the time of termination of outpatient services or equivalent document as established by the holders of the records and reports;

(v) Outpatient treatment plan - A document designed to guide multi-disciplinary outpatient treatment and support or equivalent document as established by the holders of the records and reports.

(c) Records and reports regarding providers and medications:

(i) Current medications and adverse reactions - A list of all known current medications prescribed by the licensed practitioner to the individual and a list of any known adverse reactions or allergies to medications or to environmental agents;

(ii) Name, address and telephone number of the case manager or primary clinician.

(d) Records and reports of other relevant treatment and evaluation:

(i) Psychological evaluation - A formal report, assessment, or evaluation based on psychological tests conducted by a psychologist;

(ii) Neuropsychological evaluation - A formal neuropsychological report, assessment, or evaluation based on neuropsychological tests conducted by a psychologist;

(iii) Educational assessment - A formal report, assessment, or evaluation of educational needs or equivalent document as established by the holders of the records and reports;

(iv) Functional assessment - A formal report, assessment, or evaluation of degree of functional independence. This may include but is not limited to: occupational therapy evaluations, rehabilitative services database activities assessment, residential level of care screening, problem severity scale, instruments used for functional assessment or equivalent document as established by the holders of the records and reports;

(v) Forensic evaluation - An evaluation or report conducted pursuant to chapter 10.77 RCW;

(vi) Offender/violence alert - A any documents pertaining to statutory obligations regarding dangerous or criminal behavior or to dangerous or criminal propensities. This includes, but is not limited to, formal documents specifically designed to track the need to provide or past provision of: duty to warn, duty to report child/elder abuse, victim/witness notification, violent offender notification, and sexual/kidnapping offender notification per RCW 4.24.550, 10.77.205, 13.40.215, 13.40.217, 26.44.330, 71.05.1[illegible], 71.05.330, 71.05.340, 71.05.425, 71.09.140, and 74.34.035;

(vii) Risk assessment - Any tests or formal evaluations administered or conducted as part of a formal violence or criminal risk assessment process that is not specifically addressed in any psychological evaluation or neuropsychological evaluation.

(e) Records and reports of legal status - Legal documents are documents filed with the court or produced by the court indicating current legal status or legal obligations including but not limited to:

(i) Legal documents pertaining to chapter 71.05 RCW;

(ii) Legal documents pertaining to chapter 71.34;

(iii) Legal documents containing court findings pertaining to chapter 10.77 RCW;

(iv) Legal documents regarding guardianship of the person;

(v) Legal documents regarding durable power of attorney;

(vi) Legal or official documents regarding a protective payee;

(vii) Mental health advance directive.

(2) **"Relevant information"** means descriptions of a consumer's participation in, and response to, mental health treatment and services not available in a relevant record or report, including all statutorily mandated reporting or duty to warn notifications as identified in WAC 388-865-610(1)(d)(vi), Offender/Violence alert, and all requests for evaluations for involuntary civil commitments under chapter 71.05 RCW. The information may be provided in verbal or written form at the discretion of the mental health service provider.

[]

WAC 388-865-0620 Scope

Many records and reports are updated on a regular or as needed basis. The scope of the records and reports to be released to the department of corrections are dependent upon the reason for the request.

(1) For the purpose of a pre-sentence investigation release only the most recently completed or received records of those completed or received within the twenty-four-month period prior to the date of the request; or

(2) For all other purposes release all versions of records and reports that were completed or received within the ten year period prior to the date of the request that are still available.

[]

WAC 388-865-0630 Time frame

The mental health service provider shall provide the requested relevant records, reports and information to the authorized department of corrections person in a timely manner, according to the purpose of the request:

(1) Pre-sentence investigation - within seven calendar days of the receipt of the request. If some or all of the requested relevant records, reports and information are not available within that time period the mental health service provider shall notify the authorized department of corrections person prior to

the end of the seven-day-period and provide the requested relevant records, reports or information within a mutually agreed to time period; or

(2) All other purposes - within thirty calendar days of the receipt of the request. If some or all of the requested relevant records, reports and information are not available within that time period the mental health service provider shall notify the authorized department of corrections person prior to the end of the thirty-day period and provide the requested relevant records, reports or information within a mutually agreed to time period.

[]

WAC 388-865-0640 Written requests

The written request for relevant records, reports and information shall include:

(1) Verification that the person for whom records, reports and information are being requested is under the authority of the department of corrections, per chapter 9.94A RCW, and the expiration date of that authority.

(2) Sufficient information to identify the person for whom records, reports and information are being requested including name and other identifying data.

(3) Specification as to which records and reports are being requested and the purpose for the request.

(4) Specification as to what relevant information is requested and the purpose for the request.

(5) Identification of the department of corrections person to whom the records, reports and information shall be sent, including the person's name, title and address.

(6) Name, title and signature of the requestor and date of the request.

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Attachment A.1115c

Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

MENTAL HEALTH DIVISION
POLICIES AND PROCEDURES

Approved by: (signature on file)
Karl Brimner, Director
Date issued: July 1, 2001

Effective Date: July 1, 2001

POLICY STATEMENT NO. 4.02

SUBJECT: **SERVICE RECIPIENT DISENROLLMENT DETERMINATION PROCEDURES**

I. PURPOSE

The purpose of this policy is to provide guidance on the processing of requests received by Medicaid service recipients/enrollees for disenrollment from his/her mental health prepaid health plan.
Reference: WAC 388-865-0340

II. SCOPE

This policy applies to employees of the Mental Health Division (MHD) Central Office.

III. POLICY

On a case-by-case basis, the MHD will disenroll a service recipient from his/her mental health prepaid health plan when the service recipient has "good cause" for disenrollment. For the purposes of this policy, "good cause" is defined as the inability of the mental health prepaid health plan to provide medically necessary care that is reasonably available and accessible (WAC 388-865-0340).

IV. PROCEDURE

All requests for service recipient disenrollment from his/her mental health prepaid health plan will be routed to the MHD fair hearing coordinator for processing in accordance with the following guidelines.

A. Disenrollment Due to Changed Circumstances

Due to the provisions already in WAC for disenrollment, there normally should not be a need for a written request for disenrollment to MHD when the service recipient is no longer eligible for Title XIX categorically and medically needy services nor when the person is deceased. A service recipient does not need to request disenrollment from one PHP when the person moves to another PHP.

A 115C

B. Requests for Disenrollment for Good Cause

A Medicaid enrollee may request disenrollment for good cause. The request for disenrollment shall be made to the MHD Fair Hearing Coordinator (FHC). A written request must be submitted, stating the reason(s) for the request. The requestor and/or representative is expected to assist MHD to gather sufficient information to determine whether the request may be justified. Prior to requesting disenrollment from MHD, the Medicaid enrollee must use the local RSN/PHP grievance procedures.

C. Review of Requests for Disenrollment: Initial Process

1. The initial screening will focus on whether the person is Title XIX eligible. The Fair Hearing Coordinator (FHC) will access the MHD internal production database to determine medical eligibility and Third Party Liability information of the individual. If the person requesting disenrollment from the PHP is not a Medicaid enrollee, the FHC will notify the individual that the request for disenrollment does not apply, as the individual is not enrolled in the PHP. The response will include notice that an Ombudsperson is available locally to assist with their concerns and access to service. The response will also inform the individual of the right to request an Administrative Hearing on the determination.

2. If the person is Medicare eligible and Medicaid eligible, the FHC will notify the individual that the request for disenrollment does not apply, as Medicaid coverage is a supplement to Medicare benefits, which is their primary benefit. A Medicare eligible individual is not limited to accessing mental health services from an RSN/PHP. The notification will also include information about accessing Ombuds services and the right to an Administrative Hearing on the determination.

3. If the person is Medicaid eligible but not Medicare eligible, the FHC will proceed with additional procedures for the disenrollment determination.

    - The FHC will determine whether local grievance procedures have been utilized. If they have not, the service recipient will be referred to the local grievance process, including information about how to access the local Ombuds service.

    - If the local grievance procedures have been utilized, the FHC will proceed with the Disenrollment Procedure.

4. The FHC will screen any supporting documentation received with the request for disenrollment and decide whether there appears to be sufficient information available on which to base a determination. If there is insufficient information available to determine whether potential for disenrollment exists, the FHC will respond within fifteen (15) days

from receipt of request with a statement that insufficient information has been received to make a determination.

- Where insufficient information has been provided, the FHC will request additional information. The request will include Release of Information forms that will authorize the department to access additional information from related providers as well as from PHP contractors and relevant others. The FHC will work with the service recipient or his/her representative to gather sufficient information on which to base a determination.

- The initial response to the service recipient will provide information about complaint and grievance processes that exist at the provider and RSN/PHP levels. The service recipient will be notified about how to access the PHP Ombuds service.

D. Review of Disenrollment: Disenrollment Review Panel (DRP)

1. When the FHC has documentation and information that should be sufficient on which to base a determination about a disenrollment request, the information will be submitted to a review panel. A determination as to good cause will be made within fifteen(15) additional days of when sufficient information is available or as provided for in Health Care Finance Administration federal regulations. Notice of further consideration of the request will be given to the service recipient.

2. The DRP will be convened within 10 days of notice to the individual of further consideration of the request. A DRP Chair shall be selected and will be responsible for facilitating the review of the request for disenrollment

E. Panel Composition

- The panel shall be composed of three members. The members shall include:

  - a person who is independent of the MHD and RSN/PHPs;
  - an RSN/PHP representative that is a peer of the RSN/PHP in which the request for disenrollment has been filed;
  - a representative of MHD.

- At least two of the panel members shall have clinical expertise that meets the requirements for the definition of mental health professional. In the case of a child, elder, ethnic minority or person with a disability, at least one of the panel members shall be a mental health specialist appropriate to the characteristics of the individual.

- Each of the panel members will be a voting member. The panel shall strive to arrive at disenrollment determinations by consensus.

- The FHC, who is not a voting member, will provide staff support to the panel.

F. Panel Review Procedures

- A record of the panel's proceedings shall be made.

- The panel will review materials related to the request for disenrollment. The panel may invite the person requesting the disenrollment and others to provide information orally.

- The panel will send a recommendation to the Mental Health Division Director about whether good cause for disenrollment exists within 5 days after it has been called to convene.

G. Basis for Determination

1. The basis for disenrollment shall be predicated upon the terms of the MHD 1915 (b) waiver from HCFA, which states:

   "a recipient may seek disenrollment from a PHP for good cause. Good cause is defined as an inability of the PHP to provide appropriate access or care within the scope of the waiver defined services".

2. It is not the intent of this process to identify each instance in which "Good Cause" may exist. It is the intent of this process for the panel members to consider the circumstances of each individual service recipient's request and to make a pertinent recommendation.

3. When considering whether "Good Cause" may exist, panel members shall review, but are not limited to, the following:

   - the service recipient's medical necessity;
   - whether services are or should be available to others within the RSN/PHP;
   - attempts by the service recipient to access needed services;
   - efforts by the RSN/PHP to provide needed services;
   - whether the RSN/PHP has assured that it and its contractors have assumed the burden of access to services, particularly when the service recipient's needs may be unusual or difficult to serve;

4. Panel members shall not presume that the objective ability of a provider or an RSN/PHP to provide services generally meets .he test of having the ability to deliver services to a particular individual. Decisions about the ability or inability to provide services shall be made on an individual basis.

5. Final Determination
    - The MHD Director or his/her designee will consider the recommendation of the panel and will make a final disenrollment determination.

    - Notification of the decision will be sent to the service recipient requesting the disenrollment or their representative within 5 days of receipt of recommendation from 'he review panel or within HCFA requirements.

    - If the request for disenrollment is approved, the response will inform the service recipient of the name of a person who will contact them to assist in the process of accessing medically necessary services. Notification will include a statement that the services will be paid for through Medicaid benefits at no cost to the service recipient. The service recipient shall also be notified that disenrollment does not preclude the person from enrolling in a PHP at a later date.

    - In the event that the request for disenrollment is denied, the response will also inform the service recipient of the right to request an Administrative Hearing on the determination and inform the person how to access the local Ombuds service.

Attachment A.11d2i

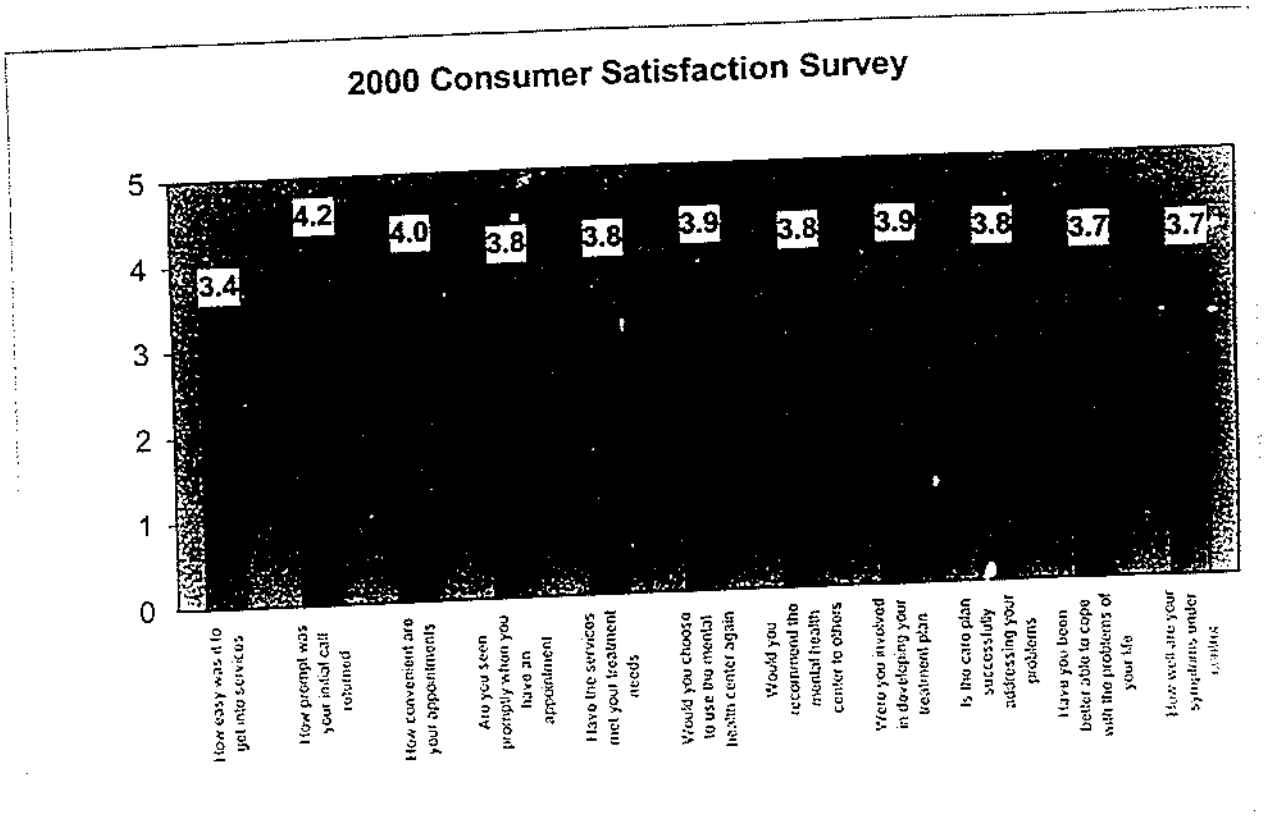
SW RSN

TOTAL 3.38

July TO December 2000 Report Sample 373	A	B	C	D
QUALITY A = Services have been good B = Services have been ok C = Services have not been ok D = Services have been poor	3.45			
AMOUNT A = Services offered have been just right B = Services offered have been about right C = Services offered have not been quite enough D = Services offered have not been enough	3.41			
RESPECT A = I have been treated very well B = I have been treated well C = I have not been treated well D = I have been treated very poorly	3.47			
HELPFULNESS A = Services were extremely helpful B = Services were helpful C = Services were not much help D = Services made things worse	3.30			
RESULTS A = My needs were completely met B = My needs were fairly well met C = Some of my needs were not met D = None of my needs were met	3.15			
RECOMMENDATION A = I would definitely come again and/or refer a friend B = I would probably come again and/or refer a friend C = I'm not sure I would come again nor refer anyone D = I will not come back or tell anyone else to come here	3.45			

PRSN Consumer Report
FY 2000

Consumers, in general, reported high rates of satisfaction with mental health services. A composite sample of the 2000 survey responses is represented in the graph below.



RECEIVED
JUL 13 2001
DSHS/Mental Health

Greater Columbia Behavioral Health

Date: July 10, 2001

GCBH QRT SEMI-ANNUAL REPORT

Prepared by: Joyce Schroeder

Report Period: January 1 – June 30, 2001

1. NUMBER OF MENTAL HEALTH CARE PROVIDER SITE VISITS: 4

1.1 Number of adult consumers in focused interviews and completed satisfaction surveys: **184**

1.2 Number of children consumers in focused interviews and completed satisfaction surveys: **21**

1.3 Number of family members of consumers in focused interviews and completed satisfaction surveys: **0**

1.4 Number of case managers interviewed: **7**

PROVIDER SITES VISITED:

Benton/Franklin
Nueva Esperanza Counseling Center

Klickitat County
Central Washington Comprehensive Mental Health, Goldendale
Central Washington Comprehensive Mental Health, White Salmon

Yakima County
Central Washington Comprehensive Mental Health
(Yakima and Sunnyside)
Clubhouse in Yakima

1.5 Demographic data of consumers/family members:

Gender: Male **82**
Female **123**

Race/Ethnicity:
American Indian/Eskimo **7**
Asian/Pacific Islanders **1**
Black/African American **10**
White/Caucasian **175**
Hispanic **12**
Individuals checking more than one ethnicity **3**

Age Group: 0-13 **9** 14-17 **12** 18-59 **180** 60+ **4**

cc: Sandy, LaToya, Jeannie, Judy G.

A 11d 2 - 3

1.6 Total number of GCBH consumers:

Unduplicated 205 Duplicated ___

2. *NUMBER OF SITE VISITS TO ALLIED SYSTEMS OF CARE: 3*

Hospitals
Memorial ____
St. Mary's ____
Lourdes ____
Eastern State ____
Other _____

Schools
Elementary ____
Middle ____
High School ____
College ____
Other ____

Police Departments ____
Justice Centers ____

Juvenile Detention Centers ____
Juvenile Rehabilitation Centers ____

Nursing Homes ____
Aging and Long-Term Care __1__
Adult Family Homes ____

DCFS ____
CPS ____
Shelters ____

DVR ____
DASA 1 - Quest
DDD ____

Other ____ (see below)
Children and Family Services
Clubhouse

3. *SURVEYS OF GCBH/PHP PERFORMANCE*

3.1 Number of mental health care providers surveyed: 3

3.2 Number of allied care providers surveyed: 3

3.3 Counties included in these surveys: 3

4. *ACTIVITIES, MEETINGS, PROGRAMS PARTICIPATED IN:*

4.1 Meetings Attended:

Board of Directors __5__ Regional Advisory Board __4__ Ombuds ____ Quality Management Oversight Committee __3__ National Alliance for the Mentally Ill __4__ Other (please name): Technical Review Group __1__; Benton/Franklin Mental Health Advisory Board __4__; Consumer Roundtable __2__

4.2 Training Programs Attended:

Basic I 1 – Repeat Basic II ____ Quarterly 3 Other (please explain) Washington Behavioral Healthcare Conference

4.3 Other Programs/Activities (please list): Interviewed for Eastside Consumer-to-Provider Program; regular in-house staff meetings; MHD Integrated Review; revised consumer, staff, and allied provider forms; Excel program for learning MHSIP.

5. ***NUMBER OF SPEAKING ENGAGEMENTS***: 0

5.1 Number of People Attending: 0

5.2 List of organizations, agencies, etc.

1.
2.
3.

1. Sample of strengths identified during mental health care provider visits:
   1. Consumers were very willing to fill out the MHSIP.
   2. Staff was caring and worked well with all ages and ethnic groups.
   3. There was bi-lingual staff at the provider agencies.
   4. They were able to work well with the allied providers in their community.
   5. Consumers felt quality and access to services were very good.

2. Sample of strengths identified during allied systems of care visits:
   Worked well with providers, mostly in rural communities. Sometimes in urban communities it is a little more of a problem. Allied systems were not afraid to refer clients to the mental health system.

3. Sample of strengths identified on Provider surveys of GCBH/PHP performance:
   1. Knowledge of the system in which they work.
   2. Quite knowledgeable about the allied providers.

4. Sample of concerns/findings identified on mental health care provider and allied care site visit:
   More low-cost housing needed. More resources for peer support groups. Consumers are still having symptoms of illness and side effects of medications. Their overall personal life work, study, and recreation can still use some improvement.

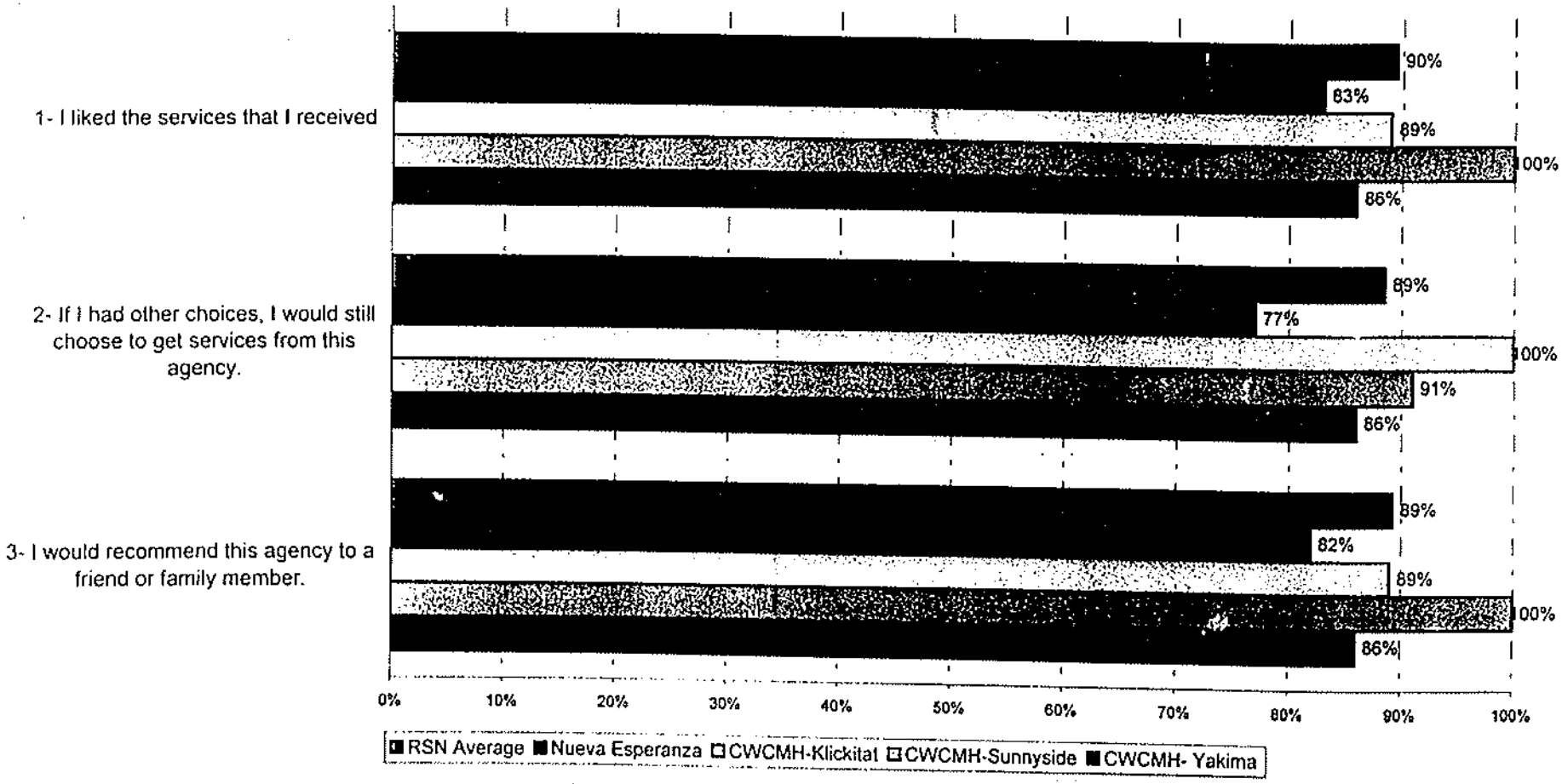
A 11d 2 - 4

5. Sample of Recommendations for Provider System Improvements:
   1. Better coordination between mental health providers and allied systems for the same client.
   2. More training for consumers so they can advocate for themselves.
   3. Lower consumer to staff ratio.
   4. Streamline paper work so staff can spend more time with consumers.
   5. Shorter access time in urban areas.
   6. Better communication is needed between administrative staff and line staff.

The GCBH Quality Review Team started using the short version of MHSIP in 2001 after much consideration. This is the first report that shows the results for four QRT site visits.

The attached graphs show results of consumer satisfaction.

GCBH QRT Semi-Annual Report Jan-June 2001
Satisfaction Survey Results: Domain 1- Consumer Satisfaction



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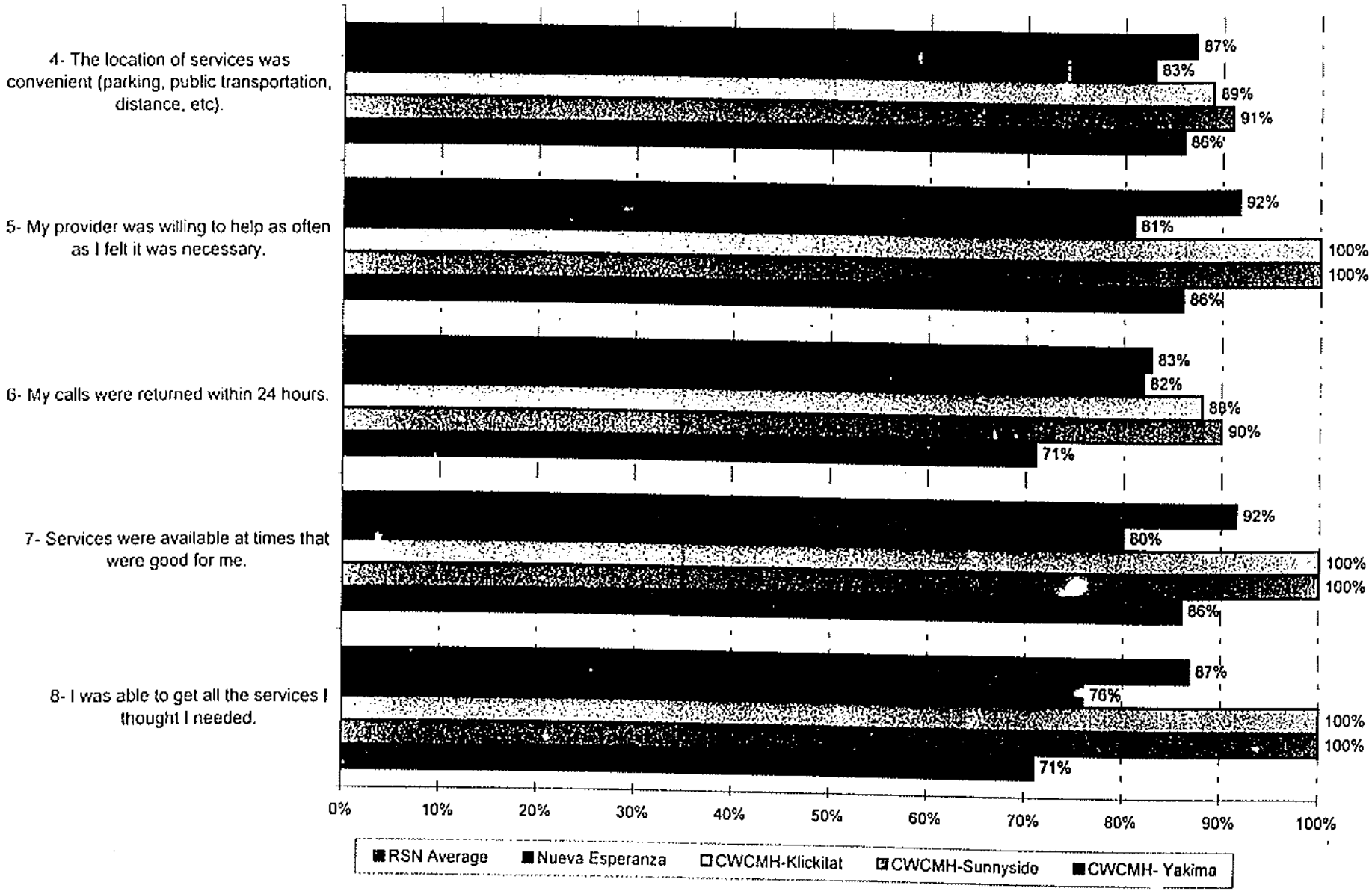
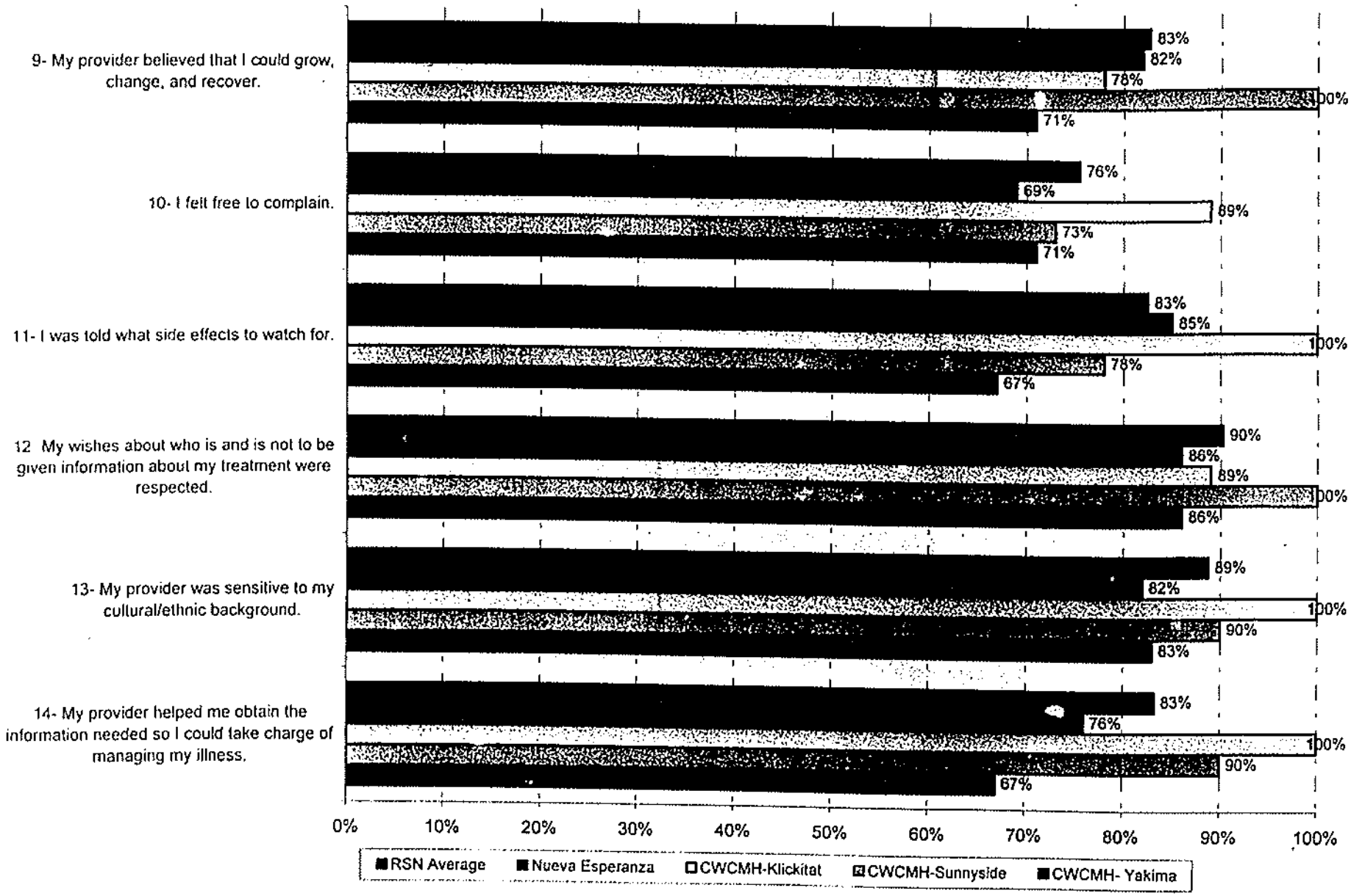
GCBH QRT Semi-Annual Report Jan-June 2001
Satisfaction Survey Results: Domain 2- Access



GCBH QRT Semi-Annual Report Jan-June 2001
Satisfaction Survey Results: Domain 3- Quality and Appropriateness



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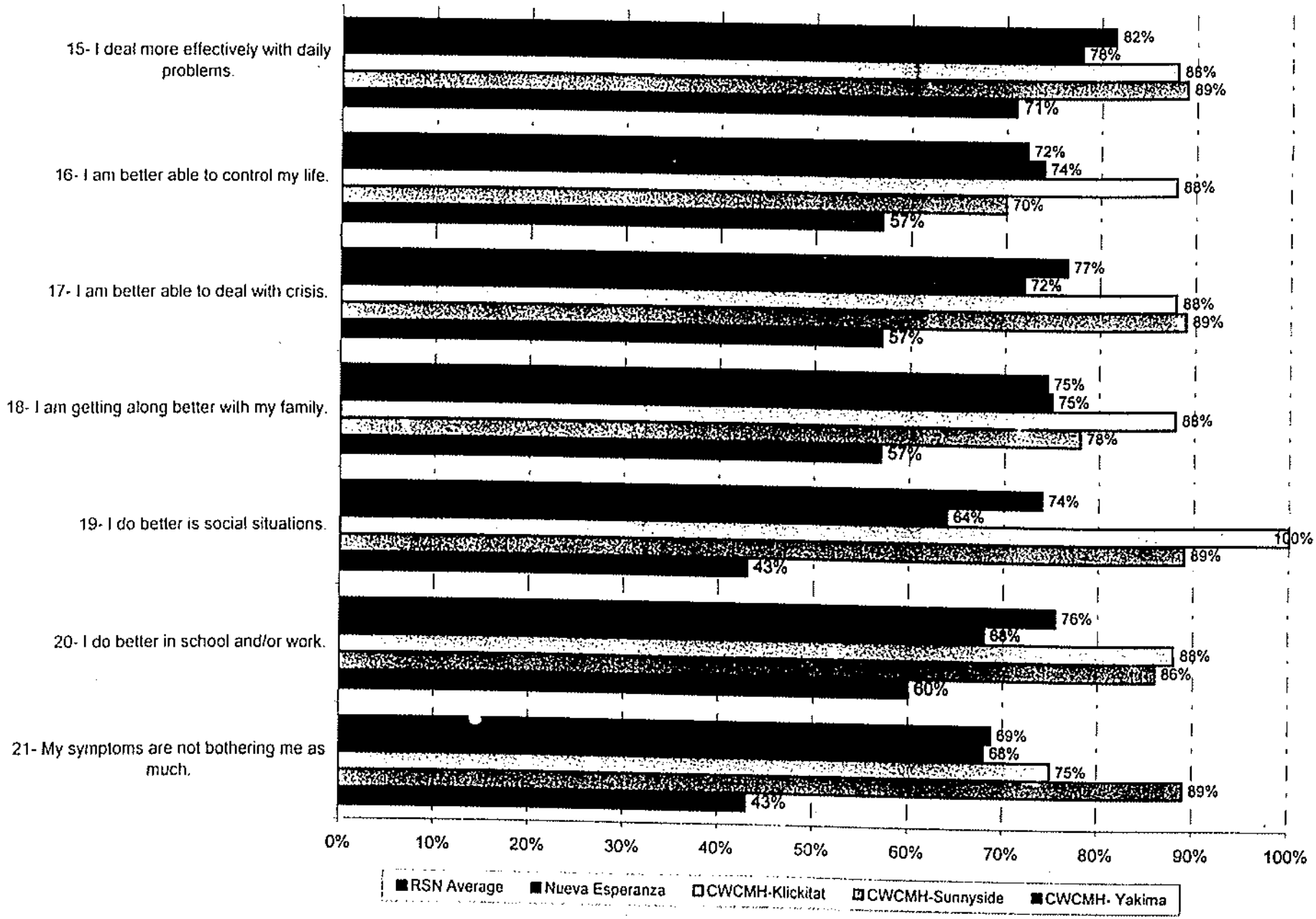
GCBH QRT Semi-Annual Report Jan-June 2001
Satisfaction Survey Results: Domain 4- Outcomes



NCWRSN

How Are We Doing Today Survey Summary – 2000

This survey was distributed to 135 clients region wide by our Quality Review Team. 94 surveys were returned.

The survey asked 5 questions. Two of the questions were open ended and three were yes or no responses, with comments.

The questions were as follows:

1) What did you like about the services you have received here?
   The most frequent response was that their case manager was caring and friendly.
2) What would you like improved about the services you have received here?
   There were no consistent themes identified here.
3) Has it been easy and convenient for you to schedule appointments with us?
   Yes = 90 No = 3
4) Have you been treated with respect by our staff?
   Yes = 91 No = 2
5) Have you had a change in your Primary Case Manager in the last 6 months?
   Yes = 18 No = 73

2001 - 1st qtr

Chelan- Douglas Behavioral Health Clinic
Satisfaction Survey

CDBHC Collected 25 surveys from January 3rd to March 29th

C-DBHC staff included me in my planning.

YES	NO	NO OPINION	Question not answered	
22	0	3	0	

C-DBHC staff showed respect for my cultural background.

YES	NO	NO OPINION	Question not answered	
21	1	3	0	

C-DBHC staff treated me with respect.

YES	NO	NO OPINION	Question not answered	
25	0	0	0	

C-DBHC staff promptly returned my phone calls.

YES	NO	NO OPINION	Question not answered	
18	1	6	0	

I feel that C-DBHC staff is listening to my concerns.

YES	NO	NO OPINION	Question not answered	
24	1	0	0	

I have been able to get service appointments for myself within a reasonable amount of time.

YES	NO	NO OPINION	Question not answered	
23	0	2	0	

I received services in the language of my choice.

YES	NO	NO OPINION	Question not answered	
23	0	2	0	

The time and location of services was convenient for myself.				
YES	NO	NO OPINION	Question not answered	
22	2	1	0	
The services at C-DBHC provided me were helpful.				
YES	NO	NO OPINION	Question not answered	
24	0	1	0	
The cost of services has caused a financial hardship for me.				
YES	NO	NO OPINION	Question not answered	
5	19	1	0	
I would recommend C-DBHC to a family member or friend.				
YES	NO	NO OPINION	Question not answered	
23	0	2		
I would use C-DBHC again if I had a problem.				
YES	NO	NO OPINION	Question not answered	
23		2		
Over all I would rate my experience with C-DBHC.				
Very Good	Good	Fair	Poor	Very Poor
12	11	1	1	

Chelan- Douglas Behavioral Health Clinic
Satisfaction Survey
July 10, 2000

2nd Qtr

RECEIVED
JUL 27 2000
CHELAN DOUGLAS
REGIONAL SUPPORT NETWORK

C-DBHC staff included me in my planning.					
YES	NO	NO OPINION	Question not answered		
24	1	1			26

C-DBHC staff showed respect for my cultural background.					
YES	NO	NO OPINION	Question not answered		
24	1	1			26

C-DBHC staff treated me with respect.					
YES	NO	NO OPINION	Question not answered		
25	0	1			26

C-DBHC staff promptly returned my phone calls.					
YES	NO	NO OPINION	Question not answered		
21	3	2			26

I feel that C-DBHC staff is listening to my concerns.					
YES	NO	NO OPINION	Question not answered		
22	1	1	2		26

I have been able to get service appointments for myself within a reasonable amount of time.					
YES	NO	NO OPINION	Question not answered		
20	2	3	1		26

I received services in the language of my choice.					
YES	NO	NO OPINION	Question not answered		
21	1	3	1		26

The time and location of services was convenient for myself.					
YES	NO	NO OPINION	Question not answered		
22	0	3	1		26

The services at C-DBHC provided me were helpful.				
YES	NO	NO OPINION	Question not answered	
24	0	2		
The cost of services has caused a financial hardship for me.				
YES	NO	NO OPINION	Question not answered	
0	23	3		
I would recommend C-DBHC to a family member or friend.				
YES	NO	NO OPINION	Question not answered	
22	0	4		
I would use C-DBHC again if I had a problem.				
YES	NO	NO OPINION	Question not answered	
23	0	3		
Over all I would rate my experience with C-DBHC.				
Very Good	Good	Fair	Poor	Very Poor
16	6	3	1	0

Chelan- Douglas Behavioral Health Clinic
Satisfaction Survey

← 3rd Qtr 2000

3rd qtr

C-DBHC staff included me in my planning.				
YES	NO	NO OPINION	Question not answered	
24		1		
C-DBHC staff showed respect for my cultural background.				
YES	NO	NO OPINION	Question not answered	
24		1		
C-DBHC staff treated me with respect.				
YES	NO	NO OPINION	Question not answered	
25				
C-DBHC staff promptly returned my phone calls.				
YES	NO	NO OPINION	Question not answered	
22	2	1		
I feel that C-DBHC staff is listening to my concerns.				
YES	NO	NO OPINION	Question not answered	
23			2	
I have been able to get service appointments for myself within a reasonable amount of time.				
YES	NO	NO OPINION	Question not answered	
25				
I received services in the language of my choice.				
YES	NO	NO OPINION	Question not answered	
24		1		
The time and location of services was convenient for myself.				
YES	NO	NO OPINION	Question not answered	
24		1		

The services at C-DBHC provided me were helpful.				
YES	NO	NO OPINION	Question not answered	
25				

The cost of services has caused a financial hardship for me.				
YES	NO	NO OPINION	Question not answered	
3	20	1	1	

I would recommend C-DBHC to a family member or friend.				
YES	NO	NO OPINION	Question not answered	
25				

I would use C-DBHC again if I had a problem.				
YES	NO	NO OPINION	Question not answered	
25				

Over all I would rate my experience with C-DBHC.				
Very Good	Good	Fair	Poor	Very Poor
17	8			

Chelan- Douglas Behavioral Health Clinic
Satisfaction Survey

RECEIVED 4th qtr
JAN 1 1 2001
CHELAN DOUGLAS
REGIONAL SUPPORT NETWORK

C-DBHC staff included me in my planning.				
YES	NO	NO OPINION	Question not answered	
30	4	3	1	
C-DBHC staff showed respect for my cultural background.				
YES	NO	NO OPINION	Question not answered	
32		6		
C-DBHC staff treated me with respect.				
YES	NO	NO OPINION	Question not answered	
38				
C-DBHC staff promptly returned my phone calls.				
YES	NO	NO OPINION	Question not answered	
19	11	7	1	
I feel that C-DBHC staff is listening to my concerns.				
YES	NO	NO OPINION	Question not answered	
31	2	3	2	
I have been able to get service appointments for myself within a reasonable amount of time.				
YES	NO	NO OPINION	Question not answered	
36	1	1		
I received services in the language of my choice.				
YES	NO	NO OPINION	Question not answered	
35		3		
The time and location of services was convenient for myself.				
YES	NO	NO OPINION	Question not answered	
31	5	1	1	

The services at C-DBHC provided me were helpful.

YES	NO	NO OPINION	Question not answered	
34	1	3		

The cost of services has caused a financial hardship for me.

YES	NO	NO OPINION	Question not answered	
5	27	5	1	

I would recommend C-DBHC to a family member or friend.

YES	NO	NO OPINION	Question not answered	
37		1		

I would use C-DBHC again if I had a problem.

YES	NO	NO OPINION	Question not answered	
38				

Over all I would rate my experience with C-DBHC.

Very Good	Good	Fair	Poor	Very Poor
18	12	8		

Clark Co

MENTAL HEALTH OMBUDSMAN
HUMAN SERVICES COUNCIL
P. O. Box 425
Vancouver, WA 98666-0425
(360) 694-6577

A Few Brief Lessons On How To Treat A Person With A Disability.

1. Like a person.
2. Like a person
3. Like a person
4. Like a person
5. Like a person
6. Like a person
7. Like a person
8. Like a person
9. Like a person

A.11d21-12

A New Vision of Recovery:

People can fully recover from mental illness, it is not a life-long process

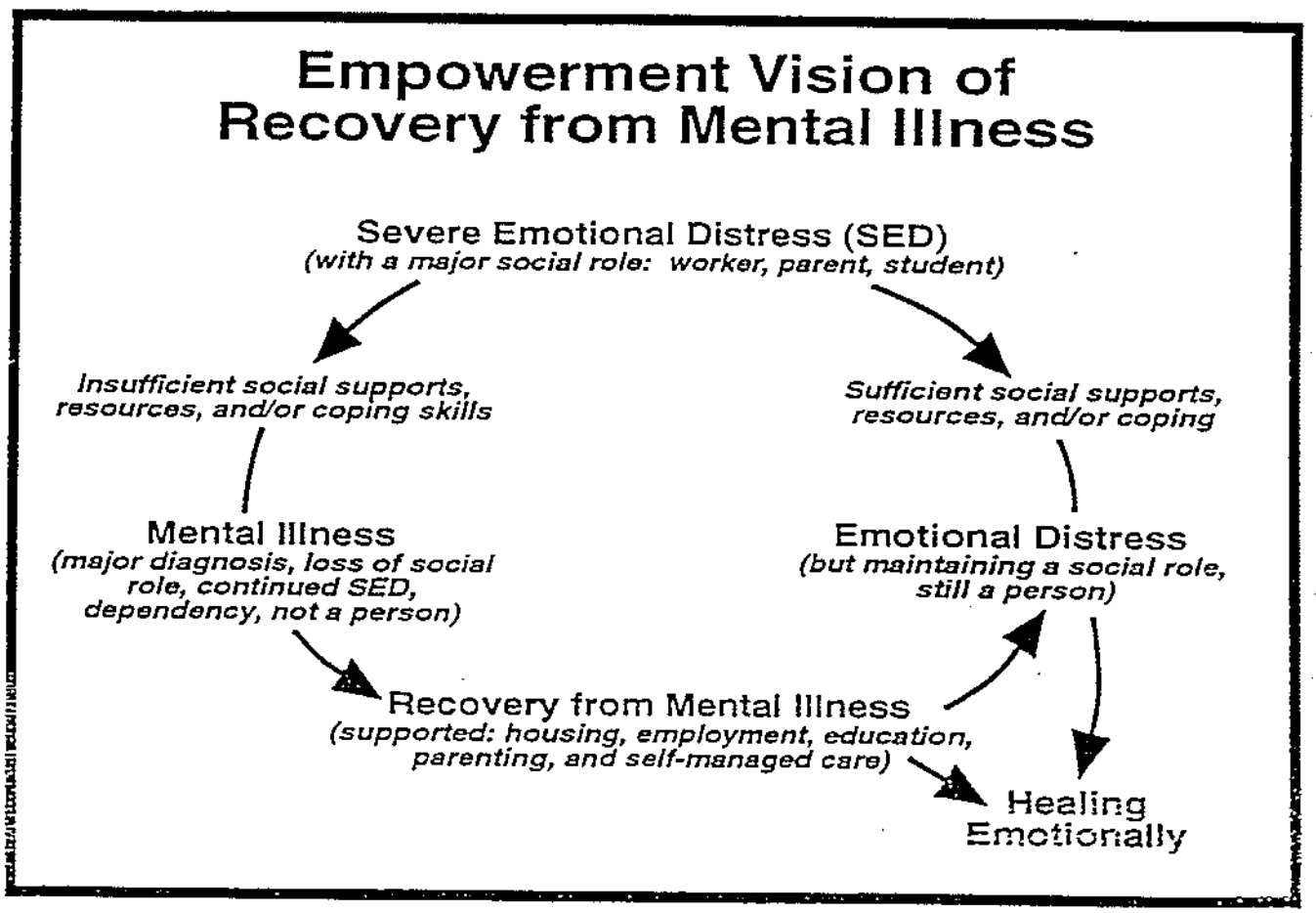
By Daniel Fisher, M.D., Ph.D.

These days people are talking about recovery from mental illness. This is a great step forward. Even using the word recovery in a field too long dominated by the goal of stabilization is refreshing. But whose vision of recovery are people talking about? I thought we were all talking about the same view of recovery. I see two distinctly different visions of recovery emerging, however. We will call these the Rehabilitation and Empowerment views of recovery. It is especially important to clarify what recovery means in each model because many states and counties nationally are proposing to create recovery-centered policies and services. Distinctly different policies would result depending on whose picture of recovery those policies are based on.

Rehabilitation View: Recovery of Function Despite Still Having the Permanent Impairment of Mental Illness

According to this view, mental illness is seen as a primary, permanent impairment similar to a spinal cord injury resulting in paralysis. This impairment causes a disability depending on the degree to which it interferes with a person's capacity to function in a major social role such as worker, parent, or student. The rehabilitation view of recovery from spinal cord injury is that, with supports, a person can once again function in society. Their impairment, however remains permanent. As William Anthony, from the Boston University Center for Psychiatric Rehabilitation states, "a person with paraplegia can recover even though the spinal cord has not. Similarly, a person with mental illness can recover even though the illness is not 'cured.'" (*Recovery from Mental Illness* Psychosocial Rehabilitation Journal, 16:12-23, 1993). The rehabilitation view of recovery from mental illness is that people can regain some social functioning, despite having symptoms, limitations, medication, and remaining mentally ill. Though this rehabilitation view works in describing recovery from the effects of physical impairments, it does not help explain how people can recover from mental illness. Whereas in paralysis a person's spinal cord is injured, separating their functioning head from the rest of their poorly functioning body, in mental illness the whole person is separated from

(Continued on page 13)



New Vision of Recovery

(Continued from page 12)

the people around them. They are considered less than human. They experience a loss of civil rights. Once a person is labeled mentally ill, they are discredited and disqualified from full membership in society solely as a result of that label. Therefore, to say that the person's mental illness is a permanent condition is to forever ostracize the person from society and say that they will never be able to regain a major social role. No wonder there is such a high rate of unemployment (85-90%) among those labeled with mental illness. The label defines the person as being incapable of work. No wonder so many people labeled with mental illness lose their children; the label itself defines the person as being an incompetent parent.

A New Vision of Recovery: the Empowerment Vision

In contrast to the Rehabilitation View of Recovery, people who have recovered from mental illness have an empowering view that full recovery is possible for everybody. According to this Empowerment Vision, people are labeled with mental illness through a combination of severe emotional distress and insufficient social supports/resources/coping skills to maintain the major social role expected of them during that phase in their life. The psychosocial nature of mental illness is highlighted by the common experience most consumer/survivors have gone through of having had a variety of diagnoses. In fact, the degree of interruption in a person's social role is more important in affixing the label mental illness to someone than their diagnosis. Recovery is possible through a combination of supports needed to (re)establish a major social role and the self-management skills needed to take control of the major decisions affecting one. This combination of social supports and self-management help the person regain membership in society and regain the sense of being a whole person. Self-help and peer support are fundamental elements in this journey of recovery because often the only people who can truly understand the feeling of exclusion are those who have also been labeled. The diagram summarizes our view of recovery. The usefulness of this model is seen in the description of two young adults in this issue. They were equally distressed but one boy found the belief, social supports and resources to heal his emotional distress while the other lacked the necessary beliefs, supports and resources. The first boy was able to maintain a social role of student while the second boy was not able to remain a student and was labeled with mental illness.

According to this vision, one is capable of recovering from the mental illness itself, not merely regaining functioning while remaining mentally ill. This distinction is critical in a person's motivation to improve as well in the attitudes of society towards people who have been labeled. Ideally this recognition will be the first step towards finding a way to provide benefits, such as social security, for people whose functioning is compromised by emotional difficulties without needing to first reject them as members of society. We realize that the idea that people can recover from mental illness will create more work on the part of entitlement programs. Instead of a single, once-in-a-lifetime determination of disability, episodic periods of disability will need to be supported. We also realize that people will fear they will lose their social security before they are able to live without it. Hopefully Social Security can be reformed to provide the needed gradual transitions back to work. (Some of these issues are addressed in an accompanying article.)

In this model, treatment is part of self-managed care. The goal of treatment here is assisting people in gaining greater control of their lives and assisting them in regaining valued roles in society. The primary goal of treatment should not be to control the person's behavior. The use of medication does not itself mean that a person has not recovered from mental illness. It depends upon the degree to which the person and those around them see the medication as constantly needed. Ideally, each person should learn to take medication on an as-needed basis, after having learned to self-monitor. Many people also embrace holistic health as an alternative to medication.

In addition, people regain a valued social role through support services in housing, work, education, and parenting. As many of these services as possible should be run by people who have recovered. These services are as vital to recovery as any medical procedure.

This model also differentiates between recovery from mental illness which involves a limited number of people over limited periods of time, and the nearly universal healing and transformation from emotional distress and trauma which can occupy a lifetime.

Role of Work in Recovery

Psychiatric disabilities are unique because the label of mental illness itself creates a barrier to people returning to work. Perhaps more than any other label in our society, mental illness indicates to the person and those around them that he/she will never be capable of work. This may explain why so few people labeled with mental illness are working in competitive jobs. Therefore, to truly remove this barrier to people returning to work it is necessary to recognize that people recover from mental illness and that work helps in that process.

In this new vision of recovery, work plays an important role in recovery from mental illness. In many cases, loss of work plays an important role in a person being labeled mentally ill. In addition, boring, unfulfilling work can lead to stresses which contribute towards mental illness. Without work, or another equivalent social role (parent or student), a person loses membership in this society and the identity which accompanies membership. It then becomes necessary to assume a new identity as a consumer. The movement to find jobs for people labeled with mental illness as mental health providers helps many of us to regain an identity as worker and member of society and thereby recover from the mental illness. (NEC has produced a video on this topic.)

Recovery from mental illness does not mean that the person no longer needs support. In fact, those continued supports are often critical in the person's recovery. Though working persons, with a history of mental illness, may no longer need cash benefits, they continue to need other benefits such as health insurance (see article in this newsletter) and housing. According to our new vision of recovery many people have recovered from mental illness, although they and those around them still think they have not. They are, however, carrying out important social roles and have learned to take control of their own lives. They still experience at times severe emotional states, but they and the people around them have learned to cope with them. They are surprised to learn that they are now dealing with the states that many people never labeled with mental illness go through. They seem to go through a combination of relief and fear at the idea that they are no longer mentally ill. We hope that this model will raise this topic of discussion about recovery being a goal which can be achieved in a period of time rather than it needing to be a life-long process. ☐

Believing you can recover is vital to recovery from mental illness

Daniel Fisher, M.D., Ph.D.

In our last newsletter I highlighted the importance to recovery of having people in your life who believe in you. I pointed out that these people affirm our deepest self and have confidence in our ability. What I should have made clear is that they believe that we can recover. I was reminded of the importance of this belief in our recovery by a letter recently sent to me by a reader. She was prompted to write me because she could personally relate to my article in a previous newsletter, "Recovery is Real." She had read about my experience of my recovery being denied by a psychology professor and was amazed to see how similar that attitude was to one she had been subjected to. She wrote:

"I had suffered from severe mental illness in my mid-20's and early 30's (I am now 53). Then, through the grace of God, I was able to find my way out of this debilitating condition and make a full recovery. A few years ago I had the opportunity to work in a mental health agency as secretary to the Executive Director. Unfortunately I didn't realize that his mindset was like those you describe in your article - he needed me to either deny that I had ever been sick or otherwise go back to the 'consumer mode.' Eventually that stigmatizing attitude surfaced and I was forced to leave the job." She also sent us a letter to the editor she had published in her local paper which elaborated on this theme.

"When I worked in the mental health field for several years as a secretary, I observed...[that] many workers do not believe in recovery. They categorize everyone as either "sick" or "well," placing themselves...in the "well" group.

"Their assessment of their own mental health seems to be based on a comparison of themselves with those who are ill rather than on a knowledge of themselves. This puts them on very shaky ground and they do more harm than good since they end up discouraging rather than encouraging recovery.

"Work in this field is complex and demanding. It requires enlightened,

(Continued on page 15)

Believing you can

(Continued from page 1)

secure individuals who recognize that full recovery is possible."

She has recovered from mental illness and yet while she was working at a mental health agency her recovery was denied. This view *that if one becomes mentally ill one will always be sick* not only interferes with emotional recovery but also prevents one from identifying as a contributing member of society. This interferes with striving to return to work or establishing long-term relationships, which are essential aspects of recovery (see accompanying article on work and recovery).

The belief that one can recover from mental illness is well established as an important aspect of the healing experience. This relationship has recently been pointed out in Dr. Herbert Benson's book, *Timeless Healing*. A similar point about the importance of belief in one's own capacity to heal is found in Deepak Chopra's book *Quantum Healing* (p.189) in which he discusses Ayurvedic Medicine:

"Ayurveda is...a system for curing delusions, for stripping away the convincing quality of a disease and letting a healthy reality take its place. [The name] comes from two Sanskrit roots, Ayus or life and Veda which means knowledge or science. The literal meaning then is the "science of life." ...I spend much of my time just talking, trying to get people not to be so convinced by their disease. In Ayurveda, this is the first, most important step in healing. As long as the patient is convinced by his symptoms, he is caught in a reality where being sick is the dominant input. The reason why meditation is so important in Ayurveda is that it leads the mind to a free zone that is not touched by the disease. Until you know that such a place exists, your disease will seem to be taking over completely. This is the principal delusion that needs to be shattered."

Although it is encouraging that Western medicine is beginning to acknowledge the central role of a positive belief in recovery in the area of physical illness, it is disturbing that psychiatry does not see the wisdom of such an attitude for mental illness. Even though the weight of personal testimony and epidemiological studies argues that most people are able to regain a productive role in society and recover from mental illness, the mental health field in particular persists in a belief that mental illness is a permanent condition. The more of us who have recovered who can tell our stories the more truth will displace falsehood. We welcome your letters by or about anyone who has made a complete recovery from mental illness. As I point out in another article in this newsletter, by complete recovery we mean that the person has regained a meaningful role in society, can cope with life's stresses, and is not considered sick by others around them. ☐

How far we've come, but how far to go

The following are remarks made by Judi Chamberlin at the signing of the Massachusetts Mental Health Bill of Rights.

This is a very happy occasion, culminating many years of work by hundreds of people, who have lobbied and rallied to pass this bill, which guarantees five fundamental rights to patients in psychiatric facilities in Massachusetts. These are very basic rights, which are the right to make and receive telephone calls, to see visitors of one's choosing, to send and receive uncensored mail, to have a humane physical environment, and to have access to legal advocacy services. In these days of privatization, the law now makes explicitly clear that these rights belong to patients in private hospitals just as much as they do to patients in state hospitals.

It took a broad-based coalition to bring this bill to passage, spearheaded by former-patient activists who have ourselves experienced how painful it is to be denied one's basic rights as a consequence of receiving psychiatric treatment. Our organizations formed the core of the coalition, which also included legal advocacy groups, mental health professionals, and others. Marylou Sudders, the Commissioner of Mental Health, agreed to support the bill, and has lobbied vigorously on its behalf.

At the same time that we are celebrating, I think it is also important to remind ourselves how difficult it has been to pass this bill, which would seem, on its face, not to be controversial. The fact that it has taken years of effort to get this far, and that the bill is scaled down from a broader bill which would have established even more rights, shows us that the label of "mental illness" still carries enormous consequences. Proponents of the "medical model of mental illness" are fond of saying that "mental illness is an illness like any other"; the fact that this bill is necessary reminds us how different it is. No one would dream of telling a cancer patient or a heart disease patient that he or she was forbidden to make a phone call or that his or her mail was subject to censorship. Such actions, were they to be attempted by hospital staff, would simply not be tolerated. But, somehow, because we are labeled as "mental patients," we are different. Our rights can be abrogated because someone else can decide it is in our "best interest" to separate us from our friends and our support systems or to prevent us from learning about our legal rights. The passage of this bill, therefore, must remind us not merely of how far we have come, but of how far we still have to go.

There are still many people out there who think that the label of "mental illness" means that people are incapable

(Continued on page 17)

How far we've come

(Continued from page 15)

of knowing or acting on our own best interests, and that someone else should be making decisions on our behalf. They do not see us as people who actively advocate for our rights, as people who hold jobs, who go to school, who live in our own apartments, and make our own decisions. The stereotypes of who we are get in the way of seeing our full humanity.

Now that this bill is law, we must work to make sure that it is enforced. We must ensure that patients in psychiatric wards and hospitals know what their rights are, are able to exercise their rights, and that there are appropriate penalties for facilities that do not observe the law. We still have a lot of work to do.

Let us celebrate, therefore, but let us also be mindful that until the day when the term "mental illness" carries no more legal implications than the terms "cancer," "heart disease," or "diabetes," our full citizenship rights are still limited. Our goal must be full legal rights, full citizenship, full equality, and nothing less. ❐

Labeling oneself:
A lesson in love

On the first day of my life they
labeled me a funny-looking kid
In the 5th year they labeled me
hyperactive
In the 6th year they labeled me
mentally retarded
In the 8th year they labeled me
learning disabled
In the 9th year they labeled me
tone deaf (sing off key)
In the 10th year they labeled me
gifted and talented
In the 12th year they labeled me
overachiever
In the 15th year they labeled me
emotionally disturbed
In the 18th year they labeled me
schizophrenic
In the 30th year they labeled me
career-woman burnout
In the 40th year they labeled me
over the hill

But
Today I gave it all up
and threw all the labels away,
I really was:
Brilliant and creative.
Sensitive and strong.
Smarter than the shrinks,
Social changer,
Freedom fighter,
Life-role explorer.
Natural musician,
Quite good looking,
Curious and inquisitive,
Joyous.
and an outstanding human
being.

Author unknown. Submitted by Nancy Calvert, NAPS member from Vancouver, Washington.

YOU AND I

I am a resident. You reside.
I am admitted. You move in.
I am aggressive. You are assertive.
I have behavior problems. You are rude.
I am noncompliant. Your don't like being told what to do.

When I ask you out for dinner, it is an outing. When you ask someone out, it is a date.

I don't know how many people have read the progress notes people write about me. I don't even know what is in there. You didn't speak to your best friend for a month after they read your journal.

I make mistakes during my check-writing program. Someday I might get a bank account. You forgot to record some withdrawals from your account. The bank called to remind you.

I wanted to talk with the nice-looking person behind us at the grocery store. I was told that it was inappropriate to talk to strangers. You met your spouse in the produce department. They couldn't find the bean sprouts.

I celebrated my birthday yesterday with 5 other residents and 2 staff members. I hope my family sends a card. Your family threw a surprise party. Your brother couldn't make it from out of state. It sounded wonderful.

My case manager sends a report every month to my guardian. It says everything I did wrong and some things I did right. Your are still mad at your sister for calling your mom after you got that speeding ticket.

I am on a special diet because I am 5 pounds over my ideal body weight. Your doctor gave up telling you. I am learning household skills. You hate housework.
I am learning leisure skills. Your shirt says you are a "couch potato".

After I do my budget program tonight, I might get to go to McDonald's if I have enough money. You were glad that the new French restaurant took your charge card.

My case manager, psychologist, R.N., occupational therapist, physical therapist, nutritionist and house staff set goals for me for the next year. You haven't decided what you want out of life.

Someday I will be discharged, ...maybe.
You will move onward and upward.

Elaine Popovich
Lutheran Social Services, Midland

Recovering Our Sense of Value After Being Labeled

By Patricia E. Deegan, PhD

In the final decade of this millennium, after centuries of being so fundamentally and brutally devalued by our culture, there is a glimmer of hope that people who have been labeled with mental illness can reclaim their dignity, can be viewed by others as being people of worth, and can begin to achieve valued roles. There is no doubt that the landmark piece of civil rights legislation, the Americans with Disabilities Act, will help to remove many of the barriers that have historically prevented those of us with psychiatric disabilities from achieving valued roles in this society. We are all charged with the valued role of carrying a new message of hope, of healing, and of recovery back into the communities where we live, love, work, and worship.

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A Retrospect

As I was preparing this article, I found myself wondering how those of us who have experienced being profoundly devalued as a result of being labeled with a mental illness move from thinking we have little or no value, to discovering our own unique value. How do we reclaim and recover our sense of worth and value when we have been devalued and dehumanized? In the course of my reflections I found myself thinking back to the days when I was an adolescent and was first diagnosed with major mental illness. I was thinking about my first two hospitalizations and how I was labeled with schizophrenia and three months later, at my second hospital admission, I was labeled with chronic schizophrenia.

I was told I had a disease that was like diabetes, and if I continued to take neuroleptic medications for the rest of my life and avoided stress, I might be able to cope. I remember that as these words were spoken to me by my psychiatrist it felt as if my whole teenage world—in which I aspired to dreams of being a valued person in valued roles, of playing lacrosse for the US Women's Team or maybe joining the Peace Corp—began to crumble and shatter. It felt as if these parts of my identity were being stripped from me. I was beginning to undergo that radically dehumanizing and devaluing transformation from being a person to being an illness; from being Pat Deegan to being "a schizophrenic."

As I look back on those days I am struck by how all alone I was. This profound sense of being all alone only served to compound my sense of feeling worthless and of having no value. Granted, people gave me medications, people monitored my blood pressure, people did art therapy, psychotherapy, occupational therapy, and recreational therapy with me. But in a very fundamental way I experienced myself as being all alone, adrift on a nameless sea without compass or bearing. And that deep sense of loneliness came from the fact that although many people were talking to me about my symptoms, no one was talking to me about how I was doing. No one came to me and said, "Hey, I know you're going through hell right now. I know you feel totally lost in some nightmare. I know you can't see a way out right now. But I've been where you are today. I got labeled with schizophrenia and a whole bunch of other things too. And I'm here to tell you that there is a way out and that

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your life doesn't have to be about being in mental institutions. I'm around if you want to talk."

No one ever came to me and said those words. All I knew were the stereotypes I had seen on television or in the movies. To me, mental illness meant Dr. Jekyll and Mr. Hyde, psychopathic serial killers, loony bins, morons, schizos, fruitcakes, nuts, straight jackets, and raving lunatics. They were all I knew about mental illness, and what terrified me was that professionals were saying I was one of them. It would have greatly helped to have had someone come and talk to me about surviving mental illness—as well as the possibility of recovering, of healing, and of building a new life for myself. It would have been good to have role models—people I could look up to who had experienced what I was going through—people who had found a good job, or who were in love, or who had an apartment or a house on their own, or who were making a valuable contribution to society. But as I said, this did not happen for me in those early years.

So today I want to take the opportunity to say the things that no one ever said to me back then. I want to talk with the seventeen-year-old girl that I once was. I want to talk to her about what I know now but didn't know then. I want to talk to her and in so doing speak to all of us who have been labeled with mental illness, who have suffered deeply, who have known despair, who have been told that we have no value and who have felt alone, abandoned, and adrift on a dead and silent sea.

A Bleak, Monotonous Existence. I turn my gaze back over the twenty-one year span of time that separates me from that seventeen year old girl. I am trying to see her . . . it's difficult to look at her. I can see the yellow, nicotine-stained fingers. I can see her shuffled, stiff, drugged walk. Her eyes do not dance. The dancer has collapsed and her eyes are dark and they stare endlessly into nowhere. It is the time between the first and second hospitalization and she is back living at her parents' home. She forces herself out of bed at 8 o'clock in the morning. In a drugged haze she sits in a chair, the same chair every day. She is smoking cigarettes. Cigarette after cigarette. Cigarettes mark the passing of time. Cigarettes are proof that time is passing and that fact, at least, is a relief. From 9 AM to noon she sits and smokes and stares. Then she has lunch. At 1 PM she goes back to bed to sleep until 3 PM. At that time she returns to the chair and sits and smokes and stares. Then she has dinner. She returns to the chair at 6 PM. Finally, it is 8 o'clock in the evening, the long-awaited hour, the time to go back to bed and to collapse into a drugged and dreamless sleep.

This same scenario unfolds the next day, and then the next, and then the next, until the months pass by in numbing succession, marked only by the next cigarette and then the next . . .

The cry of an anguished person has the power to awaken the cry, the wound, the brokenness that exists inside every person.

And as I watch her, I know it is not so much mental illness that I am observing. I am witnessing the flame of a human spirit faltering. She is losing the will to live. She is not suicidal—but she wants to die because nothing seems worth living for. Her hopes, her dreams, and her aspirations have been shattered. She sees no way to achieve the valued roles she had once dreamed of. Her future has been reduced to the prognosis of doom she had been given. Her past is slipping away like a dream that belonged to someone else. Her present is empty but for the pungent cigarette smoke that fills the void like a veiled specter. No, this is not mental illness I am seeing. I am seeing a young woman whose hope for living a full and valuable life has been shattered. She feels herself to be among the living dead and her spirit is wavering under the weight of it all.

What I Wish I Could Tell He walk into the room and sit near her, I want to talk to her. Just the thought of it makes me want to start to cry. What should I say to her? I lean towards her as she sits smoking in her chair.

"Patricia . . . I'm worried about you. I can see that you are suffering deeply. Your suffering is not invisible to me. I know that the professionals have been very busy observing you, treating your symptoms, and trying to rehabilitate you; but no one has addressed the way you are suffering. The fact that you have felt so alone in your suffering doesn't mean there's something bad or shameful about you. Try to understand that most professionals—in fact most people—are afraid to sit quietly and to be with a person who is suffering. It's the same sort of thing that happens at a funeral—when people line up to console the person who is bereaved, they get all anxious and awkward and don't know what to say.

"People find it frightening to just spend time with people who are in great pain. You see, a person who is in great anguish is crying out. Eve they are totally silent like you are, way down deep I can hear you crying out. And that cry, the cry of an anguished person, has the power to awaken the cry, the wound, the brokenness that exists inside every person. Every person, no matter how high up the social ladder they have climbed or no matter how valued their role is in our society, every person has a cry, a wound, a brokenness down deep inside of them. Thus, to be with a person who is anguished is to risk experiencing the cry that is way down deep inside each of us. That is why the professionals have been so busy doing things to you, rather than being with you. Granted, it's their job, but it's also true that staying busy by doing things to you helps keep their anxiety under control, which in turn helps to distance them from the cry that your suffering might evoke in them.

"I also hear anger in your suffering. You are angry because you have been diagnosed with a major mental illness. You feel angry because all your friends are doing normal stuff like going school, going on dates, and dreaming their dreams. You feel, 'Why me. Why

has this happened to me?' I don't know the answer to that question. I don't know why you were dealt this hand of cards. But what I do know is this: You may have been diagnosed with a mental illness, but you are not an illness. You are a human being whose life is precious and is of infinite value.

"You are at a critical juncture, a very important time. The professionals are telling you that you are a schizophrenic. Your family and friends are beginning to refer to you as 'a schizophrenic.' It is as if the whole world has put on a pair of warped glasses that blind them to the person you are and leaves them seeing you as an illness. It seems that everything you do gets interpreted through the lenses of these warped glasses. If you don't laugh, that is worrisome and, if you laugh too much, that is also worrisome. If you don't move, they get alarmed and, if you move around too much, they get alarmed. The range of behaviors and feelings you are allowed has been dramatically narrowed as a result of the blinders that those around you have put

"Almost everything you do gets understood in reference to your illness. You used to have days when you had 'ants in your pants' but now they say you are agitated. You used to feel sad sometimes but now you are said to be depressed. You used to disagree sometimes but now you are told you lack insight. You used to act independently but now you are told that your independence means you are uncooperative, noncompliant, and treatment resistant. You used to take risks. You learned from your failures as you were growing and learning. But now that you have been labeled with a mental illness the dignity of risk and the right to failure have been taken from you. No wonder you get angry. Normal people get to make many stupid choices over and over again in their lives. Nobody tells them that they need a case manager. How many times has Elizabeth Taylor been married? At last count it was seven or eight times, I think. The poor woman lacks insight! She exercises poor judgment! She is failing to learn from past experiences! She is making the same dumb choice again! How come they don't get her a case manager?

"But this is a critical time for you because there is the great danger that you might succumb to the messages you are being given. You might slowly find yourself putting on those same warped glasses and viewing yourself as others are seeing you. The great danger is that you might undergo that radically devaluing and dehumanizing transformation from being a person to being an illness: from being Patricia to being 'a schizophrenic' (or 'a bipolar' or 'a multiple'). The reason this is so dangerous is because once a person comes to believe that he or she is an illness, there is no one left inside to take a stand toward the illness. Once you and the illness become one, then there is no one left inside of you to take on the work of recovering, of healing, of rebuilding the life you want to live. Once you come to believe that you are a mental illness, you give away all your power—and others take responsibility for you and for your life.

The great danger is that you might undergo that radically devaluing and dehumanizing transformation from being a person to being an illness.

"That is why I say that this is a critical and dangerous time. It is important that you resist the efforts, however unintentional they might be, to transform you into an illness. In this regard let your anger, especially your angry indignation, be your guide. See how your anger flares up into angry indignation each time you get referred to as an illness. You are not an illness, and that angry indignation is like a fiery shield that blazes up to protect you and your dignity. Some people will try to tell you that your anger is a symptom of mental illness. Don't believe them. Anger is not a symptom of mental illness. Some people may even try to medicate you in order to make your anger go away. This can be dangerous—by extinguishing someone's anger through the use of medications we run the risk of breaking their spirit and of wounding their dignity. Many of us know that recovering from the effects of such spirit-breaking practices is far more difficult than recovering from mental illness.

"Your anger is not a symptom of mental illness. Your angry indignation is a sane response to the situation that you are facing. You are resisting the messages you are being given. In and through your fiery indignation your dignity is saying, 'No, I am not an illness. I am first and foremost a human being. I will not be reduced to being an illness or a thing. I will keep my power and save a part of myself that will, in time, be able to take a stand toward my distress and begin the process of recovery and healing.

"What really needs to happen is that people must understand that it's going to take you a while to figure out what is going on with you. You need to find a way of making sense of what is happening to you that you can live with. For many of us, this takes time and even some trial and error. You may want to talk with professionals, other people who have been diagnosed, clergy, and/or friends. You might decide to read up on the subject to learn more about it. Maybe you'll get a second or third opinion from other professionals. Make sure to think things over for yourself. Know that as you grow you can develop, change, and modify your understanding of what is going on with you and/or your life situation. I'm not saying that nothing is going on. Something happened that caused you to end up in a mental hospital. You need to start defining for yourself what that something is and what you can do to change it.

"As for me, after years of trying to sort this out and, like most of us, having received all sorts of diagnoses, I've settled on trying to keep it simple. The way I see it is that I have some pretty uncomfortable experiences like hearing voices that put me down and strong

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urges to hurt myself and sometimes my thoughts get all jumbled and I can't communicate well. I don't care what they want to call it. All I know is that sometimes these experiences can get so overwhelming that I find it difficult to work or go to school or have friends. I've decided that I have a disability. To me it's important to say that I have a disability but that I am not a disabled person. You see the great thing is that I have learned that it is possible to live a whole and healthy life and still have a disability. People don't usually think of these words going together but it's true: I live a whole and healthy life and I have a psychiatric disability. The reason I can do this is because the most valued and important thing I do in my life is work on my recovery. The most valued role I fulfill every day is to remain faithful to my journey of recovery. My journey of recovery and healing is my work. If I do that work, everything else falls into place.

"One of the biggest lessons I have had to accept is that recovery is not the same thing as being cured. After 21 years of living with this thing it still hasn't gone away. So I figure I'm never going to be cured but I can be in recovery. Recovery is a process, not an endpoint or a destination. Recovery is an attitude, a way of approaching the day and the challenges I face. Being in recovery means I know I have certain limitations and things I can't do. But rather than letting these limitations be an occasion for despair and giving up, I have learned that in knowing what I can't do, I also open up the possibilities of all I can do.

"To me recovery means I try to stay in the driver's seat of my life. I don't let my illness run me. Over the years I have worked hard to become an expert in my own self-care. For me, being in recovery means I don't just take medications. Just taking medications is a passive stance. Rather I use medications as part of my recovery process. In the same way I don't just go to the hospital. Just 'going to the hospital' is a passive stance. Rather, I use the hospital when I need to. Over the years I have learned different ways of helping myself. Sometimes I use medications, therapy, self-help and mutual support groups, friends, my relationship with God, work, exercise, spending time in nature—all these measures help me remain whole and healthy, even though I have a disability.

It is important to understand that we are faced with recovering not just from mental illness, but also from the effects of being labeled mentally ill.

"Being in recovery is not a panacea. It doesn't mean the pain or suffering is over. Every day I have to get up and reaffirm my intention to stay whole and healthy and to work on my recovery. I still have relapses but I try to understand that having a relapse is not a failure on my part. I find that when I relapse in recovery, it is because I am breaking through into some new and scary and wonderful part of living.

"I have found that although my symptoms may seem the same or even worse, relapsing while in recovery is not the same thing as 'having a breakdown.' When I relapse in recovery, I'm not breaking down; rather I am breaking out or breaking through. It may mean I am breaking out of some prison or fear-filled place where I have been trapped inside of myself. It may mean I am breaking through to new ways of trusting people and myself. So you see, when I have a relapse within the context of my recovery, I try not to see it as a failure. It means I am growing, breaking out of old fears and breaking through into new worlds—like learning to make friends and keep them, to trust people, and to love people.

"I find it important to choose to work with professionals who understand the difference between breaking down and breaking through/breaking out. The symptoms may appear identical, but if you examine my life, if you look at life from the standpoint of my journey of recovery, there's a big difference between breaking down and breaking through/breaking out. If you choose to work with professionals in your recovery, it is important to find ones who understand this distinction.

"Everyone's journey of recovery is unique. Each of us must find our own way and no one can do it for us. However, talking with other people with psychiatric disabilities who are in recovery can be very helpful, perhaps even the most helpful thing of all.

"It is important to understand that we are faced with recovering not just from mental illness, but also from the effects of being labeled mentally ill. I believe many of us emerge from mental institutions with full-blown post-traumatic stress disorders that are a direct result of the trauma and abuse we may have experienced or witnessed in mental institutions or in community based programs. We are also faced with recovering from the process of internalizing the stigma we are surrounded with, as well as the effects of discrimination, poverty, and second-class citizenship. Indeed, there's no doubt that the label of mental illness comes as a 'package plan' that too often includes poverty, trauma, dehumanization, degradation, being disenfranchised, and being unemployed. Many of us find that the recovery process goes hand in hand with the empowerment process. We find that recovery means becoming politicized and aware of the social, economic, and human injustices we have had to endure. We find that empowerment and recovery means finding our collective voice, our collective pride, and our collective power and challenging and changing the injustices we face.

"Finally, Patricia, I want to mention one other thing that can happen and that you must guard against during these early years of being in the mental health system. You might hear professionals referring to you or other people as being 'high functioning' or 'low functioning.' Whether you get labeled high functioning or low functioning, don't fall into the trap of believing it. These are not attributes that exist inside a person. They are value judgments that are put on a person. [illegible] those words really mean is that there

are those people whose actions or talents or gifts we value and there are those people in which we find no value. There are no high-functioning or low-functioning people. There are people whose contribution we are able to see and value and there are those whose gifts we have failed to see and have failed to value. When you hear a mental health worker say that someone is low functioning, say to yourself, 'That person is not low functioning. It's just that the mental health worker has failed to see and value the gifts and special talents of that person.'

"The real challenge in all this is to somehow learn to value yourself. That can seem like such an impossible task because you get bombarded with messages and images that are so negative and degrading. How is it, when we are surrounded by such messages of despair, that we can begin to value ourselves? That's a difficult question to answer. I am twenty-one years older and I am still working on really valuing myself—but somehow when I look back at you, Patricia, as I watch you smoking and staring, when I see the way you are suffering and are all alone, somehow, despite all they have said about you, I see you and a tenderness fills my heart. You are precious and good. You are not trash to be discarded or a broken object that must be fixed. You are not insane. You do not belong in institutions for the rest of your life. You don't belong on the streets. And even though they tie us down in four-point restraints and though they lock us up against our will like animals, you are not an animal. You are a human being. You carry within you a precious flame, a spark of the divine.

"Patricia, if I could reach back through the years I would hold you. I would say you are beautiful. I would say don't listen to the prognosis of doom. You are more than all their words. There is a place for you. There is a reason. This is not suffering for the sake of just more pain. A new life can be born of this labor. A water that is life giving can be found in this desert. Don't give up. Although there is no magic answer, no magic drug, and no magic cure, I would hold you now. I would tell you I love you. I would want to protect you. I would want to rescue you, but I know that I couldn't. It's not about being rescued. It's about taking up your journey of recovery, finding good people who will accompany you on that journey and then following your journey to wherever it leads you.

"They may tell you that your goal should be to become normal and to achieve valued roles. But a role is empty and valueless unless you fill it with your meaning and your purpose. Don't become normal. Our task is not to become normal. You have the wondrously terrifying task of becoming who you are called to be. And you are not called to be an inhuman thing. You are not called to be a mental illness. You were born into this world for a reason and only you can discover what that reason is. You were born into this world to grow and it is possible to grow into a whole, healthy person who also has a psychiatric disability. Your life and your dreams may have been shattered—but from such ruins you can build a new life full of value and purpose.

"The task is not to become normal. The task is to take up your journey of recovery and to become who you are called to be. You were born to love and to be loved. That's your birthright. Mental illness cannot take that from you. Nobody can take that from you. Patricia, become who you are called to be. Do what you do with love. Loving and being loved is what matters. That is the value."

Labeling KEY POINTS

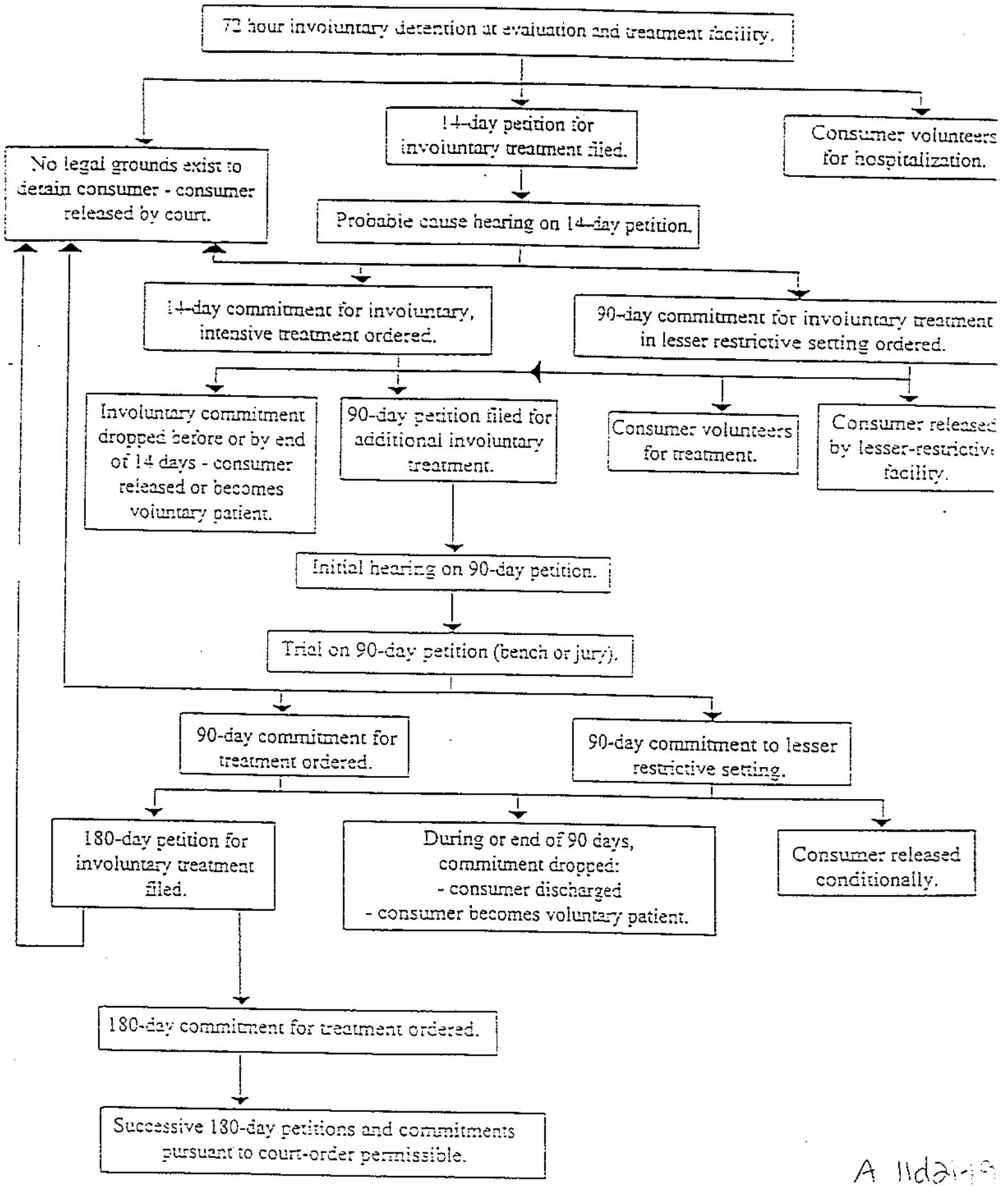
Recovering Our Sense of Value After Being Labeled Mentally Ill. Deegan, P.E. *Journal of Psychosocial Nursing and Mental Health Services* 1993; 31(4):7-11.

1. People with mental illness must know that mental illness does not mean they can no longer lead full lives. Role models—successful people who have mental illness—are needed.

2. There is great danger in labeling a person as an illness. Once people believe they are an illness, there is no one left inside to take a stand toward the illness; they give up control and others take responsibility for them.

3. "High functioning" and "low functioning" are not attributes that exist inside a person. They are value judgments that are put on a person. There are no high-functioning or low-functioning people. There are people whose contribution we are able to see and value and there are those whose gifts we have failed to see and have failed to value.

The Involuntary Commitment Process



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Involuntary Commitment Process

Adults

How Does The Process Begin?

The individual is referred to a county designated mental health professional for an evaluation. The professional evaluates the individual and makes an initial determination whether, as a result of a mental disorder, the person is gravely disabled, a danger to self, others, or property. If such a determination is made, the individual can be held for up 72 hours at a mental health facility for further evaluation and treatment. RCW 71.05.150. Within 24 hours of this determination, the evaluation and treatment facility must file a petition with the court for initial detention. RCW 71.05.160.

Individuals brought to a facility by a peace office without prior authorization by the county designated mental health professional must be examined by a mental health professional within three hours of the arrival to the facility. WAC 275-55-241(3)(g)(I). In addition, such persons must be released within twelve hours unless the county designated mental health professional files a supplemental petition for initial detention and the detained person receives a copy as described under RCW 71.05.150(5). WAC 275-55-241(3)(g)(ii).

Fourteen Day Commitment For Intensive Treatment and Ninety Day Commitment to Less Restrictive Treatment

At the end of the 72 hours, one of the following must occur:

- If there are no legal grounds to involuntarily treat the person (e.g., the person is not found to be a danger to self, others/gravely disabled) the person must be released;
- The consumer is willing and able to volunteer for hospitalization; or
- A 14 day petition for involuntary treatment is filed with the court pursuant to RCW 71.05.230 or a 90 day petition for less restrictive involuntary treatment is filed pursuant to RCW 71.05.230.

It should be noted that even after a petition for 14 day or 90 day involuntary treatment is filed, the prosecutor or the evaluation and treatment facility may withdraw the petition prior to the hearing and the patient is either released or is placed on voluntary treatment status.

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Probable Cause Hearing -Legal Rights

After the petition is filed, there is a probable cause hearing that is held in court. See RCW 41.05.240. The hearing must be held within 72 hours of the filing of the petition. RCW 71.05.240. The hearing, however, can be postponed for up to 48 hours, at the request of the detained person. The hearing may also be postponed for up to 24 hours by the petitioner upon written notice and a showing of good cause. Id. Prior to the hearing the patient is entitled to : communicate immediately with an attorney and, if indigent, the right to have an attorney appointed to represent the patient before and at such hearing; and be told the name and address of the attorney appointed; the right to remain silent; and the right to be told statements the patient makes may be used in involuntary proceedings. WAC 275-55-241(3)(b)(I) and (ii),(c) and (d).

At the hearing, the patient has the right to present evidence and to cross examine witnesses testifying against the patient at the probable cause hearing; has the right to refuse medication beginning 24 hours before any court proceeding wherein the patient has a right to attend and which bears upon the continued commitment of the patient. WAC 275-55-241(3 (e) and (f).

If, after the probable cause hearing, the court finds that the state has proven that by a preponderance of the evidence that, the individual is gravely disabled, a danger to self, others or property, the petition for 14 day or 90 day treatment will be granted. See RCW 71.05.240.

Termination of Involuntary Treatment

If at any time during the 14 day period, the person is no longer gravely disabled, a danger to self, others or property, involuntary treatment shall be terminated. See RCW 71.05.260(1)(a) and (b). Similarly, involuntary treatment shall end if, at any time during this period, the patient is willing and able to accept voluntary treatment. See RCW 71.05.260 (c) and (d).

Ninety Day Commitment for Additional Treatment

At the end of the 14 day intensive treatment, if there is cause to believe that the individual continues to be gravely disabled, a danger to self, others or property, the facility can petition the court to confine the patient for additional treatment for a period of 90 days. See RCW 71.05.290(1). If the facility files such a petition, it must do so at least three days before the expiration of the 14 day period for intensive treatment. RCW 71.05.300. At that time, a hearing on the matter is set for the next judicial day, unless waived by the individual's attorney. As soon as possible after filing the petition for additional treatment, the designated county mental health professional must notify and provide copies of the petition to the person detained, his or her attorney (if any), his or her guardian or conservator (if any), and the prosecutor.

Following the filing of the petition for additional treatment, the detained person has the right to appear before the court. At that time, he or she must be notified of the right to representation by an attorney and his or her right to a jury trial. If the detained individual is indigent, he or she must benotified that the court will appoint an attorney to represent them. Further, the court, if requested,

shall appoint a licensed physician, psychologist, or psychiatrist to examine and testify on behalf on the detained person.

After the petition has been filed for the 90 day commitment, the patient makes an initial appearance in court and is informed of his or her legal rights, including the right to a hearing on the issues of the proposed commitment. The hearing on the 90 day petition for additional treatment shall occur within five judicial days of the initial court appearance. RCW 71.05.310. The hearing can be delayed for up to five additional judicial days for good cause, upon written request of the detained individual or their attorney. In cases where the individual detained has requested a jury trial, the trial shall occur within ten days of the initial court appearance. The burden of proof at the hearing is clear and convincing evidence and is on the petitioner. If this burden is not met, the patient is released. If, however, it is met, the patient can be committed to the facility for an additional 90 days of treatment. However, at any time during the 90 days, the facility can drop the involuntary commitment if the patient agrees and is able to be a voluntary patient or if he or she no longer meets the legal criteria for civil commitment. See RCW 71.05.330(1).

Less Restrictive Orders

For individuals who have not be successfully treated pursuant to a commitment to 90 days of less restrictive treatment, the court may remand them to the custody of the Department of Social and Health Services (DSHS) for further intensive treatment not to exceed the remainder of the 90 day commitment. See RCW 71.05.320. Less restrictive treatment involves mental health treatment in a setting with a lower level of care than in an intensive treatment facility. Before the court can make such an order, however, the detained person is entitled to a hearing with full due process protections as discussed above.

One Hundred and Eighty Day Commitment For Additional Treatment

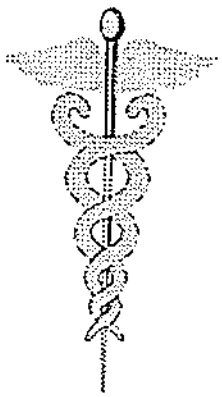
At the end of the 90 day commitment, an individual can be committed for additional mental health treatment not to exceed 180 days if there is clear and convincing evidence that the detained individual continues to be gravely disabled, a danger to self, others or property. See RCW 71.05.320. However, before this additional treatment can occur, there must be a valid court order for such commitment. See Id. The detained individual is entitled to a hearing with full due process protections as discussed previously.

Additional One Hundred and Eighty Day Commitments

Such commitments are possible if the petitioner shows by clear and convincing evidence that the detained individual continues to be gravely disabled, a danger to themselves, others, or property. Just as for all involuntary commitments, the detained person is entitled to a hearing with all of the due process procedures discussed above. See RCW 71.05.320(2).

CONSUMERS' RIGHTS
Inpatient

All mental health consumers, whether **voluntary or involuntary**, at an inpatient facility have the following rights:



★ The right to adequate care and an individualized treatment plan;

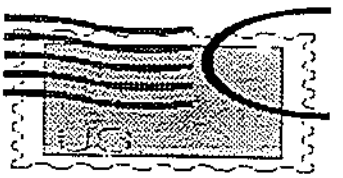
★ The right to make an informed decision regarding the administration of antipsychotic medication except where there is an emergency or a judicial determination that the individual is unable to make such a decision;

★ The right to wear one's own clothes and shoes and to keep one's personal possessions, unless deprivation of these rights is necessary to ensure the protection and safety of the patient or others;

★ The right to spend a reasonable sum of one's own money;

★ The right to access to individual storage space for one's own private use;

★ The right to have visitors at reasonable times;



★ The right to have ready access to letter writing material, including stamps, and to send and receive uncensored correspondence through the mails;

★ The right not to consent to the performance of electroconvulsive therapy (ECT) or surgery, except in a emergency, life-saving surgery, and to not have ECT or nonemergency surgery absent a judicial order after a hearing with full due process protections;

★ The right to dispose of property and sign contracts unless the person has been adjudicated incompetent in a court proceeding directed to this particular issue;

★ The right to object to detention or request release through a writ of habeas corpus;

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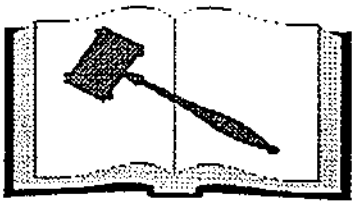
★ The right to be presumed competent and not lose any civil rights as a consequence of receiving mental health treatment except possession of firearms after a 90 day hearing;



★ The right to access to attorneys, courts and other legal redress at any time;

★ The right to confidentiality in all information and records compiled, obtained or maintained in the course of receiving services.

See RCW Section 71.05.370; WAC 275-55-241

Additionally, all **voluntary** patients shall have the right to:

✓Release from a facility, unless civil commitment proceeding have been initiated (Specific rights regarding release depend upon the individual's legal status (minor, guardianship, etc.);

✓Review of condition and status at least every 180 days.

See WAC 275-55-241(2)(a) and (b).

Each facility must post a list of the consumer rights above in a place visible to all consumers.

In addition to these rights, all mental health patients retain all other rights except where those rights have been specifically denied by law. See RCW 71.05.360(1). See also RCW 71.05.370.

I Denial of Rights

The rights cannot be denied except to prevent imminent danger to the patient or to others. If a right is denied to prevent such harm, there must be nexus between the dangerous behavior and the right that is denied. See WAC 246-322-070(7)(b)(I). For example, if an individual is making constant phone calls to the emergency number, "911" it is appropriate to deny that person their right to use the phone, except to call their attorney. However, if a person is calling "911" all the time, it is not appropriate to deny them their right to wear their own clothes as there is no relationship between wearing one's own clothes and making calls to "911."

In some situations there may be word policies that apply to all patients that restrict certain privileges generally.

It is also important to note that a patient's right may not be denied as a means of punishment or for the convenience of staff.

When a right is denied, there should be proper documentation in the patient's chart as to what right is being denied, the **specific** reason for the denial, the lesser restrictive alternatives attempted, the date, and the time.

II Restoration of Rights

When the threat of harm to self or others which led to the denial of the rights no longer exists, the right may no longer be denied and must be restored. There should be regular review of the patient's condition, to ensure that a patients' rights are not denied unnecessarily.

III. Remedies for Violation of Rights

While an individual may be able to bring legal action to seek a remedy for violation of some rights, this is often not possible for a variety of reasons. However, a person can use alternate means of remedying such violations. Remedies include licensing violations, staff trainings and discipline, among others.

If you have questions or a complaint
you can contact:

MENTAL HEALTH OMBUDSMAN
HUMAN SERVICES COUNCIL
P. O. Box 425
Vancouver, WA 98666-0425
(360) 694-6577

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CONSUMER RIGHTS
Restraint and Seclusion

Regulation of the use of restraint and seclusion:

A mental health patient may not be physically or chemically restrained or secluded unless such action is in response to assaultive, self-destructive, or unruly patient behavior. See WAC 275-55-263(2)(c). In such cases, restraint or seclusion is only permissible to the extent and duration necessary to ensure the safety of the patient, others, and property. WAC 246-318-280(4)(k)(I). Additionally, restraint and seclusion are subject to the following conditions:

- In the event of an emergency use of restraints or seclusion, a licensed physician must be notified within one hour, and shall decide whether to authorize the continued use of seclusion or restraints. The authorization need not be based on a personal exam as it can be ordered by phone;

- No patient shall be restrained or secluded for a period in excess of two hours without having been evaluated by a mental health professional;

- All patients placed in seclusion or restraint must be directly observed every 15 minutes and the observation recorded in the patient's clinical record and be given adequate food, water and exercise. It should be noted that for the 15 minute checks, no person to person communication is required. Rather, staff may observe the patient by looking through a window;

- If an individual is secluded or restrained for a period exceeding 24 hours, he or she must be examined by a licensed physician. The results of this examination as well as any determination to continue the seclusion or restraint, must be recorded in the patient's records and be accompanied by the signature of the authorizing physician. This procedure must be repeated for each subsequent 24 hour period of seclusion or restraint.

See WAC 275-55-263(2)(c)(I)(ii)(iii) and (iv))(emphasis added).

Other limitations on the use of restraint and seclusion:

- A patient may not be secluded or restrained as a means of punishment. For example, if a patient refuses to go to group therapy, he or she may not be secluded or restrained as a punishment for not going to the therapy group.

- Additionally, restraint and seclusion may not be used as a means of convenience for staff.

Key things to look for when investigating the use of restraint and seclusion:

- ✓ Documentation: Look for documentation in the patient's records that states that he or she was restrained and secluded and the specific reasons for the restraint or seclusion. Specificity is extremely important. A specific description of the behavior leading to the restraint or seclusion will explain why such action was justified. An example of good specific charting is:

  - "patient running through hall hitting other patients on the head with fists."

  On the other hand, an example of poor charting is:

  - "patient crying and upset."

  The problem with nonspecific charting is that it does not explain the behavior that led to the seclusion, so there is no way from the record to tell whether it was warranted.

  Additionally, it is important to see if all of the relevant conditions mentioned in the WACs have been documented. For example, there should be a record of the patient being observed at least every 15 minutes. Even if there is a record of 15 minute checks, it is important to look to see whether this record is adequate. Look to see if the 15 minute checks were consistently done every 15 minutes, were they done only a few times, and if the notes say the same thing as if done rotely.

- ✓ Less Restrictive Alternatives: Look to see what led up to the incident and whether any less restrictive alternatives were attempted before staff resorted to the use of restraint or seclusion. If so, what was tried and was this documented? Examples include: attempts to verbally deescalate the situation, understand patient concerns, and direct patient away from others.

- ✓ Personal Observation of the Seclusion/Restraint Room: Go and personally observe the seclusion/restraint room. When doing so, you should:

  - look at the condition of the bed, if one was used;
  - look to see if the room is clean;
  - observe where the observation window is in relationship to the bed;

- ✧ observe the amount of light in the room;
- ✧ smell the room to see if it smells excessively of cleaning fluids or other odors,
- ✧ observe whether there are any video cameras being used.

✓ Interview Patients: It is important to speak with patients who are willing to talk to you about their experience in restraints or seclusion. When interviewing them, you should ask questions such as whether the restraints were too tight, whether they were given food, water, and the opportunity to go to the bathroom when necessary, whether staff explained why they were restrained or secluded, whether they were given privacy, clothing, an opportunity to clean up, and whether they were told what would be done with their personal items.

When interviewing clients, do not assume a particular viewpoint on restraint and seclusion. Some view restraint and seclusion as a violation of their rights and not a valid treatment modality. Others, however, see it as a necessary precaution when they become assaultive or want to hurt themselves.

✓ Interview Staff: When interviewing staff, you should attempt to determine their understanding of the seclusion and restraint process and patients rights regarding this process. You should also solicit their opinions about the process and any problems they may perceive with this process.

✓ Review Relevant Facility Policy and Procedure: As part of your investigation you should be sure to review any and all relevant facility policies and procedures regarding the use of seclusion and restraint. You should also investigate the amount and type training that staff has received regarding the seclusion and restraint process.

This list is not exhaustive of the steps you should take in investigating the use of restraint and seclusion, it is merely a list of suggestions. Each case will be different and will require a specific approach.

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Consumer Rights
Confidentiality

Informed Consent For Disclosure Of Information

An individual's mental health records and related information is confidential. See RCW 71.05.630(1). Before a legally authorized person consents to release of information regarding mental health treatment, his or her informed consent, in writing, must be obtained. To constitute valid informed consent, the person must be given the following information:

- The name of the individual, agency, or organization to which the disclosure is to be made;
- The name of the individual whose treatment record is being disclosed;
- The purpose or need for the disclosure;
- The specific type of information to be disclosed;
- The time period during which consent is effective;
- The date on which the consent is signed; and
- The signature of the individual or person legally authorized to give consent for the individual.

RCW 71.05.620(1)(a)-(g).

Instances Where Informed Consent is Not Necessary

There are many exceptions to the rule regarding informed consent and the release of records. These include:

(when this information is released, the person or entity receiving such information must keep it confidential)

- Release to an individual or agency as necessary for management or financial audits, or program monitoring and evaluation;
- To the Department of Social and Health Services (DSHS) or the RSN for billing purposes;
- For the purposes of research as permitted by state law;

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- ✧ Pursuant to a lawful court order;

- ✧ To qualified staff members of DSHS, the director of RSNs, and management services responsible for serving a patient as necessary to determine the progress and adequacy of treatment and to determine whether a person can be served in a less restrictive setting;

- ✧ To individuals employed to provide training or volunteer programs within a facility where the patient is receiving treatment;

- ✧ Within DSHS to coordinate treatment for those under the supervision of Department;

- ✧ To a licensed physician where the life or health of individual has been deemed in danger and that treatment without this information could be harmful to the patient;

- ✧ To a facility that is to receive an individual for involuntary commitment (relevant information only);

- ✧ To a correctional facility or corrections officer who is responsible for an individual receiving inpatient or outpatient evaluation or treatment. Release under this section is limited to:

  - ✓ An evaluation report pursuant to a written treatment plan;

  - ✓ The discharge summary of all somatic treatments;

  - ✓ Any information necessary to establish or implement changes in the individual's treatment plan or the level or kind of supervision as determined by resource management services. In cases involving a transfer back to a correctional facility, this information shall be disclosed only to clinical staff;

- ✧ To the individual's attorney or guardian ad litem, without modification, at any time in order to prepare for involuntary commitment or recommitment proceedings, related actions, or with regard to patients' rights;

- ✧ To a corrections officer who is responsible for the supervision of an individual who is transferred or discharged from a treatment facility;

- ✧ To the staff at the Protection & Advocacy or other nonprofit, legal organizations advocating on behalf of persons with mental and developmental disabilities.

See RCW 71.05.630(2)(a)-(m).

In addition to the above exceptions, there are additional similar exceptions regarding information specific to involuntary commitment. See RCW 71.05.390(1)-(14) for more information.

Penalties For Unauthorized Disclosure

Any individual (except for limitations applicable to individuals convicted of committing sex offenses pursuant to RCW 4.24.550) whose mental health records were improperly disclosed can bring a civil action against the person who has willfully and improperly released confidential information. RCW 71.05.440 The penalty for such disclosure is $1000.00 or three times the amount of actual damages that the individual sustained, if any. RCW 71.05.440(1) and (2). An individual may also bring a legal action to prevent the release of confidential information. RCW 71.05.440

It should be noted that there are certain other rules regarding confidentiality that apply in specific situations, such as involuntary commitment.

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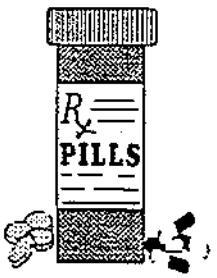

CONSUMER RIGHTS

Emergency Medication, Right to Refuse Medication, & Informed Consent

Informed Consent of Antipsychotic Medications

Unless otherwise required by law (see below), a mental health patient has the right to give informed consent before taking antipsychotic medications.

Before a patient can make an informed decision, his or her doctor must provide the following information:

- The nature and character of the proposed treatment ;
- The anticipated results of the proposed treatment;
- The recognized possible alternative forms of treatment;
- The recognized serious possible risks, complications, and anticipated benefits involved in the treatment and in the recognized possible alternative forms of treatment, including nontreatment.

See RCW Sections 7.70.050 and 7.70.060.

Emergency Medication

Mental health patients can be involuntarily medicated in certain instances. One such situation is where there is an emergency.

An emergency is defined as existing when:

- The patient presents an imminent likelihood of serious harm to self or others; and
- Medically acceptable alternatives to the administration of antipsychotic medications is not available; and
- In the opinion of the physician, the patient's condition constitutes an emergency requiring that treatment be instituted before obtaining a second opinion by a nonattending physician.

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See WAC 275-55-241(1)(c)(I)(A),(B), and (C).

Where emergency medication is administered, there must be specific documentation in the patient's records as to the reason for the administration of the emergency medication. WAC 275-55-241(1)(c). In addition, there must be documentation explaining attempts made at obtaining the patient's informed consent prior to the administration of the medication and why that was not successful. All decisions to administer emergency medications must be reviewed by a nonattending physician within 24 hours of the administration of the medication. WAC 275-55-241(1)(c)(I).

For instances of administration of emergency medication for individuals committed for 180 days, there must be a petition for an order authorizing the administration of antipsychotic medications filed the next judicial day. RCW 71.05.370(7)(a)(iii). There must then be a hearing held within the next two judicial days. The physician, if he or she deems it necessary, may continue to administer the medication involuntarily until the hearing is held.

Right to Refuse Antipsychotic Medications: *Other Limitations*

As stated above, pursuant to certain conditions, mental health patients have the right to refuse antipsychotic medications. If, after receiving the requisite information regarding the medications, the patient wishes to refuse the medications, he or she has the following rights.

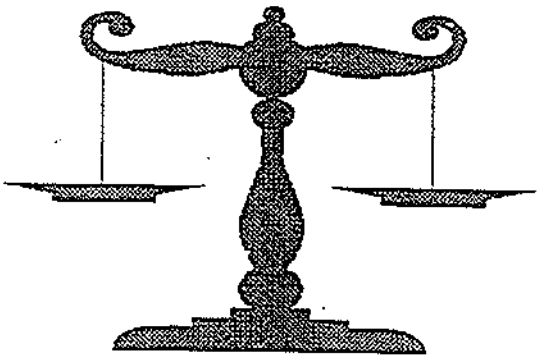
For up to 30 days, a patient can only be involuntarily medicated after there has been a review of the decision to medicate the patient by another nonattending physician. WAC 275-55-241(1)(c)(ii). This is different from an emergency in that before antipsychotic medication can be given involuntary, that decision must be reviewed which is not the case for the administration of emergency medication.

Before a patient can be involuntarily medicated for continued treatment beyond 30 days through a hearing on a 180 day petition, the facility medical director or his or her designee must review the decision to medicate the patient. He or she must review this decision at least every 60 days thereafter. WAC 275-55-241(1)(c)(iii).

- ✧ Patients who are committed for 180 days have the right to a court hearing before the administration of involuntary medication, except in an emergency. See RCW 71.05.370(7), WAC 275-55-241(c)(iii)(B).

- ✧ In court, the party requesting the involuntary medication has the burden to show by clear and convincing evidence that there is a compelling state interest that justifies overriding the patient's lack of consent to the administration of antipsychotic medications, that the proposed treatment is necessary and effective, and that the medically acceptable alternative forms of treatment are not available, have not been successful, or are not likely to be effective. RCW 71.05.370(7)(a).

At the hearing the patient shall have the following rights:



- to be present;
- to be represented by a court appointed attorney;
- to present evidence;
- to cross-examine witnesses;
- to have the right to have the rules of evidence enforced;
- to view and copy all petitions and reports from the court file;
- to remain silent;
- to reasonable notice and opportunity to prepare for the hearing; and
- in some cases, to have a psychiatrist, psychologist, or physician appointed to testify on behalf of the patient.

See RCW 71.05.370(7).

References

Washington v. Harper 110 S. Ct. 1028 (1990).

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WA Protection and Advocacy System *September 1995*

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Spokane

Summary of April, June and August CCP Consumer responses

Quality of life improvements

1. IOP
2. Groups, classes
3. First Call for Help
4. therapy

Opinions listened .o?

1. 63 yes (N=7)
2. 36 no (N=4)

Things done differently

1. Diverse, alternative programs including partial programs
2. special mobility programs needed for GAU folks
3. IOP added back to mix
4. Better knowledge about service availability including respite care availability and education to police, etc.
5. Less emphasis on drugs, more on counseling
6. need informal supports
7. change limitations regarding SEER students.
8. Get rid of ubh

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Spokane Quality Review Team

Results from the **Allied Provider Survey**

April 30, 2001

Prepared by:

Darla K. Torno Connie Rundle Jamie LaBelle

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QUALITY
REVIEW TEAM
SPOKANE COUNTY

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Allied Provider Survey

April 30, 2001
Prepared by Darla K. Torno, Jamie LaBelle, and Connie Rundle

Background/ Summary

The *Mental Health Division Report for Spokane Regional Support Network* (RSN) *Prepaid Health Plan*, dated May 30, 2000 requested the Quality Review Team (QRT) to "evaluate the RSN's relationship with allied systems, schools". In addition, the *Mental Health Division's Integrated Services Contract*, dated October 1, 1997-June 30, 1999, page 31 discusses the expectations of relationships with Allied Systems. Allied Systems are defined as agencies, practitioners and schools that have clients in common with the RSN's Spokane County Public Mental Health System. We refer to these agencies as *Allied Providers*. The QRT conducted this project in consultation with the RSN and the Washington Institute: Mental Illness Research and Training.

A Likert-type scale was chosen as the survey instrument, with answers ranging from Strongly Agree to Strongly Disagree. (See Attachment A) The survey listed each Spokane County Public Mental Health Provider. Participants were able to evaluate more than one agency and to provide comments. This report does not include a detailed summary of each exclusive agency. A complete copy of the individual agency results will be available only by specific request. This report is titled: *Allied Provider Survey; Individual Results for Public Mental Health Agencies.*

The QRT developed a comprehensive list of 87 agencies consisting of schools, health care professionals, hospitals, and public and private agencies. At the suggestion of the RSN, Public Mental Health Providers were included. The QRT sent out 1176 surveys by the first week of January and asked that all responses be returned by January 31, 2001. We received 683 responses from 63 different agencies. A total of 585 surveys were used for the results with another 98 surveys disqualified as unusable. Surveys were determined unusable with reasons varying from multiple agencies being marked on one form to not indicating which agency they were reporting on. An overwhelming 299 comments made by 261 respondents were collected - totaling 15 pages. All comments were documented as closely to the original statement as possible. The QRT did edit out distinguishing remarks to keep the anonymity of the participants. A complete list of the comments will be available only by specific request. This report is titled: *Detailed Copy of Comments from the Allied Provider Survey.*

Results

After reviewing total numbers for the Public Mental Health System, the QRT found the most positive responses were for the following items of the survey. The quotations in parenthesis are representative examples of such positive responses.

- **When referring someone for mental health services, agency staff are courteous and helpful.** (68%) (e.g. "*Staff cooperative and courteous with other agencies.*")
- **I am usually in agreement with the type of services provided.** (62%) (e.g. "*I have referred 3 children for SAY (Sexually Aggressive Youth) assessments & have been pleased with the services provided in this program.*")
- **Staff are sensitive to persons of diverse cultural and ethnic populations.** (63%) (e.g. "*The SMH Homeless Outreach Team is exceptional in terms of the accessibility and willingness to go the extra mile.*")

The lowest numbers of positive responses were for the following statements:

- **Access to services begins within an appropriate time frame.** (46%) (e.g. "*Waiting list is too long-Children and families with critical issues must be seen sooner!*")
- **I am satisfied with my level of communication with this agency.** (55%) (e.g. "*Workers do not seem to return calls in a timely way to both our staff and their clients they work with.*")
- **I receive requested progress reports and/ or treatment plan.** (37%) (e.g. "*I'm not always sure this agency responds in a timely manner because it is usually weeks before I get a report that the client has been contacted. I never get a report on progress or treatment plans.*")
- **I am familiar with the role of the Mental Health Ombuds services.** (53%) (e.g. "*What is this?*")

Along with these results 96 comments stressed poor communication issues, including phone calls not returned or sending written progress notes/treatment plans when requested. A large number of Practitioners in our community expressed a concern that issues around medications were not being documented and referred back appropriately. There were 93 comments that emphasized concerns about long waiting lists or poor access to services for consumers. There were 22 comments that targeted issues around high turnover, inexperienced and/or inadequately trained staff. In addition there were numerous comments regarding the need for increased staff and funding.

Recommendations

1. The RSN to work with the contracted System of Care agencies on how to consistently improve their communication with Allied Providers. Areas identified as needing improvement were promptly returning phone calls, forwarding requested progress notes, and increase collaboration on behalf of consumers.
2. The RSN and UBH meet to discuss strategies of decreasing waiting lists and how to implement changes. The QRT requests a written report outlining these plans.
3. The RSN to increase education to Allied Providers about the options available to people who qualify for public mental health services. (e.g. "Would like other agencies to provide more information about services")
4. The RSN to meet with the Ombuds service to provide education about their service to Allied Providers. The QRT asks that posters and/or brochures be left at these sites for easy access and referral. The QRT will offer suggestions on how to accomplish this.

Cc
RSN
Provider Network
County Commissioners
WPAS

Mental Health Division
Kasey Kramer
Consumer Consultation Panel

NAMI
QIT
MHAB

Attachment A

Allied Provider Survey

Satisfaction Survey of Public Mental Health Services

Spokane Quality Review Team

1. Which RSN funded Mental Health agency have you interacted with the most? PLEASE CIRCLE

Catholic Family Services	Goodwill Industries	Sacred Heart Psychiatric Svcs
Children's Home Society	Grief Counseling Services	SEER
Congregate Care Facilities	Hope Partnership	Spokane Mental Health
Deaconess School Project	Lutheran Social Services	St Luke's Rehabilitation Institute
Excelsior Youth Center	Mental Health Ombuds	Supported Living Program
Family Service Spokane	NATIVE Project	Tamarack Center
	Pre Vocational Training Center	United Behavioral Health

Specify which service location, if applicable: _____

Please rate the following statements based on your overall experience with this agency.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
2.	When referring someone for mental health services, agency staff are courteous and helpful.						
3.	People I refer are generally accepted into services.						
4.	Access to services begins within appropriate time frames.						
5.	I am usually in agreement with the type of services provided.						
6.	I am satisfied with my level of communication with this agency.						
7.	Staff are sensitive to persons of diverse cultural and ethnic populations.						
8.	Services provided result in positive changes for consumers.						
9.	I receive requested progress reports and/or treatment plans.						
10.	Services are individualized to the needs of the consumer.						
11.	I am familiar with the role of the Mental Health Ombuds services.						
12.	I would recommend this agency to my friends and/or family.						

13. Please make any suggestions or comments _____

Allied Survey Chart Percentages

To focus on the positive statements for providers and to minimize the volume of the report, the QRT chose graphing only Strongly Agree/ Agree Percentages for all Public Mental Health agencies combined, (please reference Page 1, Paragraph 2). Agency names and number of survey totals are listed below.

Agency Names	Number of surveys returned
Catholic Family Services	15
Children's Home Society	16
Congregate Care Facilities	11
Deaconess School Project (CAP)	14
Excelsior Youth Center	12
Family Service Spokane	46
Goodwill Industries	4
Grief Counseling Services	6
Hope Partners	16
Lutheran Social Services	44
Mental Health Ombuds	4
NATIVE Project	8
Pre Vocational Training Center	7
Sacred Heart Psychiatric Services	77
SEER	3
Spokane Mental Health	224
St. Luke's Rehabilitation Institute	21
Supportive Living Program	19
Tamarack Center	5
United Behavioral Health	33

Question Number 11- "*I am familiar with the role of the Mental Health Ombuds Services*," was excluded in the bar charts, as it did not reflect the measurement of how allied providers view the public mental health system. This question was included for informational purposes only. (See Recommendations, #4)

We would like to bring to your attention that the QRT did not make comparisons based on agency size, clientele, and different levels of service. The following information is provided solely by data gathered from the completed surveys. The results have not been verified by other sources.

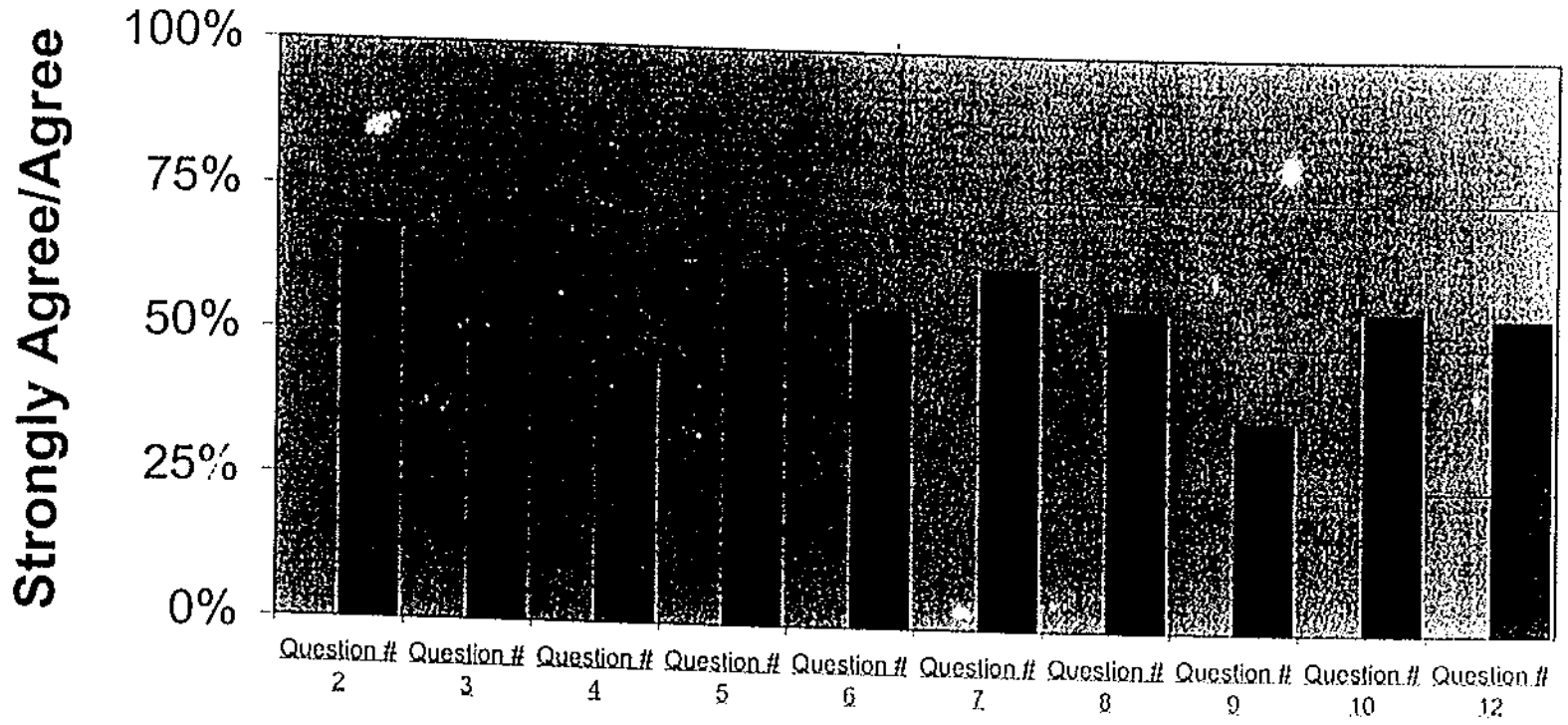
* Please note that numbers vary from 99%-101%. This is the result from the reporting system we chose to use.

Allied Provider Survey Results

1. **All Agencies Combined - 585 Surveys**

		Strongly Agree- Agree totals	Neutral	Disagree- Strongly Disagree totals	Not Applicable
2.	When referring someone for mental health services, agency staff are courteous and helpful.	68%	15%	23%	5%
3.	People I refer are generally accepted into services.	56%	15%	29%	7%
4.	Access to services begins within appropriate time frames.	46%	15%	34%	4%
5.	I am usually in agreement with the type of services provided.	62%	16%	29%	4%
6.	I am satisfied with my level of communication with this agency.	55%	15%	31%	1%
7.	Staff are sensitive to persons of diverse cultural and ethnic populations.	63%	22%	25%	10%
8.	Services provided result in positive changes for consumers.	56%	25%	34%	3%
9.	I receive requested progress reports and/or treatment plans.	37%	17%	31%	20%
10.	Services are individualized to the needs of the consumer.	56%	24%	34%	5%
11.	I am familiar with the role of the Mental Health Ombuds services.	53%	15%	30%	8%
12.	I would recommend this agency to my friends and/or family.	55%	16%	29%	4%

All Agencies Combined/ 585 Surveys

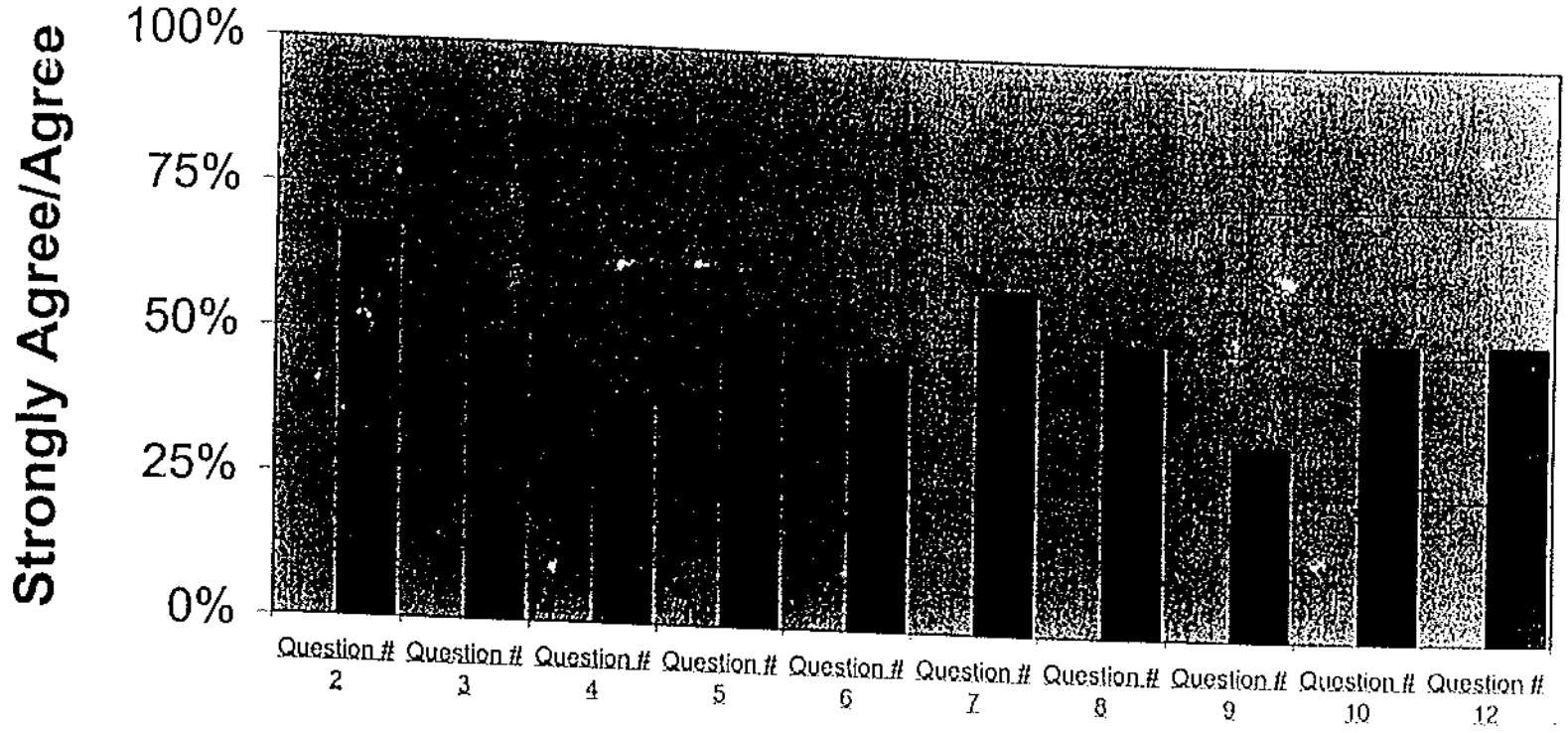


Allied Provider Survey Results

1. Allied Provider Responses For All Agencies - 370 Surveys

	Strongly Agree- Agree totals	Neutral	Disagree- Strongly Disagree totals	Not Applicable
2. When referring someone for mental health services, agency staff are courteous and helpful.	68%	16%	13%	3%
3. People I refer are generally accepted into services.	50%	18%	29%	2%
4. Access to services begins within appropriate time frames.	40%	16%	42%	2%
5. I am usually in agreement with the type of services provided.	54%	19%	24%	4%
6. I am satisfied with my level of communication with this agency.	47%	18%	34%	2%
7. Staff are sensitive to persons of diverse cultural and ethnic populations.	60%	23%	6%	12%
8. Services provided result in positive changes for consumers.	51%	29%	18%	3%
9. I receive requested progress reports and/or treatment plans.	34%	18%	31%	17%
10. Services are individualized to the needs of the consumer.	52%	26%	17%	5%
11. I am familiar with the role of the Mental Health Ombuds services.	39%	16%	36%	8%
12. I would recommend this agency to my friends and/or family.	52%	16%	28%	3%

Allied Providers/ 370 Surveys

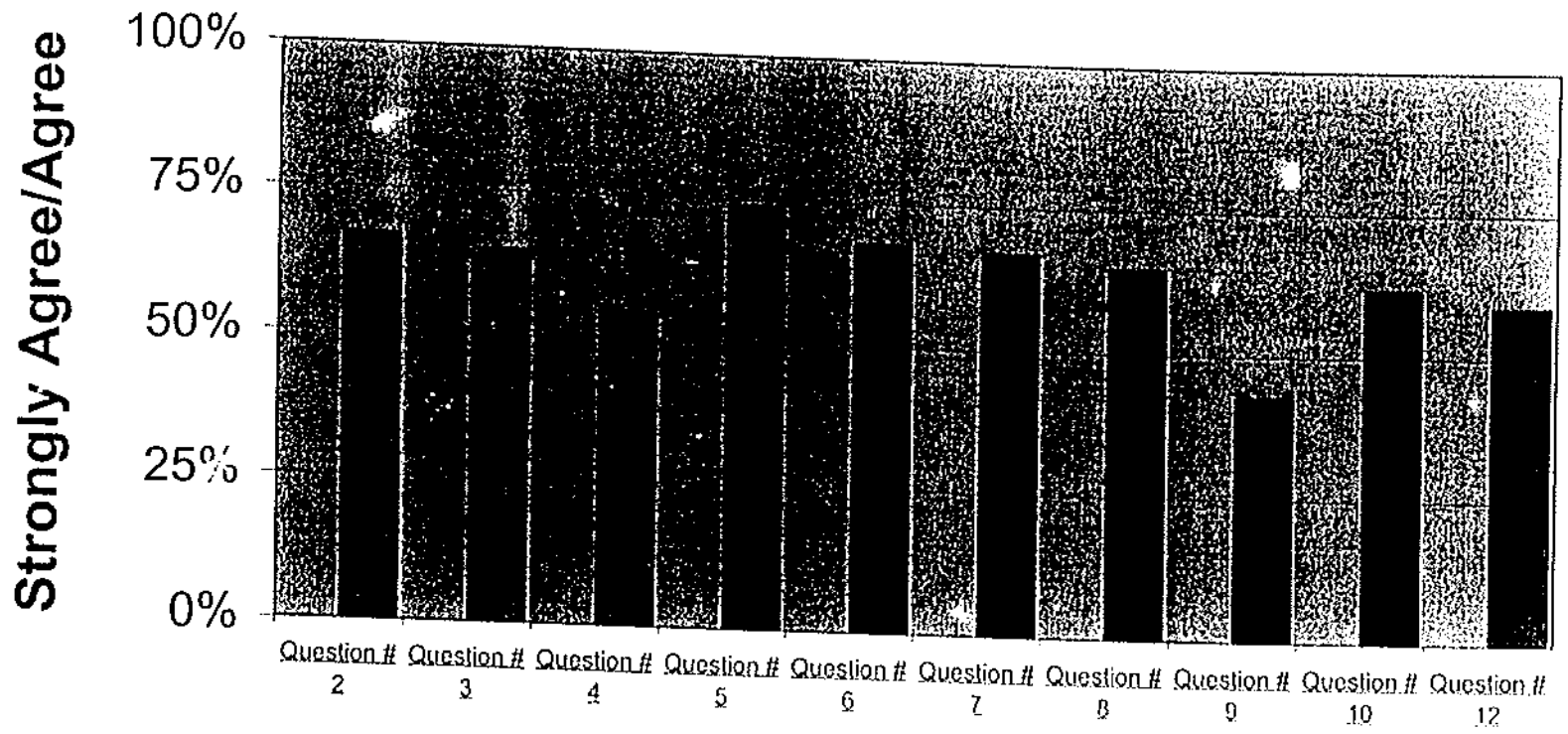


Allied Provider Survey Results

1. Contracted Provider Responses For All Agencies - 215 Surveys

	Strongly Agree- Agree totals	Neutral	Disagree- Strongly Disagree totals	Not Applicable
2. When referring someone for mental health services, agency staff are courteous and helpful.	67%	13%	12%	8%
3. People I refer are generally accepted into services.	65%	9%	11%	14%
4. Access to services begins within appropriate time frames.	55%	13%	24%	7%
5. I am usually in agreement with the type of services provided.	74%	11%	11%	4%
6. I am satisfied with my level of communication with this agency.	68%	9%	22%	0%
7. Staff are sensitive to persons of diverse cultural and ethnic populations.	67%	22%	4%	7%
8. Services provided result in positive changes for consumers.	65%	19%	13%	4%
9. I receive requested progress reports and/or treatment plans.	43%	14%	18%	24%
10. Services are individualized to the needs of the consumer.	62%	20%	13%	5%
11. I am familiar with the role of the Mental Health Ombuds services.	78%	13%	1%	8%
12. I would recommend this agency to my friends and/or family.	59%	15%	21%	5%

Contracted Providers/215 Surveys



CLARK COUNTY MENTAL HEALTH SYSTEM QRT

Satisfaction Survey

Percent of Consumers Agreeing or Strongly Agreeing with Statement.

Question	Adults and Children May 1998 Report	Adults and Children October 1998 Report	Adults and Children October 1999 Report	Adults and Children February 2000 Report	Adults and Children March 2000 Report	Adults and Children June 2000 Report	Adults and Children September 2000 Report
I have a person in the mental health system that I can trust.	94%	89%	90%	92%	90%	92%	92%
I have been involved in planning my own services with the people in the mental health system	89%	84%	80%	87%	83%	60%	87%
The professionals I work with focus on my strengths.	89%	90%	86%	92%	89%	56%	88%
My mental health professional is helping me meet my needs and goals.	91%	83%	82%	91%	87%	87%	86%
The professionals I work with in the mental health system are knowledgeable and provide me with the information I need.	89%	87%	86%	88%	88%	88%	87%
I have had good continuity in service providers.	86%	84%	76%	86%	86%	85%	83%
There is good communication among different people who provide services to me.	83%	79%	69%	86%	86%	75%	86%
In general I am able to get the help that I need.	90%	88%	85%	92%	90%	88%	86%
Services in the mental health system are offered at a place and time which are convenient for me.	86%	91%	83%	95%	91%	88%	88%
I receive the help I need when I am in crisis.	89%	89%	75%	84%	85%	78%	85%
The people I work with in the mental health system have been easy to contact.	80%	87%	75%	77%	78%	76%	76%
I feel respected by people at my mental health service provider.	90%	89%	79%	92%	90%	83%	93%
I have been made aware of my rights as a consumer of mental health resources.	91%	94%	91%	94%	85%	88%	94%
My rights have been respected.	95%	91%	91%	95%	93%	86%	94%
My quality of life has improved because of the services I receive from the mental health system.	90%	83%	83%	84%	93%	82%	88%
The mental health system provides education and support to my family or the other people who are important to me.	90%	75%	68%	75%	80%	72%	79%
Average score	3.28	3.25	3.03	3.19	3.19	3.19	3.26

*9/2000 All Agencies = 100 (12 PeaceHealth, 29 SWMC, 12 CC, 7 CHS, 28 CRMHS, 9 HAS)
*6/2000 All Agencies = 109 (11 CC, 4 CHS, 47 CRMHS, 5 HAS, SWMC 13, OTHER 29
*3/2000 All agencies = 109 (50 CRMHS, 6 ADAPT, 11 CC, 33 CHS, 3 other)
*2/2000 All Agencies = 97(60 CRMHS, 1 SWMC, 8 CC, 10 CHS, 8 PH)
*10/99 All Agencies = 80 (40 adults 40 children/teens)
*10/98 All Agencies=150(83 adults 67 children/teens)
*05/98 All Agencies=105 (41 adults 64 children/teens)

CLARK COUNTY MENTAL HEALTH SYSTEM QRT

Satisfaction Survey

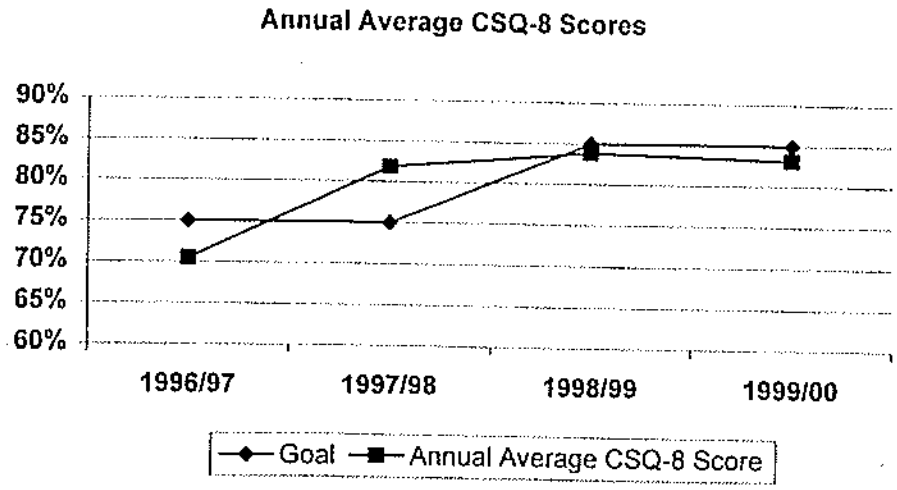
Percent of Consumers Agreeing or Strongly Agreeing with Statement.

Question	Adults and Children January 2001 Report **		
I have a person or people in the mental health system whom I trust.	89%		
I have been involved in planning my own services with people in the mental health system.	93%		
The professionals I work with in the mental health system focus on my strengths.	90%		
I believe I can recover.	82%		
My mental health provider is helping me meet my needs and goals.	88%		
The professionals I work with in the mental health system are knowledgeable and provide me with the information I need.	90%		
I have good continuity in service providers.	83%		
There is good communication among different people who provide services to me.	72%		
In general, I am able to get the help I need.	80%		
Services in the mental health system are offered at a place and time which are convenient for me.	84%		
I received the help I need when I am in crisis.	75%		
The people I work with in the mental health have been easy to contact.	77%		
I feel respected by people at my mental health service provider.	92%		
I have been made aware of my rights as a consumer of mental health resources.	92%		
My rights have been respected.	92%		
My quality of life has improved because of the services I receive from the mental health system.	77%		
The mental health system provides education and support to my family or other people who are important to me.	70%		
I would recommend my mental health service provider to a friend.	87%		
Average Score	3.09		

**Based on12 months rating of service satisfaction 01/2001 All Agencies=48 (35 CRMHS, 4 CC, 2 CHS, 4 SWMC/ADAPT, 3 PH)

Average CSQ-8 Scores	Mar-97	Jun-97	Sep-97	Dec-98	Mar-98	Jun-98	Sep-98	Dec-98	Mar-99	Jun-99	Sep-99
1 How would you rate	78%	65%	76%	86%	83%	84%	81%	86%	82%	85%	83%
2 Did you get the kind	74%	65%	74%	86%	81%	82%	81%	90%	82%	83%	83%
3 To what extent has	71%	60%	69%	81%	77%	78%	77%	80%	78%	79%	79%
4 If a friend were in ne	80%	69%	78%	91%	86%	83%	82%	91%	87%	84%	85%
5 How satisfied are yo	73%	62%	73%	85%	81%	83%	82%	88%	82%	82%	80%
6 Have the services y	76%	67%	78%	89%	75%	84%	84%	91%	84%	85%	85%
7 In an overall, gener	75%	65%	73%	87%	85%	84%	80%	88%	82%	82%	83%
8 If you were to receiv	80%	68%	79%	92%	89%	87%	84%	90%	85%	87%	87%
Average	**76%**	**65%**	**75%**	**87%**	**82%**	**83%**	**81%**	**88%**	**83%**	**83%**	**83%**

	1996/97	1997/98	1998/99	1999/00
Annual Average CSQ-8 Score	71%	82%	84%	83%
Goal	75%	75%	85%	85%



Dec-99	Mar-00	Jun-00	Sep-00	Dec-00
88%	85%	82%	87%	87%
84%	84%	80%	84%	83%
79%	77%	77%	78%	82%
87%	87%	85%	89%	90%
83%	83%	78%	83%	84%
84%	83%	84%	86%	88%
82%	84%	82%	85%	86%
86%	88%	84%	88%	90%
84%	**84%**	**82%**	**85%**	**86%**

CSQ-8 SEPTEMBER 2000 COMPILATION

	Labels Produced	Mailed Out	Returned Undeliverable	Received by Mail	Received by Box	Received by Distribution	Rollover	Total Received
CRMHS	188	147	16	14	7	0	8	29
HAS	0	0	0	0	9	0	0	9
CHS	23	23	4	2	3	0	2	7
Child Ctr	75	73	4	4	34	0	2	40
SWWMC	43	43	6	3	9	17	0	29
PeaceHlth	52	47	8	7	4	0	1	12
Totals	381	333	38	30	66	17	13	126

	Average Scores
CRMHS	80%
CHS	74%
Child Ctr	92%
SWWMC	85%
PeaceHlth	86%

RSN Average Score 85.3%

Timberlands RSN

COMMENTS ON CONSUMER SATISFACTION SURVEYS
DONE THROUGH PROVIDERS JANUARY - MARCH 2001

The following issues appear to reflect consumer perceptions that may warrant additional study and quality improvements. Most of these issues surfaced at more than one TRSN provider. QMC may wish to request further focus group study of these issues by QRT and/or review through the Clinical Services Review Team.

Access: Many consumers (9-21%) view providers as unable to provide appointments within 10 minutes of the scheduled time. (This item, which is not part of contract expectations, was not part of the survey WCMHS distributed). Consumers at WCMHS expressed problems with accessing medical services. Nine percent of Cascade respondents disagreed that services were provided when needed, or that they were able to obtain help when in crisis.

Acceptability/Interaction: Wahkiakum consumers expressed relatively low ratings of agreement (75% adults, 57% children) regarding their involvement in planning their services. 10-13% of consumers at Willapa and Cascade indicated difficulties with their provider understanding their needs and problems.

Rights and Confidentiality: Concerns regarding awareness of rights were expressed by 11% of Willapa consumers.

Provision of Information: 10-11% of consumers at Willapa and Cascade indicated difficulties with the provision of information about the range of services provided and effective treatment options.

Impact (of treatment): Consumers at all three providers indicated a lack of impact with regard to their support system improving (14-18%). Consumers at Cascade and Willapa also indicated a lack of positive change in their outlook (12-14%) and in their level of safety (10-14%).

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CASCADE MENTAL HEALTH CARE
CONSUMER SURVEY MARCH 2001

Eight hundred four surveys were mailed ou'. One hundred thirty, or 16.5% were returned

	Agree	Not Applicable	Disagree
ACCESS OF CARE			
1. Services have been provided when I/my child needed them.	86%	2%	9%
2. Services are in a convenient location.	94%	4%	1%
3. I am able to obtain help when needed in a crisis and an emergency.	71%	18%	9%
4. I am able to get an appointment in a timely manner.	91%	3%	6%
5. My appointments have been kept within 10 minutes of my/their scheduled time with the therapist.	84%	6%	9%
6. Services have been provided in a language I understand.	91%	7%	1%
PROVISION OF INFORMATION			
1. I have been informed about benefits, risks, and side effects of my/their medications.	65%	28%	5%
2. I have been informed about the range of services provided.	80%	9%	11%
3. I have been informed of effective treatment options that could be available to me.	81%	8%	11%
4. I have been informed of the cost of services and how they will be paid for.	76%	15%	6%
RIGHTS AND CONFIDENTIALITY			
1. I have been made aware of my rights as a mental health consumer.	93%	1%	5%
2. My rights to confidentiality have been protected.	89%	2%	2%
3. My rights have been respected.	90%	3%	3%
INTERACTION			
1. I have been treated with dignity and respect.	94%	2%	2%
2. My service provider has a clear understanding of my needs and problems.	86%	3%	10%
3. My/ service provider has been helpful in meeting my needs.	88%	1%	9%
4. I have been involved in planning my services and treatment goals.	88%	4%	7%
5. I would recommend these services to a friend.	81%	2%	7%
6. The front office staff is helpful.	90%	5%	2%
IMPACT			
1. My quality of life has improved since services began.	72%	11%	9%
2. I have been able to more effectively deal with crises.	61%	15%	14%
3. I have had less need for inpatient hospitalization and/or emergency visits.	41%	51%	5%
4. My support system has improved.	63%	19%	14%
5. My activity level has improved.	58%	72%	14%
6. My level of safety has improved.	59%	26%	10%
7. My outlook has improved.	72%	9%	12%

WILLAPA COUNSELING CENTER
CONSUMER SURVEY JANUARY 2001

Three hundred surveys were mailed out. Twenty-three were returned by the post office. Sixty-two, or 21% were returned by the consumer.

	Agree	Not Applicable	Disagree
ACCESS OF CARE			
1. Services have been provided when I/my child needed them.	87%	5%	5%
2. Services are in a convenient location.	92%	5%	0
3. I am able to obtain help when needed in a crisis and an emergency.	68%	18%	5%
4. I am able to get an appointment in a timely manner.	83%	3%	8%
5. My appointments have been kept within 10 minutes of my/their scheduled time with the therapist.	72%	3%	21%
6. Services have been provided in a language I understand.	89%	6%	0
PROVISION OF INFORMATION			
1. I have been informed about benefits, risks, and side effects of my/their medications.	65%	22%	8%
2. I have been informed about the range of services provided.	79%	6%	10%
3. I have been informed of effective treatment options that could be available to me.	72%	8%	10%
4. I have been informed of the cost of services and how they will be paid for.	79%	11%	5%
RIGHTS AND CONFIDENTIALITY			
1. I have been made aware of my rights as a mental health consumer.	72%	10%	11%
2. My rights to confidentiality have been protected.	72%	11%	8%
3. My rights have been respected.	56%	32%	2%
INTERACTION			
1. I have been treated with dignity and respect.	90%	0	3%
2. My service provider has a clear understanding of my needs and problems.	80%	0	13%
3. My/ service provider has been helpful in meeting my needs.	82%	3%	8%
4. I have been involved in planning my services and treatment goals.	90%	3%	0
5. I ould recommend these services to a friend.	80%	6%	5%
6. The front office staff is helpful.	90%	0	3%
IMPACT			
1. My quality of life has improved since services began.	72%	10%	11%
2. I have been able to more effectively deal with crises.	72%	11%	8%
3. I have had less need for inpatient hospitalization and/or emergency visits.	56%	32%	2%
4. My support system has improved.	74%	14%	5%
5. My activity level has improved.	66%	8%	16%
6. My level of safety has improved.	56%	22%	14%
7. My outlook has improved.	71%	6%	14%

Wahkiakum County Mental Health Services
Satisfaction Survey Summary January 2001

76 surveys were mailed out. 7 child and 16 adult surveys were returned (total 23, or 30%). Responses to "strongly agree" and "agree" were collapsed in the summary percentages below, as were "disagree" and "strongly disagree". Adult percentages precede child percentages.

	Strongly Agree	Agree	Neutral or not applicable	Disagree	Strongly Disagree
ACCESSIBILITY:					
1. Services are in convenient locations.	81%/57%		18%/14%	0%/28%	
2. I am satisfied with the length of time between requesting a service and when services begin:					
for counseling and case management:	87%/71%		6%/14%	0	
for medical services:	31%/42%		18%/42%	6%/0	
3. Services have been appropriate to my age, gender, culture, and individual needs.	81%/85%		12%/14%	0/14%	
ACCEPTABILITY:					
1. I have been involved in planning my own services, or services for my child.	75%/57%		18%/28%	0/14%	
2. My services provider has understood the kind of help I (or my child) need.	93%/71%		6%/28%	0	
3. The service provider treats me with respect and my rights have been respected.	93%/100%		6%/0	0	
IMPACT:					
1. My (or my child's) quality of life has improved since services began.	93%/71%		6%/14%	0/14%	
2. Services have helped me to manage symptoms, and to live, work and participate in the community.	93%/57%		6%/28%	0	
3. Services have given me (or my child) a greater understanding of my mental condition and resources available to me.	100%/57%		0/71%	0	
Since service began...					
1. I have been able to deal better with crises.	100%/57%		0/71%	6%/0	
2. I (or my child) have had less need for hospital and crisis services.	81%/28%		12%/57%	12%/0	
3. My support system has improved.	68%/85%		8%/14%	18%/0	
4. My level of safety has improved.	62%/71%		31%/28%	6%/0	
5. My activity level has improved.	87%/42%		6%/28%	6%/14%	
6. My outlook has improved	75%/42%		18%/57%	6%/0	

WILLAPA COUNSELING CENTER
TIMBERLANDS REGIONAL SUPPORT NETWORK
CONSUMER SURVEY RESULTS

Consumer surveys were sent out during the second week of December. A total of 275 were mailed out and 59 were returned. The results are as follows:

	Agree	Not Applicable	Disagree
ACCESS OF CARE			
1. Services have been provided when I/my child needed them.	44	2	1
2. Services are in a convenient location.	46		2
3. I am/my child is able to obtain help when needed in a crisis and an emergency.	36	7	3
4. I am/my child is able to get an appointment in a timely manner.	46	1	1
5. My/my child's appointments have been kept within 10 minutes of my/their scheduled time with the therapist.	40	3	6
6. Services have been provided in a language I/my child understand(s).	49	1	1
PROVISION OF INFORMATION			
1. I/my child have/has been informed about benefits, risks, and side effects of my/their medications.	32	13	3
2. I/my child have/has been informed about the range of services provided.	36	2	6
3. I/my child have/has been informed of effective treatment options that could be available to me/them.	34	5	8
4. I have been informed of the cost of services and how they will be paid for.	35	7	6
RIGHTS AND CONFIDENTIALITY			
1. I/my child have/has been made aware of my/their rights as a mental health consumer.	42	1	2
2. My/my child's rights to confidentiality have been protected.	45		1
3. My/my child's rights have been respected.	40	4	
INTERACTION			
1. I/my child have/has been treated with dignity and respect.	45	1	1
2. My/my child's service provider has a clear understanding of my/their needs and problems.	44		3
3. My/my child's service provider has been helpful in meeting my/their needs.	44		2
4. I/my child have/has been involved in planning my services and treatment goals.	40	4	2
5. I/my child would recommend these services to a friend.	43		1
6. The front office staff is helpful.	44	1	1
IMPACT			
1. My/my child's quality of life has improved since services began.	33	3	8
2. I/my child have/has been able to more effectively deal with crises.	34	2	9
3. I/my child have/has had less need for inpatient hospitalization and/or emergency visits.	31	11	4
4. My/my child's support system has improved.	30	8	6
5. My/my child's activity level has improved.	28	7	6
6. My/my child's level of safety has improved.	31	7	5
7. My/my child's outlook has improved.	29	5	8

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Please comment on any aspect of accessibility:
(For example: Did you receive help soon after you requested help? Were you aware of what services were available to you? How did you hear about the services you are now using?)

The following are consumers' written responses to the above questions:

1. My case was handled in a timely manner. Had heard about the Center through customers and friends.
2. Somewhat aware. I asked for it myself. Through my doctors and friends.
3. My appointment was made when there was time.
4. I really don't know how you knew I needed help; maybe my daughter or nursing home?
5. I heard about my services from Donna Collins. I think that services could be a little more acceptable and on time a little better.
6. Received help almost immediately. Was aware of services through Yellow Pages.
7. I received a letter about the clinic from Dept. of Social & Health Services. It said I was eligible for clinic's services. Got appointment right away, then found out about HMO'S and the referral. I needed one from Primary Health Provider.
8. I was happy with all the help Caryl gave me. She was a good listener and I felt very comfortable with her.
9. Yes, the services were explained to me. My counselor explained all the services.
10. Yes. Yes. ?
11. I received help immediately. From another patient.
12. Yes.
13. Not always available because of requirements of the insurance company.
14. This part was OK.
15. Need to know ahead of time of side effects of medicine given to take.
16. Yes, the same day. No. From St. Peters Hosp.
17. I felt the waiting period was too long to be approved. No. Newspaper
18. Yes. No. By word of mouth and local paper.
19. My help was received very fast and very polite.
20. Heard about services through Bill Grimberg.
21. I received help soon after requesting it. I was aware of the services. I moved to Long Beach; I sought a new psychiatrist.
22. I received help immediately. Yes. I am not needing help now, but know if I ever need it again, it's just a phone call away.
23. Services were rendered shortly after requested. I heard about services through CPS.
24. Doug Schaffer recommended.
25. Yes. Yes. My Mom.
26. No. No. DSHS.
27 From my counselor.
28. I received help soon after a friend took me to Willapa Counseling. I had a nervous breakdown and was hospitalized.
29. I am very happy with the services I am receiving.
30. Yes. Yes. Phone calls

Please comment on any aspect of acceptability of services:
(For example: Did you want to be more involved in creating your service plan? What was the best aspect of service? Were services acceptable? What are some suggestions for improving services?)

The following are consumers' written responses to the above questions:

1. No. The Counselor, Bill Grimberg. None.
2. I have an excellent counselor in Glenn Peterson.
3. Services are acceptable & had caring counselors and doctors.
4. Make sure they see you on time, not 45 minutes later.
5. It was good.
6. Very acceptable.
7. My child has become more open.
8. Do not send me to Western.
9. Yes, services were acceptable.
10. Services very acceptable.
11. No, I'm trying to be very independent.
12. No. Being able to talk to a neutral party & get suggestions. Yes. Not setting a limit on # of sessions, but letting the person come to counseling as long as they need it.
13. Services are acceptable.
14. It's been clearly explained and talked about.
15. No service plan. Just call as needed.
16. More available days (re: insurance).
17. I am involved in creating a service plan. My counselor now takes all counseling time doing my budget and doesn't really spend time counseling.
18. Yes. ? Yes. Bus service to Aberdeen.
19. Yes, I helped in creating my plan. Everyone has been helpful. Service has been wonderful & at this time I cannot think of any improvements.
20. I wish regression hypnosis and group therapy were available to me with my medical program.
21. No, (did not want to be involved). Yes, services were acceptable.
22. My service plan is OK.
23. I was involved in my service plan after a period of time. Always encouragement-never a down period from any persons or departments. I would not be where I am today without the services allowed to me - Good work all!
24. I would like to be able to get in more than 10 times a year if I need it.
25. Yes, I like to be involved in my care.
26. Felt included in the service plan from the start. My counselor is an intelligent, warm-hearted person. Dr. Rowlett has been exceedingly helpful in the management of my medications and is a delightful person. Would like to commend you on your office personnel, in particular I would mention Reta, who has been my advocate to other services and is both very, very busy, and very efficient, as is all the staff

Please comment on any aspect of the impact of your services:
(For example: How is treatment working or not working? How has your life changed since treatment began? In what ways has life improved?)

The following are consumers' written responses to the above questions:

1. Almost from the start of treatment my sense of burden has been lightened. Have also felt that my treatment counselors have joined with me to make my treatment a team effort. I think that attitude being established in each patient's mind is very clever on your part and very beneficial to the patient.
2. I'm not as much depressed as I had been. I have help when I need it and I have friends to talk to and help if they can.
3. No. No. No.
4. I was completely unable to care or think for myself in my mental state. Now, thanks to Willapa Counseling Services, I am able to live alone in a low income apt. I have a chore person to do physical things I'm unable to do (9 hrs. a wk.). I'm alive again - thanks to all my counseling! Thank God.
5. My life has a little bit less stress in it.
6. Working.
7. Since my physical health hasn't been fixed yet, I'm still living in same place (good, hasn't washed away yet). Back operation limits my activity, little money, but thankful.
8. She (Caryl) helped me believe that I could do almost anything as long as I believed in it and tried it.
9. I seem to be able to handle situations better. My stress has dropped using your services.
10. Both. Not much.
11. Treatment has changed my temperament and reduced neurotic symptoms.
12. Not working. No change. Still feel at loose ends.
13. Treatment has improved since Mary Gardner came into my life.
14. I need to get back my SSI. I can't seem to get a job. I'm not getting any younger.
15. Treatment is working. I get out more. I see more people.
16. I now feel there is hope.
17. I am learning better ways to deal with situations, causing less stress and anxiety.
18. Lessened. By going to church and help from friends and payee.
19. A lot of these questions don't apply to me.
20. Treatment is working. I am not going crazy when relations die.
21. I am now in an assisted living and have lots of help.
22. My child has become more mature emotionally
23. Having someone to listen to my problems.
24. It's working well so far.
25. Hasn't.
26. I'm a little more at ease with people. Other than that, my life hasn't changed that much. But then again, I haven't been there that long, and it took many years to get into this condition and I don't think it can be better overnight.
27. Medication and counseling has improved my life.
28. My treatment is working very well. The office staff is very friendly, too!
29. Helping. yes, less depressed. I am not "out of the woods" yet, but am looking forward to see Bill Grimberg as often as possible to get out of my terrible depression.
    Dr. Rowlett is also a wonderful help to me.
    P.S. Everybody at the office is nice, friendly and very helpful.
30. I think that my counseling sessions have not been helpful and wish my counselors could help me out more. I also want more time with both my counselors. My life hasn't improved one bit!

TRSN QUALITY IMPROVEMENTS in 2000

1. Increased use of MIS data to increase awareness of system problems (e.g. initial access, minority specialist consultation, Protocall access, etc.)
2. QRT identification of issues needing special focus (e.g. access to medications in jails) with increased review of jail procedures
3. Recruitment of a child psychiatrist to serve children in TRSN, to begin July 2001.
4. Development of Native American and Asian mental health specialists within TRSN, as well as a LIST certified interpreter for Spanish speaking consumers.
5. Implementation of a variety of service enhancements: jail based case management and diversion, intensive case manager, new CM aide and community partner positions, day program for high need consumers; MICA (COD) services positions, assertive community treatment coordinator, and children's behavioral specialist still under recruitment.
6. Development of agreement with DDD to improve coordination; cross system meeting on implementation issues and plan for increased crisis coordination.
7. Enhancement of crisis respite as a facility-based resource for TRSN consumers to decrease unnecessary hospitalizations.
8. Improved documentation of crisis respite and stabilization services to allow better monitoring/utilization review.
9. Improved coordination of hospital discharge with written provider plans for this activity.
10. Development of plans by each provider for incremental development of integrated treatment approach for persons with co-occurring disorders.
11. Development and implementation of a method for tracking changes in employment, education, and residential status. Ongoing quarterly review of these outcomes by QMC.
12. Implementation of process for integrated complaint reporting for children and adults.
13. Use of consultation to enhance development of wraparound plans for persons discharged from Western State Hospital. Ongoing ITC consultation to build on those skills (for both adults and children).
14. Development of a paid QRT Coordinator position to provide leadership for QRT activities.
15. Increased family involvement in QMC structure and process.
16. Revision of forms to increase consistency across TRSN, using agency staff input.
17. Improved tracking of alternatives to hospitalization, use of crisis respite for hospital diversion, and documentation of health and safety issues for new referrals.
18. Implementation of TRSN Training Committee. Staff survey on extent of best practice implementation. Training on screening for organic cognitive deficits.
19. Recruitment of peer mentors for Ombuds to support consumers in making complaints (in response to possible fears of retaliation).
20. Revision of Client Rights and Responsibilities statement to better reflect active consumer involvement in services.
21. Maintenance of WSH census at or below TRSN's target number of 25.
22. Expansion of "community partner" and other support services focusing largely on persons discharged from WSH.
23. Implementation of new crisis plans for persons at CM2 and CM3 levels of care. Plans cross reference any Advance Directives developed by consumers.
24. Revision of Consumer Complaint and Grievance procedure to streamline timeframes for response.
25. Development of standard for access to routine psychiatric services.
26. TRSN provision of resource for exceptional costs to support wraparound services.

Revised February 5, 2001

A 11 d 21 - 47

27. Development of standard for Protocall responsiveness (crisis phone response)for regular monitoring and review by QMC.
28. Increased mental health outreach and screening for geriatric consumers.
29. Implementation of Y2K system upgrade ensuring Y2K compliance.
30. Development of a variety of new MIS reports:
    - Outcome measurements (employment, education, residential)
    - Ethnic minority consultations
    - Access to services
    - Equitable access (revision)
    - Level of Services reports (service hours by level of care and average service hours by level of care)
    - Crisis respite utilization
31. MIS annual audit comparing provider chart to TRSN database
32. Analysis of provider and TRSN statistics and TRSN and MHD statistics
33. Regular meetings with data entry staff at each provider to improve consistency in data.

Provider Specific Improvements

34. Development of new formalized provider Quality Management plans that tie more directly to TRSN's QM Plan (WCMHS, CMHC)
35. Increased involvement of supervisors in QA process and documentation of supervisory involvement in case review (CMHC)
36. Development of new housing options by WCC in Pacific Co. (2 triplexes that will serve 10 persons).
37. Use of community extension on LRA to support community stability for persons with longterm history of hospital cycling (WCC)
38. Improved access to community activities via new van and therapeutic activity programming (WCC)
39. Review and enhancement of facilities to improve clinical use and safety (WCMHS).
40. Increased accuracy and consistency of MIS data (WCMHS).
41. Increased access to employment services and opportunities (WCMHS).
42. Changes in agency QA procedures as a result of Clinical Service Review Team findings. Changes address documentation of strength-based services, crisis plans, use of natural supports, cross-system documentation, and IST involvement (CMHC).

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RECEIVED
JUN 22 2001
DSHS/Mental Health

June 20, 2001

To All Interested Parties:

The King County Quality Review Team (QRT) has finished the 2000 Client Satisfaction Survey (CSS). We have visited each public Mental Health Agency in King County, and we are enclosing with this letter a copy of our report.

The report contains a history of Client Satisfaction Surveys done since the Prepaid Health Plan took effect. Each question from the Client Satisfaction Questionnaire (CSQ8) is presented with a table explaining client responses. The three open-ended questions include comments made by clients. We made an effort to include all special population groups: ethnic minorities, sexual minorities, youth, elderly, homebound, and language groups for whom we could get a translation of the CSQ8.

We found a trend of higher percentages of positive responses to the CSQ8. We invite your feedback and questions.

Sincerely,

Shannon Greene
QRT
(206) 205-1319

Lenore Meyer
QRT
(206) 205-1315

Darleen Vernon
Judy Gosney

A11021-5

RECEIVED
JUN 2 2 2001
DSHS/Mental Health

CLIENT SATISFACTION SURVEY 2000

CLIENT'S SATISFACTION SURVEY 2000

Measures of client satisfaction are an integral part of a quality management system. They tell us how our service recipients are viewing the system we administer on their behalf. A principle of the Prepaid Health Plan (PHP) is to have a system tailored to meet client needs. A client satisfaction survey helps us understand whether the system is tailored to meet client needs.

The first client satisfaction survey done by King County Regional Support Network (KCRSN) was a telephone survey in 1995 shortly after the PHP began. It gave the KCRSN an opportunity to hear how things were working for clients under the new system. In 1998, a follow-up survey was conducted, again on the telephone and using the same survey instrument, the Client Satisfaction Questionnaire 8[1]. The new survey provided an opportunity to hear how things were working for clients after the PHP had been operational for three years. In 1999, United Behavioral Health undertook the client satisfaction survey using a client self-report version of the CSQ 8.

The King County Quality Review Team (QRT) conducted the client satisfaction survey for the KCRSN in the Year 2000. The QRT used the CSQ8 to measure client satisfaction with the outpatient mental health services that are being provided through the PHP provider network.

As UBH did in 1999, we tried to develop a system to be used to measure client satisfaction. We will be able to look for trends by comparing the 1998 RSN survey, the 1999 UBH survey and the current 2000 survey being done by the QRT. We could not locate a copy of the 1995 survey.

PURPOSE

1. To provide a measure of client satisfaction that could be used to identify areas in the public mental health system that could be improved.

2. To compare trends with previous satisfaction surveys.

3. To attempt to reach youth 13 or older.

4. To include language groups for whom English is not the primary language.

METHODOLOGY

In order to be consistent with the three previous client satisfaction surveys, the QRT used the CSQ8. We added four optional questions which had been used in the 1995 and 1998 surveys. One was a multiple-choice question and three were open-ended questions, giving the clients an opportunity to voice their opinions in their own words.

[illegible] Client Satisfaction Scales: the Client Satisfaction Survey [illegible] Testing for Treatment, Planning and Outcomes Assessment [illegible]

A11d21-52

The initial plan was for the QRT to administer the surveys to clients through face-to-face interviews. Because this approach would restrict the survey to clients who came into their mental health centers, we decided to use another strategy to reach those clients who do not ordinarily come in. Our intent was to have case managers deliver the survey to the hard-to-reach clients when they saw those clients.

We visited the Clinical Directors of the Agencies to introduce ourselves and we asked to be invited to a staff meeting of case managers at each agency. We presented the CSQ8 at each staff meeting and asked the case manager to take 10 surveys each to give to the clients who come in infrequently.

We also wanted to increase the participation of youth, so an additional youth interviewer was added to the team. The thinking was that a younger interviewer might ease some of the age-related barriers to youth participation.

We worked to include minorities, foreign language (Spanish, Russian, Tagalog, Vietnamese, Cambodian, Chinese, Korean, Laotian, and Japanese); youth, ages 13-20, medically comprised and homebound; elderly; deaf and hard of hearing; and sexual minorities.

RESULTS

We gave out 381[illegible] surveys and received back 643 (16.9%). 299 were done in face-to-face interviews [illegible] the remaining 344 came in the mail.

The results of the eight questions are presented in the following tables.

Question 1 "[illegible] of service you have received?"

Answer	Number	[illegible]
Poor	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
Excellent	[illegible]	[illegible]
No answer	[illegible]	[illegible]
Total	[illegible]	[illegible]
[illegible]		

Question 2 "[illegible]"

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

Question 3, "To what extent has our program met your needs?"

Answers	Numbers	%
None of my needs have been met	13	2.0
Only a few of my needs have been meet	73	11.4
Most of my needs have been met	295	45.9
Almost all of my needs have been met	255	39.7
No answer	7	1.1
Totals	643	100%

Means = 3.31

Question 4 "If a friend were in need of similar help, would you recommend our program to him or her

Answers	Numbers	%
No, definitely not	13	2.0
No, I don't think so	34	5.3
Yes, I think so	214	33.3
Yes, definitely	380	59.1
No answer	2	.3
Totals	643	100%

Means = 3.52

Question 5, "How satisfied are you with the amount of help you have received?"

Answers	Numbers	%
Quite dissatisfied	33	5.1
Indifferent or mildly dissatisfied	55	8.6
Mostly satisfied	273	42.5
Very satisfied	277	43.1
No answer	5	.8
Totals	643	100

Means = 3.29

Question 6, "Have the services you received helped you to deal more effectively with your problem?"

Answers	Numbers	%
No, they seemed to make things worse	13	2.0
No, they really didn't help	26	4.0
Yes, they helped somewhat	241	37.5
Yes, they helped a great deal	360	56.0
No answer	3	.5
Totals	643	100

Means = [illegible]

Question 7 "In an overall, general sense, how satisfied are you with the service you have received?"

Answers	Numbers	%
Quite dissatisfied	15	2.3
Indifferent or mildly dissatisfied	48	7.5
Mostly satisfied	281	43.7
Very satisfied	295	45.9
No answer	4	.6
Totals	643	100

Means = 3.37

Question 8, "If you were to seek help again, would you come back to our program?"

Answers	Numbers	%
No, definitely not	15	2.3
No, I don't think so	33	5.1
Yes, I think so	227	35.3
Yes, definitely	362	56.3
No answer	6	.9
Totals	643	100

Means = 3.52

Question [illegible] "[illegible] satisfied are you with how long you had to wait before you got the help you wanted?"

Answers	Numbers	%
Very dissatisfied	13	2.0
Dissatisfied	28	4.4
Satisfied	208	32.3
Very satisfied	205	31.9
No answer	189	29.4
Total	643	100

We added to the English version of the CSQ8, an optional question on ethnic group which is presented in Table 10 and shows the number of clients answering the survey questions in each major ethnic category.

Ethnic Groups

	Numbers	%
Asian	23	3.6
Pacific Islander	13	2.0
African-American	83	12.9
American Indian	24	3.7
Hispanic	15	2.3
Caucasian	310	48.2
No answer	174	27.1
Totals	643	100

The following table presents the language groups for which we were able to order CSQ 8 surveys in each language.

Language Groups

	# distributed	# returned	%
Cambodian	52	5	10
Chinese	72	13	18
Japanese	20	5	25
Korean	30	2	7
Laotian	[illegible]	2	10
Russian	[illegible]	0	0
Spanish	248	34	14
Tagalog	[illegible]	3	11
Vietnamese	[illegible]	18	17

The survey also [illegible] three open-ended questions allowing clients to voice their opinions. In order [illegible] analyze each question the answers were written on index cards and separated by themes. The most common themes [illegible] each question are presented in this paper.

Question 10: "Tell us what you liked best about your mental health services?"

The responses to this question fit best into four major categories:

1) The quality of the relationship between the client and his/her provider
2) Helpfulness
3) The availability of services
4) The [illegible]

1) The quality of the relationship between the client and his/her provider. For the most part, the relationships between the client and his/her provider are positive and a good relationship with their provider is considered essential to good mental health. The following comments attest to the importance of this link:

- "…his special caring attitude"
- "I like the medical staff and case manager."
- "I have one of the best counselors I could ask for. He has guided me through some difficult times without being judgmental. He is understanding."
- "My therapist is very strong yet compassionate and understanding."

2) Helpfulness answers. Client answers often contain the word helpful, thus implying that consumers' needs are being met.

- "Staff are very helpful, supportive, and encouraging."
- "The people are friendly and work hard to help."
- "The whole staff is very helpful."
- "I like the fact that I can come in and express what's on my mind. Positive energy is something I get and need."
- "The caseworker…they care about the needs and help.
- "Care and compassion and the zeal to be helpful."

2) The availability of services. Availability of services talks about services being convenient to the client. The buildings can be conveniently located, also, the availability of staff people for appointments [illegible] the phone.

- "[illegible] and day treatment in the same building."
- "[illegible] need of help, I can call, and tell them and usually within an hour someone will [illegible] me [illegible] up me."
- "[illegible] vided [illegible]"
- "When I [illegible] in for my intake appointment, one week later I saw a doctor and a therapist."
- "[illegible] on to my problem."
- "Just being [illegible] to talk to someone."

4) The [illegible] provided. There are a great variety of services accessible to the public mental health [illegible] presented in the following quotes.

- "[illegible] has helped me a lot.
- "[illegible] are very friendly and very much one on one."
- "[illegible] counselor."
- "[illegible] provides variety for the clients."
- "[illegible] with the responsiveness of the housing staff. Friendly, [illegible]
- [illegible]
- [illegible]

Question 11: "Tell us what you liked least about your mental health services?"

There are five major categories of responses to this question:

1) Needs not met
2) Availability of services
3) Turnover
4) Bureaucracy
5) No critical comment

1) Negative Experience. This is a broad category allowing clients to express negative experiences or feelings about their services. The first two are about medications:

- " The tendency to encourage or in some instances to direct client's to rely, principally, if not solely on pharmacological treatment, which may not be the most effective or sensible approach in a significant number of cases."
- "The nurse practitioners don't know enough about the new medications.
- "Sometimes when I come for my appointment, the message does not get through, the counselor does not know that I am here, I think I am a no show."
- "My program has too many people to take care of."
- "I had an authoritarian case manager…who used confrontation techniques. the treatment was abusive."
- "Need more or larger waiting area.
- "No teaching about problem solving."
- "The police having to come on the agency grounds."

2) Needs not met

- "Tardiness of the counselor: sometimes I have had to wait up to ½ hour for a counselor who then talks to me for 10 minutes.
- "…take too long to get my needs met, i.e. clothes."
- "Client-staff ratio."
- "Not enough time spent with clients."
- "The fact that my case manager is overworked with too many clients."
- "People are overworked and don't have extra time when you need it."

3) Availability of services

- "Never being able to see a psychiatrist…"
- "That it's time limited. I hope I will be well enough when my time is up to work and pay to keep seeing my therapist."
- Not being able to receive assistance when needed due to limited service hours."
- "Being unable to talk to someone."

4) Turnover

- "That I have to change counselors every few months."
- That other group leaders have left - things were kind of up in the air. I felt confused and a little disappointed, at losing some good leaders."

5) Bureaucracy

- "Paper work, waiting to begin therapy can be a frustration for the consumer."
- "There's always an amount of bureaucratic legwork to do in processing a client. It's a necessary evil."

6) No critical responses. A large number of survey respondents either did no want to or could not think of anything negative about their mental health services.

- "I like what I have received."
- "The services are all very good."
- "I can't think of anything."
- "There is nothing I dislike about the services."

Question 12. "What is most important to you about your services?" There are five categories of answers to this question."

1) Services
2) Benefits of counseling
3) Needs are met
4) Availability
5) Interpersonal relationships

1) Services. Respondents feel positive about their services, workers are reliable, feelings of safety, there were several comments about the importance of medication.

- "Availability of medication…has been good so far."
- "Medications helped me, I now feel better."
- "Availability of nurse and therapist which has been good so far."

2) Benefits of counseling

- "…gets you socially accepted."
- "…more relationship with people."
- "They help me calm down, not hit, not throw things."
- "For me, it is very important to disclose my concerns, I feel relieved after each session."
- "I feel safe. It keeps me stable. I participate in the process-get to make choices."
- Be able to understand my diagnosis and dealing with it.
- [illegible] understanding why I react the way I do."

3) Needs are met.

- "The services are tailored to the individual."
- "Each individual's services are tailored to the individual requests, needs and capabilities."
- "They always seem to know what is right for me. They understand my individual needs."
- "They are able to direct me in exactly the right direction in which I need to be in."

4) Availability

- That people follow through on plans and that they are easy to access, i.e. return phone calls promptly…"
- "…regularly scheduled appointments at not too infrequent intervals."
- "Regularity of staff in attendance."
- "Availability of medication nurse and therapist which has been good so far."
- "Getting meds on time
- "I can increase the amount of services whenever needed."

5) Interpersonal qualities of provider

- "Consideration, respect, and kindness."
- "They listen with compassion."
- "I know people here care about one another."
- "…regularity and confidentiality…"
- "…the most important things to me are care and confidentiality."
- "…unconditional positive regard…"

Discussion

Trends

We would like to look for trends by comparing the three studies: the King County CSS1998, the UBH CSS in 1999, and the King County Quality Review Team CSS2000.

One set of statistics they all three have in common is the positive response to each of the eight questions in the CSQ.

Cue words		% of Positive responses				Rank Order		
		'98	'99	2000		1998	1999	2000
Rate quality	Q1	72	88	88	Q1	5	4	4
Get wanted	Q2	81	88	92	Q2	2	4	2
Met needs	Q3	64	83	86	Q3	7	7	5
Tell friend	Q4	-	89	92	Q4	8	3	2
Amount help	Q5	71	74	86	Q5	6	6	5
Problems	Q6	83	92	94	Q6	1	1	1
How satisfied	Q7	74	87	90	Q7	4	5	3
Come back	Q8	78	91	92	Q8	3	2	2

Question 6 has the highest response in all three studies. Question 6 asks, "Have the services you received helped you to deal more effectively with your problems?"

Given that the response to Question 6 is consistent across the population and across time, we can reasonably conclude that most clients feel that the services they receive help them to deal with their problems.

Question 3 has the lowest response on the studies in 1998 and1999 and ties with #5 in the 2000 study. Question 3 asks, "To what extent has our program met your needs?" Similarly, because Question 3 has tended to be the lowest consistently, we can conclude that most clients are less satisfied with the extent to which the program meets their needs.

Feedback to Improve Method

The Quality Review Team called the agencies we had visited and asked for feedback about how we could improve our process. Following are some comments:

1) "Face to face is the best way to get information from the hard to reach homeless population."
2) "Would have liked the surveys coded so case managers could know how the clients feel about their individual agencies."
3) "We should have come to the Tuesday all staff meeting to include the foster parents."
4) "Because of the roles the counselors doing outreach have, it's difficult to engage youth to do surveys."

The temporary youth who was hired to interview youth left these words about her job.

"Stipends are a really good incentive for youth."

"Most youth mental health agencies don't have programs that are appropriate to face-to-face interviews. Some agencies have school-based programs, but the attendance is inconsistent."

"Most of the case managers were defensive and hard to talk to. They felt the surveys were hard to understand with "Big Words" and adult phrases. The surveys were definitely not youth friendly."

The youth are not aware that their attendance at school is considered participation in services. They didn't understand the questions that included the word "services".

Recommendations

1. For future CSS, the party doing the survey could pay a current client in good standing with his/her agency a lump sum of money to conduct surveys. Otherwise, we don't seem to get into the inner workings of each agency. We obviously need a novel method of surveying to improve our measure of the client voice.

2. Communicate with the agencies and case managers about how important it is to get a true representation of the consumer voice.

3. Plan to share the results of each survey with the clients at the public mental health centers. The QRT has a plan to hold several public forums at the agencies we have visited. We will ask the clients in what way the program does not meet their needs based on our findings in the response to Question 3 of the survey.

4. Let youth know that we value their opinions and would like to include them in the consumer voice.

NSRSN

QUALITY REVIEW TEAM QUARTERLY REPORT for 2000

reported to:

DSHS/Mental Health Division – Advisory Board – Governing Board – Quality Oversight Committee – All Interested Parties

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Date: January 19, 2001

Calendar Quarter Period: Jan – Mar, Apr – Jun, Jul - Sept, **Oct – Dec**

RSN/PHP: North Sound Regional Support Network

Prepared By: North Sound Regional Support Network – Quality Review Team
- Dolores Holtcamp – QRT Lead
- Beckie Bacon – QRT Associate

1. **Enrolled clients with the RSN/PHP: approx. 9765** (open cases)
2. **Contracted sites with the RSN/PHP: 50 - 55**
3. **Number of Provider site visits during this Quarter: 15**
4. **Number of service recipients face to face interviewed this Quarter: 161**
5. **Number of Provider Sites visited year 2000: approx. 53** (revisits & audits)
6. **Number of consumers surveyed in the year 2000: 456**
7. **Percentage of consumers surveyed in the year 2000: 4.66%** (5% goal)
8. **Number of Agency On-Site Audit Review Team visits this quarter: 1**
   (Team consists of RSN, Fiscal, Contracts, Clinical/QA & QRT)
9. **Number of Agency On-Site Audit Review Team visits in year 2000: 5**
   - Community mental Health Services – May 2000
   - Compass – July 2000
   - Associated Provider Network – July 2000
   - Lake Whatcom Residential & Treatment Center – November 2000
   - Whatcom Counseling & Psychiatric Clinic – October 2000 (4 days w/ MHD)

10. **Methods used for Outreach:**
    - **Outreach** with surveys, brochures and access card:
      - Survey visits – Distribute all brochures at all Provider Sites.
      - Schools – 350 packets mailed out to the 5 Counties.
      - Hospital Tours – 4 w/ outreach packets handed out.
      - Resource Center – visit w/ outreach packet Oak Harbor
      - Lake Whatcom Residential Center – Drop-in outreach visit

11. **Activities and Meetings Attended:**
    - Staff Meetings (6)
    - Advisory Board (3)
    - QMOC (2)
    - Resource Managers Meeting (1)
    - Advisory Board Tour (1)
    - OCA Meetings (4)
    - NAMI (2)
    - QMAC – Compass (3)

12. **Training's attended by QRT:**
    - PTSD Informational Training (2 QRT's)
    - Beginning Supervisor Seminar (1 QRT)
    - WAPAS Quarterly meeting (2 QRT's)
    - Excel level 1 (2 QRT's)

13. **Case Management Study:**
    - Staff Interviews – 7
    - Case Management survey question asked to: 161 (this quarter)
      456 (year 2000)

14. **Volunteers of America <u>CRISIS LINE CALLS</u> by QRT:**
    - <u>3</u> Crisis line test calls conducted by QRT

15. **<u>FINDINGS:</u>**
    - **Case Management – dissatisfaction w/ case management was reported by Consumers interviewed through-out the 5 County Region Provider Sites.**
      <u>-Areas of dissatisfaction:</u>
      - Case Managers were reported by the consumers to be unavailable or less available to them as time goes on.
      - Consumers reported that the case managers do not return their phone calls.
      - Consumers report they like their case managers but the case managers are too busy and too stressed and the consumers feel sorry for them.
    - **Crisis Plans – Consumers do not know what their personal crisis plans are.**
      - The responses most often given by the consumers when asked, " ***Are you satisfied with the crisis plan provided for you?***
      - Consumers statement examples:
        - "I don't have a crisis plan."
        - "What is a crisis plan?"
        - "I'm not sure if there is a specific plan."
        - "No, I don't think I have one."
        - "I'm not sure I have one."
        - "I'm not aware of a crisis plan."

- **CMHS Access question – Were you satisfied with the length of time it took to begin Mental Health Services?**
  - CMHS was the only Provider site which received a greater # of consumer complaints regarding access.

16. **RECOMMENDATIONS:**
    - **Case Managers need continued *training* to understand the full scope of their jobs in order to best serve the consumers with:**
      - crisis plans
      - treatment plans
      - time management
      - all job responsibilities
      - personal stress management
    - **Case Management Team approach is recommended to assure the consumers are receiving the continued individualized support required.**
    - **CMHS needs to comply with the contract requirement that states consumers will be offered access to services within 10 business days.**

17. **ACCOMPLISHMENTS:**
    - CMHS – Repaired roof at M.V. Crisis Respite House due to QRT advocating.
    - Lake Whatcom Residential Center – Implementation of QRT request of QI, in L.W.R.C. QM plan concerning – signs – trash – night staff - etc.
    - Madison House & Sno-Alp – Notified QRT they will be modifying the crisis plan and treatment plans paper work and going over them with Residents.
    - Haven House – QRT made the supervisor aware that there were many complaints from the resident consumers. Such as: house rules too strict & changing a lot – denied meds – residents not allowed to use upper deck – residents locked out during staff meeting – not enough activities – due to the dissatisfaction of the residents QRT alerted Ombuds who visited and interviewed consumer residents, resulting in staff making changes in consumer interactions.
    - Green House – When QRT made a drop-in visit to Green House residential it was not in clean condition. We let the supervisor know that we did not find the condition of the resident to be respectfully clean for the consumers who lived there. When we arrived for the QRT survey interviews we found the site to be in an acceptable state of cleanliness.
    - Aurora House – QRT advocated for a diabetic at this residential site who felt their needs were not being met & respected. The staff responded cooperatively.
    - Stanwood/ Camano – QRT observed that this site did not have a computer available for the staff working there. Due to the QRT report the staff has been provided with a computer.
    - Weekly visitations to the Mukilteo E & T by the QRT has assisted in changing the negative atmosphere and helped to improve the quality of services.
    - APN – The QRT needed the support from the Associated Provider Network in educating the provider sites as to what the QRT's job and purpose is about. Some provider sites didn't seem to understand the importance of the consumer voice survey interviews by QRT to assure quality of services for the consumers. Jere LaFollette supported the QRT by sending a letter out to the providers explaining the importance of their cooperation in QRT site visits.

- Case Management Study– QRT has shared reports with the Advisory Board and the QMOC. The recommendation from QRT states – Case management is still a key issue among consumers. QRT recommends a case management team approach throughout the providers, and continued data gathering of case loads. This is being done through NSRSN/QM, APN/QM, and QRT data.

Dolores Holtcamp - QRT Lead

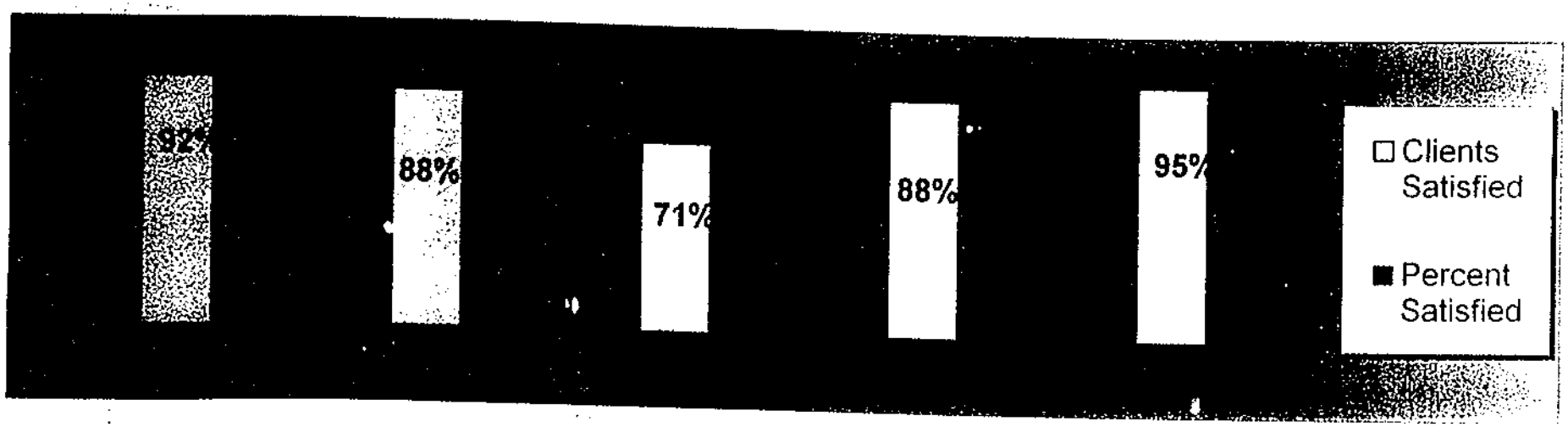
Beckie Bacon – QRT Associate

Overview of 12 Mental Health Provider Sites 2000

(Providers with 1 - 3 Sites - Level of Consumer Satisfaction)

Number of Sites:	12
Enrolled Consumers:	2089
Consumers Surveyed:	139
Percentage Surveyed:	6.65%

Provider	# of Clients	Access	Case Management	Crisis Plans	Treatment Plans	Respect & Dignity
Sun Community	4	3	2	3	2	3
Lake Whatcom Clinic	15	15	12	8	14	14
Lake Whatcom Residential	23	22	18	11	19	19
WCPC	23	21	19	19	21	23
Sno - Alp (Rainbow Res)	11	9	11	6	10	11
Madison House (Rainbow)	9	8	8	3	5	9
CCS - Bellingham	8	8	8	8	8	8
CCS - Mt. Vernon	12	11	11	10	11	12
Sea Mar - Bellingham	11	10	11	11	11	11
Sea Mar - Mt. Vernon	3	3	3	2	3	3
Sea Mar - Everett	12	12	11	11	11	11
Rainbow Activity Center	8	6	8	6	8	8
[illegible]	[illegible]	122	122	98	123	132
		91%	88%	71%	88%	95%



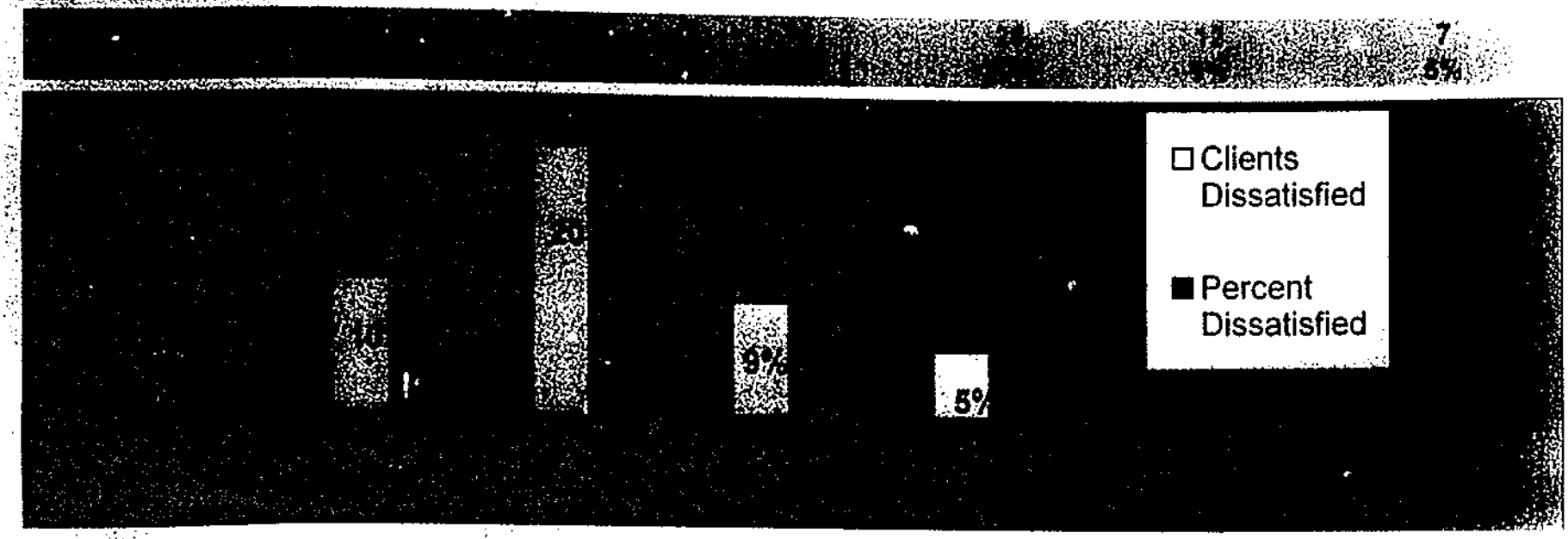
Percentage	[illegible]	2%	3	12	4	0
			2%	9%	3%	0%

Overview of 12 Mental Health Provider Sites 2000

(Providers with 1 - 3 Sites - Level of Consumer Dissatisfaction)

Number of Sites: 12
Enrolled Consumers: 2089
Consumers Surveyed: 139
Percentage Surveyed: 6.65%

Provider	# of Clients	Access	Case Management	Crisis Plans	Treatment Plans	Respect & Dignity
Sun Community	4	1	2	1	1	1
Lake Whatcom Clinic	15	0	3	7	0	1
Lake Whatcom Residential	23	1	5	11	3	4
WCPC	23	2	2	0	1	0
Sno - Alp (Rainbow Res)	11	1	0	2	1	0
Madison House (Rainbow)	9	1	1	5	4	0
CCS - Bellingham	8	0	0	0	0	0
CCS - Mt. Vernon	12	0	0	1	1	0
Sea Mar - Bellingham	11	0	0	0	0	0
Sea Mar - Mt. Vernon	3	0	0	0	0	0
Sea Mar - Everett	12	0	1	1	1	1
Rainbow Activity Center	8	2	0	0	0	0



NSRSN
QUALITY REVIEW TEAM QUARTERLY REPORT for 2001

DSHS/Mental Health Division - Advisory Board – Governing Board - Quality Oversight Committee – All Interested Parties

Date: April 19, 2001

Calendar Quarter Period: Jan – Mar, Apr – Jun, Jul - Sep, Oct – Dec.

RSN/PHP: North Sound Regional Support Network

Prepared By: North Sound Regional Support Network – **Quality Review Team**
- Dolores Holtcamp – QRT Lead
- Beckie Bacon – QRT Associate

1. **Accomplishments:**
   - Completion of last years gathered survey information of 53 Provider Sites.
     - Overview of final reports.
   - Presentations & Recommendations to QMOC and Advisory Boards and All interested parties on final reports.
   - All current surveys, reviewed, updated and shortened with focus questions for year
   - 2001.
   - Designed computerized data linking process, resulting in Provider level of satisfaction graphs.
     - New process provides for objective unbiased reporting.
   - Began the research and planning for the PTSD and Dissociative Disorders presentation.
     - OCA, QRT, Ombuds, Advisory Board members and Executive Director
   - Collaborative meetings were held with QRT, Provider, APN, MHD and NSRSN.
     - Better understanding of job roles, responsibilities and procedures for all.
   - Lead Quality Review Team job description created.
   - Revision of Functional Independence guidelines.
   - Collaborative information meetings with Resource Managers.
   - Providers have a better understanding of the Quality Review Team goals.
     - QRT advocate for the quality of services that meet client needs, by interviewing face to face.

2. **Enrolled clients with the RSN/PHP:** approx. 10,000

3. **Agencies contracted/sub-contracted with the RSN/PHP:** approx. 54
   - Total agencies visited for outreach or interviews Jan. – Mar.: 11

4. **Number of Provider site visits during this Quarter:** 7
   - Total of service recipients spoken to in structured interviews: 68

5. **Number of Agencies visited with the On-Site Audit Review Team:** 1
   - Rainbow Resources
     - Team consists of Quality Management, QRT, Fiscal and Contract Employees.

6. **Collaboration meetings with Provider Agencies:** 2
   - Total in attendance: 9

7. **Number of Speaking Engagements:** 2
   - Total in attendance: 52
     - Consumers, Advocates, Family Members and Interested Parties.

8. **Activities and Meetings Attended:**
   - Board of Director's Retreat: 1
   - Advisory Boards: 3
   - QMOC: 3
   - Compass QMAC: 3
   - NAMI: 1
   - Resource Managers & OCA Meetings: 2
   - Executive Director – OCA – Ombuds – QRT & Advisory Board: 1

9. **Training's attended by QRT:**
   - Conflict Resolutions Seminar: 1
   - WPAS Quarterly Meeting. 1
   - Sexual Diversity Training. 1

10. **Number of Outreach & Drop-In site visits during this Quarter:** 4
    - Total of outreach contacts made: 49

11. **Methods used for Outreach:**
    - The Quality Review Team restocks the Client Rights, RSN, QRT, Ombuds, and Crisis Line Brochures at all sites.

    - QRT visit the Friendship Houses, the Missions, Hospitals, etc.
      - Visits to Homeless Shelters: 3

    - QRT supplied outreach brochures and posters at all attended meetings, trainings, and seminars.
      - Post Card – listing *Access, Crisis line & Ombuds*., these are left wherever there may be a chance that a person in need of mental health services may read them.

12. **Volunteers of America Crisis Line Test Calls:**
    - 3 test calls

13. **Listed below are results of 7 Provider Site Reports during this Quarter.**
    - **AREAS OF SATISFACTION:**
        - 6 Sites reported satisfaction with ***Respect and Dignity.***
        - 5 Sites reported satisfaction with ***Case Management Support.***
        - 5 Sites reported satisfaction with ***Crisis Plan.***
        - 5 Sites reported satisfaction that ***Services were Helpful.***
        - 4 Sites reported satisfaction with ***Access.***
        - 4 Sites reported satisfaction with ***Treatment Plans***
        - 2 Sites reported satisfaction with the ***Care they need.***
        - 1 Site reported satisfaction with ***How Easy it is to get Services.***

    - **AREAS OF CONCERN:**
        - 2 Sites reported ***Access*** problems.
        - 1 Site reported no knowledge of ***Crisis Plan.***
        - 1 Site reported not receiving the ***Care they need.***
        - 1 Site reported ***Services*** were not ***Helpful.***

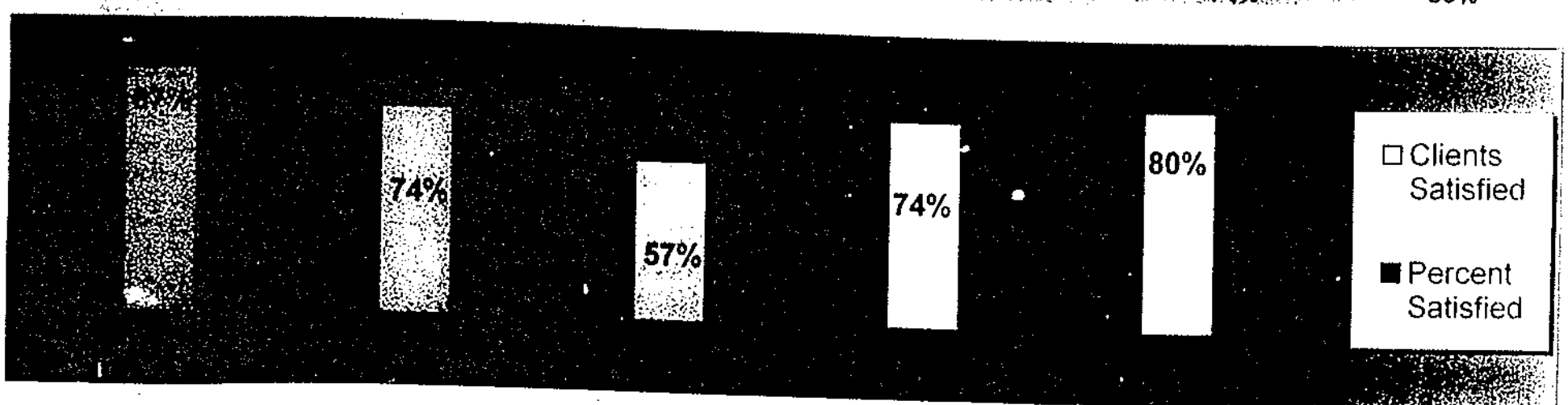
    - **UNACCEPTABLE AREAS:**
        - There were **no unacceptable areas** at the 7 Provider Sites surveyed during this Quarter.

Overview of Compass Health Residentials, Crisis Beds, E & T Sites 2001

Level of *Satisfaction*

Number of Sites:	6
Enrolled Consumers:	94
Consumers Surveyed:	54
Percentage Surveyed:	57.45%

Provider	# of Clients	Access	Case Management	Crisis Plans	Treatment Plans	Respect & Dignity
Aurora House	8	8	8	8	8	8
Greenhouse Everett	12	10	9	5	9	11
Haven House	7	7	7	6	6	7
Snohomish Crisis Beds	9	9	7	7	5	9
Mukilteo E & T	6	4	2	0	4	2
North Sound E & T	12	9	7	5	8	6
[illegible]	[illegible]	47 [illegible]	40 74%	31 57%	40 74%	43 80%



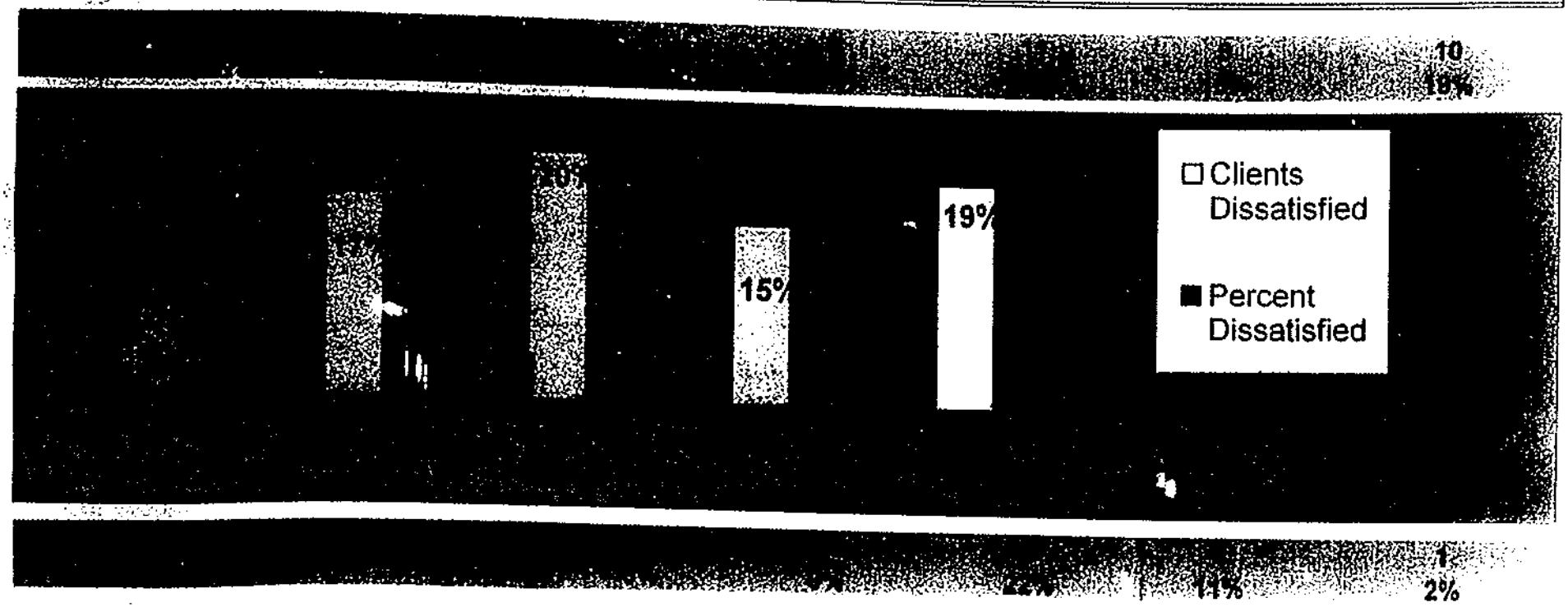
[illegible]	[illegible]	[illegible]	9%	22%	11%	1 2%

Overview of Compass Health Residentials, Crisis Beds, E & T Sites 2001

Level of *Dissatisfaction*

Number of Sites: 6
Enrolled Consumers: 94
Consumers Surveyed: 54
Percentage Surveyed: 57.45%

Provider	# of Clients	Access	Case Management	Crisis Plans	Treatment Plans	Respect & Dignity
Aurora House	8	0	0	0	0	0
Greenhouse Everett	12	1	2	0	0	0
Haven House	7	0	0	1	1	0
Snohomish Crisis Beds	9	0	1	1	1	0
Mukilteo E & T	6	2	3	3	2	4
North Sound E & T	12	1	3	6	4	6



NSRSN

QUALITY REVIEW TEAM – 2nd QUARTERLY REPORT for 2001

DSHS/Mental Health Division - Advisory Board – Governing Board - Quality Oversight Committee – All Interested Parties

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Date: July 17, 2001

Calendar Quarter Period: Jan – Mar, **Apr – Jun,** Jul - Sep, Oct – Dec.

RSN/PHP: North Sound Regional Support Network

Prepared By: North Sound Regional Support Network – **Quality Review Team**

- Dolores Holtcamp – QRT Lead
- Beckie Bacon – QRT Associate

1. **Accomplishments:**
   - Presentations & Recommendations to QMOC and Advisory Boards and All interested parties on final reports.
   - All current surveys, reviewed, updated and shortened allowing more time for consumer contacts.
   - Designed computerized data linking process, resulting in Provider level of satisfaction graphs completed.
     - New process provides for objective unbiased reporting.
   - Collaborative information meetings with Resource Managers.
   - Completion of Compass level of satisfaction graphs.
   - Beckie received Employee of the Quarter Recognition.
   - Providers have a better understanding of the Quality Review Team goals.

2. **Enrolled clients with the RSN/PHP: approx. 10,000**

3. **Agencies contracted/sub-contracted with the RSN/PHP: approx. 54**
   - Total agencies visited for outreach or interviews **April – June: 17**

4. **Number of Provider Survey Site visits during this Quarter: 13**
   - Total of service recipients spoken to in structured interviews: 208

5. **Number of Agencies visited with the On-Site Audit Review Team: 1**
   - Sea Mar -
     - Team consists of Quality Management, QRT, Fiscal and Contract Employees.

6. **Collaboration meetings with Provider Agencies: 2**
   - Total in attendance: 10

7. **Number of Speaking Engagements: 2**
   - Total in attendance: 24
     - Consumers, Advocates, Family Members and Interested Parties.

8. **Activities and Meetings Attended:**
   - Advisory Boards: 3
   - QMOC: 3
   - Compass QMAC: 3
   - OCA/Ombuds/QRT Retreat:: 1
   - Critical Incident Review Committee: 2
   - NAMI: 2
   - Resource Managers & OCA Meetings: 2
   - Compass "Walk-a-thon" : 1
   - Tribal Conference: 1
   - OCA/Ombuds/QRT: 3
   - Behavioral Health Conference: 1
   - APN GAU meeting: 1
   - Long Term Ombuds meeting: 1
   - Ombuds Poster Contest support: 1

9. **Training's attended by QRT:**
   - PTSD Training. 3
   - Adult Disorders Training: 1
   - Employee Advisory Service Training: 1
   - Co-Occurring Training: 1
   - Resource Management Training: 1
   - Government of Indian Affairs: 1

10. **Volunteers of America Crisis Line Test Calls:**
    - 3 test calls

11. **Number of Outreach & Drop-In site visits during this Quarter:** 4
    - Total of outreach contacts made: 49
    - Total of face to face outreach and interviews made: 257

12. **Methods used for Outreach:**
    - The Quality Review Team restocks the Client Rights, RSN, QRT, Ombuds, and Crisis Line Brochures at all sites.
    - QRT visit the Friendship Houses, the Missions, Hospitals, etc.
      - Visits to Homeless Shelters: 2
    - QRT supplied outreach brochures and posters at all attended meetings, trainings, and seminars.
      - Post Card – listing *Access, Crisis line & Ombuds.*, these are left wherever there may be a chance that a person in need of mental health services may read them.

13. **Included with this Quarterly Report are the Level of Satisfaction graphs for the 20 Compass completed sites.**

Dolores Holtcamp QRT Lead NSRSN

Beckie Bacon QRT Associate NSRSN

Completed QRT Survey Site Visits - 2001

Compass Health:

Residentials		Date	Enrolled	# Surveyed	%
1	Aurora House	3/1	19	8	42.1%
2	Greenhouse	4/12	20	12	60.0%
3	Haven House	4/19	12	7	58.3%
4	Mukilltio E & T	5/31	12	6	50.0%
5	North Sound E & T	5/14	14	12	85.7%
6	Snohomish Crisis Beds	3/6	17	9	52.9%
			94	**54**	**57.45%**

Outpatient					
1	Adult Ext - Drop-in - Broadway	4/9	650	39	6.0%
2	Adult Ext - Edmonds	3/27	400	15	3.8%
3	Adult Ext - Marysville	4/3	100	9	9.0%
4	Adult Ext - Smokey Point	3/20	170	6	3.5%
5	Adult Ext - Snohomish	3/28	225	17	7.6%
6	Children's Ext - Edmonds	3/22	150	13	8.7%
7	Children's Ext - Everett	3/15	25	2	8.0%
8	Children's Ext - Smokey Point	4/4	115	17	14.8%
9	Compass Main Bldg - Everett	4/25	950	16	1.7%
10	Multicultural - Everett	5/4	210	11	5.2%
11	Primary Care - Lynnwood	4/24	500	29	5.8%
12	Primary Care - Monroe	4/5	200	25	12.5%
13	Primary Care - Smokey Point	5/9	400	17	4.3%
			4095	**216**	**5.27%**
		Sheet 1 Total	**4189**	**270**	**6.45%**
		Sheet 2 Total	**125**	**8**	**6.40%**
		Sheet 3 Total			
		Grand Total	**4314**	**278**	**6.44%**

Completed QRT Survey Site Visits - 2001

Community Mental Health Services:

Residentials		Date	Enrolled	# Surveyed	%
1					
2					
3					
4					
5					
6					
7					
8					
9					
			0	0	#DIV/0!

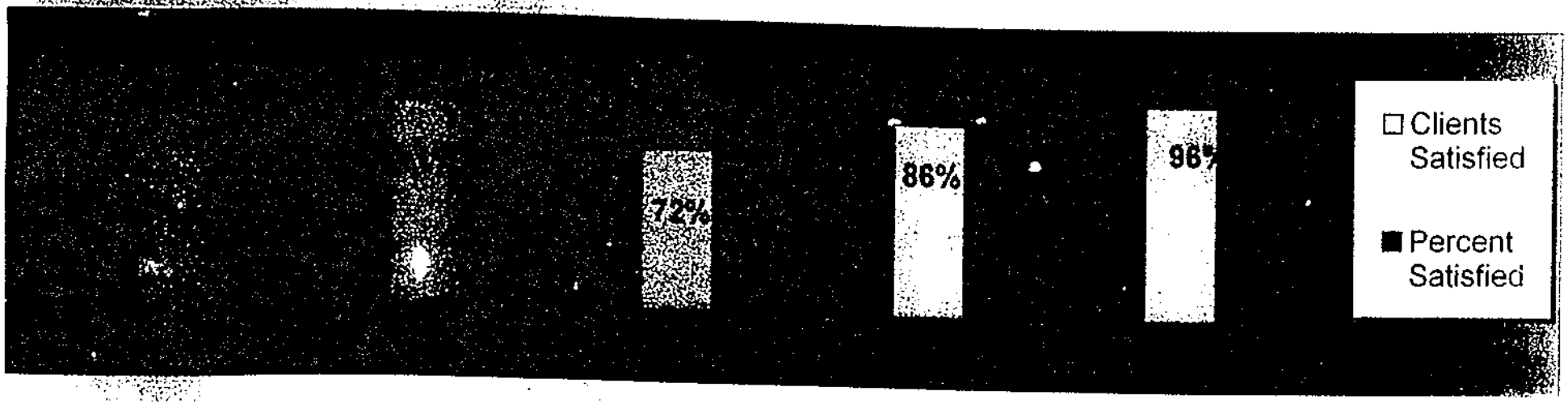
Outpatient					
1	Older Adult Services	5/19	125	8	6.4%
2					#DIV/0!
3					#DIV/0!
4					#DIV/0!
5					#DIV/0!
6					#DIV/0!
7					#DIV/0!
8					#DIV/0!
9					#DIV/0!
10					#DIV/0!
11					#DIV/0!
12					#DIV/0!
13					#DIV/0!
			125	8	6.40%
		Total	125	8	6.40%

Overview of Compass Health Provider Sites 2001

Out Patient Level of *Satisfaction*

Number of Sites: 13
Enrolled Consumers: 4095
Consumers Surveyed: 216
Percentage Surveyed: 5.27%

Provider	# of Clients	Access	Case Management	Crisis Plans	Treatment Plans	Respect & Dignity
Broadway Adult Ext Care	39	35	31	27	30	35
Edmonds Adult Ext Care	15	13	15	13	14	15
Edmonds Children's Ext Care	13	8	11	7	13	13
Everett Children's Ext	2	1	1	2	2	2
Everett Compass Main Building	16	14	16	12	13	16
Everett Multi Cultural Services	11	10	11	9	9	10
Lynnwood Primary Care	29	23	28	21	24	29
Marysville Adult Ext Care	9	6	7	7	7	8
Monroe Primary Care	25	22	24	16	22	25
Smokey Pt. Adult Ext Care	6	6	6	6	6	6
Smokey Pt. Children's Ext Care	17	16	16	13	16	16
Smokey Pt. Primary Care	17	12	14	7	15	16
Snohomish Adult Ext Care	17	15	16	16	15	16
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	207
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	96%



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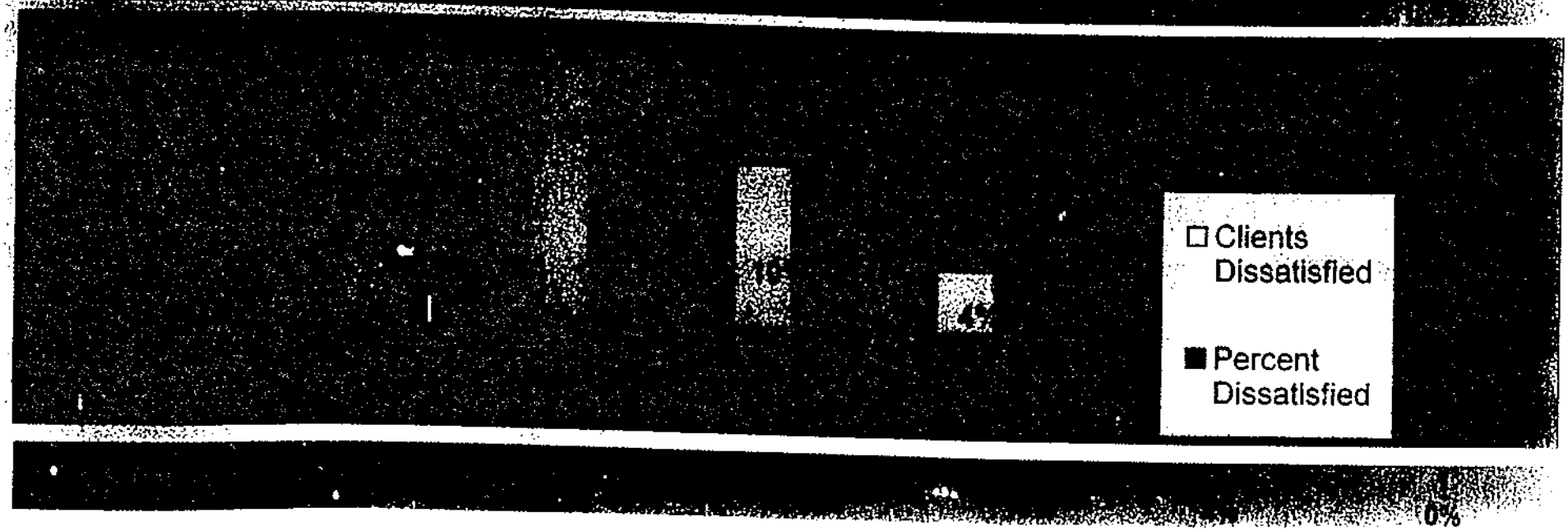
Overview of Compass Health Provider Sites 2001

Out Patient Level of *Dissatisfaction*

Number of Sites: 13
Enrolled Consumers: 4095
Consumers Surveyed: 216
Percentage Surveyed: 5.27%

Provider	# Of Clients	Access	Case Management	Crisis Plans	Treatment Plans	Respect & Dignity
Broadway Adult Ext Care	39	3	6	8	6	4
Edmonds Adult Ext Care	15	2	0	2	1	0
Edmonds Children's Ext Care	13	3	0	1	0	0
Everett Children's Ext	2	0	0	0	0	0
Everett Compass Main Building	16	1	0	2	1	0
Everett Multi Cultural Services	11	1	0	2	2	1
Lynnwood Primary Care	29	6	0	5	5	0
Marysville Adult Ext Care	9	1	1	2	1	1
Monroe Primary Care	25	2	1	2	0	0
Smokey Pt. Adult Ext Care	6	0	0	0	0	0
Smokey Pt. Children's Ext Care	17	0	0	0	1	0
Smokey Pt. Primary Care	17	5	3	9	2	1
Snohomish Adult Ext Care	17	2	0	0	2	1



Children 12 & Under
NSRSN QRT survey 2001

Mental Health Provider _____ Date _____

1. **Are you happy about how long it took to come here and talk to your counselor?**
   ☐not happy ☐kind of unhappy ☐don't know ☐kind of happy ☐real happy

2. **Are you happy that your counselor is there for you when you need help?**
   ☐not happy ☐kind of unhappy ☐don't know ☐kind of happy ☐real happy

3. **Are you happy with your plan if you don't feel good?**
   ☐not happy ☐kind of unhappy ☐don't know ☐kind of happy ☐real happy

4. **Are you happy your counselor has a plan about how to help you feel better?**
   ☐not happy ☐kind of unhappy ☐don't know ☐kind of happy ☐real happy

5. **Are you happy the people here make it easy to get the care you need?**
   ☐not happy ☐kind of unhappy ☐don't know ☐kind of happy ☐real happy

6. **Are you happy & comfortable that services are helpful to you?**
   ☐not happy ☐kind of unhappy ☐don't know ☐kind of happy ☐real happy

7. **Do you feel happy the people here are nice and treat you with respect?**
   ☐not happy ☐kind of unhappy ☐don't know ☐kind of happy ☐real happy

8. **What would you change about the way you receive services?**

_____

_____

_____

_____

(staff, rights, discrimination, confidentiality)

Consumer Demographics

Gender: ☐Male ☐Female

Age: ☐ 0 - 12

Race: ☐American Indian/Alaskan Native ☐Asian/Pacific Islander
☐African American/Black ☐White/Caucasian
☐Hispanic/Latino ☐Other_____

Needs: ☐ Developmentally disabled ☐Other_____

Adult and Adolescent Consumers 13+
NSRSN QRT survey 2001
(Adult & Adolescent Clinician/Drop In Center)

Mental Health Provider _____ Date _____

1. **Were you, satisfied with the length of time it tock to access mental health services?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

2. **Are you satisfied with the availability and support you receive from your case manager?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

3. **Are you satisfied with the crisis plan provided for you?**
   ☐ dissatisfied ☐ somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

4. **Are you satisfied with your involvement in the development of your treatment plan?**
   ☐ dissatisfied ☐ somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

5. **Are you satisfied with how easy it is to get the care you need?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

6. **Are you satisfied these services are helpful to you?**
   dissatisfied somewhat dissatisfied neutral/NA somewhat satisfied satisfied

7. **Are you satisfied the staff treats you with dignity and respect?**
   dissatisfied somewhat dissatisfied neutral NA somewhat satisfied satisfied

Family Member of Adult/Child
NSRSN QRT survey 2001

Mental Health Provider _____ Date _____

1. **Were you satisfied with the length time, it took your family member/child to access mental health services?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

2. **Are you satisfied with the availability and support of your family member's/child's case manager?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐satisfied

3. **Are you satisfied with the crisis plan provided for your family member/child?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

4. **Are you satisfied with the involvement you and your family member/child have in the development of their treatment plan?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

5. **Are you satisfied with how easy it is to get the care you need for your family member/child?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

6. **How satisfied are you that the services are helpful to your family member/child?**
   ☐ dissatisified ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

7. **Are you satisfied the staff treats you and your family member/child with dignity and respect?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

Residential/Crisis Beds - Adult
NSRSN QRT survey 2001

Mental Health Provider _____ Date _____

1. **Were you, satisfied with the length of time it took to access residential/crisis bed services?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

2. **Are you, satisfied with the availability and support you receive from your case manager?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

3. **Are you satisfied with the crisis plan provided for you?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

4. **Are you satisfied with your involvement in the development of your treatment plan?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

5. **Are you satisfied with how easy it is to get the care you need?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

6. **Are you satisfied these the services are helpful to you?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral NA ☐somewhat satisfied ☐ satisfied

7. **Are you satisfied that staff treats you with dignity and respect?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral NA ☐somewhat satisfied ☐ satisfied

E & T and Hospital - Adults
NSRSN QRT survey 2001

Mental Health Provider _____ Date _____

1. **Are you satisfied, with the length of time it took to access the E&T Center /Hosp.?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

2. **Are you satisfied with the availability and support of your E&T/Hosp. contact person/clinician?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

3. **Are you satisfied with the crisis plan being provided for you?**
   ☐ dissatisfied ☐somewhat dissatisfied ☐neutral/NA ☐somewhat satisfied ☐ satisfied

4. **Are you satisfied with your involvement in the development of your treatment plan?**
   dissatisfied somewhat dissatisfied neutral/NA somewhat satisfied satisfied

5. **Are you satisfied with how easy it is to get the care you need?**
   dissatisfied somewhat dissatisfied neutral/NA somewhat satisfied satisfied

6. **Are you satisfied these services here are helpful to you?**
   dissatisfied somewhat dissatisfied neutral/NA somewhat satisfied satisfied

7. **Are you satisfied the staff treats you with dignity and respect?**
   dissatisfied somewhat dissatisfied neutral/NA somewhat satisfied satisfied

The NSRSN QUALITY REVIEW TEAM wants to know……

What would you change about the way mental health services are provided for you?

Please answer these demographics if you want to…

Race _____ Age _____ male or female

Name of Provider Site _____ Date _____

North Sound Regional Support Network
Ombuds
117 N. First Street, Suite 8
Mount Vernon, Washington 98273
Phone: 1-888-336-6164
(360) 416-7008

MEMO

DATE: July 18, 2001

SUBJECT: Ombuds Liaison Meeting Change

TO: Chuck Benjamin, NSRSN Executive Director, Sharri Dempsey, NSRSN Office of Consumer Affairs Manager, Melissa DeCino, Ombuds, Dolores Holtcamp, QRT Lead, Beckie Bacon, QRT, Ombuds Liaison Committee: Joan Lubbe, Chuck Albertson, Janet Lutz-Smith, Eileen Rosman

FROM: Anne Hoffman, Ombuds

Due to scheduling conflicts, the first meeting of the Ombuds Liaison Meeting, originally scheduled for Monday, July 23, 2001 from 3:00 pm to 4:30 pm, has been cancelled.

Our first meeting is now planned for the fourth Monday in August, August 27, 2001 from 1:00 pm to 2:30 pm. The meeting will be held in the NSRSN conference room.

Please contact me at (360) 416-7008, extension 238 at your earliest convenience to let me know if you will be able to attend.

Thankyou

The NSRSN QUALITY REVIEW TEAM wants to know……

What would you change about the way mental health services are provided for you?

Please answer these demographics if you want to…

Race _____ Age _____ male or female

Name of Provider Site

Date

EXPLANATION SHEET
for
3 REPORT EXAMPLES - OF ACTUAL QRT SURVEY PROCESS & PROVIDER REPORT RESPONSES

- QRT agency contact sheet for QRT use only.
- Date for survey visit is set with Provider for busiest consumer day.
- Letter sent stating set date and explanation of QRT purpose to be shared with all provider staff.
- Colorful flyers and 1 large poster sent in advance with the cover letter to notify consumers of QRT visit.
- Brochures & Postings check list.
- Tally sheet for computerized data linking process resulting in provider level of satisfaction after each site visit.
  - number of consumers receiving services.
  - number of consumers interviewed.
  - demographics.
  - quantifiable satisfaction levels.
  - percentages.
- Letter requesting a written response within 30 days if there are Unacceptable Areas.
- Report lists-
  - Areas of Satisfaction
  - Areas of Concern
  - Unacceptable Areas
  - Recommendations
  - Observations
- Provider response letter – if requested.

Need 2 QRTs - [illegible] has 2 levels - 30 - 6% surveyed

Agency contact sheet for Survey Visit

QRT [illegible]

Agency Name: [illegible]

Type of services provided: [illegible]

Address: [illegible]

Phone: [illegible] Date of Contact: [illegible]

Contact Person: [illegible]

Date of Survey Visit: 4-24-01 Time: [illegible]

Directions: Exit 181 right at exit [illegible] on next block - go [illegible] take right into driveway, same bldg. as chiropractor.

Letter and Posters mailed out: 3-30-01

Thank you sent: 11/25/01 Report sent: 5/7/01

Clients Receiving Services: 500 #Surveyed: 24, 5 mail in = 29

Clients Receiving Services Last Year 350 #Surveyed last year: 14

Agency Information

- Identify yourself as a Quality Review Team Member from the NSRSN.
- Explain what we do – we are Consumers, Family Members or Advocates, we conduct face to face interviews with Consumers to find out how satisfied they are with their Mental Health Services.
- We need to know how many consumers are served.
- Let them know that all information is confidential, we take no names for surveys.
- Make it clear that we need a high volume day to make contact and survey as many consumers as possible on our visit. The information we gather goes to the Agency, RSN and State in a Quarterly Report.
- If there are sites other than the Main Office, will another contact need to be made in order to establish coordinated visits.
- If an agency works with children, we need to know because parental consent is necessary, we have a parental and child's survey.
- Let the phone contact know of the [illegible] Managers can play in getting the flyers [illegible] the consumers [illegible] they choose.
- [illegible] This is necessary for the [illegible]

QUALITY REVIEW TEAM
North Sound Regional Support Network
117 North First Street, Suite 8
Mount Vernon, WA 98273
1-800-684 3555 or 360-416-7013

February 13, 2001

Linda Taylor
Compass – Primary Care
4807 196th SW
Lynnwood WA 98026

Dear Ms. Taylor and Staff:

The North Sound Regional Support Network Quality Review Team will survey consumers and family members at your facility on April 24, 2001. The QRT is mandated by the Federal Medicaid Waiver and WAC 275-57-150 to survey a percentage of the mental health population.

We will appreciate your cooperation by informing consumers about this confidential opportunity to voice their level of satisfaction with their mental health services. Please share a copy of this letter with all staff and consumers and post the attached flyer in a visible area.

The QRT will also need a private room from 1:00 – 4:00 pm for surveying. The survey-interview will take each participant a short time to complete.

When the scheduled time has been completed, the QRT will take a few minutes to meet with the provider contact for debriefing of the survey results. A formal report will be sent to you and other interested parties when it is complete.

Thank you for your assistance. Our goal is to survey approximately 5% of your agency's consumer population.

Sincerely,

Dolores Holtcamp
Quality Review Team Lead

Beckie Bacon
Quality Review Team Associate

CONSUMERS OF MENTAL HEALTH SERVICES

The Quality Review Team

North Sound Regional Support Network

1-800-684-3555

Satisfaction Survey

Location: Lynnwood Primary Care

Date: April 24, 2001

Time: 1:00 pm - 4:00 pm

QUALITY REVIEW TEAM

NORTH SOUND REGIONAL SUPPORT NETWORK

ORT PROVIDER VISIT – BROCHURES & POSTINGS CHECK LIST

Provider Agency: Lynnwood Primary Care

- Are Provider (APN) Brochures easily accessible to consumers? ☒yes ☐no
  - Languages available? 2
- Are NSRSN Brochures easily accessible to consumers? ☒yes ☐no
  - Languages available? 8
- Are Ombuds Brochures easily accessible to consumers? ☒yes ☐no
  - Languages available? 8
- Are QRT Brochures easily accessible to consumers? ☒yes ☐no
  - Languages available? 8
- Are VOA Crisis Response System brochures available? ☒yes ☐no
  - Languages available? _____
- Are Consumer Rights posted, including right to interpreter? ☒yes ☐no
  - Languages available? 8

comments: [illegible] Rights [illegible] given to provider & [illegible] posted. Provider to contact [illegible] to obtain [illegible]

VOA brochures - call them for languages

All brochures need to be available in all 8 languages to be contract compliant.

Reviewer Name: [illegible] Date: [illegible]

A	B
Mental Health Provider:	Date
Lynnwood Primary Care	4/24/01
Total Clients:	500
# Surveyed:	20

1 = dissatisfied
2 = somewhat dissatisfied
3 = neutral
4 = somewhat satisfied
5 = satisfied

#	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8				
Resp 1	5	5	5	5	5	5	5		f	18-59	w	co
Resp 2	5	5	5	5	3	5	5		f	0-12	w	
Resp 3	5	5	5	5	5	5	5		f	13-59	w	co
Resp 4	5	3	5	5	5	5	5		f	18-59	w	
Resp 5	5	5	5	5	4	5	5		f	13-59	w	
Resp 6	5	5	1	2	5	5	5		f	18-59	w	
Resp 7	5	5	5	5	5	5	5		m	13-59	w	
Resp 8	5	5	5	5	4	5	5		m	18-59	w	
Resp 9	5	5	1	4	5	5	5		f	13-17	w	
Resp 10	5	5	5	5	5	5	5		f	13-17	w	
Resp 11	2	5	5	5	5	5	5		f	0-12	w	
Resp 12	5	5	1	5	5	5	5		f	13-59	w	
Resp 13	5	5	1	5	5	4	5		m	13-17	w	co
Resp 14	5	4	5	5	5	5	5		m	13-17	w	
Resp 15	1	5	3	5	4	4	5		f	0-12	w	
Resp 16	5	4	5	5	5	5	5		m	13-59	w	
Resp 17	5	5	5	1	1	5	5		f	0-12	w	
Resp 18	5	5	1	1	4	4	5		m	0-12	w	
Resp 19	5	5	5	5	5	5	5		m	0-12	w	dd
Resp 20	1	5	4	2	2	5	5					
Resp 21	1	5	5	5	5	5	4		m	0-12	w	
Resp 22	5	5	5	5	2	4	5		m	0-12	w	
Resp 23	5	4	5	2	3	5	5		f	18-59	w	
Resp 24	2	5	5	5	1	5	5		f	18-59	w	
Resp 25	5	5	5	5	5	5	5		f	0-12	w	
Resp 26	5	5	3	5	5	5	5		f	0-12	w	
Resp 27	5	5	3	5	5	5	5		f	18-59	w	
Resp 28	2	5	5	5	1	5	5		f	18-59	w	co
Resp 29	5	5	5	5	5	5	5		m	13-17	w	

Jim
Copy

Quality Review Team
North Sound Regional Support Network
117 North 1st Street, Suite 8
Mount Vernon, WA 98273
1-800-684-3555

May 4, 2001

Linda Taylor
Compass Health – Primary Care
4807 196th SW
Lynnwood, WA 98026

Dear Ms. Taylor:

This letter is to report to you the results of North Sound Quality Review Team surveys conducted at Primary Care in Lynnwood on April 24, 2001. The Team conducted a total of 24 face to face interviews with consumers and received 5 mail-ins. We consider this to be satisfactory. The results of the survey are enclosed for your review. Please make copies and post where accessible to consumers and staff at your facility.

The QRT has recently converted our report process to a new computerized system allowing us to track percentages of satisfied to dissatisfied in an objective manner. The system tallies answers by numbers and then computes these to percen ages. Areas of Satisfaction have percentages of *satisfaction* from 90 - 100% (congruent to the MHD audit process). Areas of Concern have percentages of *dissatisfaction* from 11 - 13%. Unacceptable Areas, (or findings), have percentages of 14% or greater of *dissatisfaction.*

There is no need for a written response at this time as there were no findings by the NSRSN Quality Review Team. Please address the Areas of Concern. Recommendations have been provided for your convenience.

We appreciate your efforts in helping make this a successful and informational report. Our goal is the same as yours – Consumer Satisfaction. If you have any questions regarding the Quality Review Team's report feel free to contact us at 1-800-684-3555 ext. 241 or 223.

Sincerely,

Dolores Holtcamp
Dolores Holtcamp,
Quality Review Team Lead

Beckie Bacon
Beckie Bacon
Quality Review Team Associate

Cc: Chuck Benjamin, Executive Director NSRSN
Sharri Dempsey, OCA Manager NSRSN
Francene Thompson, Clinical/QA NSRSN
Mary Cline, Compass Quality Assurance
Jere LaFollette, APN Executive Director

NSRSN - QUALITY REVIEW TEAM – Survey Report 2001

LYNNWOOD PRIMARY CARE – COMPASS:

Quality Review Team: Dolores Holtcamp, Lead - Beckie Bacon, Associate

Date & Time of site visit: April 24, 2001 – 1:00 pm to 4:00 pm

Consumers enrolled at site: approx. 500

Consumers surveyed: 24 face to face, 5 mail-in

Percentage surveyed: 5.8 %

Entrance comments: The Quality Review Team made a consumer survey interview visit to the Lynnwood Primary Care site. Staff was accommodating and had two private and semi-private spaces ready for client interviews. Front staff worked hard to encourage participation from the clients. Postings of the QRT visit were visible to clients and the atmosphere was friendly and collaborative. Thank you for your assistance and cooperation as this was a successful visit. Please read the client responses on the comments page included and post this information where readily available to residents and staff.

Areas of Satisfaction:

1. **Clients and Guardians** – were *somewhat satisfied to satisfied* with services in 3 out of 7 questions asked.
   - QUESTION #2 Case Management – 28 clients and guardians are somewhat satisfied to satisfied (97%). 1 neutral (3%).
   - QUESTION # Helpful Services – 29 clients and guardians are somewhat satisfied to satisfied (100%)..
   - QUESTION #7 Respect & Dignity – 29 clients and guardians are somewhat satisfied to satisfied. (100%).

Areas of Concern:

1. There were no areas of concern.

Unacceptable Areas:

1. **Clients and Guardians** – were *somewhat dissatisfied* to *dissatisfied* with the following:
   - QUESTION # 1 Access – 6 (21%).
   - QUESTION # 3 Crisis Plan - 5 (17%). Did not know about or were dissatisfied with their *crisis plans.*
   - QUESTION # 4 Treatment Plans - 5 (17%). Did not know about or were dissatisfied.
   - QUESTION # 5 Easy Care - 5 (17%).

Recommendations:

1. Review access and availability of services, crisis plan and case management procedures according to agency policy and contract compliance.

Observations:

1. The QRT notes that Lynnwood Primary Care also serves clients with a variety of insurances of whose criteria does not require compliance to the contract with the NSRSN.
   - Rights were posted.
   - Brochures available in [illegible] languages of VOA and [illegible] Provider [illegible] available.

Lynnwood Primary Care

Face to Face Comments from 24 Consumers and Family Members to QRT and 5 Mail-in.

1. Were you satisfied with the amount of time it took to access services?
   - I was given very little choices of an appointment.
   - No, it took a long time to access these services.
   - I'm dissatisfied because my son was suicidal and we called in soon for an intake. Then another intake – I finally took him to Children's where he got meds.
   - It was pretty fast.
   - For my daughter, it took awhile.
   - It didn't take long at all.
   - It took a week.
   - It took longer than expected. It took 3 weeks total.

2. Are you satisfied with the availability and support you receive from your case manager?
   - I don't have a case manager, but would like to consider having one, or finding out more about them and what they do.
   - I really enjoy my group.
   - Availability isn't good. She is really busy. It's been 2 months.
   - Sometimes it feels like a long time between services. It had been every 2 weeks.
   - Sometimes I feel rushed.
   - She's supportive and keeps a regular schedule.

3. Are you satisfied with the crisis plan provided for you?
   - I don't know of one – not sure what that is.
   - I'm not sure.
   - We don't have a crisis.
   - Not really.
   - I don't know about one.
   - I wish that there was one.
   - I've never called VOA.
   - I'd call VOA, but I've never had to.
   - I don't need one.
   - I don't know what that is. I've only been here twice.
   - I haven't had to use it.

4. Are you satisfied with your involvement in the development of your treatment plan?
    - I like the idea to set my goals, and then have someone state that – I meant that good.
    - I don't have a treatment plan yet. It's my 3rd time here.
    - I'm not sure if I have one.
    - We are not getting the full services my granddaughter needs. She is violent and needs to be placed appropriately.
    - I'm not aware of it.
    - I. isn't easy to get help.
    - We have different priorities.

5. Are you satisfied with how easy it is to get the care you need?
    - It's not easy when you're low income but not on welfare.
    - Care is only available once a week. Side effects and med changes not soon enough.

6. Are you satisfied these services are helpful to you?
    - No comments.

7. Are you satisfied the mental health staff treats you with dignity and respect?
    - No comments.

8. What would you change about the way services are provided for you?
    - Maybe just later hours so we didn't have to miss time from school for my child. But other than that it is fine.
    - I wouldn't change my therapist at all. Secondly, I wish I could come in more often because she is very helpful & very insightful. I've been in and out of counseling and therapy for eight or nine years and I've never benefited to the extent that I have with my current therapist. I can tell that she cares about what happens to her clients and is genuinely sincere. She has a magnetic effect of positive energy flooding to everyone. She has truly made a difference in my life.
    - More night appointments available.
    - I think to have individual counseling for adults and group sessions.
    - Need to make psychiatric care more readily available for med checks and etc.
    - My CM and front desk staff are always nice to me.
    - I don't know. Use meds as a last resort.
    - Everything is fine and working out fine.
    - Have a sliding fee scale for us even with insurance because my insurance pays so little.
    - Be more intuitive to the way others need to learn. Give me credit. Take my ideas more seriously.

8. CONT'D What would you change about the way services are provided for you?

- Even the first intake was not a good feeling. I would like empathy to be treated to me as they would be treated in my shoes. Finances have a large baring on getting into see a psych. Coupons are a barrier. Crappy financial deal.
- It took 2 years to find the resources for my son.
- I would get her help that she really needs. Counseling is not enough.
- It is hard to find a time that works for me to bring him in.
- I would like to be reminded of my appointments.
- More time with my CM.
- Our crisis is over. At the moment of the crisis there is nobody there to help you or guide you.
- The one thing I would change is they make you come back. Choice of medication.
- They could do a better job of helping the family members with the many side of things. The visits are limited. We had help with what other programs are but there is never help to make out the forms. We had help at a hospital with the forms. We were handed a large amount of forms. They need a program just to help with the forms.
- I'm really confused about my insurance. I need some help sorting out the co-pay and what it covers.

Letter and Posters mailed out: 3/30 [illegible]

Thank you sent: 4-10-01 **Report sent:** 5/7/01

Clients Receiving Services: 100 **#Surveyed:** 1 2 mail-ins.

leave 30 envelopes w/ survey or mail in packet earlier **#Surveyed last year:** 52

Agency Information

- Identify yourself as a Quality Review Team Member from the ESSSH.
- Explain what we do – we are Consumers, Family Members or Advocates, we conduct face to face interviews with Consumers to find out how satisfied they are with their Mental Health Services.
- We need to know how many consumers are served.
- Let them know that all information is confidential, we take no names for surveys.
- Make it clear that we need a high volume day to make contact and survey as many consumers as possible on our visit. The information we gather goes to the Agency, ESSSH and state in a Quarterly Report.
- If there are sites other than the Main Office, will another contact need to be made in order to establish coordinated visits.
- If an agency works with children, we need to know because parental consent is necessary, we have a parental and child's survey.
- Let the phone contact know of the importance Case Managers can play in getting the flyers out to the consumers so they can participate in the survey process if they choose.
- Explain the need for a secluded room or area for the survey process. This is necessary for the confidentiality of participants.
- Once again participants identity is confidential.

Response rate

CONSUMERS OF MENTAL HEALTH SERVICES

The Quality Review Team
North Sound Regional Support Network
1-800-684-3555

Satisfaction Survey

Location: Adult Extended Care

Date: 4-3-01

Time: 1 – 4 pm

- We survey Mental Health Consumers and Family Members in order to advocate for improvement of quality of services.
- We educate consumers, families and providers

QUALITY REVIEW TEAM
North Sound Regional Support Network
117 North First Street, Suite 8
Mount Vernon, WA 98273
1-800-684-3555 or 360-416-7013

February 8, 2001

Kim Brown
Compass Health
Adult Extended Care
1227 2nd Street
Marysville, WA 98223

Dear Ms. Brown and Staff:

The North Sound Regional Support Network Quality Review Team will survey consumers and family members at your facility on April 3, 2001. The QRT is mandated by the Federal Medicaid Waiver and WAC 275-57-150 to survey a percentage of the mental health population.

We will appreciate your cooperation by informing consumers about this confidential opportunity to voice their level of satisfaction with their mental health services. Please share a copy of this letter with all staff and consumers and post the attached flyer in a visible area.

The QRT will also need a private room from 1:00 – 4:00 pm for surveying. The survey-interview will take each participant a short time to complete.

When the scheduled time has been completed, the QRT will take a few minutes to meet with the provider contact for debriefing of the survey results. A formal report will be sent to you and other interested parties when it is complete.

Thank you for your assistance. Our goal is to survey approximately 5% of your agency's consumer population.

Sincerely,

Dolores Holtcamp
Quality Review Team Lead

Beckie Bacon
Quality Review Team Associate

File

Quality Review Team
North Sound Regional Support Network
117 North 1st Street, Suite 8
Mount Vernon, WA 98273
1-800-684-3555

May 3, 2001

Cindy Ainsley
Compass Health
Adult Extended Care
1227 2nd Street
Marysville, WA 98223

Dear Ms. Ainsley:

This letter is to report to you the results of North Sound Quality Review Team surveys conducted at Adult Extended Care April 3, 2001. QRT conducted a total of 7 face to face interviews with consumers at your facility, and received 2 mail-in surveys. We consider this to be satisfactory. The results of the survey are enclosed for your review. Please make copies and post where accessible to consumers and staff at your facility.

The QRT has recently converted our report process to a new computerized system allowing us to track percentages of satisfied to dissatisfied in an objective manner. The system tallies answers by numbers and then computes these to percentages. Areas of Satisfaction have percentages of *satisfaction* from 90 - 100% (congruent to the MHD audit process). Areas of Concern have percentages of *dissatisfaction* from 11 - 13%. Unacceptable Areas, (or findings), have percentages of 14% or greater of *dissatisfaction.*

The Quality Review Team requires written responses to the Unacceptable Areas with in 30 days. Please include the plan and timeline with your response.

We appreciate your efforts in helping make this a successful and informational report. Our goal is the same as yours – Consumer Satisfaction. If you have any questions regarding the Quality Review Team's report feel free to contact us at 1-800-684-3555 ext. 241 or 223.

Sincerely,

Dolores Holtcamp,
Quality Review Team Lead

Beckie Bacon
Quality Review Team Associate

Cc: Chuck Benjamin, Executive Director NSRSN
Sharri Dempsey, OCA Manager NSRSN
Francene Thompson, Clinical QA NSRSN
Mary Cline, Compass Quality Assurance
Jere Labollette, APN Executive Director

QUALITY REVIEW TEAM – FACILITY OBSERVATIONS & RECOMMENDATIONS

~~1999~~ 2001

Provider Facility: Marysville Adult Ext

Date: 4/3/01

Rights Posted? yes

Brochures accessible? need languages

QRT flyer posted? yes

Waiting Room appearance? good

Receptionists - (friendly, respectful, attentive)? yes

Privacy Area for surveys? yes

QUALITY REVIEW TEAM

NORTH SOUND REGIONAL SUPPORT NETWORK

ORT PROVIDER VISIT – BROCHURES & POSTINGS CHECK LIST

Provider Agency: Marysville - Adult Extended

- Are Provider (APN) Brochures easily accessible to consumers? ☒yes ☐no
  - Languages available? 1
- Are NSRSN Brochures easily accessible to consumers? ☒yes ☐no
  - Languages available? 1
- Are Ombuds Brochures easily accessible to consumers? ☒yes ☐no
  - Languages available? 8
- Are QRT Brochures easily accessible to consumers? ☒yes ☐no
  - Languages available? 1
- Are VOA Crisis Response System brochures available? ☒yes ☐no
  - Languages available? 8
- Are Consumer Rights posted, including right to interpreter? ☒yes ☐no
  - Languages available? 8

comments: left out copy of consumers rights

Reviewer Name: [illegible] Date:

A	B
[redacted]	Date:
Marysville Adult Ext Care	4/3/01
[redacted]	100

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Sex	Age	Race	Zip
5	5	5	5	5	5	5		f	18-59	[illegible]	[illegible]
5	5	5	4	5	5	5		f	60+	w	[illegible]
3	3	5	3	5	3	5		m	60+	w	[illegible]
5	5	5	5	5	5	5		m	18-59	w	
1	1	1	1	1	1	5		m	13-59	w	
5	5	2	4	5	2	2		m	18-59	w	
4	5	5	5	5	5	5		m	18-59	w	co
3	5	5	5	5	5	5		f	18-59	w	
4	5	5	5	1	5	5		m	18-59	w	[illegible]

NSRSN - QUALITY REVIEW TEAM – Survey Report 2001

MARYSVILLE ADULT EXTENDED – COMPASS:

Quality Review Team: Dolores Holtcamp, Lead - Beckie Bacon, Associate

Date & Time of site visit: April 3, 2001 – 1:00 pm to 4:00 pm

Consumers enrolled at site: approx. 100

Consumers surveyed: 7 face to face, 2 mail-in

Percentage surveyed: 9 %

Entrance comments: The Quality Review Team made a consumer survey interview visit to the Adult Extended Care in Marysville. Staff was accommodating and had a private space ready for client interviews. Staff encouraged participation from the clients. Postings of the QRT visit were visible to clients and the atmosphere was friendly and collaborative. Thank you for your assistance and cooperation as this was a successful visit. Please read the client responses on the comments page included and post this information where readily available to residents and staff.

Areas of Satisfaction:

1. Clients and Guardians – were *somewhat satisfied to satisfied* with the following:
   - QUESTION #7 Respect & Dignity – 8 clients and guardians are somewhat satisfied to satisfied. (89%). 1 neutral (11%).

Areas of Concern:

1. Clients and Guardians – were *somewhat dissatisfied* to *dissatisfied* with the following:
   - QUESTION #2 Case Management – 1 dissatisfied (11%). 1 neutral (11%).
   - QUESTION #4 Treatment Plans – 1 dissatisfied (11%). 1 neutral (11%).
   - QUESTION #1 Access - 1 dissatisfied. 2 neutral (22%).

Recommendations:

1. Review access, case management and treatment plan procedures according to agency policy and contract compliance.

Unacceptable Areas:

1. Clients and Guardians – were *somewhat dissatisfied* to *dissatisfied* with the following:
   - QUESTION # 5 Easy Care– 2 (22%).
   - QUESTION # 6 Helpful Services - 2 (22%).
   - QUESTION # 3 Crisis Plan - 2 (22%). Did not know about their *crisis plans*.

Recommendations:

1. Review crisis plan procedures according to agency policy and contract compliance.
2. Review agency policy and contract to ensure services are easy to get and helpful.

Observations:

1. Rights were posted.
2. Brochures available. Language of NSRSN, Provider, APN and QRT were not available required by contract.

Adult Extended Care - Marysville

Face to Face Comments from 7 Consumers and Family Members to QRT and 2 Mail-in.

1. Were you satisfied with the amount of time it took to access services?
   - It worked within about 3 weeks to get an assessment and a case manager.
   - I had to spend a lot of time convincing Compass to look at him.
   - I got right in.
   - I had to wind up in the hospital before I found services.
   - I don't know.

2. Are you satisfied with the availability and support you receive from your case manager?
   - She is very easy for me to get a hold of.
   - My son can't stand her and I don't like her. If anything needs to be done it is done by me. She does nothing. She threatens to cut off meds if my son doesn't see her.
   - She is pretty good.
   - I get a lot of support here.

3. Are you satisfied with the crisis plan provided for you?
   - It is great if you can stick to it.
   - I've never had to call VOA.
   - I know nothing about a crisis plan.
   - The Everett hospital just tells me to sit there. No help from VOA. I've called 15-20 times. I got the feeling they d n't want people committing suicide on their shift. They tell me to blow in a bag or beat a pillow – there's nothing they can do.
   - It's effective. The VOA gave me what I needed – not what I wanted.
   - VOA was helpful.

4. Are you satisfied with your involvement in the development of your treatment plan?
   - She sticks behind what she believes in and practices.
   - No, they tried to put him in a DD group when he is schizophrenic.

5. Are you satisfied with how easy it is to get the care you need?
   - Sometimes the doctor doesn't give me enough meds and I run out. I want to change doctors so I can stay on my meds.

6. Are you satisfied these services are helpful to you?
   - Yes, definitely.

7. Are you satisfied the mental health staff treats you with dignity and respect?

- Except the case manager.
- The clinician who teaches the classes. When, in a group, a feeling chart was passed around and I wrote down a "2" then the clinician became argumentative and said several times, "now, you know that's not true." I felt helpless and mad. I didn't appreciate being called a liar because I felt like a "2." She humiliated me.

8. What would you change about the way services are provided for you?
   - Take walks.
   - I don't know. Sorry.
   - I would make land taxes on someone who's buying a home.
   - I want a different doctor that will give me enough meds so I don't run out – (for my bipolar).
   - More field trips.
   - It would be helpful if there was access to a 'roving case manager' in the evenings. One of the case managers here so you don't have to start from scratch with VOA.
   - More one on one therapy. Give "how to" when making suggestions. Quit cutting back services and re-establish things like lunch and the socials. Stop "graduating" people when they are not ready – they get kicked out. Clinicians should treat us with dignity and respect.
   - Have groups with those who have same or similar disorder.
   - I wouldn't change a thing. They do a good job.

COMPASS Health

June 5, 2001

Dear Dolores Holtcamp and Becky Bacon:

I am sorry to be two days late with my response to the Quality Review Team report of April 3, 2001 regarding services at Adult Extended Care in Marysville. I organized the response to the Bailey Center report first, as I missed the fact it was actually completed after the Marysville report, which led to my missing the deadline.

Compass Health remains very committed to achieving high levels of consumer satisfaction and your report will help us move toward this goal in Marysville.

You have identified three unacceptable areas in your report: ease of receiving care, helpfulness of services and knowledge of crisis plans. I have shared the specific comments consumers made regarding each of these items with the manager responsible for client care in Marysville. We have discussed how clinicians can change how they work with their clients to improve satisfaction in each of these areas. She will also review with their staff the pertinent contractual obligations and agency protocols. We expect to have the above retraining completed within the next 14 days.

Thank you once again for providing us with such helpful feedback.

Sincerely,

Barb McFadden ARNP MN
Director of Adult Extended Care Services

CONSUMERS OF MENTAL HEALTH SERVICES

The Quality Review Team
North Sound Regional Support Network
1-800-684-3555

Satisfaction Survey

Location: Lynnwood Primary Care

Date: April 24, 2001

Time: 1:00 pm - 4:00 pm

- We survey Mental Health Consumers and Family Members in order to advocate for improvement quality of services.
- We educate consumers for self-empowerment.

Attachment A.111d2bii

Title XIX Eligible People Receiving Outpatient Services in WA State

July 16, 2001

This note presents a series of tables and definitions to support the CMS (formerly HCFA) waiver report.

Determining Title XIX Eligibility: The current state of the MHD data systems vary in their ability to determine whether a recipient of services is title xix eligible.

Outpatient: The RSN based outpatient information system (MHD-CIS) flags clients as title xix eligible at the time of service and as such is a reasonable indicator. Because a person's eligibility can change we make two important assumptions for purposes of reporting. First, if someone has a mixture of services in a month and only some of those services are flagged as being provided while the person is title xix eligible we treat the whole month as being all title xix eligible. Second, if someone is title xix eligible for part of a reporting period (calendar year, fiscal year, quarter) we consider them to have been title xix eligible for the entire time period. All tables in this note are based upon these assumptions.

In an effort to provide the most current information possible, we are including incomplete outpatient service utilization data for FY2001. This information is incomplete because when an RSN provides a service they have 60 days from the end of the month to report, edit and revise service data. Occasionally even this limit is exceeded. This means that some service information takes 90 or more days to appear into our systems. The data for this report was extracted July 13, 2001 so April, May and July are not completely reported. Therefore we expect that significantly more people will appear in the reports for this fiscal year.

Inpatient: Title XIX eligibility is tracked by the Medical Assistance Administration (MAA). However, none of the inpatient information systems currently in use by the MHD contain that title xix eligibility information. This restricts our ability to report on this population in terms of inpatient services. We expect improvement in our ability to report on this population as part of our internal quality improvement activities and our response to the HIPAA initiative. A number of state data systems are changing such that when a person becomes title xix eligible that information is quickly made available to other departments and divisions such as the MHD. We expect to see the first stable electronic access to eligibility information due to these changes in 2002.

Table 1a. Title XIX eligible people seen and outpatient service hours provided. Unduplicated statewide.

	July 1, 1998 - June 30, 1999	July 1, 1999 - June 30, 2000	July 1, 2000 - June 30, 2001
Medicaid Served in State	67,188	64,513	65,210
Total Served in State	108,656	113,626	113,339
Number of Medicaid served as percent of total	59.3%	59.1%	57.5%
Hours of service provided to Medicaid served	2,341,704	2,116,193	1,706,807*

Table 1b. DRAFT RESULTS. Partial data on Title XIX eligible people seen and outpatient service hours provided. Unduplicated statewide.

Partial Data	July 1, 2000 - June 30, 2001
Number of Medicaid Served in State	65,208
Hours of service provided to Medicaid served	1,944,737

While Table 1a shows that the number of title xix clients decreased from FY99 to FY2000 it also shows that the overall number of people served decreased. The proportion of Title XIX eligible served has remained constant across these years, however.

Table 2a shows that the changes in people served and amount of service have not affected all ethnic groups equally. Overall we see a slight decrease in the number of caucasians served and a corresponding decrease in the percent of service hours consumed.

We see a similar trend in Table 3a which shows Title XIX eligible clients by age group. While the relative number of people and hours decreases for working age, we see a relative (but not absolute) increase in youth seen and service hours for those youth. The number of elders represents a slight decrease in the proportion of people seen, but there is a slight increase in the proportion of hours of service for those elders.

Inpatient to Community Linkages. As indicated above, currently the inpatient utilization data sets do not contain Title XIX eligibility. Table 4 presents limited information on all inpatient to community service linkages. Note, however, there are two major limitations to the data which are used to create this table. First, the outpatient service utilization records that are currently available are only available through November 17, 2000. Any outpatient services after that time will not be reflected in this table. Second, often the inpatient discharge disposition is to some facility other than RSN based outpatient. We have no way of knowing when this is the case. Therefore, many of the episodes shown to have never been seen by outpatient were not expected to be seen there. Indeed they may have gone to nursing homes, skilled nursing facilities, or private or Veterans facilities. Therefore the number who are reported as never seen presents a bleaker picture than is true.

Table 2a. Title XIX eligible people seen and service hours by ethnicity.

	July 1, 1998 – June 30, 1999				July 1, 1999 - June 30, 2000			
Ethnicity	*Number Seen*	*Percent of Total*	*Number of Hours*	*Percent of Total*	*Number Seen*	*Percent of Total*	*Number of Hours*	*Percent of Total*
African American	4,933	7.34	201,665	8.61	4,994	7.74	192,809	9.11
Asian Pacific Islander	2,326	3.46	75,880	3.24	2,326	3.61	72,568	3.43
Caucasian	50,432	75.06	1,794,467	76.63	47,706	73.95	1,586,962	74.99
Hispanic	4,618	6.87	117,755	5.03	4,712	7.30	117,731	5.56
Native American	2,225	3.31	67,254	2.87	2,084	3.23	58,149	2.75
Other	2,654	3.95	84,680	3.62	2,692	4.17	87,972	4.16
Totals	67,188	100.00	2,341,701	100.00	64,514	100.00	2,116,191	100.00

Table 2b. DRAFT RESULTS. Partial data on Title XIX eligible people seen and service hours by ethnicity.

Partial Data	July 1, 2000 – June 30, 2001			
Ethnicity	*Number Seen*	*Percent of Total*	*Number of Hours*	*Percent of Total*
African American	5,246	8.05	182,644	9.39
Asian Pacific Islander	2,427	3.72	71,666	3.69
Caucasian	48,028	73.65	1,436,137	73.85
Hispanic	4,508	6.91	105,027	5.4
Native American	2,211	3.39	63,037	3.24
Other	2,788	4.28	86,223	4.43
Totals	**65,208**	**100.00**	**1,944,734**	**100.00**

Table 3a. Title XIX eligible people seen and service hours by age group.

	July 1, 1998 - June 30, 1999				July 1, 1999 - June 30, 2000			
Age	*Number Seen*	*Percent of Total*	*Number of Hours*	*Percent of Total*	*Number Seen*	*Percent of Total*	*Number of Hours*	*Percent of Total*
0 – 17	24,648	36.69	690,905	29.51	24,126	37.41	693,196	32.76
18 – 59	35,933	53.50	1,485,695	63.46	34,443	53.40	1,271,861	60.11
60 and over	6,589	9.81	164,664	7.03	5,928	9.19	150,976	7.13
Totals	**67,170**	**100.00**	**2,341,264**	**100.00**	**64,497**	**100.00**	**2,116,033**	**100.00**

Table 3b. DRAFT RESULTS. Partial data on Title XIX eligible people seen and service hours by age group.

Partial Data	July 1, 2000 – June 30, 2001			
Age	*Number Seen*	*Percent of Total*	*Number of Hours*	*Percent of Total*
0 – 17	24,039	36.88	678,102	34.87
18 – 59	35,211	54.01	1,126,001	57.91
60 and over	5,939	9.11	140,457	7.22
Totals	**65,189**	**100.00**	**1,944,560**	**100.00**

Table 4* (Revised 8/22/2001)

	Episode Start Date					
Time from Inpatient Discharge to 1st OP Visit	*January 1998*	*Percent of Total*	*January 1999*	*Percent of Total*	*January 2000 or later*	*Percent of Total*
Within 7 days	18,688	32.73%	13,244	30.41%	14,235	45.50%
More than 7 days	11,751	20.58%	7,318	16.83%	7,683	24.60%
Not seen	26,652	46.68%	22,945	52.76%	9,360	29.90%
Totals	**57,091**	**100.00%**	**43,487**	**100.00%**	**31,278**	**100.00%**

* - This report was recently rerun and includes data beyond November 17, 2000.

Section B. Access and Capacity

A Section 1915(b) waiver program serves to improve an enrollee's access to quality medical services. A waiver must assure that services provided are of adequate amount, are provided within reasonable time frames, and are furnished within a reasonable distance from the residence of the enrollees in the program. Furthermore, the proposed waiver program must not substantially impair access to services and access to emergency and family planning services must not be restricted.

I. Access Standards

Previous Waiver Period

a.___ During the last waiver period, the access standards of the program were operated differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period – For items a. through c. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please describe the State's availability standards for the upcoming waiver period.

a. **Availability Standards**: The State has established maximum distance and/or travel time requirements, given clients normal means of transportation, for MCO/PHP enrollees' access to the following. Check any that apply (1-9). For each item checked, please describe the standard and answer monitoring questions 10, 11 and 12.

1.___ PCPs (please describe your standard):

2.___ Specialists (please describe your standard):

3.___ Ancillary providers (please describe your standard):

4.___ Pharmacies (please describe your standard):

5.___ *Community psychiatric inpatient* Hospitals (please describe your standard):

6._X_ Mental Health (please describe your standard):

** In this waiver renewal period, the state has identified travel time and contact time in their contracts with the Regional Support Networks. While it is still the belief that consumers should be seen in the place of their choice for community support services, the state recognizes that at times they must travel to community support services. When this occurs the following standards are in place:

Washington State – Integrated Community Mental Health Program

- ✓ in rural areas a 30 minute drive time
- ✓ in large rural areas a 90 minute drive time
- ✓ in urban areas, accessible by public transportation.

The exceptions to these standards identified in the contract are if a consumer chooses to seek services from a community mental health center that is farther than the drive time or there are hazardous road conditions, road construction, public transportation shortages, ferry or bus delay etc.

7.___ Substance Abuse Treatment Providers (please describe your standard):

8.___ Dental (please describe your standard):

9.___ Other providers (please describe your standard):

10. Please explain how often and how the State monitors compliance and what incentives/sanctions/enforcement the State makes with each of the standards described above.

As these are new standards, they will be monitored by random sample by the on-site monitoring teams, by tracking the number and locations of satellite sites, and by monitoring complaints and/or grievances regarding travel and access issues.

11. Please explain how the distance and travel time to obtain services under the waiver will not be further or longer than prior to the waiver.

These are being implemented for the first time under this waiver.

12. Please explain how the MCOs/PHPs will be required to ~~enable~~ *support* enrollees to access providers *and services.*

In a rehabilitation and recovery model it is best to have services occur close to where the enrollee lives, and service locations are safe and convenient for the enrollee. The majority of services should occur outside of the formal provider facilities in more natural community settings. As part of utilization management, the RSNs will be required to monitor barriers to services, to address those barriers, and to implement change. For those barriers that are beyond local control, RSNs are to report those to the state for possible intervention. Transportation and travel will be among those barriers monitored by the RSN.

b. Appointment Scheduling (Appointment scheduling means the time before an enrollee can acquire an appointment with his or her provider for both urgent and routine visits.) The State has established standards for appointment scheduling for MCO/PHP enrollee's access to the following. Check any that apply (1-9). For each item checked, please describe the standard and answer monitoring questions 10 and 11.

Washington State – Integrated Community Mental Health Program

1.___ PCPs (please describe your standard):

2.___ Specialists (please describe your standard):

3.___ Ancillary providers (please describe your standard):

4.___ Pharmacies (please describe your standard):

5.___ Hospitals (please describe your standard):

6.__x_ Mental Health (please describe your standard):

**Contact will occur within 2 hours in Emergent situations, 24 hours in Urgent situations and appointments for routine care will occur within 10 days with no more than 14 calendar days to their first appointment.

The following are the contract definitions:

Emergent Care: Services provided for a person, that, if not provided, would likely result in the need for emergency crisis intervention or hospital evaluation due to concerns of potential danger to self, others, or grave disability according to RCW 71.05.

Urgent Care: To be provided to persons approaching a mental health crisis. If services are not received within 24 hours of the request, the person's situation is likely to deteriorate to the point that emergent care is necessary.

Routine Care: A setting where evaluation from service delivery services is provided to consumers on a regular basis. These services are intended to stabilize, sustain, and facilitate consumer recovery within his or her living situation.

7.___ Substance Abuse Treatment Providers (please describe your standard):

8.___ Dental (please describe your standard):

9.___ Other providers (please describe your standard):

10. Please explain how often and how the State monitors compliance and what incentives/sanctions/enforcement the State makes with each of the appointment scheduling standards checked above.

These are being implemented for the first time under this waiver. Compliance will be monitored through annual chart review, complaints and grievance and as part of the consumer satisfaction survey.

11. Please explain how often and how the State assures that appointment scheduling time frames are not longer than the non-waiver appointment scheduling.

The entire Medicaid population is enrolled in the PHP.

c. **In-Office Waiting Times:** The State has established standards for in-office waiting times for MCO/PHP enrollee's access to the following. Check any that apply (1-9). For each item checked, please describe the standard and answer monitoring questions 10 and 11.

1.___ PCPs (please describe your standard):

2.___ Specialists (please describe your standard):

3.___ Ancillary providers (please describe your standard):

4.___ Pharmacies (please describe your standard):

5.___ Hospitals (please describe your standard):

6.__X_ Mental Health (please describe your standard):

For those services that do occur in the office the wait time for a consumer should be minimal. There are times when it may be necessary and acceptable for a consumer to wait however, a consumer should not have to wait for over an hour.

7.___ Substance Abuse Treatment Providers (please describe your standard):

8.___ Dental (please describe your standard):

9.__ Other providers (please describe your standard):

10.____Please explain how often and how the State monitors compliance and what incentives/sanctions/enforcement the State makes with each of the in-office waiting time standards checked above.

These standards are being implemented for the first time under this waiver. They will be monitored by random sample of the sign-in sheets by the on-site team.

11. Please explain how the State assures that in-office waiting times are not longer than the non-waiver in-office waiting times.

The entire Medicaid population is enrolled in the PHP system.

II. **Access and Availability Monitoring:** Enrollee access to care will be monitored as part of each MCO/PHP's Internal Quality Assurance Plan (QAP), annual external quality review (EQR), periodic medical audits, or Independent Assessments (IA).

Previous Waiver Period

a.__x_ During the last waiver period, the access and availability monitoring was operated differently than described in the waiver governing that period. The differences were:

The MHD reorganized to provide more integrated activities and duties with regards to monitoring. The three sections called out in our previous waiver renewal, licensing and certification, contract monitoring, and the integrated review team were combined into one unit called Quality Assurance and Improvement (QA & I).

b.__x_ [Required for all elements checked in the previous waiver submittal] Please include the results from monitoring MCO/PHP access and availability in the previous two year period. [item B.II in the 1999 initial preprint; items B.4, 5, and 6 in the 1995 preprint].

As stated above, several of the access standards are new and have not been formally monitored. They will be monitored by random sample over this waiver period. Nearly all the RSNs have developed, monitored, and implemented local standards for accessing services. QA & I staff do monitor for wait list and monitor the RSN standards. They found that, for the most part, the community mental health centers were meeting the RSN standards, and, if not, the RSN had done one of two things. If this was a set standard for a long period of time corrective action was begun. If it was a standard just being developed, there was discussion of barriers and solutions worked out between the RSN and the provider(s). While there remains a need in some areas to continue to improve access to services, there have been numerous efforts by the RSNs and their service provider networks during the last two years to both monitor and enhance timely service access. Before the MHD called out the standards, staff met with each RSN individually to gather information and understand current RSN standards.

There are many examples throughout the system where Quality Review Teams (QRT) have called out areas for improvement in access to services, which have been implemented by the RSNs. For example:

In one RSN, through surveys for crisis plans and treatment, the QRT helped clinical oversight develop action steps for resolution. In another, QRT expressed concern over a particular agency to both the RSN and the QA & I team. They were able to advocate for examination of the agency and the RSN took appropriate action. In yet another RSN out of seven recommendations made to the RSN by the QRT four have been adopted.

One rural eastern Washington RSN, the QRT has requested and received RSN and its provider network's quality management plan and reports. The QRT is then presenting a report to the RSN Governing Board on status continue to monitor the implementation on the quality management plans through the next contract cycle.

Washington State – Integrated Community Mental Health Program

CMS has received copies of the monitoring reports of the QA & I unit and the annual reports of the RSNs under special terms and conditions #2 & 4 and of the grievances and complaints under special term and condition #5.

Upcoming Waiver Period – For items a. through o. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Check below any of the following (a-o) that the State will also utilize to monitor access:

a.__x__ Measurement of access to services during and after a MCO/PHP's regular office hours to assure 24 hour accessibility, 7 days a week (e.g., PCPs' 24-hour accessibility will be monitored through random calls to ~~PCPs~~ *providers* during regular and after office hours)

b.__x__ Determination of enrollee knowledge on the use of managed care programs

c.__x__ Ensures that services are provided in a culturally competent manner to all enrollees.

d.___ Review of access to emergency *mental health services* ~~or family planning services~~ without prior authorization

e.__x__ Review of denials of referral requests

f.____ Review of the number and/or frequency of visits to emergency rooms, non-authorized visits to specialists, etc., for medical care.

g.__x__ Periodic enrollee ~~experience~~ *satisfaction* surveys (which includes questions concerning the enrollees' access to all services covered under the waiver) will be to a sample of enrollees. Corrective actions taken on deficiencies found are also planned.

h.__x__ Measurement of enrollee requests for disenrollment from a MCO/PHP due to access issues

i.__x__ Tracking of complaints/grievances concerning access issues

j._____ Geographic Mapping detailing the provider network against beneficiary locations will be used to evaluation network adequacy. (Please explain)

Several of the RSNs use zip code tracking as a way to monitor hospital usage, in the location of PCPs and in the establishment of service sites.

k._____ Monitoring access to prescriptions on the State Plan Formulary, Durable Medical Equipment, and therapies.

l. x During monitoring, the State will look for the following indications of access problems.

1._x_ Long waiting periods to obtain services from a PCP.
2._x_ Denial of referral requests when enrollees believe referrals to *mental health* specialists are medically necessary.
3._x_ Confusion about how to obtain services not covered under the waiver.
4.__x Lack of access to services after PCP's regular office hours.
5.___ Inappropriate visits to emergency rooms, ~~non-authorized visits to specialists, etc., for medical care.~~
6._x_ Lack of access to emergency ~~or family planning~~ services.
7._x_ Frequent enrollee requests to change a specific PCP.
8._x_ Other indications (please describe):

All elements that relate to public mental health may be included on a random sample basis during annual on-site visits. The MHD may also use the QRT and the RSNs monitoring and follow-up of these items and only review the results.

m. _x_ Monitoring the provision ~~and payment for~~ of transportation for beneficiaries to get to their outpatient, medically necessary *mental health* services.

n.__x_ Monitoring the provider network showing that there will be providers within the distance/travel times standards.
o.___ Other (please explain):

III. Capacity Standards

Previous Waiver Period

a.___ During the last waiver period, the capacity standards were operated differently than described in the waiver governing that period. The differences were:

In August 2000, Pierce County RSN purchased Puget Sound Hospital in Tacoma and has subsequently converted that facility into a freestanding psychiatric hospital and chemical dependency program. The Crisis Triage Center formerly located in a separate building will relocate to the hospital building in 2001. The goal is to insure capacity for comprehensive services for clients with acute needs..

b.__x_ [Required] MCO/PHP Capacity Standards. The State ensured that the number of providers under the waiver remained approximately the same or increased compared to the number before the implementation of the waiver. Please describe the results of this monitoring.

The MHD is the licensor of community mental health centers and certifies beds for

involuntary treatment. The number of community mental health centers providing services has remained fairly consistent throughout the waiver. There have been some mergers or sales in the system but this has not reduced capacity.

King County RSN has proposed to establish a network of psychiatric inpatient hospital providers. As of this writing, they project implementation of their provider network by late 2001. MHD will review their written plan upon submission for approval.

Since the last waiver renewal, the state has lost community psychiatric inpatient hospital capacity. One unit has closed completely; two others have reduced available beds. A specialty hospital program for eating disorders also closed. Other hospitals are operating under severe financial strain with the prospect of closure looming. Hospitals have been confronting fiscal realities of marginal reimbursement rates, severe staffing shortages, physician shortages to serve Medicaid enrollees, and increased regulations.

The reduction in the general community psychiatric inpatient beds has had impact upon the immediate availability of beds at times resulting in consumers being placed far from their homes. The overall impact of the loss of community psychiatric hospital beds is difficult to assess at this early date. The elimination of the only specialized eating disorder program in the state has resulted in the use of out-of-state specialty services, purchased by the RSNs. The MHD and the RSNs will carefully be watching capacity.

To help offset this crisis, the Washington State legislature has authorized a small state budget proviso during 2000 and 2001 with the desire to maintain this capacity.

A group of hospital providers who provide psychiatric inpatient services have formed an association in an effort to assure that their service integrate with state and regional systems of care, and to improve the collaborative relationship with the state and regional Medicaid authorities. The MHD and the RSNs are working with this group to gather hard data about capacity needs, strategize about the development of additional and/or alternative resources.

c.__x_ [Required if elements III.a.1 and III.a.2 were marked in the previous waiver submittal] The State has monitored to ensure that enrollment limits and open panels were adequate and that provider capacity remained approximately the same or improved under the waiver. Please describe the results of this monitoring.

The RSNs must ensure the capacity to serve the entire Medicaid population in their service area that have a medically necessary need for mental health services in the public mental health system. The RSNs are responsible for the resource and utilization management of the system. Both the revised WAC and the 01-03 contract with the RSNs have strengthened the MHD's expectation for resource and utilization management activities. The QA & I on-site team does looks annually at the utilization and resource management activities of the RSNs before site visits occur.

Upcoming Waiver Period -- For items a. through c. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please describe the capacity standards for the upcoming two-year period.

a. MCO/PHP Capacity Standards

1.x_ The State has set enrollment limits for the MCO/PHPs. Please describe a) the enrollment limits and how each is determined and b) a description of how often and through what means the limits are monitored and changed.

All Medicaid eligible are enrolled in the PHPs.

2.___ The State monitors to ensure that there are adequate open panels within the MCO/PHP. Please describe how often and how the monitoring takes place.

3._x__ [Required] The State ensures that the number of providers under the waiver is expected to remain approximately the same or increase compared to the number before the implementation of the waiver. Please describe how the State will ensure that provider capacity will remain approximately the same or improve under the waiver.

The MHD requires written assurance from the RSNs of a sufficient number, mix, and geographic distribution of providers to meet: a) an appropriate range of services, including preventative care (e.g. EPSDT screening), case management, and specialty services; b) the needs of the anticipated number of enrollees; c) access and travel standards. The RSNs must also assure they can adjust the capacity to meet the needs of enrollees as they shift within the service area. Changes in the number, mix, and/or geographic distribution of providers must be submitted to the MHD.

4. [Required] For all provider types in the program, list in the chart below for each geographic area(s) applicable to your State, the number of providers before the waiver, during the current waiver period and the number projected for the proposed renewal period. **Please provide a definition of your geographic area,** i.e. by county, region or capitated rate area. Please complete only for the providers included in your waiver program.

The geographic area of the state is by Regional Support Network. Regional Support Networks may be one or more counties. Again, please see the map provided in Attachment AIIa.

For risk-comprehensive programs, please modify to reflect your State's program and complete the following chart. *This is self- reported by the RSNs. It is consistent with what was reported under our current waiver. However, it is not comparable across the RSNs. MHD and the RSNs will work together over the fall of 2001 to come to*

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decision regarding reporting.

	Recipient-To Provider Agency Ratio (2001)	*Expected Change For The Renewal Period*
Chelan-Douglas RSN♦		
Chelan-Douglas Behavioral Health Clinic	814:1	1,783:1
Children's Home Society	134:1	650:1
Catholic Family & Child Service	358:1	650:1
Clark County RSN		**7,100:8**
Columbia River Mental Health	4,764:1	
Children's Home Society	437:1	
Children's Center	1,168:1	
PeaceHealth Behavior Healthcare	355:1	
Institute of Family Development	New child agency	
Catholic Community Services	New child agency	
Family Solutions	New child agency	
Southwest Medical	101:1	
Grays Harbor RSN		
Behavioral Health Counseling	93:1	
Evergreen Counseling	2,499:1	
Greater Columbia BH RSN		
The Rogers Counseling Center	682:1	
Garfield County Services	80:1	
Columbia County Services	141:1	
CWCMH – Klickitat	465:1	
Skamania County Counseling Services	222:1	
Inland Counseling Network	910:1	
Whitman County Mental Health	461:1	
CWCMH – Yakima	5,049:1	
CWCMH – Kittitas	790:1	
Sunderland Family Treatment	1,463:1	
Lourdes Counseling Center	1,546:1	
Yakima Valley Farm Workers	1,206:1	
Catholic Family & Child Services	906:1	
Nueva Esperanza	588:1	
Lutheran Social Services	26:1	
Southeast Children's Home Society	287:1	
Crisis Response Unit	1,364:1	

♦ The 2001 figure is a point-in-time contractual figure for 1998 while the expected changes reflects an estimated unduplicated count of clients served during the '01-03 biennium.

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	Recipient-To Provider Agency Ratio (2001)	*Expected Change For The Renewal Period*
St. Mary Hospital	163:1	New provider started July 1, 2001 (Palouse Counseling)
King County RSN*	**'00 Outpatient Total = 29,206**	
Asian Counseling and Referral Service *Atlantic Street Center – sub* *Auburn Youth Resources – sub* *Center for Human Services – sub* *Children's Home Society – sub*	808:1	
Children's Hospital & Medical Center	709:1	
Community House Residential: Spring Manor	208:1	
Community Psychiatric Clinic JAS Residential: Northlake Agape Mercer Inn Summit Inn The Inn Cascade Hall Keystone Resources El Rey Treatment Facility	2,433:1	
Consejo Counseling	715:1	
Downtown Emergency Service HOST	575:1	
Evergreen Community Health Care	742:1	
Harborview Mental Health Center CTU-HMCER	1,298:1 5,188:1	

* This is total served at each agency and includes those who are served at a subcontract agency of that organization. Total served does not include those who may be new "drop-in" or crisis services only, except at Harborview CTU. Counts at each agency and Total are unduplicated.

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	Recipient-To Provider Agency Ratio (2001)	*Expected Change For The Renewal Period*
Highline-West Seattle Mental Health *Catholic Community Services- sub* *Kent Youth and Family – sub* *Lutheran Social Services – sub* *Northshore Youth and Family- sub* *Family Services of King County – sub* *Federal Way Youth & Family – sub* *Friends of Youth – sub* *Renton Area Youth & Family – sub* *Ruth Dykeman Child Center – sub* *Ryther Child Center – sub* Residential: Highwest Residence	5,541:1	
Seattle Children's Home	515:1	
Seattle Counseling **Seattle Indian Health Board – sub**	259:1	
Seattle Mental Health *Southeast Youth and Family – sub* *Southwest Youth and Family – sub* Residential: Stillwater Avondale Chartley House Benson Heights	7,266:1	
Therapeutic Health Services	485:1	
Valley Cities Counseling *Vashon Youth and Family – sub*	2,286:1	
YMCA *Youth Eastside Services – sub*	93:1	
Puget Sound ESD	46:1	
SeaMar	39:1	
Muckleshoot Indian Tribe	28 children and 12 families per quarter.	
Merino Interpreting *Renton Area Youth & Family – sub* *Ruth Dykeman Child Center – sub* *Ryther Child Center – sub*		
Seattle Children's Home	295:1	
Seattle Counseling *Seattle Indian Health Board – sub*	252:1	
Seattle Mental Health *Southeast Youth and Family – sub* *Southwest Youth and Family – sub*	1,927:1	

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	Recipient-To Provider Agency Ratio (2001)	*Expected Change For The Renewal Period*
Therapeutic Health Services	274:1	
Valley Cities Counseling *Vashon Youth and Family – sub*	940:1	
YMCA *Youth Eastside Services – sub*	93:1	
Puget Sound ESD	12:1	
Muckleshoot Indian Tribe	17 children and 8 families per quarter.	
North Central WA RSN		
Grant Mental Healthcare	2,100:1	
Comm. Counseling Services of Adams County	370:1	
Okanogan Community Counseling Services	1,393:1	
Northeast WA RSN		
Stevens County	737:1	No changes anticipated
Ferry County	204:1	No changes anticipated
Lincoln County	212:1	No changes anticipated
Pend Orielle County	301:1	No changes anticipated
North Sound RSN		NSRSN expects slight increases due to population growth and slight increases in funding.
Catholic Community Services	490:1	
Compass Health	3,812:1	
Community Mental Health Services	1,701:1	
Whatcom Counseling and Psychiatric	1,220:1	
Seamar	260:1	
Lake Whatcom Residential Services	310:1	
Rainbow Resources	94:1	
VOA	NA (Crisis Line)	
Peninsula RSN		
Kitsap Mental Health Center	3,598:1	
Peninsula Community Mental Health Center	1,749:1	
Jefferson Mental Health Services	631:1	
West End Outreach	296:1	
Pierce County RSN		Average annual growth over the past 6 years has been 5.3%. We anticipate continued growth of 5-6% each year of the renewal period.
Comprehensive Mental Health	5,160:1	
Greater Lakes Mental Healthcare	5,077:1	
Good Samaritan Behavioral Healthcare	5,323:1	
Catholic Community Services	215:1	

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	Recipient-To Provider Agency Ratio (2001)	*Expected Change For The Renewal Period*
Puyallup Tribal Health Authority	510:1	
Sea Mar Community Health Center	124:1	
Southwest RSN	1,700:2	
Lower Columbia	850:1	1,050:1
Center for Behavioral Solutions	850:1	1,050:1
Spokane County RSN		Numbers based upon a 1.5% per annum increase in consumer population over the next biennium, averaged, and redistribution of # of consumers served based upon applicant agency's responses to recent RFP.
Catholic Family Services	21:1	
Children's Home Society	48:1	
Saint Luke's Rehabilitation Institute	20:1	
Spokane Mental Health	51:1	
Family Services Spokane	47:1	
Lutheran Social Services	14:1	
Sacred Heart Acute Divers.	4:1	
Native Project	13:1	
Tamarack	14:1	
Hope Partnership	18:1	
Larry Cronin	7:1	
Thurston-Mason RSN		Numbers are projected to remain the same for the biennium. Does not include crisis services.
Behavioral Health Resources	3,129:1	
South Sound Mental Health	1,117:1	
St. Peters Hospital	223:1	
Timberlands RSN		Does not include crisis services.
Cascade MH Care	1,679:1	
Willapa Counseling Center	583:1	
Wahkiakum County MH Services	91:1	

*Please note any limitations to the data in the chart above here:
For other risk programs, please modify for your State's program and complete the following chart:

Providers (Attachment BIIIa4)	# Before the Waiver	# In Current Waiver	# Expected in Renewal
Mental Health			

Providers (Attachment BIIIa4)	# Before the Waiver	# In Current Waiver	# Expected in Renewal
Providers (please specify)			

I/D any major changes from the last report with explanation.

*Please note any limitations to the data in the chart above here:

b. PCP Capacity Standards

1. The State has set capacity standards for PCPs within the MCOs/PHP expressed in the following terms (In the case of a PHP, a PCP may be defined as a case manager or gatekeeper):

i.__x_PCP to enrollee ratio
ii.___Maximum PCP capacity
iii.__ For PCP contracts with multiple plans, please describe any efforts the State is making to monitor unduplicated Medicaid enrollment capacity across plans?

MHD's state plan approved services contain some set ratios. These are monitored by the chart reviews if the services are noted during the annual on-site monitoring or the licensing/certification reviews. The MHD has not set additional requirements.
** The MHD and their partners the RSNs may look at the grievance/complaint trends along with the PCP mix, the geographic capacity, and the exit interviews to determine the need to set additional ratios.
** The 01-03 contract with the RSNs requires them to explain, develop management plans, and/or conduct performance improvement projects to address anomalies or trends when requested by the MHD. Capacity will be one issue of focus for the MHD over the waiver period.

2._x__The State ensures adequate geographic distribution of PCPs within MCO/PHPs. Please explain.
Please see WAC 388-065-0345& 0405

3.___The State designates the type of providers that can serve as PCPs. Please list these provider types.

c. Specialist Capacity Standards

1._X__The State has set capacity standards for specialty *mental health* services. Please explain.

Mental health specialists by contract must be used at critical treatment junctures. Critical

treatment junctures are defined as crisis, evaluation/assessment, treatment planning, treatment review/renewal, crisis planning, placement in residential or restrictive settings, and discharge planning.

Services to underserved groups must be provided by or under the supervision of a mental health specialist. The following definitions are from the WAC.

"Mental health specialist" means:

(1) A **"child mental health specialist"** is defined as a mental health professional with the following education and experience:

(a) A minimum of one hundred actual hours (not quarter or semester hours) of special training in child development and the treatment of children and youth with serious emotional disturbance and their families; and

(b) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

(2) A **"geriatric mental health specialist"** is defined as a mental health professional who has the following education and experience:

(a) A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and

(b) The equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

(3) An **"ethnic minority mental health specialist"** is defined as a mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

(a) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or

(b) A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

(4) A **"disability mental health specialist"** is defined as a mental health professional with special expertise in working with an identified disability group. For purposes of this chapter only, **"disabled"** means an individual with a disability other than a mental illness, including a developmental disability, serious physical handicap, or sensory impairment.

(a) If the consumer is deaf, the specialist must be a mental health professional with:

(i) Knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and

(ii) Ability to communicate fluently in the preferred language system of the consumer.

(b) The specialist for consumers with developmental disabilities must be a mental health professional who:

(i) Has at least one year's experience working with people with developmental disabilities; or

(ii) Is a developmental disabilities professional as defined in RCW 71.05.020.

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"Mental health professional" means:

(1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;

(2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;

(3) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.

(4) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the MHD prior to July 1, 2001; or

(5) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the MHD consistent with WAC 388-865-265.

2.__X_The State monitors access to specialty services. Please explain how often and how monitoring is done.

The MHD QA&I team monitors for the use of proper specialists in the annual medical audit and in the licensing and/or certification process.

3.__x_The State requires particular *mental health* specialist types to be included in the MCO/PHP network. Please identify these in the chart below, modifying the chart as necessary to reflect the specialists in your State's waiver. Please describe the standard if applicable, e.g. specialty to enrollee ratio. If *mental health* specialists types are not involved in the MCO/PHP network, please describe how arrangements are made for enrollees to access these services (for waiver covered services only).

Specialist Provider Type (Attachment BIIIc)				
Psychiatrist				
Other mental health providers (please specify)				

Specialist Provider Type (Attachment BIIIc)				

The MHD does not set capacity standards different from those defined above. If there were increases in access or quality issues related to specialists the MHD would research the need for different requirements at the local level.

IV. Capacity Monitoring

Previous Waiver Period

a.___ During the last waiver period, the capacity monitoring was operated differently than described in the waiver governing that period. The differences were:

b._x__ [Required for all elements checked in the previous waiver submittal] Please include the results from monitoring the MCO/PHP capacity in the previous two year period [item B.IV in the 1999 initial preprint; items A.15-16 in the 1995 preprint].

The MHD on-site team monitors for delays in accessing services when they are in the provider network. The administrative team assures the RSNs are utilizing their level of care process and through utilization review monitoring and adjusting capacity appropriate to the need of the population. Level of care guidelines are set by the RSNs and approved by the MHD. The MHD also monitors RSN capacity through complaints and grievances related to access and quality services.

Upcoming Waiver Period -- For items a. through l. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.
Please indicate which of the following activities the State employs:

a.__x__ Periodic comparison of the number and types of Medicaid *mental health* providers before and after the waiver.

b.__x__ Measurement of *use of mental health* specialists.

c.__x__ Provider-to-enrollee ratios

d.__x__ Periodic MCO/PHP reports on provider network

e.___x Measurement of enrollee requests for disenrollment from a plan due to capacity issues

f.__x__ Tracking of complaints/grievances concerning capacity issues

g.____ Geographic Mapping (please explain)

no h. in document

i. _____ Tracking of termination rates of PCPs

j._____ Review of reasons for PCP termination

i. and j. are done at the RSN level. On a sampling basis they tract both why PCPs are leaving the system and why consumers are seeking changes from one PCP to another. PCPs are defined in WAC as the person responsible to carry out the individualized service plan.

**WAC 388-865-0280 requires exit interviews of both consumers and staff be incorporated into the QM plan of the system. MHD may consider their findings to their QM Plan to help refine capacity standards. Whatever is decided it will be done with care so that consumers will not see this as a barrier to request change.

k._X_ Consumer ~~Experience~~*Satisfaction* Survey, including persons with special needs,

l.__ Other (Please explain):

V. Continuity and Coordination of Care Standards

Previous Waiver Period

a.___ During the last waiver period, the continuity and coordination of care standards were operated differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period -- For items a. through h. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Check any of the following that the State requires of the MCO/PHP:

a.__x_ Each enrollee selects or is assigned to a primary care provider appropriate to the enrollee's needs

b.___ Each enrollee selects or is assigned to a designated health care practitioner who is primarily responsible for coordinating the enrollee's overall health care.

c._X__ *Mental Health* education/promotion. Please explain.

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Mental health education and promotion occurs throughout the state on many levels. Education occurs through: advisory boards; cross-system working partnerships; joint support groups for persons with co-occurring disorders; the NAMI and their many affiliate groups; the use of kiosks at the malls; booths at county fairs; special community events during mental health month; bus advertisements; parent support groups, PSAs; clubhouse activity; websites; QRT and Ombuds forums; depression check lists; behavioral health conference; videos; public forums on special topics such as ADHD, healthy kids day activities; joining in with physical health on local community events; and activities in the schools.

Yearly there are many conferences, training and technical assistance opportunities sponsored by the MHD, the RSNs, and the Community Mental Health Centers that are available to providers of services, consumers and family members, allied formal systems, natural supports, informal systems, and all other interested parties.

The MHD, through its federal block grant funds, provides support to many other cross-system partners to include mental health in their conferences. To name a few, there was financial support provided to the Alzheimer's Society, the foster parent training, individualized and tailored care; FAS conference/training; co-occurring disorder conferences, Tribal events, and early intervention conference.

As mentioned earlier in the stakeholder section, the MHAC and its subcommittees are dedicating their efforts this year and next to the reduction of stigma and the promotion of best practice. They will seek innovative projects to educate law enforcement officers and community leaders on mental illness and on the mental health system. The committee also will seek nominations from across the state for best practices that show positive consumer outcomes and host a two day statewide event to share what it may take to replicated those processes in other areas of the state.

d._x__ Each provider maintains, for Medicaid enrollees, health records that meet the requirements established by the MCO/PHP, taking into account professional standards

Some RSNs have adopted the NCQA treatment record review guidelines. Most have set treatment record standards throughout their geographic area. Most chart to the requirements and format of the most restrictive payer (e.g., Medicare standards).

e.__x_ There is appropriate and confidential exchange of information among providers.

f.__x_ Informs enrollees of specific health conditions that require follow-up and, if appropriate, provides training in self-care

g._x__ Deals with factors that hinder enrollee compliance with prescribed treatments or regimens.

h.__x_ Case management (please define your case management programs)
Case management is defined in WAC 388-865-0400; - 0456.

VI. Continuity and Coordination of Care Monitoring

Previous Waiver Period

a.___ During the last waiver period, the continuity and coordination of care monitoring was operated differently than described in the waiver governing that period. The differences were:

b._x__ [Required for all elements checked in the previous waiver submittal]
Please include the results from monitoring continuity and coordination of care in the previous two year period [item B.VI in the 1999 initial preprint; Section B (as applicable) in 1995 preprint].

Cross-system collaboration is one of the three focus area for the annual medical audit and the QA & I activities. Through licensing activity there is a review of addressing a consumer's life domains including, but not limited to, housing, food, medical, dental, transportation, employment/education, and cultural. Where these domains are not addressed corrective action is begun. If a life domain is mentioned as needing assistance with no follow through activity planned there is also corrective action. When and if the gaps identified are large, the agency may be given a provisional license with a 60-day follow-up visit scheduled. During this waiver period this has occurred in six agencies. Four of these agencies have been revised and have moved to the 90% standard set by the QA & I unit. The other two community mental health centers will be revisited in the fall of 2001.

During the last two years the RSNs and their related network of providers have made significant strides in developing both formal and informal working relationships with allied systems that share and provide services to consumers utilizing multiple service systems. The monitoring team of the mental health division had made numerous recommendations to various RSNs to improve working relationships with various allied systems. Generally, the RSNs have made efforts to coordinate with these systems which has resulted in better continuity of care for consumers.

Statewide, RSNs are getting a better sense of the need for natural support involvement and cross-system involvement. There are cases where there is strong consumer and natural support involvement and those with excellent cross-system collaboration.

Another positive trend with RSNs in general is the level of functional regional (sub)committees. Most regions have active agency directors/clinical directors meeting with the RSN administration and many have regional QM committees that have a variety of provider, consumer, and allied system involvement. This past year has been the most notable in seeing strategic goals/products from these committees.

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The most concrete and pervasive issues that QA & I continues to identify in reviews is with strength-based, collaborative, consumers and natural support driven care and proactive crisis/risk management planning. They have seen a positive trend in treatment planning that leads the clinicians to identify strengths and supports and incorporated them into service delivery. Crisis plans have continued to improve leaning more towards risk reduction, helping the consumer and supports identify early identification and intervention at the earliest signs of decompensation. RSNs have made significant improvements in this area and have identified the concepts on their forms with that preventative philosophy in mind.

The inconsistency seen most by QA&I in the medical review is collaborative efforts between Children's Administration (CA) and Division of Developmental Disabilities. There are some regions where relations are excellent. It does appear that each of those RSNs are attempting to work with regional CA and/or DD, but are getting no response or "we don't have resources - you do, leave us alone." Interestingly the administrative portion of the review sees the relationship with CA in the last year as developing stronger and better relations. This may reflect efforts at the local administrative levels have improved collaboration but that those improvements have not yet filtered down to those performing direct care services for the various systems.

All of this monitoring activity has lead to the following contract expanded terms in our 01-03 contract to: "Develop service delivery protocols for the coordination and integration of services for consumers with multiple needs including:

- Children (including, but not limited to, Native American/Indian children and children served by DSHS Juvenile Rehabilitation Administration and Children's Administration);
- Adults and older adults served by DSHS Aging and Adult Services Administration.
- The Contractor shall include consumers, parents/foster parents, and representatives of other involved systems in the development of the protocols..."

Reports on the development of these protocols will be submitted to the MHD and should include information of barriers found to service delivery that may need to be addressed at the state level.

MHD also meets regularly with cross-system partners at the state level and through its interactions with the advisory board and the subcommittees and other meetings of stakeholders. There has been improvement in the way that the systems are described as working together (e.g. shared training, better communication) however, there is also an increasing demand on the public mental health system to see additional clients due to the growing awareness of mental illness. This becomes difficult due to the statutorily defined population we serve and the need for medically necessary services. What we are finding is that we are serving those most in need, while our cross-system partners are requesting that we see a much larger population within the limited amount of resources we have. This dynamic also played a part in the creation of the contract term for collaborative protocols and continued partnerships and educational information sharing on the mandates of the various systems across the agency.

The MHD has been developing a performance measure for date of first community contact from discharge from a state or community psychiatric hospital. There have been several issues with this performance indicator from the definition of discharge to the way face-to-face contact is tracked. Another difficulty of this indicator is the "safety net" factor of the public system. The involuntary detention service is a piece of the public mental health system for the citizens of the state. When these people leave the hospitals they return to their private insurance, nursing home, etc. and not to the public system.

c._x__ [Required for all elements checked in the previous waiver submittal] Please describe any continuity or coordination of care requirements (i.e., information sharing requirements or any efforts that the State has required to avoid duplication of services) with these entities that the State required during the previous waiver period for the entities marked in B.VI in the previous waiver submission. These requirements do not include monitoring efforts.

It has been essential since the beginning of the mental health managed care system that the RSNs establish working partnerships with each of their allied system partners to address the needs of the consumers we serve.

The RSN will maintain a demonstrated commitment to coordinate care for covered enrollees with all other relevant entities and to do so in an efficient manner to improve mental health services and allow for efficiency when delivering services to persons involved with other allied system.

Several provisions of RCW 71.24 give guidance to the coordination role of the RSNs but among those most significant to this section of the waiver renewal are those spelled out in the legislative intent Section 71.24 (15).

"(5) Coordination of services within the department, including those divisions within the department that provide services to children, between the department and the office of the superintendent of public instruction, and among state mental hospitals, county authorities, community mental health services, and other support services, which shall to the maximum extent feasible also include the families of the mentally ill, and other service providers; and

Coordination of services aimed at reducing duplication in service delivery and promoting complementary services among all entities that provide mental health services to adults and children.

It is the policy of the state to encourage the provision of a full range of treatment and rehabilitation services in the state for mental disorders. The legislature intends to encourage the development of county-based and county-managed mental health services with adequate local flexibility to assure eligible people in need of care access to the least-restrictive treatment alternative appropriate to their needs, and the availability of treatment components

to assure continuity of care. To this end, counties are encouraged to enter into joint operating agreements with other counties to form regional systems of care which integrate planning, administration, and service delivery duties assigned to counties under chapters 71.05 and 71.24 RCW to consolidate administration, reduce administrative layering, and reduce administrative costs.

It is further the intent of the legislature to integrate the provision of services to provide continuity of care through all phases of treatment. To this end the legislature intends to promote active engagement with mentally ill persons and collaboration between families and service providers."

d.__x__ [Required for all elements checked in the previous waiver submittal if this is a PHP mental health, substance abuse, or developmentally disabled population waiver] Please describe the State's efforts during the previous waiver period to ensure that primary care providers in FFS, PCCM or MCO programs and PHP providers are educated about how to detect MH/SA problems for both children and adults and where to refer clients once the problems are identified. Please describe the requirements for coordination between FFS, PCCM, or MCO providers and PHP providers. Please describe how this issue is being addressed in the PHP program.

MHD and Medical Assistance Administration (MAA) have conducted five joint informational meetings in local areas to facilitate Healthy Options and RSN coordination. MAA is developing contract language for calendar year 02 to address coordination. MHD has developed language in the 01-03 contract to address consumer education, dispute resolution and service coordination protocols. This effort is expected to benefit consumers by clarifying eligibility and reducing confusion about whom is responsible for treatment. Washington State Medical Association is in attendance at all of the MHD/MAA joint meetings and provides the Mental Health Division a liaison to WSMA. He has brought issues back to the MHD that has led to follow-up activities in the community.

Specific training occurring with regards to the identification of mental illness varies across the state. Three large Healthy Option providers are also mental health providers; several major providers have mental health, developmental disabilities and physical care interaction weekly, the RSN and providers make psychiatrists available to the FFS physical provider to provide consultation; Regional Advisory boards educate primary care doctors on psychotropic drugs; Washington Advocates for the Mentally Ill, NAMI_WA provided training through the University of Washington to Doctor's and Nurses on mental health laws and mental illness issues; the ethnic minority specialist forum invite physical doctors and they have been asked to present a workshop. When the MHD and RSNs assumed the responsibility for community psychiatric inpatient there were many specific training events on mental health issues.

During intake, physical care is reviewed. The training for case managers offered through the WIMRIT included intake preparation/planning.

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MHD, MAA, and DASA are involved in a CMHS study of mental health services, substance abuse services and Medicaid payments to look at service delivery and cost patterns. Another study, being conducted at Harborview, will look at benefits of Naltrexone in treating individuals with co-occurring mental illness and substance abuse disorders. Other collaborative efforts include training for case managers on co-occurring disorders in youth and adults with both Division of Developmental Disabilities (DDD) and DASA. Studies are intended to identify best practice for multiple system consumers.

DD training- Phase 1 training included 9 training sites across the state with the targeted audience of MH and DD clinicians/administrators. The goal was to provide training in overall systems (MH-how we are structured, laws, and crisis access with a local system introduction) (DD-eligibility, programs, and access). There were 300 people trained. Phase 2 training was 10 training sites across the state with an audience of employment/vocational and residential providers. The two trainers focused on how to provide MH treatment to DD individuals and how to write and implement cross-system crisis plans. Training is averaging 60-70 people at each training. In addition, phase 2 funded a track at the Behavioral Health Conference with national speakers and presenters. DDD has received funding for phase 3 training.

Olmstead: MHD applied for and received a $20,000 grant per year for three years to design and implement cross-system training with Aging and Adult Services Administration (AASA). The focus will be residential providers and how to develop cross-system crisis plans with multiple steps prior to calling the crisis line. In addition, training will include local people who will talk about local systems such as when to call the crisis line and what to expect from them. In addition, through federal block grant funds, there is a small amount of funds that will also assist in providing this training.

Division of Alcohol and Substance Abuse (DASA) and MHD made a joint proposal to CSAT to acquire technical assistance funds to conduct six regional "mini-training's" across the state for chemical dependency and mental health providers regarding the four-quadrant definition adopted by the state on co-occurring disorders, including assessment and referrals. The trainers were out of the University of Washington, Ph.D. level trainers from the ethnic minority populations; one specializes in youth, the other adult. Both trainers have chemical dependency backgrounds. There were 150 people trained.

Additional projects funded by federal block grant funds for DASA and mental health providers were the Youth Academy and Adult Academy trainings which includes participants from chemical dependency, mental health, child welfare, Department of Corrections, and Juvenile Rehabilitation Administration providers. Washington Institute of Mental Illness Research and Training (WIMIRT) in Tacoma and Spokane provided training. There were a total of eight weeklong trainings each for the youth and the adult tracks twenty-four slots per session. The focus was to reach entry-level providers.

DASA and MHD jointly funded six regional co-occurring disorder trainings to chemical dependency and mental health providers. Each Region determined their training needs

through a collaborative effort between DASA, the RSN administrator and the providers. There were a total of 100 training hours of which 1,534 have been trained at 77 hours completed.

DASA sponsored a Tribal Summit meeting in March, 2001. MHD was invited to participate. DASA issues were primarily identified by Tribes. DASA plans to have a follow up meeting regarding these issues in the fall of 2001. The Tribes, in collaboration with DASA, want this to be an annual event and have invited MHD to the table. MHD will assist in the identification of systems issues with DASA and share meeting costs.

There were twelve co-occurring disorder (COD) stakeholder meetings across the state over the past biennium. A ten-point objective legislative implementation plan was completed June 30, 2001. The plan assisted in providing guidance to attain goals. Goals accomplished were (1) COD definition for treatment providers; (2) Youth COD behavioral guideline for providers; (3) legislative revision to the chemical dependency ITA law to resemble the MH ITA law; (4) legislative funding of a 35 co-occurring inpatient facility in eastern Washington; (5) funding and placement of a half-time chemical dependency provider at MHD's Child Study and Treatment Center for co-occurring disordered youth; (6) produced a report for the implementation of a "One-Stop: Integrated Eligibility Process" for folks with co-occurring disorders (this was a broad systems review that reports the 'front door' to services is wide open; once inside, however, is where consumers begin to fall through the cracks because of complicated and specific time limited funding for certain types of needed services for certain populations); (7) implemented an agreement between DASA and MHD to reduce administrative barriers for providers by providing WAC exemptions for dually certified and dually funded COD programs; (8) implemented a statewide training plan (referenced in this section's response); (9) studied the feasibility of funding additional integrated crisis response systems statewide, including alcohol/drug detoxification services, the outcome of which provided a funding ticket in excess of $32 million and for which the state legislature stated they did not have appropriation capacity; (10) housing funding resources were identified and shared with community providers in chemical dependency and mental health programs to enhance opportunities for housing for persons with co-occurring disorders; (11) interagency agreements were in MHD's 1999-01 contract to RSN's to promote cost sharing and system efficiencies in co-occurring disorders.

The Department of Corrections is collaborating with DASA and MHD to develop coordinated services to individuals with co-occurring disorders upon release from corrections into the community.

In April 2001, DASA and MHD completed its eleventh annual, jointly funded COD Conference.

The RSNs have provider training through the NAMI meetings to cross-system partners and through various support groups. There has been RSN sponsored training to the community at large on ADHD, FAS and depression.

e. x [Required if this is a PHP mental health, substance abuse, or developmentally disabled waiver] Please describe how pharmacy services prescribed to program enrollees are monitored in this waiver program. In addition, please note if pharmacy services are not covered under this program.

Pharmacy services are not covered under this waiver. Those services are provided by our sister agency the Medical Assistance Administration (MAA).

The annual medical review and the licensing review look at medication management services.

**There is a strengthened requirement in the quality management plan for 01-03 requiring each RSN to coordinate with physical health care.

Medical record sharing currently occurs with the provider network and other medical practitioners as it would when a consumer requests.

Upcoming Waiver Period – For items a. through c. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please describe how standards for continuity and coordination of care will be monitored in the upcoming two year period.

a. How often and through what means does the State monitor the coordination standards checked above?

The State monitors this in many ways. Assurance of cross-system working partnerships has been a focus area of the QA&I team over the last several years. This means that along with two other areas of focus (consumer voice and quality management) more specific attention has been paid to this section of the public mental health managed care program during annual on-site visits. There have been special tools developed and questions asked that monitor this requirement. Those tools can be found in Attachment BVIa. Continuity of Care issues are also part of the chart reviews and the seamless transition between inpatient and outpatient care is monitored.

Additionally through ongoing and routine stakeholder work the MHD routinely monitors continuity of care and cross-system collaborations.

b. Specify below any providers (which are excluded from the capitated waiver) that the State explicitly requires the MCO/PHP to ~~coordinate health care services~~ *maintain working partnerships for coordinated care* ~~excluded from the capitated waiver with:~~

1.___ Mental Health Providers (please describe how the State ensures

coordination exists):

2.__x__ Substance Abuse Providers (please describe how the State ensures coordination exists):

3.__x__ Local Health Departments (please describe how the State ensures coordination exists):

4.__x__ Dental Providers (please describe how the State ensures coordination exists):

Dental Services in the state for adults and to some degree children are very limited. If a consumer of the public mental health system is in need of a dentist, efforts may be made to help them access this care. It is something that is monitored during on-site monitoring activities.

5.__x__ Transportation Providers (please describe how the State ensures coordination exists):

MHD is actively involved to ensure coordinated transportation is available to all Medicaid consumers with Special Needs especially children by way of active participation in the Program for Agency Coordinated Transportation (PACT) forum. The forum consists of representatives from all of the state agencies that serve people who have special transportation needs. The PACT forum carries out the work plan of ACCT (Agency council on coordinated Transportation).

MHD has initiated and developed internal operating polices to address all transportation service needs for Medicaid recipients with special needs. MHD continues to monitor and ensure Medicaid consumers have transportation needs met through the exception program developed through its transportation brokers statewide. Policy is attached as Attachment BVI5)

6.__x__ HCBS (1915c) Service (please describe how the State ensures coordination exists):

7.__x__ Developmental Disabilities (please describe how the State ensures coordination exists):

8.__x__ Title V Providers (please describe how the State ensures coordination exists):

Title V children are not easily identified in the public mental health system. These children who present with a serious emotional disturbance will be seen as will any other child. MHD and DOH have a data sharing agreement to track these children as a result of special terms and conditions # 3 on our waiver. MHD then sends the (encrypted) names of these children to the RSNs for the purpose of tracking grievance and fair-hearing. To date, reports show that approximately 180 children access our system that are identified strictly as Title V. This does

not take into account the children that are on Title V and also SSI or foster care as they may show in that classification.

9.____ Women, Infants and Children (WIC) program

10.__x__ Indian Health Services providers

The MHD is aware of the study produced by the University of Washington, which reports the high rates of serious emotional disturbance among American Indian children. MHD will be closely monitoring the access and quality of the services these children receive in the public mental health system and hoping to better coordinate and engage the IHS providers. This will be a topic at the IPAC meetings over the next waiver period.

11.____ FQHCs and RHCs not included in the program's networks

12.____ Other (please describe):

- Tribal authorities;
- the DSHS regional office of the Division of Aging and Adult Field Services, including the regional office of Residential Care Services;
- the local AIDS Network;
- Area Agency on Aging;
- the DSHS regional office of the Children's Administration;
- state psychiatric hospitals;
- free standing evaluation and treatment facilities;
- local schools;
- local Medicaid medical managed care plans (Healthy Options, Basic Health Plan Plus)
- the DSHS Division of Vocational Rehabilitation;
- county jails and Department of Corrections;
- the DSHS Juvenile Rehabilitation Administration, and the
- county juvenile court.

Monitoring activities of these working partnerships are described throughout this document.

Rating

RSN/PHP REVIEW PROTOCOL

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9. Is there anything that you would change in the structure or activities of the Advisory Board to improve or enhance the Board's ability to be more effective? What are the barriers that would keep you from doing so?	
10. What are the Advisory Board plans for the next twelve months? Please describe the major features of this plan.	
11. Are there any quality improvement issues that are of an ongoing nature that we have not already discussed that you would like to share with us?	
12. Do you have any other thoughts or information from your perspective that you would like to share with us regarding consumer voice, cross-system collaboration or quality management relating to your region?	
13. Does the Advisory Board have any questions that	

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B. VI a - 3

Rating

RSN/PHP REVIEW PROTOCOL

2000

you would like us to ask the RSN?	
14. What does the advisory board perceive as its: Strengths- Challenges	Note: At this point we should be able to share what we believe to be strengths and challenges for feedback.

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B. VIa-1

Rating

RSN/PHP REVIEW PROTOCOL

2000

OMBUDS INTERVIEW QUESTIONS	RESPONSE
1. Has there been any structural changes with regards to the Ombuds services since our last on-site review?	
2. Do you (the Ombuds) have adequate resources /training to provide advocacy /outreach services to the entire region (RSN/PHP)? What else do you need that would enable you to better do your job?	
3. Do you believe that there has been adequate information and materials being made available to the Medicaid enrolled individuals in all geographical areas of your region for the Ombuds services? What is your role in this process verses the RSNs?	

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B. VIa-5

Rating

RSN/PHP REVIEW PROTOCOL

2000

4. Do you meet regularly with the Advisory Board and /or Governing Board and the Quality Review Team? How would you describe these interactions and the productiveness of these meetings?	
5. Can you give examples of trends have you seen with regard to complaints and grievances? How are they being addressed?	
6. Do you believe that the RSN/PHP has considered any/all of your findings and reports in good faith? Give example. Have the service providers? Give examples.	

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B. VIa-6

Rating

RSN/PHP REVIEW PROTOCOL

2000

7. Since the last MHD review, to what extent have you been requested to provide outreach, case findings, or requested to assist in resolving individual complaints related to contracted services, including but not limited to: • State hospitals? • Local hospitals? • Jails? • Shelters? Any other special population within the RSN? • sexual minorities? • ethnic minorities? • seriously emotionally disturbed children and their families? What are your plans to address outreach for those areas where you have not been able to provide advocacy/outreach?	Federal waiver page11 Contract exhibit D. (1)
8. Do you have any further comments to offer regarding consumer Voice, consumer satisfaction, Cross System Collaboration or Quality of care within this RSN/PHP?	
9. Does the Ombuds have any questions for the RSN that you would like us to inquire about?	

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B.VIa-7

Rating

RSN/PHP REVIEW PROTOCOL

2000

10. What does the Ombuds perceive as its Strengths- Challenges-	*Note:* At this point we should be able to share what we believe to be strengths and challenges for feedback.

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Rating

RSN/PHP REVIEW PROTOCOL

2000

QRT INTERVIEW QUESTIONS	RESPONSE
1. What if any, structural or role changes in the QRT have occurred since the MHD last review?	
2. In terms of the operation of the QRT how would you assess your collective ability for: Maintaining longevity of members? Maintaining interest and attendance among board members? Being able to carry out and attain goals? Effecting positive system changes that make a difference for consumers?	
3. What has been the level of your interaction as QRT members both formally and informally with the Ombuds? What can you tell us about the outcomes and/or results of this interaction? Does the QRT perceive any barriers that might impede	

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B.V1a - 9

Rating

RSN/PHP REVIEW PROTOCOL

2000

interaction with the Ombuds?	
4. Does the Contractor (RSN) act as a resource or facilitate the QRT meetings in your RSN? In what ways? Has this been upon your request?	
5. What feedback have you received as a result of distributing your quarterly reports from the following stakeholders: ▪ RSN Administration, ▪ Governing Board, ▪ Advisory Board, ▪ Ombudsman(s), ▪ Local consumer/family advocate groups, ▪ Services area mental health advisory boards, Provider(s)?	
6. Is the QRT able to obtain the data it needs to study and analyze systemic issues? If so, is this received in a timely manner? Examples	
7. Please discuss with us examples at various levels of the RSN/PHP where there has been positive responsiveness to your recommendations or activities. Has there been no response or negative response?	

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B. VIa - 10

Rating

RSN/PHP REVIEW PROTOCOL

2000

8. What are the Quality Review Team plans for the next twelve months? Please describe the major features of this plan.	
9. Are there any quality improvement issues that we have not already discussed, or information that you would like to share with us regarding: • consumer voice and access to services, • consumer satisfaction, • cross system collaboration, • or quality care?	
10. Does the QRT have any particular questions it would like us to ask of the RSN?	
11. What does the QRT perceive as its : Strengths – Challenges –	Note: At this point we should be able to share our ideas with the QRT and get their feedback.

RATING KEY:
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B.VIa - 11

Rating

RSN/PHP REVIEW PROTOCOL

2000

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B.VIa - 12

Rating

RSN/PHP REVIEW PROTOCOL

2000

	I. CONSUMER VOICE	
	General ***Prior year strengths: (Advisory Board, Ombuds, QRT)***	
	Prior Year Quality improvements: Note: See prior year ROC report	

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Rating

RSN/PHP REVIEW PROTOCOL

2000

Advisory Board

Prior year Strengths:

Prior year Quality Improvements:

	1. What does the Contractor perceive its strengths are in this area?	
	What does the Contractor perceive its challenges are in this area?	
	2. The RSN maintains an advisory board that is broadly representative of the demographic character of the region. What, if any, changes have occurred in the Advisory Board structure since the last integrated review? Total Membership? Number of active members?	WAC 275-57-080

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B. VIa - 14

Rating

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	3. Does the Advisory Board membership consist of at least 51% members who are consumers, past consumers, family or foster family members of consumers including parents of emotionally disturbed children, of the public mental health system.	WAC 275-57-080 (1)(b) Note: There are no specific requirements for an advisory board in the federal waiver. The Advisory Board is a requirement in WAC 275-57-080. RCW 71.24 states the RSN may elect to appoint an advisory board .
	4 Can the RSN provide examples on how the advisory board comments on : • Plans? • Budgets? • Policies?	WAC 275-57-080
	5. Can the RSN provide examples on how the advisory board forwarded its comments to the RSN governance body and elected officials responsible for the mental health program for incorporation and feedback?	Federal Waiver page 21 WAC 275-57-080 (2)(b)

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Rating

RSN/PHP REVIEW PROTOCOL

2000

Ombuds Services

Prior year strengths:

Prior year Quality Improvements:

1. What does the Contractor perceive as its strength of its Ombuds services?	
What does the Contractor perceive as challenges of its Ombuds services?	

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	2. What examples can the Contractor provide which would describe the Ombuds efforts to coordinate and collaborate with the regional long term care ombudsman program to reduce and avoid duplication of services for older persons with mental illness?	Exhibit D, (4)
	3. What examples can the Contractor provide which would describe the Ombuds efforts to coordinate and collaborate with the DSHS, Division of Children and Family Services Constituent Relations Office , and other stakeholders, including but not limited to other current or future Ombuds programs to ensure coordination and collaboration and reduction in duplication of services to children and adolescents with serious emotional disturbance and their families? How has the RSN made the expectation of this requirement clear for the Ombuds?	Exhibit D (4) The DSHS, Division of Children and Family Services Constituent Relations Office , is located in Olympia. 1-800-723-4831, (360)- 902-8060, Receptionist is Jodi. You can also connect with one of the Program Managers, Lynnette Shaw (360) 902-8064, or Pete Scott (360)- 902-8062.
	4. As a result of the Ombuds information gathering activities did the Contractor learn anything about: • Physical safety (food, health, housing) • Emotional safety (honest/respectful services, freedom from coercion, intimidation) • Service recipient satisfaction	Federal Waiver page 11 Exhibit D (2)
	5. What level of involvement does the Ombuds have with regards to assisting consumers who have complained or filed a grievance about access to services or requested a disenrollment?	Federal Waiver Interest

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Rating

RSN/PHP REVIEW PROTOCOL

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	6. What evidence or documentation can the Contractor provide to establish that complaints and grievances at all levels are tracked and integrated into the quality management process? • Service provider level • RSN level • Ombuds level • (MHD level)	Exhibit I Page 1-1 3.(d) Federal Waiver Interest
	7. Since the last MHD review to what extent has the Ombuds been successful in providing outreach, case finding, and assisting individuals in resolving complaints related to contracted services? Note: Contracted services include all contracted and subcontracted services. These include, but not limited to: • State Hospitals • Local hospitals • Jails • Shelters What is your plan to address outreach for those areas where there is a demonstrated need but the Ombuds does not have access to provide advocacy/outreach?	Federal Waiver page 11 Exhibit D (1)
	8. How does the Contractor and its subcontractors utilize Ombuds reports and their recommendations? Can the Contractor provide us with examples of how Ombuds reports and recommendations were analyzed?	Federal Waiver page 12 Exhibit D (7)

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B.VIa-18

Rating

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	How decisions were made? What follow up activities and interventions were made?	
	9. As a result of the Ombuds accessing the Contractor and subcontractors what information and/or feedback has the Contractor received from the Ombuds regarding: The quality of care? The degree to which services are recipient focused/directed? The extent of development of alternatives to hospitalizations, cross-system coordination and range of treatment options? The degree that consumers are satisfied with services offered?	Federal Waiver page 11 Exhibit D (1) & (2)
	10. What controls are in place to assure that no retaliation is possible by the RSN/PHP Administrator or anyone else based upon how the Ombuds advocates for consumers? Is there is a RSN policy? Has retaliation occurred? What was done about it?	Exhibit D (10), Federal Waiver page13, Criteria for Consultants' Review of RSN Applications for Integrated Contracts page 11.

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Rating

RSN/PHP REVIEW PROTOCOL

2000

QUALITY REVIEW TEAM (QRT)

Prior year Strengths:

Prior year Quality Improvements:

1. What does the Contractor perceive as the strengths of its quality review team?	Note: The QRT is not required to consist of 51% consumers Fed Waiver page 24. The teams shall include past or current services recipients and family members. MHD Contract H-1
2. What does the Contractor perceive as the challenges of its quality review team?	
3. To what extent has the QRT had access to systemic issues? • Physical safety • Emotional safety (honest respectful services, freedom from coercion, retaliation and intimidation) • Service recipient satisfaction • The system quality of care • The degree to which services are consumer-focused/directed • The extent of development of alternatives to hospitalization, cross-system coordination and range of treatment options	Federal Waiver page 12, Exhibit E (1)

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RSN/PHP REVIEW PROTOCOL

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	Has there been any system improvements as a result of QRT identified issues in any of these areas?	
	4. How has the RSN assured that the QRT has been afforded the opportunity to be part of the process for contracting activities? Note: This contract term is not specific and may include any level.	Exhibit E #6
	5. Has the QRT evaluated the RSN's relationships and cross system activities including, but not limited to: • schools, • state hospitals, • local hospitals, • jails, • shelters? What were the results of the QRT evaluation?	Federal Waiver page 13 Exhibit E #3

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Rating

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	6. To what extent has the QRT conducted monitoring of the RSN or subcontractors quality management plan implementation? How did the QRT do this? What were the results?	Exhibit E #7
	7. Have the QRT quarterly reports been distributed to at least the following stakeholders: Yes No ☐ ☐ RSN Administration ☐ ☐ Governing Board ☐ ☐ Advisory Board ☐ ☐ Ombuds ☐ ☐ Local consumer/family advocate groups ☐ ☐ Service area mental health advisory boards ☐ ☐ Provider network Other_____	Exhibit E #8
	8. How does the Contractor document that QRT reports, recommendations and finding are analyzed and how are decisions made regarding follow-up activities? How do QRT activities get incorporated into ongoing operations? Examples?	Exhibit E #9

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	9. What mechanisms does the Contractor have in place to detect and deal with retaliation issues for the QRT should they arise? Has there been any retaliation issues since our last review?	Exhibit E #11 Note: The RSN may want to establish a regional policy on retaliation and include a working definition.
	10. How has the QRT progressed in meeting the Federal Waiver requirement of conducting focused interviews of at least 1% annually. Does the QRT have a work plan for attaining and maintaining this requirement? Monthly Average Clients Served _____ Annual goal 1% equals _____ Number of focused interviews conducted to date _____?	Attachment H of the Federal Waiver. Note the 2% requirement is based upon a biennium (attachment H of federal waiver formerly exhibit F of the federal waiver). Beginning July 1, 1999 ending June 30, 2001.
	11. Has the QRT made a visit to each service location once per biennium in the process of conducting the focused interviews? What barriers have they encountered, if any?	Attachment H of the Federal Waiver.
	12. Have the QRT Interview activities resulted in their ability to comment on: • Access?	HCFA Interest – Note: This is the purpose of the integrated reviews.

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RSN/PHP REVIEW PROTOCOL

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	• Quality of Care? • Acceptability? • Consumer satisfaction?	
	13. Does the QRT meet formally and informally on a regular basis? Has the Contractor ever been asked to facilitate these meetings by the QRT? How does this impact the functional independence of the QRT?	Exhibit E #17
	14. Have QRT teams met with individuals representing the interests of : • Older persons? • Children? • Ethnic Minorities? This may be somewhat redundant as this discussion may have already addressed earlier (QRT focused interviews/plans)	Attachment H of federal waiver #4
	15. Functional Independence How does the contractor assure functional independence of the QRT within the service area? Note: We may want to ask if the RSN has developed any regional policies and procedures to assure that the QRT will maintain functional independence, although they are not required to do so.	Federal Waiver page 12 Exhibit E #10 See application

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RSN/PHP REVIEW PROTOCOL

2000

II. CROSS SYSTEM COLLABORATION

Current Legislative Issues/Actions:
(Laws of the 1999 Session)

SHB 1620 Vulnerable Adults

There has been a change and further specificity in definitions regarding abuse/neglect of adults over age 60.
Requires DSHS employees, social workers, individual providers, facility employees, employees of MH centers, and others to report abuse, neglect, financial exploitation, or abandonment of vulnerable adults.

1. ***Does the RSN anticipate the need for training staff on this? Either at the RSN level or the providers level?***

SSB 5314a Youths in Possession of firearms at school.

Requires CDMHP Evaluation of students who are arrested and charged with possession of a firearm on school facilities.

2. ***How is this being coordinated with schools within the catchment area?***

SSB 5312 Prevention of workplace violence in health care settings.

Requires DSHS and others (Contractors / RSN) to develop and coordinate technical assistance and training seminars on plan development and implementation. The Mental health centers, community hospitals, and E & T facilities all must comply with this law.

3. ***What is the RSN/provider plan to address this?***

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2 = Concern (only meets technical requirements not necessarily intent)
3 = Acceptable (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

B. Via -

PUBLIC SAFETY

	Prior year strengths: ***Prior year quality improvements:***	
	1. Is the Contractor adhering to their approved plan for serving persons of all ages with mental illness who are homeless? Is implementation occurring according to the approved plan? Are these services provided in all areas of the region? Have their been any barriers to implementation?	Application item
	2. Approximately how many homeless individuals have been identified within the region? Are there any patterns to homeless concentrations/penetrations within the region? Children? Seasonal variations?	No Authority unless its in the Application -
	3. How are the homeless populations and their needs being tracked?	No Authority unless its in the Application -

RATING KEY:
1 = Finding (does not meet technical requirements)
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3 = Acceptable (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

Rating

RSN/PHP REVIEW PROTOCOL

2000

	4. Is there an established Homeless mental health outreach person with specific skills and training for accessing and engaging homeless individuals?	No Authority unless its in the Application -
	5. Is there a designated MHP qualified staff person to do face to face evaluations with homeless individuals?	No Authority unless its in the Application -
	6. Have levels of care criteria for housing been implemented?	No Authority unless its in the Application -
	7. Has the Contractor maintained (according to its approved plan) connections with local jails and regional prison administrators to improve strategies to ensure mentally ill persons are served appropriately? Is implementation occurring according to the approved plan? Are these services provided in all areas of the region? Have their been any barriers to implementation? How does the RSN monitor this?	Contract page 21 – 7.1.1. See application page
	8. Have Jail diversion protocols been developed ?	No Authority unless its in the Application -

RATING KEY:
1 = **Finding** (does not meet technical requirements)
2 = **Concern** (only meets technical requirements not necessarily intent)
3 = **Acceptable** (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

Rating		
	9. Are brochures that describe the jail diversion plans placed in Jails? Where else?	No Authority unless it in the Application -

RSN/PHP REVIEW PROTOCOL

2000

RATING KEY:
1 = **Finding** (does not meet technical requirements)
2 = **Concern** (only meets technical requirements not necessarily intent)
3 = **Acceptable** (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

B. VIG -29

Rating

RSN/PHP REVIEW PROTOCOL

2000

CROSS SYSTEM COLLABORATION - GENERAL

	Prior year strengths:	
	Prior year quality improvements:	
	The contractor shall work in active partnership with the following allied community providers to ensure that service recipients receive a balanced, coordinated and individualized array of quality supports and services; The following cross system entities were discussed on this review: ☐Tribal Authorities ☐Alcohol and Substance Abuse Programs ☐Regional Office of Developmental Disabilities ☐Regional Office of Aging and Adult Services ☐Regional Office of Children and Family Services ☐Free Standing evaluation and treatment Facilities ☐The Local AIDS Network ☐Local Schools ☐Local Medicaid managed care plans, Health Options and ☐Basic Health Plan Plus	Federal Waiver page 9

RATING KEY:
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Rating

RSN/PHP REVIEW PROTOCOL

2000

	☐Regional Office of Vocational Rehabilitation ☐Department of Corrections ☐DSHS Juvenile Rehabilitation Administration ☐County Juvenile Courts ☐County Jails (all) ☐Local Hospitals	

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4 = Exemplary (exceeds performance expectations)

Rating

RSN/PHP REVIEW PROTOCOL

2000

	TRIBAL AUTHORITIES	
	1. What evidence can the RSN show that would demonstrate that they have developed working partnerships with the local tribes?	Integrated services contract page30 # 13
	2. How does the RSN assess the status of these working partnerships? Strengths: Challenges:	Integrated services contract page 31
	3. What evidence can the Contractor show that they have tracked and incorporated feedback from the cross-system providers (tribes) regarding the quality of care and the quality of system coordination?	Federal waiver page16

RATING KEY:
1 = Finding (does not meet technical requirements)
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4 = Exemplary (exceeds performance expectations)

Rating

RSN/PHP REVIEW PROTOCOL

2000

	4. Has the Contractor collected, analyzed and displayed sufficient information to assure and demonstrate the capacity to manage cross system resources? Coordination of case management functions? Mutually developed treatment plans? Ethnic care services?	Federal Waiver page 16
	5. What barriers to multi-system planning, treatment and coordination of care has the RSN identified? What efforts have been made to address these barriers?	Page 27, 28(c)
	6. How does the Contractor monitor and assure that the service providers solicit and utilize feedback from the informal and natural support systems within the tribal communities?	Federal waiver page17
	7. What technical assistance or supports does the contractor provide or receive form the allied system partners/tribes? Cross system staff development? Coordination of resources? Mutually developed innovative programs?	

RATING KEY:
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Rating

RSN/PHP REVIEW PROTOCOL

2000

	8. What local system performance indicators and outcome measures does the Contractor utilize, if any, for measuring its performance with the tribes?	RSN Leadership approval - System Improvement Group and Exhibit I page 1-2 1.(b)

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B. VIA - 34

Rating

RSN/PHP REVIEW PROTOCOL

2000

ALCOHOL AND SUBSTANCE ABUSE

	1. What evidence can the RSN show that would demonstrate that they have developed working partnerships with the local Alcohol and Substance Abuse providers? What would an organization chart of the local Alcohol and Substance Abuse system look like?	Federal Waiver page 9, 31
	2. How does the RSN assess the status of these working partnerships? Strengths: Challenges:	Federal Waiver page 31
	3. What evidence can the Contractor show that they have tracked and incorporated feedback from the cross-system Alcohol and Substance Abuse providers regarding the quality of care and the quality of system coordination?	Federal Waiver Questions page 29, and 1998-1999 Integrated Review finding

RATING KEY:
1 = Finding (does not meet technical requirements)
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4 = Exemplary (exceeds performance expectations)

B.V1a - 35

Rating

RSN/PHP REVIEW PROTOCOL

2000

	4. Has the Contractor collected, analyzed and displayed sufficient information to assure and demonstrate the capacity to manage cross system resources? Coordination of case management functions? Mutually developed treatment plans? Ethnic care services?	Federal Waiver page 16
	5. What barriers to multi-system planning, treatment and coordination of care has the RSN identified? What efforts have been made to address these barriers?	Federal Waiver Questions page 27, 28(c)
	6. How does the Contractor monitor and assure that the service providers solicit and utilize feedback from the informal and natural support systems?	Federal Waiver page 27

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Rating

RSN/PHP REVIEW PROTOCOL

2000

	7. What technical assistance or supports does the contractor provide or receive from the allied system partners? Cross system staff development? Coordination of resources? Mutually developed innovative programs?	(Best practices)
	8. What local system performance indicators and outcome measures does the Contractor utilize, if any, for measuring its performance with the alcohol and substance abuse system?	RSN Leadership Group, System Improvement Group (SIG), exhibit I, pages 1-2 (b).

RATING KEY:
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4 = Exemplary (exceeds performance expectations)

B. Vla-

Rating

RSN/PHP REVIEW PROTOCOL

2000

Area Office of Aging and Adult Services

	1. What evidence can the RSN show that would demonstrate that they have developed working partnerships/ collaborative agreements with the local office (s) of Aging and Adult Services? What would an organization chart of the local Aging and Adult Services look like?	Federal Waiver page 9, 31, WAC 388-17 – Senior Citizens Services Programs
	2. How does the RSN assess the status of these working partnerships? Strengths: Challenges:	Federal Waiver page 31
	3. What evidence can the Contractor show that they have tracked and incorporated feedback from the cross-system providers regarding the quality of care and the quality of system coordination? PASSAR?	Federal Waiver Questions page 29,

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Rating

RSN/PHP REVIEW PROTOCOL

2000

	4. Has the Contractor collected, analyzed and displayed sufficient information/data to assure and demonstrate the capacity to manage cross system resources? Coordination of case management functions? Mutually developed treatment plans? In home services? Residential services? Ethnic care services?	Federal Waiver page 16
	5. What barriers to multi-system planning, treatment and coordination of care has the RSN identified? What efforts have been made to address these barriers?	Federal Waiver Questions page 27, 28(c)
	6. How does the Contractor monitor and assure that the service providers solicit and utilize feedback from the informal and natural support systems?	Federal Waiver page 27

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B. VIG -

Rating

RSN/PHP REVIEW PROTOCOL

2000

	7. What technical assistance or supports does the contractor provide or receive from the allied system partners? Cross system staff development? Coordination of resources? Mutually developed innovative programs?	
	8. What local system performance indicators and outcomes measures does the Contractor utilize for measuring its performance in coordinating Aging and Adult Services? Have these performance indicators been mutually developed with Aging and Adult Services?	RSN Leadership Group, System Improvement Group (SIG), exhibit I, pages 1-2 (b).

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B VIa -

Rating

RSN/PHP REVIEW PROTOCOL

2000

Regional Office of Vocational Rehabilitation Services

	1. What evidence can the RSN show that would demonstrate that they have developed working partnerships with the local office (s) of Vocational Rehabilitation Services.	Federal Waiver page 9, 31
	2. How does the RSN assess the status of these working partnerships? Strengths: Challenges:	
	3. What evidence can the Contractor show that they have tracked and incorporated feedback from the cross-system providers regarding the quality of care and the quality of system coordination?	Federal Waiver Questions page 29

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B.VIa-

Rating

RSN/PHP REVIEW PROTOCOL

2000

	4. Has the Contractor collected, analyzed and displayed sufficient information to assure and demonstrate the capacity to manage cross system resources? Coordination of case management functions? Mutually developed treatment plans? Ethnic care services?	Federal Waiver page 16
	5. What barriers to multi-system planning, treatment and coordination of care has the RSN identified? What efforts have been made to address these barriers?	Federal Waiver Questions page 27, 28(c)
	6. How does the Contractor monitor and assure that the service providers solicit and utilize feedback from the informal and natural support systems?	Federal Waiver page 27
	7. What technical assistance or supports does the contractor provide or receive from the allied system partners? Cross system staff development? Coordination of resources?	

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B. VIa - 42

Rating

RSN/PHP REVIEW PROTOCOL

2000

	Mutually developed innovative programs?	
	8. What local system performance indicators and outcome measures does the Contractor utilize for measuring its performance in coordinating services with Vocational Rehabilitation Services? Have these system performance indicators been mutually developed with Vocational Rehabilitation Services?	RSN Leadership Group, System Improvement Group (SIG), exhibit I, pages 1-2 (b).

RATING KEY:
1 = Finding (does not meet technical requirements)
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3 = Acceptable (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

Rating

RSN/PHP REVIEW PROTOCOL

2000

Regional Office of Children and Family Services

	1. What evidence can the RSN show that would demonstrate that they have developed working partnerships with the local office(s) of Children and Family Services?	Federal Waiver page 9, 31
	2. How does the RSN assess the status of these working partnerships? Strengths: Challenges:	Federal Waiver page 31
	3. What evidence can the Contractor show that they have tracked and incorporated feedback from the cross-system providers regarding the quality of care and the quality of system coordination?	

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4 = **Exemplary** (exceeds performance expectations)

B.VIa-

Rating

RSN/PHP REVIEW PROTOCOL

2000

	4. Has the Contractor collected, analyzed and displayed sufficient information to assure and demonstrate the capacity to manage cross system resources? Coordination of case management functions? Mutually developed treatment plans? Ethnic care services?	Federal Waiver page 16
	5. What barriers to multi-system planning, treatment and coordination of care has the RSN identified? What efforts have been made to address these barriers?	Federal Waiver Questions page 27, 28(c)
	6. How does the Contractor monitor and assure that the service providers solicit and utilize feedback from the informal and natural support systems?	Federal Waiver page 27
	7. What technical assistance or supports does the contractor provide or receive from the allied system partners?	(Best practices)

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B.VIa - 45

Rating

RSN/PHP REVIEW PROTOCOL

2000

	Cross system staff development? Coordination of resources? Mutually developed innovative programs?	
	8. What local system performance indicators and outcome measures does the Contractor utilize for measuring its performance in coordinating services with Children and Family Services? Have these system performance indicators been mutually developed with Children and Family Services?	RSN Leadership Group, System Improvement Group (SIG), exhibit I, pages 1-2 (b).

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4 = Exemplary (exceeds performance expectations)

Rating

RSN/PHP REVIEW PROTOCOL

2000

Regional Office of Developmental Disabilities

	1. What evidence can the RSN show that would demonstrate that they have developed working partnerships with the local office(s) of Developmental Disabilities?	Federal Waiver page 9, 31
	2. How does the RSN assess the status of these working partnerships? Strengths: Challenges:	Federal Waiver page 31
	3. What evidence can the Contractor show that they have tracked and incorporated feedback from the cross-system providers regarding the quality of care and the quality of system coordination?	Federal Waiver Questions page 29

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Rating

RSN/PHP REVIEW PROTOCOL

2000

	4 Has the Contractor collected, analyzed and displayed sufficient information to assure and demonstrate the capacity to manage cross system resources? Coordination of case management functions? Mutually developed treatment plans? Ethnic care services?	Federal Waiver page 16
	5 What barriers to multi-system planning, treatment and coordination of care has the RSN identified? What efforts have been made to address these barriers?	Federal Waiver Questions page 27, 28(c)
	6. How does the Contractor monitor and assure that the service providers solicit and utilize feedback from the informal and natural support systems?	Federal Waiver page 27
	7. What technical assistance or supports does the contractor provide or receive from the allied system partners? Cross system staff development? Coordination of resources?	(Best practices)

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4 = Exemplary (exceeds performance expectations)

Rating

RSN/PHP REVIEW PROTOCOL

2000

	Mutually developed innovative programs?	
	8. What local system performance indicators and outcome measures does the Contractor utilize, if any, for measuring its performance in coordinating services for individuals with Developmental Disabilities?	RSN Leadership Group, System Improvement Group (SIG), exhibit I, pages 1-2 (b).

RATING KEY:
1 = Finding (does not meet technical requirements)
2 = Concern (only meets technical requirements not necessarily intent)
3 = Acceptable (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

B. VIa -

Rating

III. QUALITY MANAGEMENT – CLINICAL COMPETENCY

RATING KEY:
1 = Finding (does not meet technical requirements)
2 = Concern (only meets technical requirements not necessarily intent)
3 = Acceptable (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

Rating

RSN/PHP REVIEW PROTOCOL

2000

RATING KEY:
1 = **Finding** (does not meet technical requirements)
2 = **Concern** (only meets technical requirements not necessarily intent)
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Rating

RSN/PHP REVIEW PROTOCOL

2000

QUALITY MANAGEMENT – CLINICAL COMPETENCY

Prior year strengths:

Prior year quality improvements:

Quality Management- Staff Development	
1. What are the quality management processes that the RSN uses to evaluate staff who provide clinical services in order to assure (competency) that the RSN is prepared to meet the needs of the entire population needing services, not just those currently enrolled? If the contractor is subcontracting for these services, how are they (RSN) monitoring this? What is the results of their monitoring? Does the RSN have policies and procedures to address these issues (outcomes, clinical guidelines, quality indicators)?	MHD response to HCFA questions, section 1 page 15

RATING KEY:
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Rating

RSN/PHP REVIEW PROTOCOL

2000

	2. Are there special populations unique to this particular RSN? Does staff development and training activities include serving clients of diverse cultures?	(Best practices)
	3. Does clinical supervision include specific involvement of cultural and age specific specialists	(Best practices)

RATING KEY:
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Rating

RSN/PHP REVIEW PROTOCOL

2000

QUALITY MANAGEMENT
INPATIENT MANAGEMENT/UTILIZATION

Prior year strengths:

•

Prior year quality improvements:

Prior Year Findings:

	QUALITY MANAGEMENT CRISIS SERVICES *Prior year strengths:* *Prior year quality improvements:* *Prior Findings:*	
	To what extent has the contractor complied with, respected and utilized Advanced Directives and / or crisis plans for the psychiatric care for service recipients who are experiencing situations for which they have planned in advance and created this directive so long as they are clinically appropriate?	Contract 2.2.4, Federal Waiver page17

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Rating

RSN/PHP REVIEW PROTOCOL

2000

	Results of MHD crisis line testing (2000):	

RATING KEY:
1 = Finding (does not meet technical requirements)
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3 = Acceptable (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

Rating

RSN/PHP REVIEW PROTOCOL

2000

QUALITY MANAGEMENT GENERAL PROTOCOL

Prior year Strengths:

Prior year Quality Improvements:

	Quality Management – HCFA Summary of compliance Intent and purpose of PHP QM: The PHP level Quality Management (QM) processes shall monitor system capacity, the intensity of services and supports being provided, and the outcomes being achieved through those services. This process must track system capacity, quality of clinical care, as well as the intensity and appropriateness of care. Note: Significant changes to the QM plan must be submitted to the MHD for approval.	Federal waiver page 15, Contract 1.1 and 4.4
	What are the components of this RSN Quality Management system and how do these components interact with each other to form the QM system? Is there a schematic diagram that would help explain this system and how it interacts?	

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B. VIa - 56

Rating		
	1. Are the contractors quality management plan specific time frames for implementation being adhered to? What if any barriers have been encountered?	Federal Waiver page 15 Contract 4.1.1, and Exhibit I, page 1-1
	2. Does the RSN regularly manage utilization through a process independent of direct service providers?	WAC 275-57-110 (2)
	3. What evidence or documentation can the Contractor provide to establish that it has implemented an analysis of care provided to at least ten (10) percent or 500 total (if smaller) representative sampling of service recipients on an annual basis. ***(The following qualify for the 10 % sampling: Chart Reviews, Concurrent reviews, Surveys, Focus Groups, Individual Interviews, Ombuds reviews of complaints or grievances)*** Estimated number of clients served annually _____ Documented number of analysis of care conducted _____ Percentage _____	Federal Waiver page 16, and Contract Exhibit I

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Rating

RSN/PHP REVIEW PROTOCOL

2000

	4. Has the Contractor collected, analyzed and displayed sufficient information to assure and demonstrate the capacity to manage resources and deliver appropriate quality and intensity of services including, but not limited to, access to services, resource management, crisis system and (other) services? Aspect of care, service system operations, and management capability to be analyzed include: Clinical Care (see question # 5) Service System (see question # 6) Administrative, (performance and efficiency of service provider network).	Federal Waiver page 16 and Exhibit I of Contract
	5. Has the Contractor demonstrated **implementation** of its analysis of **Clinical Care** through the following: Note: This item must be coordinated with the clinical team. • The clinical appropriateness or fit between what was needed and what was received • The degree to which services provided are driven by recipient needs • The degree to which services and planning incorporate the service recipients voice • The degree to which services and planning are age, culturally and linguistically competent • The degree to which services are provided in the least restrictive environment • The degree to which needs for housing, employment and education options were assessed and support and services provided	Federal Waiver page 17 and Exhibit I of Contract

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	• The degree to which there was inclusion, recruitment and use of natural supports and other community resources • The degree to which there are appropriate linkages and integration with other systems and settings • The degree to which there was congruency between the chart including assessment, treatment plan, and progress notes and the actual services and supports provided • Performance regarding clinical care are within acceptable ranges	
	6. Has the Contractor demonstrated **implementation** of its analysis of the Service System for: Services for underserved populations are accessible, Services are accessed promptly, geographically accessible, convenient and timely, Without waiting lists for Medicaid recipients, Adequate triage for all settings of care (inpatient, urgent care, and outpatient services and supports)	Federal Waiver page 17 and Exhibit I of Contract

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Rating

RSN/PHP REVIEW PROTOCOL

2000

	7. What examples can the Contractor provide that demonstrates that it has an effective process for analyzing and interpreting information, making recommendations and developing strategies for action?	Federal waiver page 16, Exhibit I page 1-2 (2).
	8.Is the PHP's interpretation of the data that is being collected shared with practitioners on a regular basis? What feedback have you received?	Federal Waiver page 24, #4 Contract Exhibit I

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B VIG -

Rating

RSN/PHP REVIEW PROTOCOL

2000

	9. Has the Contractor performed periodic evaluation(s) of its overall quality management System? What is the results of the last evaluation performed ? What system improvements have occurred as a result of this evaluation? What involvement have all of the above had in this process?	Contract Exhibit I page 1-1 Federal waiver page 16, (h).
	10. Has the contractor provided an independent review of the quality of care through a process operated by a majority of current or past recipients and their family members? Note: This independent review may be conducted by the QRT	Federal waiver page 24, (#3) Contract Exhibit I, page 1-1
	11.Has the Contractor undertaken any focused studies since the last on-site review to improve/understanding the system of care?	Exhibit I page 1-1
	12. What examples can the Contractor provide that demonstrates it has identified deficiencies and has take action to correct them? • Analysis of Care • On-site RSN audits	Federal waiver page 24, Contract exhibit I, page 1-1

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Rating

RSN/PHP REVIEW PROTOCOL

2000

	13. How does the RSN utilize the critical incident reports (trends) for system improvements? Give some examples.	
	14. What local system performance indicators and outcomes does the Contractor utilize, if any, for measuring quality management? How does your focus on system performance indicators compare to the Santiago model, Structure, Process, Outcomes?	RSN Leadership approval - System Improvement Group and Exhibit I page 1-2 1.(b) Federal Waiver page 24
	15. What is the results of the Contractor tracking Complaints and Grievances processes? Note: We are trying to substantiate this HCFA finding. At what levels are these being tracked? Is there any RSN data which would indicate that the vast majority of complaints/grievances have been made regarding: •Consumer Rights, •Access, •Quality of Services, •Service intensity,	Federal waiver page 16 MHD response to HCFA questions page 36 Q5

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B. VIa -

	•Service not available, or •Coordination of services	
	16. Please describe any action the RSNs have taken or plan to take to reduce the number of complaints and grievances received. Note: This is a HCFA question (verbatim). We may not want to reduce the number of complaints per se, but rather improve the system and improve the consumer satisfaction through a process that addresses the reason for the complaints.	MHD response to HCFA questions.
	17. At which point and through what means are consumers notified about: • changes, • denials, • terminations from service, • or reductions in services available to them, both individually and as a group? What are the RSN's system wide policy and oversight relating to this requirement?	MHD response to HCFA questions (access to services) page 11 (a)
	18. Clarify the process through which consumers are provided information about and access to their rights and responsibilities, their right to disenroll. What is known about dis-enrollments within the RSN?	Federal Waiver page 19, MHD response to HCFA questions (access to services) page 18 (c) The federal waiver (section N, Client Disenrollment), states: As part of the informal and formal PHP grievance procedures, and through the DSHS Fair

Rating

RSN/PHP REVIEW PROTOCOL

2000

Number of requests? Number of occurrences? Reasons for requests?	Hearing process, if necessary, a recipient may seek disenrollment from a PHP for good cause. Good cause is defined as an inability of the PHP to provide appropriate access or care within the scope of the waiver defined services. It further states, "A recipient may use the grievance process and ombudsperson to seek disenrollment from his/her assigned PHP and enrollment in the neighboring PHP". If a Medicaid service is needed by a recipient and is not provided by the PHP, the recipient may obtain that service with a medical ID card through the usual fee-for –service program. In the Washington State HCFA Waiver, Question Responses 1. Access to Services, it states: "It appears to HCFA, from review of these materials that, at a functional level, the waiver and RSN structure as it is currently implemented, precludes the right of a recipient to disenroll." "It is conceivable, therefore, that instances would occur in which a particular individual's needs could not be met with the services available through the RSN to which they are assigned. In those instances, for those individuals, the disenrollment process must be accessible and functional: they must have an alternative option for receiving the treatment they need." "HCFA needs to be assured that individuals have option of adequate access to a functional disenrollment process in all RSNs and at the State level." (page 14) see Spokane RSN P/P page3/4 (Care termination)
Note: Add additional items that are specific to each RSN Application	

RATING KEY:
1 = Finding (does not meet technical requirements)
2 = Concern (only meets technical requirements not necessarily intent)
3 = Acceptable (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

	Quality Management – MIS		
	Prior Year Strengths:		
	Prior Year Quality Improvements:		
	The Contractor will attest to the integrity of the management information system data being reported.		
	Does the RSN perform validation checks of reported information to the source record? (not specifically required but standard practice)	Federal waiver page 16, Exhibit I page 1-1 3.(k)	

Rating

RSN/PHP REVIEW PROTOCOL

2000

QUALITY MANAGEMENT
FISCAL

	1. Maintain the capacity to reimburse the subcontracted provider network and any emergency service providers accessed by service recipients or potential service recipients while out of the service area within 60 days using the methods consistent with generally accepted accounting principles. Has the RSN had to reimburse service providers outside the service area for emergency services (RSN level, service provider level)?	MHD/RSN Contract (6.1.2; 6.1.10;
	2. Ensure that each provider in the RSN has a sliding fee scale. The sliding fee scale schedule shall be posted and accessible to staff and service recipients and may not require payment from service recipients with income levels equal to or below the grant standards for the general assistance program. How is this being monitored by the RSN?	MHD/RSN Contract (6.1.2; 6.1.10; Note, this is a licensing functioning. There is a sliding fee scale in the application but don't know if each provider uses it.
	3. Are there subcontractors in the RSN that receive more than $300,000 each? How many have had the required biennial audit How is this being monitored by the RSN?	MHD/RSN Contract (6.1.2; 6.1.10;

RATING KEY:
1 = Finding (does not meet technical requirements)
2 = Concern (only meets technical requirements not necessarily intent)
3 = Acceptable (meets intent as well as technical requirements)
4 = Exemplary (exceeds performance expectations)

B. VIA – 66

RSN/PHP REVIEW PROTOCOL

2000- 2001

ADVISORY BOARD and RSN/PHP INTERVIEW QUESTIONS	RESPONSE
1. Does the Advisory Board membership consist of at least 51% members who are consumers, past consumers, family or foster family members of consumers including parents of emotionally disturbed children, of the public mental health system. Total Membership _____ Percentage of consumers/family _____ Number of active members _____	WAC 275-57-080 (2)(a) The intent and purpose here is to assure that the consumers have a significant voice in the planning, implementation and assessment of mental health services. There should be active involvement of all consumers who are on this Advisory Board
2. What, if any, changes have occurred in the Advisory Board composition since the last review?	WAC 275-57-080 (2) (a)
3. Has the RSN maintained an Advisory Board that is broadly representative of the demographic character of the region?	WAC 275-57-080 (2) (a)
4. Has the advisory board provided comments and or recommendation to the RSN/PHP regarding: • Plans? • Budgets? • Policies	WAC 275-57-080(2)(b)

B via

5. Have the Advisory Board's comments on plans, budgets, and policies been forwarded to the RSN Governance body and elected officials who are responsible for the mental health programs? What feed back have you received?	WAC 275-57-080 (2)(b)
6. What is your perspective regarding the current level of: consumer voice in this RSN/PHP? consumer satisfaction with services received? and quality of care in this RSN/PHP?	Federal Waiver Interest

RSN/PHP REVIEW PROTOCOL

2000 - 2001

OMBUDS, RSN/PHP and Subcontractors (*) INTERVIEW QUESTIONS	RESPONSE
1. Has there been any structural changes with regards to the Ombuds services since our last on-site review?	Federal Waiver page 11, The PHP shall assure and support full contract compliance for functionally independent Ombuds. Exhibit D (8) Note What are turnover and gaps in the Ombuds services? This has significant impact on the consumers and their access to Ombuds services
2. (*) Has the contractor/PHP assured recipients and potential service recipients access to Ombuds services to assist/represent/advocate for them if requested regarding complaints, grievance, fair hearing and ITA process?	Exhibit D, (13)
3. (*) Is there adequate Ombuds to meet workload needs?	Exhibit D, (13)
4. (*) Has the Contractor/PHP assured that the Ombuds has access to the contractor and all subcontractors regarding: • Consumer Voice? • The quality of care? • The degree to which services are recipient focused/directed? • The extent of development of alternatives to hospitalizations, cross-system coordination and range of treatment options?	Federal Waiver page 11 Exhibit D (1)

B. Via

5. (*) Has the contractor/PHP assured that the Ombuds has the authority to enter into a service area contracting with the contractor or Mental Health Division for the purpose of outreach, case finding and to resolve individual complaints related to the contracted services? Note: Contracted services include all contracted and subcontracted services. These include, but not limited to: • State Hospitals • Local hospitals • Jails • Shelters Has the contractor/PHP facilitated access for this to occur (if necessary)? To what extent has the Ombuds been successful in providing outreach, case finding, and assisting individuals in resolving complaints related to these contracted services?	Federal Waiver page 11 Exhibit D (1)
6. As a result of the Ombuds information gathering activities and reports, what did the Contractor/PHP learn about: • Physical safety (food, health, housing) • Emotional safety (honest/respectful services, freedom from coercion, intimidation) • Service recipient satisfaction?	Federal Waiver page 11 Exhibit D (2)

RSN/PHP REVIEW PROTOCOL

2000 - 2003

7. (*) Has the contractor and all subcontractors considered the Ombuds findings and reports in good faith? Can you provide us with examples of how Ombuds reports and recommendations were analyzed? How decisions were made regarding follow up activities and interventions? How are Ombuds reports utilized by Service providers? Give examples.	Federal Waiver Requirement page 12 Exhibit D (7) Note: The contractor and subcontractors shall demonstrate how the Ombuds reports, recommendations and findings are analyzed and how decisions are made regarding follow up activities and interventions as well as demonstrate how issues are addressed and incorporated into ongoing operations including but not limited to contracting activities and management decisions.
8. How effective have the controls been that assure that no retaliation is possible by the RSN/PHP Administrator or anyone else based upon how the Ombuds advocates for consumers?	Exhibit D (10), Federal Waiver page13.

B. Via

RSN/PHP REVIEW PROTOCOL

2000- 2001

QRT, RSN/PHP, Subcontractors (*), INTERVIEW QUESTIONS	RESPONSE
1. How has the QRT progressed in meeting the Federal Waiver requirement of conducting "focus interviews" with recipients and family members, allied services and Members of the community to determine whether services are readily accessible and acceptable to recipients and address recipients needs. At least 2% of all service recipients shall be surveyed in this fashion each biennium. Monthly Average Clients Served _____ Biennial goal _____ Number of focused interviews conducted to date _____ If not met, target completion date _____ What are the results of these interviews?	Federal Waiver Attachment H (2) Note: The 2% requirement is based upon a biennium (attachment H of federal waiver formerly exhibit F of the federal waiver). Beginning July 1, 1999 ending June 30, 2001.

2. (*) Has the QRT made a visit to each service location at least once per biennium in the process of conducting the focused interviews? Number of service locations in the RSN/PHP _____ Number of service locations visited to date _____ If not met, target completion date _____ What barriers have they encountered, if any?	Federal Waiver Attachment H, (2)
3. Have QRT teams met with individuals representing the interests of: • Older persons, • Children, • Ethnic Minorities, Do these populations know what services are provided within Do these services meet their needs?	Attachment H, federal Waiver (4)
4. (*) To what extent has the QRT had access to systemic issues of consumer welfare and have included family advocates in the assessment of systemic issues regarding?	Federal Waiver page 12. Exhibit E (1)

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• Physical safety (food, health, housing), • Emotional safety (honest respectful services, freedom from coercion, retaliation and intimidation) • Service recipient satisfaction What were the results?	
5. (*) Has the QRT, in the process of assessing systemic customer services, visited, assessed and evaluated the contractors services and services of subcontractors regarding: • quality of care • The degree to which services are consumer-focused/directed and • The extent of development of alternatives to hospitalization, cross-system coordination and range of treatment options? What are the results of this assessment? What system changes/improvements have been made as a results of the QRT assessment/evaluation (recommendations	Federal Waiver page 12. Contract Exhibit F. (2)
6. (*) What feedback have you received as a result of distributing the QRT quarterly reports to the following stakeholders: • RSN Administratior , • Governing Board, • Advisory Board,	Exhibit E, (8)

▪ Ombudsman(s), ▪ Local consumer/family advocate groups, ▪ Services area mental health advisory boards, ▪ Providers	
7. How does the contractor assure functional independence of the QRT within the service area?	Federal Waiver page 12 Exhibit E (10) Note: We may want to ask if the RSN has developed any regional policies and procedures to assure that the QRT will maintain functional independence, although they are not required to have regional policies
8. (*) To what extent has the QRT conducted monitoring of the RSN and subcontractors quality management plan implementation? What were the results? What barriers have been identified?	Exhibit E, (7) Note: The language in the federal waiver states, "QRT have authority to monitor the Contractor's and Subcontractor's quality management plan implementation". The expectation is that the QRT will monitor both the contractor and the subcontractor 's quality management plan implementation.
9. (*) How can the Contractor and Subcontractors demonstrate that QRT reports, recommendations and finding are analyzed and how decisions are made regarding follow-up activities as well as demonstrate how issues are addressed and incorporated into ongoing operations including, but not limited to contracting	Exhibit E, (9) Exhibit E, (6)

B. via

activities and other management decisions? Examples? What barriers have been encountered or identified?	
10. (*) What is the extent of the QRT evaluation of the RSN's relationships and cross system activities including, but not limited to: • schools, • state hospitals, • local hospitals, • jails, • shelters What are the results? What barriers have been identified?	Federal Waiver Page 13, Exhibit E (3)
12. What are the Quality Review Team plans for the next biennium? Please describe the major features of this plan. Note: This plan should include ways to address the barriers identified in the previous sections.	Best practices/organization

13. Are there any quality improvement issues that we have not already discussed, or information that you would like to share with us regarding: • Access to services, • Acceptability of services • Consumer satisfaction, or • Quality of care? Strengths---- Challenges –	

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Public Safety

1. How has the Contractor maintained connections with local jails and regional prison administrators to improve strategies to ensure mentally ill persons are served appropriately? Have connections been established and maintained with all of the jails within the region? Have any barriers been encountered or identified? What steps have been taken to address any barriers that may have been identified?	Contract page 21 – 7.1.1
2. What are the results of the crisis line testing? Frequency of crisis line testing by the RSN?	

QUALITY MANAGEMENT

1. What efforts and/or progress has the RSN/PHP made with quality improvements issues identified during the last MHD review, is any?	Contract page 21 7.1 1
2. Are the contractors quality management plan specific time frames for implementation being adhered to? What if any barriers have been encountered?	Federal Waiver page 15 Contract 4.1.1, and Exhibit I, page 1-1

B. Via

3. What evidence or documentation can the Contractor provide to establish that it has implemented an analysis of care provided to at least ten (10) percent or 500 total (if smaller) representative sampling of service recipients on an annual basis? (The following qualify for the 10 % sampling: Chart Reviews, Concurrent reviews, Surveys, Focus Groups, Individual Interviews, Ombuds reviews of complaints or grievances) Estimated number of clients served annually _____ __ Chart reviews _____ QRT focused studies conducted _____ Concurrent Reviews _____ Surveys _____ Ombuds Grievances _____ Total to date _____	Federal Waiver page 16, and Contract Exhibit I
4. Has the Contractor demonstrated **Implementation** of its analysis of **Clinical Care** through the following: a. The clinical appropriateness or fit between what was needed and what was received b. The degree to which services provided are driven by recipient needs c. The degree to which services and planning incorporate the service recipients voice d. The degree to which services and planning are age, culturally and linguistically competent	

e. The degree to which services are provided in the least restrictive environment f. The degree to which needs for housing, employment and education options were assessed and support and services provided g. The degree to which there was inclusion, recruitment and use of natural supports and other community resources h. The degree to which there are appropriate linkages and integration with other systems and settings i. The degree to which there was congruency between the chart including assessment, treatment plan, and progress notes and the actual services and supports provided j. Performance regarding clinical care are within acceptable ranges	

B Via

5. Has the Contractor demonstrated implementation of its analysis of the service system for: Services for underserved populations are accessible, Services are accessed promptly, geographically accessible, convenient and timely, Without waiting lists for Medicaid recipients, Adequate triage for all settings of care (inpatient, urgent care, and outpatient services and supports)	Federal Waiver page 17 and Exhibit I of Contract
6. Is the PHP's interpretation of the data that is being collected shared with practitioners on a regular basis? What feedback have you received?	Federal Waiver page 24, #4 Contract Exhibit I
7. Has the Contractor performed periodic evaluation(s) of its overall quality management System? What are the results of the last evaluation performed? What system improvements have occurred as a result of this evaluation? Who was involved in this process?	Contract Exhibit I page 1-1 Federal waiver page 16, (h)

8. Has the contractor provided an independent review of the quality of care through a process operated by a majority of current or past recipients and their family members? What were the results of this review? How were the results utilized to make system improvements?	Federal waiver page 24, (#3) Contract Exhibit I, page 1-1 . Note: This independent review may be conducted by the QRT
9.Has the Contractor undertaken any focused studies since the last on-site review to improve/understanding the system of care? If so, what was learned and how was this information utilized to make system improvements?	Exhibit I page 1-1
10. (*) What are the results of the Contractor tracking Complaints and Grievances processes? At what levels are these being tracked? Is there any RSN data which would indicate that the vast majority of complaints/grievances have been made regarding: • Consumer Rights, • Access, • Quality of Services, • Service intensity, • Service not available, or • Coordination of services?	Federal waiver page 16 MHD response to HCFA questions page 36 Q5 Note: What we want to know here is, has the resolution of complaints at any level been satisfactory for the consumers?

B. Via

Note: What we want to know here is, has the resolution of complaints at any level been satisfactory for the consumers?	
11. How are the grievances [illegible]ked to the quality management system? How has this led to quality improvements?	Federal Waiver page 23
12. (*) At which point and through what means are consumers notified about: • changes, • denials, • terminations from service, • or reductions in services available to them, both individually and as a group? What is the RSN's system wide policy and oversight relating to this requirement?	MHD response to HCFA questions (access to services) page 11 (a)
13. (*) Clarify the process through which consumers are provided information about and access to their rights and responsibilities, their right to disenroll. What is known about disenrollments within the RSN? Number of requests? Number of occurrences? Reasons for requests?	Federal Waiver page 19, MHD response to HCFA questions (access to services) page 18 (c) The federal waiver (section N, Client Disenrollment), states: As part of the informal and formal PHP grievance procedures, and through the DSHS Fair Hearing process, if necessary, a recipient may seek disenrollment from a PHP for good cause. Good cause is defined as an inability of the PHP to provide appropriate access or care within the scope of the waiver defined services. It further states, "A recipient may use the grievance process and ombudsperson to seek disenrollment from his/her assigned PHP and enrollment in the neighboring PHP". If a Medicaid service is needed by a recipient and is not provided by the PHP, the recipient may obtain that service with a medical ID card through the usual fee-for –service program In the Washington State HCFA Waiver, Question Responses 1. Access to Services, it states.

	"It appears to HCFA, from review of these materials that, at a functional level, the waiver and RSN structure as it is currently implemented, precludes the right of a recipient to disenroll." "It is conceivable, therefore, that instances would occur in which a particular individual's needs could not be met with the services available through the RSN to which they are assigned. In those instances, for those individuals, the disenrollment process must be accessible and functional they must have an alternative option for receiving the treatment they need." "HCFA needs to be assured that individuals have option of adequate access to a functional disenrollment process in all RSNs and at the State level." (page 14)
14. Quality Management – MIS How does the Contractor attest to the integrity of the management information system data being reported? Does the RSN/PHP perform validation checks of reported information to the source record?	

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AGENCY ENTRANCE

NOTE: At the beginning of each agency site visit, the Clinical team will have an entrance meeting with agency leadership and RSN representative(s) for introductions, an overview of the audit process and a more structured disc..ssion format (see attached questions/discussion points). Discussing these questions in a refined entrance process gives the agencies the opportunity to present information that may not otherwise be reflected in the chart reviews and/or case presentations. ***Please discuss the following questions within the context of consumers served by your agency.***

CRISIS RESPONSE

1. What changes, if any, have occurred in the crisis services system within your agency since the last review? Are there added values or drawbacks as a result of those changes?
2. How are your crisis services coordinated with the local tribes?
3. What capacities do you have to provide home, community stabilization, and flexible supports across your geographic catchment area?
4. What do you believe are your strengths and weaknesses within your crisis service delivery system?

CLINICAL COMPETENCY

1. What are the primary indicators that you use to understand your clinician workforce competency?
2. .How do you assure that specialist consults are occurring?
3. How do you understand the diversity of your service area and ensure cultural competence in staffing?
4. What do you believe are the strengths and weaknesses of your clinical workforce?

INPATIENT UTILIZATION/MANAGEMENT

1. How do you operationalize an active role in treatment and planning regarding inpatient hospitalization?
2. What is your process for linking inpatient, long term residential, crisis, and outpatient services throughout the entire continuum of care?
3. Provide examples of how consumers give feedback regarding their experience with inpatient services? How is the feed back utilized?

Integrated Review Chart Review Methodology

Focus of the chart review The purpose of the chart review is to understand how charts are used in formulating care and documenting progress. The utility of the chart as a strategic clinical tool is also assessed. The overall focus of the chart review process is to understand how the individual consumer's needs are being understood and met by the RSN/PHP. The review will assess the fit between the consumer's needs and the supports being provided. Reviewers will focus on assessment and treatment activities as well as clarity of processes used to develop ongoing support for the individual. The prospective use of the chart to provide comprehensive and strategic planning of care activities will be assessed. Finally, while the work of agencies is reviewed, it is the aggregate information and the overall performance of the RSN/PHP that is being assessed. This is not an agency licensing activity.

Process The chart review is held on site at the agency and is composed of two components utilizing a *revised* Client Record Review Protocol (see attached). As part of the case presentation structure, the chart is reviewed with a focus on assessing the congruency between the presentation and the documentation. The chart therefore needs be available to the review team so that it can be reviewed during the presentation. The second component consists of a more traditional chart review process. A member of the review team will be working on these chart reviews throughout the day.

Who should be involved? A person who is familiar with the records and the agency operations should be available at the beginning of the chart review process to give the team a brief orientation to the charts. The Clinical Record Review Protocol can be referenced regarding what the team is looking for in charts.

Selection of charts For this review, the RSN/PHP's or its sub-contracted agency will pick one half of the total required charts. There should be approximately equal numbers of children, adults and elderly client charts with at least one-fourth of these being minority. Once on site, the review team will pick the other one-half of the charts.

Chart Review Team Requirements The review team will require a work space large enough for 1-2 people to review charts. It is also helpful to have a listing of the charts identifying who made the selection (agency/RSN) and a list of names of various mental health specialists and clinical supervisor's.

Anyone desiring more information about the Integrated Review processes may contact Jeanne Stevens-Taylor at (360)902-0803.

Revised 8/98

Clinical Review Team - Agency Entrance

At the beginning of each agency site visit, the Clinical Review Team will have an entrance meeting with agency leadership and RSN representative(s) for introductions, an overview of the audit process, and a more structured conversation. Discussing these questions in a refined entrance process gives the agencies the opportunity to present information that may not otherwise be reflected in the chart reviews &/or case presentations.

Follow-Up Discussion

Shortly following the final presentation, the Clinical Review Team will again meet with agency leadership and RSN representative(s) to briefly discuss system questions that surfaced during the clinical presentations. This will provide an opportunity for the review team to take the practical information from the case presentations, charts, and entrance interview to get a clearer understanding of regional operations and functioning.

Entrance Questions

Please discuss the following questions ***as they pertain to your agency within the context of the regional provider network:***

OVERVIEW:

1. Please provide a brief thumbnail sketch of your agency and its role in the provider network.

FOLLOW-UP FROM PREVIOUS REVIEW:

1. What changes have occurred in the crisis service system within your agency/regional crisis system since the last review? What has been the impact of those changes? What barriers remain? What is the plan to address these barriers?
2. With the diversity of your service area, how is the agency assuring cultural competence in consultation, staffing, planning, treatment, and discharge planning within your region?
3. What do you believe are the strengths and challenges of your clinical workforce?
4. Within your region's continuum of care, what is your agency's process for linking with inpatient services, long term residential services, and crisis services?

CONSUMER VOICE:

1. How are consumers involved in treatment planning, decision making, and policy setting within your agency?
2. What agency methods (policies/procedures/practices) are used to empower, support, and respect consumers and their supports?
3. How has consumer input/feedback been used to improve/enhance services/systems at the agency level?

CROSS-SYSTEM PARTNERING:

1. How has the RSN promoted and supported your agency to develop flexible/adaptable services that respond to and fit consumers and their supports?
2. How do you promote awareness and active use of allied systems and their resources within you agency? What are some examples of enhancement/improvement in your services as a result? What additional systems/resources are you currently targeting for increased access/involvement?
3. How are cross-system barriers identified and addressed within your agency? Within your region?

QUALITY MANAGEMENT

1. Please give a brief overview of your Quality Management system. Please walk us through one living example of an improvement in your agency directly related to your QM system. In what ways does it align with the RSN's QM process?
2. What are some examples of your agency working with the RSN to solve problems more efficiently and effectively? What are some of the ongoing challenges?

Case Rating

UNDERDEVELOPED	MINIMUM
• In need of substantial change to demonstrate reasonable practices. • Fails to demonstrate satisfactory knowledge of scope and complexity • Does not assure the delivery of competent care. • Does not ensure the provision of quality, consumer responsive, outcome oriented services.	• Demonstrates basic reasonable practice. • Demonstrates basic knowledge of scope and complexity of services needed • Assures the deli· ery of basic care • Ensures only the basic provision of quality, consumer responsive, outcome oriented services.
STANDARD	**EXEMPLARY**
• Demonstrates reasonable practice. • Demonstrates satisfactory knowledge of scope and complexity of services needed. • Assures the delivery of competent care • Ensures the provision of quality, consumer responsive, outcome oriented services.	• Demonstrates advanced or creative, and proven practices. • Reflects unequivocal knowledge of scope and complexity of services needed • Includes approaches for reviewing complex clinical conditions. • Well organized, highly manageable, comprehensive, yet targeted. • Ensures the provision of high quality, consumer responsive, outcome oriented services.

Ledge	Conceptualized	Incorporated	Rationale
Voice	Underdeveloped Minimum Standard Exemplary	Underdeveloped Minimum Standard Exemplary	
Focus	Underdeveloped Minimum Standard Exemplary	Underdeveloped Minimum Standard Exemplary	
Pace	Underdeveloped Minimum Standard Exemplary	Underdeveloped Minimum Standard Exemplary	
Normalized	Underdeveloped Minimum Standard Exemplary	Underdeveloped Minimum Standard Exemplary	
Individualized	Underdeveloped Minimum Standard Exemplary	Underdeveloped Minimum Standard Exemplary	
Linkages & Integration	Underdeveloped Minimum Standard Exemplary	Underdeveloped Minimum Standard Exemplary	
Crisis Prevention/Risk	Underdeveloped Minimum Standard Exemplary	Underdeveloped Minimum Standard Exemplary	

Date: __/__/__

Case Presentation Review Form

RSN: _____ Agency: _____ Client _____

Population Group (age/cultural minority): _____ Admission Date: _____ Time in service: _____ Expected stay _____

I. Assessment

HISTORY

Brief psychosocial Hx:	Dx, Tx, and Rx History:	Cultural (age, ethnic, religious, etc.) Context:

CONSUMER NEEDS (stated, identified, underlying)

Identified by Consumer	Identified by Natural Supports (for the consumer and to support the consumer)	Identified by Provider (for the consumer and to support the consumer)

Life Domains: ☐ Housing ☐ Social Supports ☐ Substance Abuse (consumer/family) ☐ ADLs ☐ Cultural ☐ Physical Health ☐ Mental Health ☐ Safety ☐ Work/Vocational ☐ Legal ☐ Education ☐ Financial

CONSUMER STRENGTHS (stated, identified, underlying)

Identified by Consumer	Identified by Natural Supports (strengths of the consumer and of the supports)	Identified by Provider (strengths of the consumer and of the supports)

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II. Planning & Treatment

Individualized Approaches (tailored to "fit" the consumer, strength-based, flexible, responsive, creative)	Focus on Normalization (age, gender, environmental, and cultural needs that any similar persons in their community may have)	Crisis Planning/Risk Management (proactive /preemptive planning that monitors and diffuses any potential deterioration or crisis)

III. System Involvement (RSN/PHP, Provider, Formal Systems)

	Strengths/Supports/Resources	Issues/Barriers/Weaknesses
Response to/Support of Consumers		
Resources for this consumer & the larger consumer population		
Partnering, inclusion, and collaborative efforts		

IV. Quality Management

Indicators of Quality Assurance	Indicators of Quality Improvement

INTEGRATED REVIEW – Clinical
Outpatient Record Review Protocol

Date: ___/___/___ Agency: _____ RSN: _____

Case ID #: _____ Age: _____ Admission Date: ___/___/___ Time in service: _____

Ethnic/Cultural Minority Status: _____ Disability: _____

CLINICAL CARE – Quality and Intensity Rating Scale			
Underdeveloped	Minimum	Standard	Exemplary
• *In need of change to demonstrate reasonable practice* • *Does not demonstrate satisfactory knowledge of scope and complexity* • *Does not assure delivery of adequate care* • *Does not ensure the provision of quality, consumer responsive, outcome oriented services*	• *Demonstrates basic reasonable practice* • *Demonstrates basic knowledge of scope and complexity of services needed* • *Assures delivery of basic care* • *Ensures basic provision of quality, consumer responsive, outcome oriented services*	• *Demonstrates reasonable practice* • *Demonstrates reasonable knowledge of scope and complexity of services needed* • *Assures the delivery of competent care* • *Ensures provision of quality, consumer responsive, outcome oriented services*	• *Demonstrates advanced and/or creative and proven processes* • *Reflects unequivocal knowledge of the scope and complexity of services needed* • *Well organized, highly manageable, comprehensive, yet targeted* • *Ensures the provision of high quality, consumer responsive, outcome oriented services*

INTAKE		
1. Date of first contact: ___/___/___		
2. Referral Source: _____		
3. Is there clear documentation of referral source expectations?	Yes	No
4. Is there clear documentation of system responsiveness from time of referral to the time of the first contact?	Yes	No
5. Is there clear documentation of system responsiveness from the time of first contact to the first treatment activity?	Yes	No

ASSESSMENT		
1. The assessment has been completed within 30 days of initiating community support services. (WAC 275-57-410)	Yes	No
2. Evidence that the provider and consumer or legally responsible other have collaboratively identified consumer's strengths and needs through a full intake evaluation. (WAC 275-57-410)	Yes	No
3. There is clear assessment across key life domains and areas of potential need including:		
a) Housing	Yes	No
b) Activities of Daily Living (ADLs)	Yes	No
c) Social supports	Yes	No
e) Cultural (e.g. ethnic, sexual, rural)	Yes	No
f) Mental health (diagnosis, medication, and treatment)	Yes	No
g) Physical health	Yes	No
h) Safety/crisis plan	Yes	No
i) Substance abuse (consumer and/or family)	Yes	No
j) Work/vocational	Yes	No
k) Education	Yes	No

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l) Legal	Yes	No
m) Financial	Yes	No
4. Intake/assessment has included input from family members and other natural support systems, or adequate documentation why this was not possible. (WAC 275-57-410)	Yes	No
5. There is an assessment of other formal systems that are or should be involved in providing ongoing care. (WAC 275-57-410)	Yes	No
6. If **Medicaid child** and **referred by health provider**: Child has received a mental health assessment within 30 days of receipt of referral. **OR** If **Medicaid child** and **NOT referred by a health provider**: Child has been referred for EPSDT screen within 30 days.	Yes	No
7. Quality of intake indicators:	Rating Underdeveloped Minimum Standard Exemplary	

PLANNING		
1. There is an individualized plan that is developed with the consumer and those who know the consumer best. (WAC 275-57-020)	Yes	No
2. There is an individualized plan that focuses on and enhances consumer strengths as defined by the consumer. (WAC 275-57-020)	Yes	No
3. There is an individualized plan that is flexible and responsive to the consumer's changing needs. (WAC 275-57-020)	Yes	No
4. There is an individualized plan that focuses on meeting those basic needs that persons of similar age, gender, and culture have. (WAC 275-57-020)	Yes	No
5. Does this consumer have a specific Individualized Tailored Care Plan (ITCP)? *If "Yes," specify how it was determined:* ____ *recipient requested* ____ *case manager/therapist requested* ____ *ongoing relationship with other formal services* ____ *otherwise determined by contractor*	Yes	No
6. There is a focus on normalization that addresses the needs identified by the consumer which may include: least restrictive housing; income; work or school; social life; treatment including psychotherapy; and services to address the specialized needs of underserved populations. (WAC 275-57-410)	Yes	No

7. For adults, the plan was developed with the consumer to include people who provide active support to the consumer (e.g., family members, etc) at the consumer's request… OR For children, the plan was developed with the child, family and others who provide active support to the child. For children under three, the plan shall be integrated with the Individualized Family Service Plan (IFSP), when applicable. (WAC 275-57-410)	Yes	No
8. There are clear re-assessments within reasonable timelines with the development of revised and/or new goals.	Yes	No
9. At a minimum, the treatment plan has been mutually reviewed every six months.	Yes	No
10. There is a safety/crisis plan.	Yes	No
11. The crisis plan is reviewed to meet the changing needs every 180 days? (Contract, Exhibit G)	Yes	No
12. There are clear plans/processes identified to address reduction of services and/or discharge while assuring needs continue to be met.	Yes	No
13. Comment on treatment planning indicators that reflect quality and intensity required on this case.	Rating Underdeveloped Minimum Standard Exemplary	

SPECIAL POPULATIONS		
1. Is the consumer a member of a special needs population? *If "Yes," specify and continue:* ____ *child* ____ *elderly* ____ *ethnic minority* ____ *disabled* ____ *other*	Yes	No
2. There is documentation that an appropriate specialist is involved? (RCW 71.24.045)	Yes	No
3. There is documentation that the specialist has been involved in assessing, planning, treatment reviews, and other critical treatment decisions? (RCW 71.24.045)	Yes	No
4. There is assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs. (WAC 275-57-020)	Yes	No

5. Comment on indicators that reflect the quality and intensity necessary to serve this special population consumer:	Rating Underdeveloped Minimum Standard Exemplary

TREATMENT AND SUPPORTS		
1. There are clear **links** between assessed **needs** and treatment/support **activities.**	Yes	No
2. Services are defined in such a way as to achieve **identifiable outcomes.**	Yes	No
3. The plan **links outcomes** to **specific goals** and **time frames.**	Yes	No
4. As needed, the staff helps the consumer:		
a) access basic needs in an age and culturally competent manner including: housing; food; income; health and dental care; transportation; (WAC 275-57-420)	Yes	No
b) work or participate in other daily activities appropriate to the consumer's age and culture; (WAC 275-57-420)	Yes	No
c) link with regular social life in the community; (WAC 275-57-420)	Yes	No
d) access other needed services, such as substance abuse counseling and health care; (WAC 275-57-420)	Yes	No
e) resolve crisis in least restrictive settings; (WAC 275-57-420)	Yes	No
f) manage symptoms by providing information and education about the consumer's illness and treatment; (WAC 275-57-420)	Yes	No
g) assist family members and other care givers in their efforts to support and care for the consumer; (WAC 275-57-420)	Yes	No
h) include, as necessary, flexible application of funds, such as rent subsidies, rental deposits, and in-home care to enable stable living in the community, and; (WAC 275-57-420)	Yes	No
i) by providing services where and when needed. (WAC 275-57-420)	Yes	No
5. Services ensure continuity of care. (WAC 275-55-263)	Yes	No
6. There is use of referrals and assistance in obtaining supportive services as appropriate to treatment. (WAC 275-55-263)	Yes	No
7. Those services are coordinated and integrated. (WAC 275-55-263)	Yes	No
8. Comment on treatment and support indicators that reflect the quality and intensity required on this case.	Rating Underdeveloped Minimum Standard Exemplary	

RECORDS/DOCUMENTATION		
1. Records are organized in a manner that facilitates clear understanding of needs, goals, and activities of this consumer.	Yes	No
2. Records allow the tracking of consumer progress in achieving treatment goals. (WAC 275-57-410)	Yes	No
3. The records include specific progress toward established goals, changes in individualized plans, and extraordinary events. (WAC 275-57-410)		
4. Records contain sufficient information to establish the need for **medically necessary*** clinical mental health services. * *A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threat to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.* (WAC 388-500-0005)	Yes	No
5. A mental health professional has reviewed and signed off on the intake evaluation, individual plan, and revisions to the individualized plan. (WAC 275-57-410)	Yes	No

OVERALL SUMMARY AND IMPRESSIONS
Do you have any additional comments on this file? Do you have any concerns or suggestions regarding documentation or actual care to this individual?

This is to certify that the above client record was reviewed by the undersigned during the course of this medical audit.

Reviewer Signature _____ Date _____

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AGENCY/ORGANIZATIONAL
Quality and Intensity Rating Scale

Date: **Agency:** **RSN:** **Case #s**

UNDERDEVELOPED	MINIMUM	STANDARD	EXEMPLARY
• In need of substantial change to demonstrate reasonable practices. • Fails to demonstrate satisfactory knowledge of scope and complexity • Does not assure the delivery of competent care. • Does not ensure the provision of quality, consumer responsive, outcome oriented services.	• Demonstrates basic reasonable practice. • Demonstrates basic knowledge of scope and complexity of services needed • Assures the delivery of basic care • Ensures only the basic provision of quality, consumer responsive, outcome oriented services.	• Demonstrates reasonable practice. • Demonstrates satisfactory knowledge of scope and complexity of services needed. • Assures the delivery of competent care • Ensures the provision of quality, consumer responsive, outcome oriented services.	• Demonstrates advanced or creative, and proven practices. • Reflects unequivocal knowledge of scope and complexity of services needed • Includes approaches for reviewing complex clinical conditions. • Well organized, highly manageable, comprehensive, yet targeted. • Ensures the provision of high quality, consumer responsive, outcome oriented services.

ACCESS - *Ensures access to the full range of services provided within the service area. Equal access includes demonstrated availability of qualified personnel to provide a full range of age, culturally, and linguistically appropriate services. Services available promptly, geographically accessible, and are convenient and timely and without waiting lists.*

conceptualized: underdeveloped minimum standard exemplary

incorporated: underdeveloped minimum standard exemplary

Indicators _____

ADDRESSING BARRIERS - *Ability to identify any obstacles in the agency, system, or community that detract and/or inhibit the highest quality of service delivery and actively develop a plan to overcome*

conceptualized: underdeveloped minimum standard exemplary

incorporated: underdeveloped minimum standard exemplary

Indicators _____

CROSS-SYSTEM INTEGRATION – *Active "team" work that includes joint planning and implementation of services with ongoing established communication and the ability to respond quickly and in a coordinated manner to both crisis and changes. The facilitation of the continuum of care and treatment.*

conceptualized: underdeveloped minimum standard exemplary

incorporated: underdeveloped minimum standard exemplary

Indicators _____

UNDERDEVELOPED	MINIMUM	STANDARD	EXEMPLARY
• In need of substantial change to demonstrate reasonable practices. • Fails to demonstrate satisfactory knowledge of scope and complexity • Does not assure the delivery of competent care. • Does not ensure the provision of quality, consumer responsive, outcome oriented services.	• Demonstrates basic reasonable practice. • Demonstrates basic knowledge of scope and complexity of services needed • Assures the delivery of basic care • Ensures only the basic provision of quality, consumer responsive, outcome oriented services.	• Demonstrates reasonable practice. • Demonstrates satisfactory knowledge of scope and complexity of services needed. • Assures the delivery of competent care • Ensures the provision of quality, consumer responsive, outcome oriented services.	• Demonstrates advanced or creative, and proven practices. • Reflects unequivocal knowledge of scope and complexity of services needed • Includes approaches for reviewing complex clinical conditions. • Well organized, highly manageable, comprehensive, yet targeted. • Ensures the provision of high quality, consumer responsive, outcome oriented services.

CULTURAL COMPETENCE – *A set of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates, at all levels, the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.*

conceptualized:	underdeveloped	minimum	standard	exemplary
incorporated:	underdeveloped	minimum	standard	exemplary

Indicators _____

FLEXIBILITY – *Services that are offered in convenient locations (e.g. homes, out of facility) to the service recipient and are responsive to the needs, in the least restrictive manner, allowing the greatest possibility for recovery in normalized living. Services and supports are developed creatively to meet the unique needs of the consumer, and are not hindered by categorically defined services or programs.*

conceptualized:	underdeveloped	minimum	standard	exemplary
incorporated:	underdeveloped	minimum	standard	exemplary

Indicators _____

PROFESSIONAL DEVELOPMENT – *Training and educational opportunities that enhance, supplement, and reinforce quality clinical and system functioning. Clinical supervision, specialist involvement, and consultation are intentionally integrated into the education and improvement of clinical services.*

conceptualized:	underdeveloped	minimum	standard	exemplary
incorporated:	underdeveloped	minimum	standard	exemplary

Indicators _____

RSN/PHP Clinical Care Composite Rating

Date_____ RSN/PHP_____ Agency _____ Case #_____

UNDERDEVELOPED	MINIMUM	STANDARD	EXEMPLARY
Does not meet expectations... ❖ Does not assure delivery of adequate care ❖ In need of change to demonstrate reasonable practice ❖ Does not demonstrate satisfactory knowledge of scope and complexity ❖ Does not ensure provision of quality, consumer responsive services	**Meets minimum expectations...** ❖ Assures delivery of basic care ❖ Demonstrates basic reasonable practice ❖ Demonstrates basic knowledge of scope and complexity of service needed ❖ Ensures basic provision of quality, consumer responsive services	**Meets expectations...** ❖ Demonstrates reasonable practice ❖ Demonstrates clear knowledge of scope and complexity of services needed ❖ Assures the delivery of competent care ❖ Ensures provision of quality, consumer responsive, outcome-oriented services	**Exceeds expectations...** ❖ Demonstrates advanced and/or creative and proven processes ❖ Reflects unequivocal knowledge of the scope and complexity of services needed ❖ Well organized, highly manageable, comprehensive, yet targeted ❖ Ensures the provision of high quality, consumer responsive, outcome oriented services

RSN/PHP Themes	Rating	Rationale
Acceptability of services	Underdeveloped Minimum Standard Exemplary	
Quality of Care	Underdeveloped Minimum Standard Exemplary	

Indicators	U	M	S	E	Rationale
The degree to which services provided were driven by recipient needs (incl. housing, employment, education, etc.)					
The degree to which services and planning incorporate service recipient's voice					
The clinical appropriateness or "fit" between what was needed and what was received					
The degree to which services and planning are age, culturally, linguistically competent					
The degree to which there is inclusion, recruitment, and use of natural supports and other community resources					
The degree to which there are appropriate linkages and integration with other systems and settings					
The degree to which services are provided in the least restrictive environment					
The degree to which there is congruency between the chart (assessment, treatment plan, progress notes) and the actual services and supports provided					

Integrated Review Case Rating - Case # _____

UNDERDEVELOPED - Does not meet expectations... ❖ Does not assure delivery of adequate care ❖ In need of change to demonstrate reasonable practice ❖ Does not demonstrate satisfactory knowledge of scope and complexity ❖ Does not ensure provision of quality, consumer responsive services	**MINIMUM** - Meets minimum expectations... ❖ Assures delivery of basic care ❖ Demonstrates basic reasonable practice ❖ Demonstrates basic knowledge of scope and complexity of service needed ❖ Ensures basic provision of quality, consumer responsive services
STANDARD - Meets expectations... ❖ Demonstrates reasonable practice ❖ Demonstrates clear knowledge of scope and complexity of services needed ❖ Assures the delivery of competent care ❖ Ensures provision of quality, consumer responsive, outcome-oriented services	**EXEMPLARY** - Exceeds expectations... ❖ Demonstrates advanced and/or creative and proven processes ❖ Reflects unequivocal knowledge of the scope and complexity of services needed ❖ Well organized, highly manageable, comprehensive, yet targeted ❖ Ensures the provision of high quality, consumer responsive, outcome oriented services

RSN/PHP Themes	Rating	Rationale
Acceptability of services	Underdeveloped Minimum Standard Exemplary	
Quality of Care	Underdeveloped Minimum Standard Exemplary	

Indicators	U	M	S	E	Rationale
The degree to which services provided were driven by recipient needs (incl. housing, employment, education, etc.)					
The degree to which services and planning incorporate service recipient's voice					
The clinical appropriateness or "fit" between what was needed and what was received					
The degree to which services and planning are age, culturally, linguistically competent					
The degree to which there is inclusion, recruitment, and use of natural supports and other community resources					
The degree to which there are appropriate linkages and integration with other systems and settings					
The degree to which services are provided in the least restrictive environment					
The degree to which there is congruency between the initial assessment, formulation of the progress notes and the actual services and supports provided					

Clinical Review – Daily Summaries

RSN: _____ Reviewer: _____

Date: ___/___/___ Agency: _____ Role: charts/case presentations/both (circle one)

Strengths/Issues Regarding Consumer Voice:

Strengths/Issues Regarding Cross-systems:

Strengths/Issues Regarding Quality Management (RSN/PHP/Provider roles & resources)

Acceptability of services:

Quality of Care:

Other Themes:

Date: ___/___/___ Agency: _____ Role: charts/case presentations/both (circle one)

Strengths/Issues Regarding Consumer Voice:

Strengths/Issues Regarding Cross-systems:

Strengths/Issues Regarding Quality Management (RSN/PHP/Provider roles & resources)

Acceptability of services:

Quality of Care:

Other Themes:

FLAG SHEET - Clinical Review

Agency: _____ RSN: _____ Date: __/__/

List any questions or concerns that surface from the charts or case presentations that may facilitate further dialogue with agency leadership &/or RSN representatives that would help to better understand the regional structure, functions, or operations.

Case/Chart	Question/Concern	Agency/RSN Response	Reviewer Note/Summary
Case/Chart	**Question/Concern**	**Agency/RSN Response**	**Reviewer Note/Summary**
Case/Chart	**Question/Concern**	**Agency/RSN Response**	**Reviewer Note/Summary**
Case/Chart	**Question/Concern**	**Agency/RSN Response**	**Reviewer Note/Summary**

B/10-17

Case/Chart	Question/Concern	Agency/RSN Response	Reviewer Note/Summary
Case/Chart	Question/Concern	Agency/RSN Response	Reviewer Note/Summary
Case/Chart	Question/Concern	Agency/RSN Response	Reviewer Note/Summary
Case/Chart	Question/Concern	Agency/RSN Response	Reviewer Note/Summary
Case/Chart	Question/Concern	Agency/RSN Response	Reviewer Note/Summary

Adopted: 12/94

INSTRUCTIONS

The Provider Agency Self Evaluation and State Licensing Survey Tool is a dual purpose document designed to be employed by all licensed mental health provider agencies in an internal self evaluation of compliance with statewide standards as expressed in WAC 275-57. It will also be used by the Licensing Section of the Mental Health Division in determining the extent to which provider agencies meet licensing requirements.

SURVEY TOOL FORMAT EXPLANATION:

LICENSING STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENTATION (AGENCY REF)	DOCUMENTATION FINDING	OPERATIONAL IMPLEMENTATION FINDING

The provider agency shall identify the source of documentation for each license standard (WAC Provision) e.g., personnel file, consumer record and page of policy manual, etc. When doing the survey the reviewer shall enter either a C-for full compliance, a D-for Deficiency or an M-for missing documentation in both the documentation column and the implementation column thereby indicating the quality of the documentation and also the quality of the implementation of standards. This internal self evaluation should be done annually and result in corrective actions to be performed as required. Copies of the most recent self evaluation and records of corrective actions required and completed must be retained in agency files. It is expected a consumer/advocate survey be done at least annually for improvement in services. Upon completion of the self-evaluation survey and the consumer/advocate survey, agency Directors shall review, approve and sign the document prior to furnishing a copy of it and any resultant corrective actions to the Chair of the agency board of directors who, in turn, are to review, approve and sign the document.

Please note that the shaded areas will not be reviewed on site by the Licensing and Certification Section. Self evaluation is still required and standards may reviewed by other Mental Health Division, Department of Social and Health Services, or other state agencies entities.

When the Licensing & Certification Section of the State Mental Health Division performs it licensing review, it will use the most recent completed provider agency self evaluation document in the same manner as described for the provider above.

Bia

PROVIDER AGENCY

SELF EVALUATION AND LICENSING SURVEY TOOL

Provider: _____

RSN/County: _____

Provider Reviewer: _____ Date: _____

QA Reviewer: _____ Date: _____

Review Materials Needed:

* The detailed plan for the operation of agency services
* RSN accounting and auditing procedures for agencies contracting with RSNs and related documentation e.g., budget, independent audit accounting records
* RSN/Agency contract and agency sub-contracts
* Telephone listings
* Service brochures and materials describing services
* Ombuds service information
* RSN admission, placement, transfer and discharge criteria for both adults and children
* Management information report requirements
* Sliding fee schedule
* Quality Assurance program description and records
* Personnel records (including medical staff)

* List of mental health professional, specialists and consultants with signatures
* Training records and plans
* Clinical supervision records
* Staff evaluation records
* Affirmative action program description
* Copy of voluntary consumer rights statement (include the right to a second opinion (Section 240) and the right to change primary care provider (Section 210) for PHPs)
* Grievance records
* Agency program service descriptions for licensed services
* Medication inventory records
* List of agency facilities

I CERTIFY THAT I HAVE REVIEWED AND APPROVE THIS AGENCY'S SELF-EVALUATION

Signature: _____ Date: _____
Agency Director

Signature: _____ Date: _____
Agency Board Chair

WAC 275-56-100 - AWARENESS OF SERVICES.

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The RSN, or its designee, shall; (agency licensing standard if delegated in contract by RSN)			
1	(1) Maintain listings of services in telephone and other public directories of the service area. The RSN, or its designee shall prominently display listings for crisis services in telephone directories;			
2	(2) Publish and disseminate brochures and other materials or methods for describing services and hours of operation that are appropriate for all individuals, including those who may be visually impaired, limited-English proficient, or unable to read;			
3	(3) Post and make information available to consumers regarding the ombuds service, under Section 160 of this Chapter, and local advocacy organizations that may assist consumers in understanding their rights.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-120 - MANAGEMENT INFORMATION

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENBTATION SUITABLE	IMPLEMENTATION
4	RSN and their subcontractors shall report required management information to the department. To this end, the RSN shall operate an information system and ensure information for persons receiving mental health services funded by public dollars is reported to the state mental health information system, according to departmental guidelines. (1) The department and the RSN shall use the mental health information system for state-wide and/or RSN management reports and for locating case managers.			
5	(2) The department, RSN, and provider shall maintain confidentiality of information contained in the mental health information system according to this chapter and chapters 70.02, 71.05 and 71.34 RCW.			
6	(a) The RSN shall ensure all RSN, county, or provider staff having access to the mental health informtion systems are instructed in the confidentiality requirements.			
7	(b) The RSN, county, or provider shall maintain on file a statement signed by the staff acknowledging understanding and agreement to avide by these requirements. (c) The department shall ensure violation of confidentiality of information shall result in appropriate disciplinary or civil action, as described in chapter 71.05 RCW.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-290 - LICENSED SERVICE PROVIDERS - WRITTEN SCHEDULE OF FEES

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
8	The provider shall ensure consumers receive necessary mental health services, regardless of ability to pay the full rate. (1) The provider, excepting services also licensed under chapters 248-14, 246-325 WAC, shall establish and use a sliding fee schedule approved by the department and based on the resources available to the consumer to pay for mental health services and the provider's actual cost of care. (2) The department shall only approve sliding scale fee schedules not requiring payment from consumers with income levels equal to or below the grant standards for the general assistance program, as required under chapter 388-29-100 WAC.			
9	(3) A provider shall ensure the fee schedule is posted and accessible to the provider's staff and consumers.			
10	(4) A provider not contracting with an RSN or PHP shall maintain a sliding fee schedule in accordance with subsections (1) and (3) of this section.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-300 - LICENSED SERVICE PROVIDERS - QUALITY ASSURANCE

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
11	A provider shall maintain an internal process to improve quality of care. (1) A provider shall develop and implement a quality assurance process which: (a) Provides for at least an annual review of each staff member providing direct services, considering any complaints or grievances against the person; (b) Reviews all serious incidents; (c) Assesses the quality of intake evaluations; and (d) Assesses the extent to which medications are effectively prescribed. (2) A person providing mental health services shall not review their own work. (3) A provider shall use collected data to correct deficiencies and improve services.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-310 - LICENSED SERVICE PROVIDERS - STAFF QUALIFICATIONS

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	A provider shall employ and retain respectful, competent staff. The provider shall:			
12	(1) Require that all clinical services be provided by a mental health professional or under the clinical supervision of a mental health professional as defined under section 020 of this chapter. The supervisor shall have two years' experience working with priority populations;			
13	(2) Maintain job descriptions with qualifications for each position. Staff shall have education, experience, or skills relevant to the job requirements;			
14	(3) Assure staff providing clinical services be, at a minimum, registered counselors under chapter 18.19 RCW.			
15	(4) Conduct a Washington State Patrol background check and reference check on all staff providing direct services;			

16	(5) Orient direct service staff with less than one year's experience in providing community support services in skills pertinent to the position and the population served. (a) The provider shall include training in: (i) Characteristics of severe and persistent mental illness; (ii) Effective age and culturally competent community support interventions relevant to the population served; (iii) Psychopharmacology; (iv) Advocacy and linking consumers to community resources; (v) Working with and supporting families; (vi) For staff providing crisis response services under section 390 of this chapter: crisis intervention and managing assaultive/suicidal behavior; and (vii) For staff providing vocational services under section 440 of this chapter: training in vocational assessment and concepts of supported employment. (b) Persons providing direct services to consumers shall complete this orientation within three months of employment. However, the RSN may waive the requirement for orientation in specific topics when the staff person can provide documentation to the RSN demonstrating training, knowledge, or experience in the waived topics.			

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
17	(6) Provide annual training and staff development under an individualized training plan with time frames for each direct service staff person in the skills pertinent to the position and the population served. Such training includes consumers, families and community members as trainers. At minimum, the provider shall make training available in the following topics: (a) Effective community support interventions; (b) Providing individualized, needs-driven planning and services; (c) Providing services responsive to the unique needs of underserved populations and other special populations. Examples of special populations are persons with mental illness who: (i) Use high amounts of hospital services; (ii) Receive services from multiple systems; (iii) Are sexual minorities; (iv) Abuse substances; (v) Have a developmental disability; (vi) Are homeless; and (vi) Have AIDS or who are HIV positive. (d) Psychopharmacology; (e) Ethical behavior, including professional conduct and confidentiality.			

18	(7)	Provide regular supervision. Supervision may include routine team case reviews; and			
19	(8)	Conduct staff evaluations, at least annually.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-320 - LICENSED SERVICE PROVIDERS - QUALIFICATIONS APPROPRIATE TO THE NEEDS OF THE CONSUMER POPULATIONS

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The clinical qualifications of persons providing and/or supervising clinical services shall reflect the diverse needs of the consumer populations.			
20	(1) **Child Mental Health Specialist.** The provider shall ensure services directed to children are provided by, under the supervision of, or with consultation from a child mental health specialist defined as: (a) A mental health professional having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to: (i) The study of child development; and (ii) The treatment of seriously disturbed children and their families. (b) Having the equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and their families under the supervision of a child mental health specialist.			
21	(2) **Geriatric Mental Health Specialist.** The provider shall ensure services directed to the elderly are provided by, under the supervision of, or with consultation from a geriatric mental health specialist defined as: (a) A mental health professional having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the problems and treatment of the elderly; and (b) Having the equivalent of one year of full-time experience in the treatment of the elderly, under the supervision of a geriatric mental health specialist.			

22	(3) **Ethnic Minority Mental Health Specialist.** The provider shall ensure services directed to ethnic minority consumers are provided by, under the supervision of, or with consultation from an ethnic minority mental health specialist defined as: (a) A mental health professional having the equivalent of one year of full-time experience in the treatment of consumers in the ethnic minority group served; and (b) Demonstrating cultural competence attained through major commitment, ongoing training, experience or specialization in serving ethnic minorities. In assessing such commitment, the department shall consider whether the individual meets two or more of the following: (i) Evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; (ii) Evidence of support from the ethnic minority community attesting to the person's commitment to service to that community; (iii) Citations of specific examples of the person's competence; or (iv) Having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.			

WAC 275-57-320 - STAFF QUALIFICATIONS APPROPRIATE TO OUR NEEDS OF CONSUMER POPULATION (CONTINUED)

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
23	(4) **Disability Mental Health Specialist.** The provider shall ensure services directed to consumers with a disability shall be provided by, under the supervision of, or with consultation from a mental health specialist with special expertise in working with that disabled group. (a) If the consumer is deaf, the specialist shall be a mental health professional knowledgeable of deaf culture and psychosocial problems, and able to communicate fluently in the preferred language system of the consumer. (b) The specialist for consumers with developmental disabilities shall be a mental health professional who: (i) Has a least one year's experience with people with developmental disabilities; or (ii) Is a develipmental disabilities professional.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-330 - PERSONNEL MANAGEMENT - AFFIRMATIVE ACTION

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The provider shall have an affirmative action program complying with:			
24	(1) The Equal Pay Act of 1963; (2) Title VII of the Civil Rights Act of 1964; (3) Section 504 of the 1974 Rehabilitation Act; (4) The Americans with Disabilities Act; (5) The department's affirmative action guidelines; and (6) Other applicable federal, state, and local laws and regulations.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-340 CONSUMER RIGHTS

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The provider shall ensure consumers are knowledgeable of and protected by certain rights.			
25	(1) The provider shall ensure consumers, prospective consumers, and/or legally responsible others are verbally informed, in their primary language, of consumer rights at admission to brief intervention and community support services.			
26	(2) The provider shall post a written statement of consumer rights in public areas, with a copy available to consumers on request. Providers of only telephone services (e.g., crisis lines) shall post the statement of consumer rights in a location visible to staff and volunteers during working hours.			

27	(3) The provider shall ensure the statement of consumer rights incorporates the following statement or a variation approved by the department: "You have the right to: (a) Be treated with respect and dignity; (b) Develop a plan of care and services which meets your unique needs; (c) Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, Chapters 71.05 and 71.34 RCW; (d) Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation; (e) Be free of any sexual exploitation or harassment; (f) Review your case record; (g) Receive an explanation of all medications prescribed, including expected effect and possible side effects; (h) Confidentiality, as described in relevant statutes (Chapters 70.02, 71.05 and 71.34 RCW) and regulations (Chapters 275-54 and 275-55 WAC and this Chapter); and (i) Lodge a complaint with the ombuds persons, RSN or provider if you believe your rights have been violated. If you lodge a compliant or grievance, you shall be free of any act of retaliation. The Ombuds persons may, at your request, assist you in filing a grievance. The Ombuds person's phone number is: _____."			

	As well as the right to choose a primary care provider pursuant to WAC 275-57-110(5)and . . . In a PHP: (a) The right to request an exemption from enrollment in the PHP pursuant to WAC 275-57-200. (b) The right to change primary care providers pursuant to WAC 275-57-210(4) (c) The right to a second opinion from other staff in the recipient's assignee PHP pursuant to WAC 275-57-240; and (d) The right to request disenrollment from the PHP pursuant to WAC 275-57-250.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-350 - CONSENT TO TREATMENT AND ACCESS TO RECORDS

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	This section defines the conditions for informed consent to treatment and enables a consumer to access a consumer's own records. To this end, the RSN and licensed providers shall protect and ensure the rights of all consumers and former consumers.			
28	(1) Any minor over twelve years of age may request and receive treatment without consent of the minor's parents. Parental consent for evaluation and treatment services shall not be necessary in the case of a child referred by child protective services or other public agency because of physical, sexual, or psychological abuse or neglect by a parent or parent surrogate.			
29	(2) The department, RSN, PHP, or provider shall presume an adult is competent to consent to treatment unless otherwise established.			
30	(3) When the consumer, or the consumer's legally responsible other, requests review of case records, the provider shall: (a) Grant the request within seven days, unless the provider knows or has reason to believe the parent or parent surrogate has been a child abuser or might otherwise harm the child; (b) Review the case record in order to identify and remove any material confidential to another person; (c) Allow the consumer sufficient time and privacy to review the record. At the request of the consumer, a clinical staff member shall be available to answer questions; (d) Permit persons requested by the consumer to also be present; and (e) Assess a reasonable and uniform charge for reproduction, if so desired.			

31	(4) The department, RSN, PHP or provider shall obtain written, informed consent of the consumer or legally responsible other before: (a) Use of medication; (b) Use of unusual diagnostic or treatment procedures; (c) Use of audio and/or visual device to record the consumer's behavior; and (d) The consumer serves as a subject for research.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-360 - SERVICES ADMINISTRATION - CONFIDENTIALITY OF CONSUMER INFORMATION

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
32	The RSN, PHP, and provider shall ensure information about person consumers not be shared or released except as specified under statute and rule. The RSN and the provider shall protect the confidentiality of all information relating to consumers or former consumers under all confidentiality requirements as defined in Chapters 70.02, 71.05, and 71.34 RCW.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-370 - RESEARCH - REQUIREMENTS

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
33	(1) The RSN, PHP, or provider shall conduct research involving human subjects in accordance with 45 CFR, Part 36, Protection of Human Subjects.			
34	(2) An institutional review board (IRB), as defined in chapter 70.02.010 RCW, shall review and approve research prior to contact with subjects.			
35	(3) The RSN, PHP, or provider shall ensure disclosure of patient records without written consent adheres to requirements in Chapters 42.48, 70.02, 71.05.390, 71.05.630, and 71.34 RCW.			
36	(4) The RSN, PHP, or provider shall require certification that proposed research has IRB approval before allowing research activities to commence.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-380 - LICENSED SERVICE PROVIDERS - ACCESSIBILITY

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The provider shall ensure services are easily accessible to consumers. The provider shall make services readily accessible to consumers when and where they are needed and shall reduce or eliminate barriers to service. The provider shall ensure:			
37	(1) Facilities in which services are provided comply with the American with Disabilities Act;			
38	(2) Services are compatible with the culture and in the language of ethnic minority consumers where a significant ethnic minority population, as defined by department guidelines, exists in the RSN;			
39	(3) Alternative service delivery models are provided, where possible, to enhance utilization by underserved groups;			
40	(4) Access to TDD or other telecommunication device or service, and certified interpreters for deaf or hearing impaired consumers; and			
41	(5) Services are brought to the consumer or located at sites where transportation is available to consumers			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-390 - CRISIS RESPONSE SERVICES

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The RSN, or its designee, shall provide an integrated crisis response system (CRS) twenty-four-hours-a-day and seven-days-a-week, serving persons of all ages and cultures in crisis. When direct intervention is necessary, the RSN shall, when possible, bring services directly to the person in crisis, stabilizing and supporting the person until the crisis is resolved or a referral made. The RSN shall			
42	(1) Provide telephone screening which: (a) Includes a prominently displayed phone number in the emergency and white page sections of the local phone directory; (b) Ensures all phone calls are answered by people and not recordings; and (c) Limits busy signals			

43	(2) Ensure the least restrictive resolution of the crisis by providing the following services twenty-four-hours-a-day and seven-days-a-week: (a) Initial screening and assessment to determine: (i) Whether the crisis has a mental disorder basis; and (ii) Course of action to resolve the crisis. (b) Mobile outreach to: (i) Conduct face-to-face evaluations; and (ii) Provide in-home or in-community stabilization services, including flexible supports to the person where the person lives. The CRS shall continuously provide stabilization services until the crisis is resolved or a referral made. (c) Access to: (i) Medical services, including: (A) Emergency medical services; (B) Preliminary screening for organic disorders; (C) Prescription services; and (D) Medication administration (ii) Interpretative services enabling staff to communicate with persons who are limited English proficient; (iii) Voluntary and involuntary psychiatric inpatient are Chapters 71.05 and 71.34 RCW); and (iv) Other needed resources (d) Investigation and detention services (Chapters 71.05 and 71.34 RCW).			
44	(3) Engage family, significant others, and other relevant treatment providers as necessary to provide support to the person in crisis.			

WAC 275-57-390 - CRISIS RESPONSE SERVICE (CONTINUED)

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
45	(4) Document all telephone and face-to-face contacts to includes; (a) Source of referral (b) Nature of crisis (c) Time elapsed from initial contact to response; and (d) Outcomes, including: (i) Decision not to respond in person, if applicable; (ii) Follow-up; and (iii) Referrals made			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-400 - BRIEF INTERVENTION SERVICES

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The provider shall implement a streamlined process to provide planned, brief therapeutic interventions to persons within the priority populations and eligible recipients in the Medicaid program who require time-limited medically necessary services.			
46	(2) A person receiving more than fifteen hours of service in a twelve-month period shall receive a full intake evaluation as described in Section 410(2) of this Chapter.			
47	(3) The provider of brief intervention services shall gather the following information in the intake to brief interventions: (a) Mental status examination; (b) Functioning in daily life domains, showing strengths as well as needs; (c) Substance use and abuse; (d) The name of the consumer's most recent physician and prescribed medications, if known; (e) A brief plan of action to achieve mutually agreed upon outcomes; and (f) The intake evaluation shall not present a barrier to service. When seeking information fromthe consumer might pose a barrier to service, any of the above items may be left incomplete, providing that non-completion and reasons are documented in the record.			
48	(4) Licensed providers not contracting with an RSN or PHP are exempt from the requirements of subsection (1) of this section.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-410 - COMMUNITY SUPPORT SERVICES - GENERAL REQUIREMENTS

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The RSN, or its designee, shall provide community support services to persons requiring ongoing supports to live in the community. Each community support service, as defined in sections 420 through 450 of this chapter, shall meet the requirements of this section.			
49	(1) **Admissions** Resource management services shall approve consumer admission to community support services.			
50	(2) **Intake Evaluation** The provider and consumer, or legally responsible other, shall collaboratively identify consumer strengths and needs through a full intake evaluation completed within thirty days of initiating community support services. Staff conducting an intake evaluation shall have training in this activity (a) The provider shall address in an intake evaluation			
51	(i) Psycho-social and cultural history			
52	(ii) Functioning in daily life domains, showing strengths as well as needs			
53	(iii) Substance use and abuse			

54	(iv) Medical history, including medications used. For persons receiving care from a health care professional, the provider shall seek permission to receive pertinent medical information. For persons not under the care of a health care professional, the provider shall offer to make a referral for a physical examination; and			
55	(v) For children, a developmental history			
56	(b) The provider shall, when possible, include input from family members and/or other natural support systems, when acceptable to the person.			
57	(c) The provider may reference or include historical information from other providers as part of the intake evaluation.			
58	(d) When seeking information from the consumer might pose a barrier to service, the provider may leave incomplete requirements of subsection (2) of this section; providing that the provider documents noncompletion and reasons in the record			
59	(3) **Individualized Plan.** The provider shall implement an individualized plan in collaboration with the consumer within thirty days of initiating community support services. The provider shall:			

WAC SECTION 275-57-410 - COMMUNITY SUPPORT SERVICES - GENERAL REQUIREMENTS (CONTINUED)

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
60	(a) For adults, develop the plan with the consumer and include people who provide active support to the consumers (e.g., family members, teachers, etc.), at the consumer request;			
61	(b) For children, develop the plan with the child, family and others who provide active support to the child. For children under three, the plan shall be integrated with the individualized family service plan (IFSP), when applicable;			
62	(c) Focus on normalization and address needs identified by the consumer, which may include; (i) Least restrictive housing; (ii) Income; (iii) Work or school; (iv) Social life; (v) Treatment including psychotherapy; and (vi) Services to address the specialized needs of underserved populations.			
63	(d) Link outcomes to specific goals and time frames for achieving the outcomes;			
64	(e) Define services to achieve the identified outcomes. The provider shall flexibly develop or purchase services to meet the unique needs of the person.			
65	(f) Be responsive to the consumer's age, culture, and disability; and			
66	(g) Assure the plan is mutually reviewed every six months, or more often at the request of the consumer.			

67	(4) **Documentation** (a) The provider shall periodically document consumer progress in achieving treatment goals in the case record.			
68	(b) The provider shall include in the case record specific progress toward established goals, changes in individualized plans, and extraordinary events.			
69	(c) A mental health professional shall review and sign off on the intake evaluation, the individualized plan, and revisions to the individualized plan.			

COMMENTS AND RECOMMENDATIONS: _____

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
	The RSN, or its designee, shall provide case management services including outreach and support to achieve the individualized plan's outcomes. Case management services shall; (1) Maximize the consumer's desired level of independence and appropriate interdependence. To this end, case management staff shall help the consumer:			
70	(a) Access basic needs in an age and culturally competent manner, including: (i) Housing; (ii) Food; (iii) Income; (iv) Health and dental care; and (v) Transportation			
71	(b) Work or participate in other daily activities appropriate to the consumer's age and culture;			
72	(c) Link with the regular social life of the community;			
73	(d) Access other needed services, such as substance abuse treatment, and health care;			
74	(e) Resolve crises in least-restrictive settings; and			
75	(f) Manage symptoms by providing information and education about consumer's illness and treatment;			
76	(2) Assist family members and other care givers in their efforts to support and care for the consumer;			

77	(3)	Include, as necessary, flexible application of funds, such as rent subsidies, rental deposits, and in-home care to enable stable community living; and			
78	(4)	Provide services where and when needed.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-430 - COMMUNITY SUPPORT SERVICES - RESIDENTIAL SERVICES

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
79	The RSN, or its designee, shall provide residential services emphasizing least-restrictive, stable living situations appropriate to the age, culture, and residential needs of each consumer.			
80	(2) Where the RSN provides supervised residential services in an adult family home, the adult family home shall comply with Chapter 388-76 WAC.			
81	(3) Where the RSN provides supervised residential services in with Chapter 388-73 WAC.			
82	(4) Where the RSN provides residential services in a boarding home facility, the boarding home facility shall comply with Chapter 246-13 WAC.			
83	(5) Where the RSN provides residential services in an adult residential rehabilitative center facility, the adult residential rehabilitative facility shall comply with Chapter 246-325 WAC.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-440 - COMMUNITY SUPPORT SERVICES - EMPLOYMENT SERVICES

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
84	The RSN, or its designee, shall provide age and culturally appropriate employment services as treatment option to consumers wanting to work. (1) Employment services shall include:			
85	(a) A vocational assessment of work history, skills, training, education, and personal career goals;			
86	(b) Public assistance information;			
87	(c) Active involvement with consumers served in establishing individualized job and career development plans and revisions of the individualized plan accordingly;			
88	(d) Assistance in locating employment opportunities consistent with consumer skills, goals, and interests;			
89	(e) Integrated supported employment, including outreach and support services in the place of employment, if required, as well as the use of other interventions such as job coaching; and			
90	(f) Interaction with the consumers' employer to maintain stability of employment and advise on reasonable accommodation in accordance with the Americans with Disabilities Act (ADA) of 1990. (2) Any RSN, or RSN subcontractor, employing consumers as part of the pre-vocational or vocational program shall:			
91	(a) Pay consumers in accordance with the Fair Labor Standards Act; and			

92	(b) Ensure safety standards are in place in full compliance with local and state regulations			
93	(3) The RSN shall coordinate efforts with rehabilitation and employment services, such as the Division of Vocational Rehabilitation, the state employment services and the business community and job placement services within the community			
94	(4) Agencies accredited by commission on accreditation of rehabilitation facilities (CARF), or rehabilitation services accreditation system (RSAS) shall be considered the same as licensed by the state for employment services. Other organizations with equivalent standards may be considered for state licensure for employment services.			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-57-450 - COMMUNITY SUPPORT SERVICES - PSYCHIATRIC AND MEDICAL SERVICES

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
95	The RSN, or its designee, shall provide psychiatric and medical services to ensure consumers are prescribed medications, when necessary, to treat symptoms, become knowledgeable about any prescribed medications and side effects, are referred to treatment for non-psychiatric medical problems.			
96	(1) The provider shall vest overall medical responsibility in a physician licensed to practice under Chapter 18.57 or 18.71 RCW, and board eligible in psychiatry. Providers unable to recruit a psychiatrist may employ a physician without board eligibility in psychiatry provided: (a) Psychiatric consultation is provided to the physician at least monthly; and (b) A psychiatrist is accessible in person, by telephone, or by radio communication to the physician for emergency consultation.			
97	(2) Only staff licensed to do so may prescribe medications. Prescribing staff shall review medications at least every three months.			
98	(3) Only staff licensed to do so may administer medications			
	(4) When a consumer receives only medication services from a provider, the provider may develop and implement a brief intake and plan, as defined in section 400 of this chapter in place of the intake evaluation, as defined in section 410 of this chapter			

99	(5) The provider shall maintain medication information in the consumer record documenting at least the following for each prescribed medication: (a) Name and purpose of medication; (b) Dosage and method of administration; (c) Dates prescribed, reviewed, and/or renewed; (d) Observed and reported effects, interactions, and side effects. Staff shall query consumers concerning such information; (e) Any laboratory findings; (f) Reasons for change or termination of medication; and (g) Name and signature of prescribing person			
100	(6) When physical health problems are suspected or identified, the provider shall consult with and/or offer to make a referral to a physician or alternative health care provider. The provider shall include current medical concerns, as necessary, in the individualized plan			

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
101	(7) Provider staff shall inspect and inventory medication storage areas at least quarterly:			
102	(a) Medications shall be kept in locked, well-illuminated storage;			
103	(b) Medications kept in a refrigerator containing other items shall be kept in a separate container with proper security:			
104	(c) No outdated medications shall be retained, and medications shall be disposed of in accordance with regulations of the State Board of Pharmacy;			
105	(d) Medications for external use shall be stored separately from oral and injectable medications;			
106	(e) Poisonous external chemicals and caustic materials shall be stored separately.			

COMMENTS AND RECOMMENDATIONS: _____

LICENSING AND CERTIFICATION

PERSONNEL RECORD REVIEW TOOL
(HOSPITAL ONLY)

PROVIDER _____

REVIEWER _____

DATE _____

LCS REVIEWER _____

DATE _____

PERSONNEL RECORD REVIEW TOOL
WAC CHAPTERS: 275-57, 275-55, and 275-54

INSTRUCTIONS

This tool is intended for use by mental health agency administrators during the self evaluation process, and by Mental Health Division Licensing and QA/I Section program administrators during the site review of a service provider.
Column (2) - Please list your direct care staff names (support staff not necessary) in the second column
Column (3) – Please indicate any degree attained by individual
Column (4) – Please indicate whether the individual has obtained the necessary experience where applicable
Column (5) – Please indicate whether or not the individual meets MHP requirements under WAC
Column (6) – Please indicate if individual meets requirements for being a child mental health specialist
Column (7) – Please indicate if the individual has an in-service training plan and receives the required training

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STAFF IMPLEMENTING INVOLUNTARY TREATMENT
71.05 RCW 71.3[illegible] WAC CHAPTERS 275-54 AND [illegible]

	(2) STAFF MEMBERS NAME	(3) DEGREE (e.g., MD, RN, MASTER, LTC.)	(4) REQUIRED [illegible] WAC 275-55-020 (33) and 275-54-020 (14)		(5) [illegible] 275-54-020 (11)		[illegible]		[illegible]	
			YES	NO	YES	NO	YES	[illegible]	YES	NO
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RMG

STAFF IMPLEMENTING INVOLUNTARY TREATMENT [illegible]
71.05 RCW, 71.34 RCW, WAC CHAPTERS 275-54 AND 275-5[illegible]

	(2) STAFF MEMBER'S NAME	(3) DEGREE (e.g., MD, RN, MASTER, ETC.)	(4) REQUIRED EXPERIENCE WAC 275-55-020 (33) and 275-54-020 (14)		(5) MHP QUALIFIED WAC 275-55-020 (33) and 275-54-020 (14)		(6) CHILD MENTAL HEALTH SPECIALIST WAC 275-54-020 [illegible]		(7) WAC 275-54-[illegible] 275-55-[illegible]	
			YES	NO	YES	NO	YES	NO		NO
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INSTRUCTIONS

The Provider Agency Self Evaluation and State Certification Survey Tool is a dual purpose document designed to be employed by all certified mental health provider agencies in an internal self evaluation of compliance with statewide standards as expressed in WAC 275-54 and 275-55. It will also be used by the Licensing and Certification Section of the Mental Health Division in determining the extent to which provider agencies meet certification requirements.

SURVEY TOOL FORMAT EXPLANATION:

CERTIFICATION STANDARD #	WAC PROVISION WAC REFERENCE	SOURCE OF DOCUMENTATION (AGENCY REF)	DOCUMENTATION FINDING	OPERATIONAL IMPLEMENTATION FINDING

The provider agency shall identify the source of documentation for each certification standard (WAC Provision) e.g., personnel file, consumer record and page of policy manual, etc. When doing the survey the reviewer shall enter either a C-for full compliance, a D-for Deficiency or an M-for missing documentation in both the documentation column and the implementation column thereby indicating the quality of the documentation and also the quality of the implementation of standards. This internal self evaluation should be done annually and result in corrective actions to be performed as required. Copies of the most recent self evaluation and records of corrective actions required and completed must be retained in agency files. Upon completion of the self-evaluation survey, agency Directors shall review, approve and sign the document prior to furnishing a copy of it and any resultant corrective actions to the Chair of the agency board of directors who, in turn, are to review, approve and sign the document.

When the Licensing & Certification Section of the State Mental Health Division performs its certification review, it will use the most recent completed provider agency self evaluation document in the same manner as described for the provider above.

BUA

PROVIDER AGENCY

SELF EVALUATION AND CERTIFICATION ADMINISTRATIVE SURVEY TOOL

WAC 275-54 AND/OR 275-55

Provider: _____

RSN/County: _____

Provider Reviewer: _____ Date: _____

Certification Reviewer: _____ Date: _____

Review Materials Needed:

* The detailed plan for the operation of agency services - Policy and Procedure Manual
* RSN/Agency contract and agency agreements
* Management information report requirements
* Quality Assurance program description and records
* Personnel records (including medical staff)
* List of mental health professional, specialists and consultants (with signatures)
* Training records and plans
* Clinical supervision records
* Staff evaluation records
* Copy of voluntary and involuntary consumer rights statements for children and adults

- Grievance records
- Agency program service descriptions for certified services

I CERTIFY THAT I HAVE REVIEWED AND APPROVE THIS AGENCY'S SELF-EVALUATION

Signature: _____ Date: _____
Agency Director

Signature: _____ Date: _____
Agency Board Chair

BURA

WAC 275-54 AND/OR 275-55
GENERAL REQUIREMENTS

CERTIFICATION STANDARD #	WAC PROVISION - WAC REFERENCE	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
1	The provider has a contract or written agreement with the RSN to provide the services for which it is applying for certification. WAC 275-54-160 (1), 275-55-261 (1)			
2	The provider is a recognized element of the RSN'S mental health plan. WAC 275-54-160 (5), 275-55-261 (5)			
3	The RSN plan designates the components to be provided by the provider seeking certification WAC 275-54-160 (5), 275-55-261 (5)			
4	The provider provides at least one of the following components: Outpatient; Emergency; Inpatient. WAC 275-54-170 (1)(a), 275-55-263 (1)(a)			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-54 AND/OR 275-55
GENERAL REQUIREMENTS

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENBTATION SUITABLE	IMPLEMENTATION
5	The provider maintains a written statement describing the organizational structure and objectives. This written statement includes contractual affiliates (if any). WAC 275-54-170 (1)(c), 275-55-263 (1)(c)			
6	Client rights are included in the statement of structure and objectives. WAC 275-54-170 (1)(d)(ii), 275-55-263 (1)(d)(ii)			
7	**FOR CHILDREN**: Client rights are prominently posted and include, at a minimum, the rights listed in WAC 275-54-290 **FOR ADULTS**: Client rights are prominently posted and include, at a minimum, the rights listed in WAC 275-55-211 and 275-55-241			
8	The provider safeguards clinical records against loss, defacement, tampering or use by unauthorized persons. WAC 275-54-170 (2)(b)(ii), 275-55-263 (2)(a)(ii)			

COMMENTS AND RECOMMENDATIONS: _____

BUA

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
9	Evaluation and treatment services to minors shall be provided by: A child mental health specialist, (WAC 275-54-170 (2)(c)(i)) or A mental health professional directly supervised by a child mental health specialist, (WAC 275-54-170 (2)(c)(ii)) or A mental health professional receiving at least one hour per week of clinical consultation from a child mental health specialist for each involuntarily detained minor provided direct client services during the week.(WAC 275-54-170 (2)(c)(iii))			
10	Professional personnel are available to the provider WAC 275-54-170 (2)(d)(ii), WAC 275-55-263 (2)(b)(i) A licensed physician is available, and A mental health professional is available			
11	Psychiatric consultation is available to other physicians or mental health professionals when treatment is not provided by or under the supervision of a psychiatrist. WAC 275-54-170 (2)(d)(iv), WAC 275-55-263 (2)(b)(iii)			
12	The provider provides access to medical services. WAC 275-54-170 (2)(d)(iii), 275-55-263 (2)(b)(ii)			
13	The provider provides access to emergency life sustaining treatment WAC 275-54-170(2)(d)(iii), WAC 275-55-263(2)(b)(ii)			
14	The provider provides access to medication. WAC 275-54-170 (2)(d)(iii), WAC 275-55-263 (2)(b)(ii)			

COMMENTS AND RECOMMENDATIONS: _____

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
15	The provider has a written policy for the use of restraints or seclusion which ensures the safety of patients and staff. WAC 275-54-170 (2)(e), WAC 275-55-263 (2)(c)			
16	The provider has an in-service training plan containing the following elements: a) Utilization of less restrictive alternatives; b) Methods of patient care; c) Managing assaultive and/or self-destructive behavior; d) Standards and guidelines promulgated by the department. (WAC 275-54-170 (2)(g), WAC 275-55-263 (2)(e))			

COMMENTS AND RECOMMENDATIONS: _____

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
17	The provider maintains written procedures for managing assaultive and/or self-destructive behavior. WAC 275-54-170(2)(h)(i), WAC 275-55-263(2)(f)(i) Staff are familiar with these procedures.			
18	The provider maintains adequate fiscal accounting records. WAC 275-54-170(2)(h)(ii) WAC 275-55-262(2)(f)(ii)			
19	The provider submits reports required by the secretary. WAC 275-54-170 (2)(h)(iii), WAC 275-55-263 (2)(f)(iii)			
20	The provider maintains a procedure for collection of fees and third-party payment WAC 275-54-170 (2)(h)(iv), WAC 275-55-263 (2)(f)(iv)			
21	The provider is subject to licensure under other federal or state statute. The provider is regulated by _____ The provider meets the standards of the other regulator. (The more restrictive standards shall apply). WAC 275-54-170 (3), WAC 275-55-263 (3)			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-54 AND/OR 275-55
OUTPATIENT SERVICES

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
22	Services are provided directly by: a) A licensed physician; or b) A licensed psychologist; or c) A licensed psychiatric nurse; or d) A licensed agency. WAC 275-54-180 (1), WAC 275-55-271(1)			
23	The provider provides: a) Individual and/or group therapy; and/or b) Family/marital therapy, and/or c) Medication management; and/or d) Case Management WAC 275-54-180 (2)(a)(i through v) WAC 275-55-271(2)(a)			
24	Services are provided under the supervision of a mental health professional. WAC 275-54-180 (2)(b), WAC 275-55-271(2)(b)			
25	The provider has access to consultation by a psychiatrist or a physician with at least one year's experience in the direct treatment of the mentally ill. WAC 275-54-180 (2)(d), WAC 275-55-271(2)(d)			

COMMENTS AND RECOMMENDATIONS: _____

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WAC 275-54 AND/OR 275-55
EMERGENCY SERVICES

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
26	The provider has the capacity to detain a person posing an imminent threat to self or others. WAC 275-54-190 (1), WAC 275-55-281(1)			
27	The provider is available seven days per week, twenty four hours per day. WAC 275-54-190 (3)(a), WAC 275-55-281(3)(a)			
28	The provider follows a written protocol for detaining an individual and contacting the designated mental health professional. WAC 275-54-190 (3)(b), WAC 275-55-271(3)(b)			
29	The provider provides or has access to medical services. WAC 275-54-190 (3)(c), WAC 275-55-281(3)(c)			
30	The provider has a written agreement with a certified inpatient component for admissions on a seven day per week, twenty four hour per day basis. WAC 275-54-190 (3)(d), WAC 275-55-281(3)(d)			
31	The provider follows a written protocol for transporting individuals to short term inpatient units. WAC 275-54-190 (3)(e), WAC 275-55-281(3)(e)			

COMMENTS AND RECOMMENDATIONS: _____

WAC 275-54 AND/OR 275-55
SHORT-TERM INPATIENT SERVICES

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
32	Services are provided on a twenty four hour per day basis. WAC 275-54-200 (1), 275-55-291 (1)			
33	The provider meets requirements for state licensing as a) A skilled nursing facility; or b) An intermediate care facility; or c) A residential treatment facility. WAC 275-54-200 (3)(a), 275-55-291 (3)(a)			
34	The provider has access to or provides at least one seclusion room, meeting the requirements of WAC 243-16-001 (65) WAC 275-54-200 (3)(e), 275-55-291(3)(e)			
35	The provider provides therapeutic services including a) Individual therapy; b) Family therapy (for children) c) Medication Management WAC 275-54-200 (3)(f), 275-55-291(3)(f)			
36	The provider has a professional person in charge to supervise the provision of treatment. WAC 275-54-200 (3)(g), 275-55-291(3)(g)			
37	The provider has access to a mental health professional and a licensed physician for consultation and communication with the individual and staff, twenty-four hours per day, seven days per week. WAC 275-54-200 (3)(i), 275-55-291(3)(i)			

COMMENTS AND RECOMMENDATIONS: _____

BVCA

Revised 11/10/00

CONSUMER RECORD REVIEW
WAC 275-54 and/or WAC 275-55

PROVIDER _____
CASE # _____
LCS REVIEWER _____
DATE _____

SERVICES PROVIDED

1. CHECK TYPE IF INVOLUNTARY TREATMENT SERVICES WERE PROVIDED

   ☐ EMERGENCY DETENTION (UP TO 6 HRS) ☐ 72 - HOUR DETENTION
   ☐ 14- DAY COMMITTMENT ☐ 90 - DAY COMMITTMENT ☐ 180 - DAY COMMITMENT

2. CHECK TYPE IF OUTPATIENT SERVICES WERE RECEIVED BY THE CONSUMER

   ☐ INDIVIDUAL/GROUP THERAPY
   ☐ FAMILY/MARITAL THERAPY
   ☐ MEDICATION MANAGEMENT
   ☐ CASE MANAGEMENT

3. CHECK IF EMERGENCY SERVICES WERE PROVIDED
   ☐ EMERGENCY SERVICES

4. CHECK TYPE IF SHORT-TERM INPATIENT WERE RECEIVED BY CONSUMER
   ☐ INDIVIDUAL/FAMILY THERAPY
   ☐ MEDICATION MANAGEMENT

AGE _____ IF CHILD A SPECIALIST INVOLVEMENT IS REQUIRED

DATE OF INITIAL CONTACT _____
DATE OF LAST COURT ORDER _____
DATE OF TERMINATION _____

list the staff involved in the direct treatment of the client. Identify those who qualify as Mental Health Professionals.

Non – MHP's _____
MHP's _____

Component	Deficiency Standard # (circle numbers if deficient)	Total Points Possible	# of NA's	Net Possible	# of Deficiencies	Net Score
General E&T	1 2 3 4 5 6 7 8 9 10 11 12	26				
Outpatient	13 14 15 16 17	9				
Emergency	18 19 20 21 22	6				
Short Term Inpatient	23 24 25 26 27 29	14				
Total		55				

PERCENTAGE SCORE _____

Revised 11/10/00

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55

THIS SECTION OF THE REVIEW IS TO MEASURE AND EVALUATE THE DOCUMENTATION RECORDED IN THE CLIENT'S CASE RECORD. THIS SECTION IS TO BE COMLETED BY ALL PROVIDERS. UNDER THE SOURCE, PLEASE INDICATE THE CLIENT RECORD FORM AND THE DATE OF ENTRY WHICH DOCUMENTS THE FOLLOWING ITEMS:

CERTIFICATION STANDARD #	WAC PROVISION - WAC REFERENCE	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION		
1	The client was provided care in a therapeutic environment. WAC 275-54-170 (1)(d) (i), 275-55-263 (1)(d)(i)			Yes	No	NA
2	The client was informed of his/her rights as specified in WAC 275-54-190 (Children) or WAC 275-55-241 (adults) WAC 275-54-170 (1) (d) (ii), 275-55-263 (1)(d)(ii)			Yes	No	NA
3	A less restrictive alternative was considered for this client at the time of: detention. admission. discharge. development of 14, 90 - day (for adults) and 180 day petitions. WAC 275-54-170 (1) (d) (iii), 275-55-263 (1)(d)(iii)			 Yes Yes Yes Yes Yes	 No No No No No	 NA NA NA NA NA
4	If consumer requires services that are not available and/or provided at this facility then the agency shall document in the record and otherwise ensure that referral services and assistance in obtaining supportive services are provided. WAC 275-54-170 (1)(d)(v), 275-55-263 (1)(d)(v)			Yes	No	NA

COMMENTS AND RECOMMENDATIONS: _____

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENBTATION SUITABLE	IMPLEMENTATION
5	The clinical record includes: a treatment plan a discharge plan. sufficient information to justify the diagnosis. Sufficient information to justify the treatment program. WAC 275-54-170 (2)(b)(i)(ii), 275-55-263 (2)(a)(i)(ii)			Meets all of the requirements Yes No NA Yes No NA Yes No NA Yes No NA
6	FOR CHILDREN: Evaluation and treatment services were provided by: A child mental health specialist or A mental health professional directly supervised by a child mental health specialist, or A mental health professional receiving at least one hour per week of clinical consultation from a child mental health specialist for each involuntarily detained minor provided direct client services during a week. WAC 275-54-170 (2) (c) (i) (ii) (iii),			Meets at least one (1) of the requirements Yes No NA

COMMENTS AND RECOMMENDATIONS:_____

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
7	Patient had access to necessary: • medical treatment • emergency life sustaining treatment • medication WAC 275-54-170 (2) (d) (iii), WAC 275-55-263 (2) (b) (ii),			Meets all of the requirements Yes No NA Yes No NA Yes No NA
8	Psychiatric consultation is available to physician(s) and other mental health professionals when treatment is not provided under the supervision of a psychiatrist. ***If a psychiatrist is providing treatment mark NA*** WAC 275-54-170 (2) (d) (iv), WAC 275-55-263 (2) (b) (iii),			Yes No NA
9	For the emergency use of restraints, a physician was notified within one hour. WAC 275-54-170 (2) (e) (i), WAC 275-55-263 (2) (c) (i)			Yes No NA
10	If the client was restrained or secluded for more than two hours, they were evaluated by a mental health professional. While restrained or secluded, the patient was directly observed every 15 minutes. WAC 275-54-170 (2) (e) (ii), WAC 275-55-263 (2) (c) (ii)			Yes No NA Yes No NA

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
11	If the restraint or seclusion exceeded twenty-four hours, the patient was examined by a licensed physician?			Yes No NA
	The facts determined by the physician were recorded in the client's record to justify the use of restraints or seclusion in excess of twenty-four hours.			Yes No NA
	The physician signed the order for the use of restraints or seclusion.			Yes No NA
	The procedure was repeated for each subsequent twenty-four hour period?			Yes No NA
	WAC 275-54-170 (2) (e) (iii), WAC 275-55-263 (2) (c) (iii)			
12	There is documentation in the chart that ensures that the patient had been evaluated for release from commitment:			
	Weekly - for 14 day commitment			Yes No NA
	Monthly - for 90 and 180 - day commitments			Yes No NA
	WAC 275-54-170 (2) (f), W^C 275-55-263 (2) (d)			

COMMENTS AND RECOMMENDATIONS: _____

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55
OUTPATIENT SERVICES

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
13	Services are provided directly by one of the following: A licensed physician. A licensed psychologist. A licensed psychiatric nurse A licensed agency. WAC 275-54-180(1), WAC 275-55-271(1)			Meets at least one of the requirements Yes No NA
14	Services provided to the client include at least one of the following: Individual therapy. Group therapy. Family/marital therapy. Medication management. Case management. WAC 275-54-180 (2) (a), WAC 275-55-271 (2) (a)			Services provided include at least one (1) from the list Yes No NA
15	Was the involuntary client seen at least weekly? WAC 275-54-180 (2) (c), 275-55-271 (2) (a)			Yes No NA

COMMENTS AND RECOMMENDATIONS: _____

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55
OUTPATIENT SERVICES

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
16	The patient is seen weekly by assigned staff during involuntary treatment.			Yes No NA
	If the frequency of contact was not at lest weekly, the mental health professional shall record the reason in the client's record.			Yes No NA
	A mental health professional has reviewed and updated the treatment plan at least monthly.			Yes No NA
	If the reviews and updates are not monthly then the mental professional must document in the reason for this in the client record.			Yes No NA
	WAC 275-54-180 (2) (c), WAC 275-55-271 (2) (c)			
17	If under a 14 day commitment, the client has at least weekly consultation for the assessment and prescription of psychotropic medication? If not, a physician must record the reason in the client record.			Yes No NA
	If under a 90 day or 180 day commitment, the client has at least monthly consultation for the assessment and prescription of psychotropic medication? If not, a physician must record the reason in the client record.			Yes No NA
	WAC 275-54-180 (2) (e), WAC 275-55-271 (2) (e)			

COMMENT AND RECOMMENDATIONS: _____

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55
EMERGENCY SERVICES

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
18	The provider's written protocol for detaining an individual was followed: WAC 275-54-190 (2) (b), WAC 275-55-281 (2) (b)			Yes No NA
19	The client was evaluated by a county designated mental health professional within six hours of detention. RCW 71.05.050 and WAC 275-55-281 (2) (b)			Yes No NA
20	Did the provider provide or have access to medical services? WAC 275-54-190 (2) (c), WAC 275-55-281 (2) (c)			Yes No NA
21	Did the provider transfer the client to a certified inpatient component for admissions? If so, did the provider have a written agreement with the inpatient component? WAC 275-54-190 (2) (d), WAC 275-55-281 (2) (d)			Yes No NA Yes No NA
22	Did the provider follow its written protocol for transporting individuals to short-term inpatient units? WAC 275-54-190 (2) (e), WAC 275-55-281 (2) (e)			Yes No NA

COMMENTS AND RECOMMENDATIONS: _____

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55
SHORT-TERM INPATIENT SERVICES

LICENSE STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
23	FOR CHILDREN: Minor detained with adults. The record documented: WAC 275-54-170 (2) (a)			
	The anticipated effects of such joint use on the minor been considered by the professional staff. WAC 275-54-170 (2) (a) (i)			Yes No NA
	A professional judgment had been made that joint use would not be deleterious to the minor. WAC 275-54-170 (2) (a) (ii)			Yes No NA
	No other placement within a certified inpatient facility was available. WAC 275-54-170 (2) (a) (ii)			Yes No NA
	An emergency existed. WAC 275-54-170 (2) (a) (ii)			Yes No NA
24	Did the provider deny admission to this client? WAC 275-54-200 (3) (c) WAC 275-55-291 (3) (c)			Yes No NA

COMMENTS AND RECOMMENDATIONS: _____

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55
SHORT-TERM INPATIENT

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
25	If admission was denied, does the record indicate:			Yes No NA
	After a psychosocial evaluation, there was a determination by a mental health professional that the person did not present a likelihood of serious harm, or an imminent likelihood of serious harm or was not gravely disabled?			Yes No NA
	The person required specialized medical care and support services of a type not provided by the provider?			Yes No NA
	The person required a greater degree of control than the program could provide?			Yes No NA
	No treatment space available?			Yes No NA
	A less restrictive alternative provided by another provider was a more appropriate placement?			Yes No NA
	WAC 275-54-200 (3) (c) (i thru v) WAC 275-55-291 (3) (c) (i thru v)			
26	A medical evaluation was performed by a licensed physician within twenty-four hours of admission? WAC 275-54-200 (3) (d) (i) WAC 275-55-291 (3) (d) (i)			Yes No NA
27	A psychosocial evaluation was performed by a mental health professional within twenty-four hours of admission? WAC 275-54-200 (3) (d) (ii) WAC 275-55-291 (3) (d) (ii)			Yes No NA

COMMENTS AND RECOMMENDATIONS: _____

CLIENT RECORD REVIEW
WAC 275-54 AND/OR 275-55
SHORT-TERM INPATIENT

CERTIFICATION STANDARD #	WAC SECTION/WAC PROVISION	SOURCE OF DOCUMENT	DOCUMENTATION SUITABLE	IMPLEMENTATION
29	Does the record indicate a mental health professional provided daily contact with the client for the purpose of observation, evaluation, and continuity of treatment? WAC 275-54-200 (3) (h), WAC 275-55-291 (3) (h)			Yes No NA

COMMENTS AND RECOMMENDATIONS:

MENTAL HEALTH DIVISION
Consumer Record Review
6547 Exempt (shaded areas)

Reviewer_____

PROVIDER: _____

CHART NUMBER _____

GENDER: MALE FEMALE AGE_____

DATE OF INTIAL CONTACT/INTAKE_____

DATE OF TERMINATION_____ONGOING_____

Services Provided:	Underserved Population: YES NO	
Case Management	American Indian/Alaska Native	Asian/Pacific Islander
Psychiatric/Medical	African American	Hispanic
Brief Intervention	Children	Elderly
Residential	Disabled	Low Income
Employment	Developmentally Disabled	Deaf and Hard of Hearing
Crisis Response	Co-occurring Disorder	

Staff involved in direct treatment	MHP Yes	MHP No	Specialist Yes	Specialist No
1. _____	❑	❑	❑	❑
2. _____	❑	❑	❑	❑
3. _____	❑	❑	❑	❑

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Areas Reviewed	Deficiency, please circle number In each area.	Total Pts.	# of na's	Net Pts.	# of Def.	Score
Consumer Rights	1, 2, 3, 4, 5 ,6, 7	7				
Intake	1, 2 ,3, 4, 8,12	6				
Individualized Plan	1,2, 3, 4, 5,6,13,14,15,16,	10				
Consent to Treatment	1, 2, 3, 4, 5, 6	6				
Special Populations	1, 2, 3, 4	4				
Psychiatric/Medical	1,2, 3, 4, 5, 6, 7 ,8, 9, 10, 11, 12, 13, 14, 15, 16	16				
Brief Intervention	1, 2, 3, 4, 5, 6, 7, 8	8				
Employment	1, 2, 3, 4, 5, 6, 7, 8.	8				
Case Management	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,	15				
Crisis Response	1, 2, 3, 4, 5, 6, 7, 8	8				
Total Possible		88				

Chart Score = Total Correct (column 7) _____ / Total Possible (column 5)_____ =_____%

90% or > is a passing score

BRG

Justification	Standard	Federal Waiver Requirement

CONSUMER RIGHTS

Justification	Standard	Compliance
1. WAC 275-57-340 Consumer Rights	The provider shall ensure consumers are knowledgeable of and protected by certain rights	Patient rights have been signed by consumer or chart indicates they were verbally informed.. ❑YES ❑ NO
2. WAC 275-57-340 (i)	Consumer has a right to lodge a complaint with the Ombuds.	Patient rights include the right of the consumer to lodge a complaint and rights include the phone number of Ombuds. ❑ YES ❑ NO
3.WAC 275-57-110(5)	The consumer shall have the right to choose a primary care provider (PCP) from the (PCP) available.	Patient rights include information about the consumers right to choose a PCP. ❑YES ❑NO
4. WAC 275-57-210 (4)	A person enrolled in a PHP shall have the right to change primary care provider.	The right to change a PHP is included in the patient rights. ❑ YES ❑ NO
5. WAC 275-57-200	The department shall not require a person to enroll or continue to enroll in a PHP.	The right to request an exemption from enrollment in is included in the patient rights. ❑ YES ❑ NO
6.WAC 275-57-240	An enrolled recipient shall have the right to a second opinion.	The right to a second opinion is included in the patient rights. ❑YES ❑ NO
7.WAC 275-57-250(2)(iii)	The department shall: Disenroll only when the enrolled recipient requests disenrollment from the PHP.	The right to request disenrollment from the PHP is included in the patient rights. ❑YES ❑NO

Justification	Standard	Compliance

INTAKE

1. WAC 275-57-410 (1) Admissions	Resource management shall approve consumer admission to community support services.	Tier (level of care) authorization and/or approval for treatment is found in chart. ❑YES ❑ NO
2. WAC 275-57-410 (2) Intake Evaluation. "Medical Audit" Federal Waiver **The degree to which services and planning incorporate the service recipient's voice.** "Acceptability"	Intake shall be done collaboratively with the consumer.	Records Indicate the consumer has signed or participated in the intake. ❑YES ❑NO
3. WAC 275-57-410 (2)	Intake shall be done within 30 days of initiating community support services	Records Indicate the intake was completed with 30 days of first contact ❑YES ❑NO
4. WAC 275-57-410 (2((a)(ii) "Medical Audit" Federal Waiver **The degree to which services provided are driven by recipient needs.** "Quality of Care"	Intake addresses functioning of daily life domains, showing strengths as well as needs.	Daily life domains addressed, showing strengths as well as needs. ❑YES ❑NO
5.WAC 275-57-410 (2)(a)(i)	Intake addresses psycho-social and cultural history	Psycho-social and cultural history was addressed at intake ❑YES ❑NO
6.WAC 275-57-410 (2)	Staff conducting an intake shall have training in this activity.	Staff conducting intake is a MHP or signed by MHP. ❑YES ❑ NO
7. WAC 275-57-410 (2)(a)(iii)	Intake addresses substances use and abuse	Substance use and abuse was addressed ❑YES ❑NO
8. WAC 275-57-410 (2)(a)(iv)	Intake addresses medical history including medications used.	Medical history including medications was addressed. ❑YES ❑NO
9. WAC 275-57-410 (2)(b)	Intake addresses historical information from family members and/or other natural support systems when possible	Historical information about family and other natural support systems addressed ❑YES ❑NO
10. WAC 275-57-410 (2)(a)(v)	For Children, a developmental history is required	Developmental History addressed ❑YES ❑NO ❑NA
11. WAC 275-57-410 (2)(a)(iv)	For persons under the care of a health care professional, the provider shall seek permission to receive pertinent medical information	There is documentation that person was under the care of a health care professional and provider sought to receive pertinent information ❑YES ❑NO ❑ NA
12. WAC 275-57-410(2)(d)	Seeking information should not pose a barrier to service.	Intake not complete and it is documented why not complete. ❑YES ❑ NO ❑ NA

revised 01/22/01

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Justification	Standard	Compliance

INDIVIDUALIZED PLAN

1. WAC 275-57-410 (3) Individualized Plan "Medical Audit" Federal Waiver **The degree to which services and planning incorporate the service recipient's voice.** "Acceptability"	Implement individualize treatment plan in collaboration with the consumer	There is there evidence that consumer had input into treatment plan. ❑YES ❑NO Consumer should have signed treatment plan.
2.WAC 275-57-410 (3) Individualized Plan	Plan shall be implemented within thirty days of initiating community support services.	Was plan implemented within 30 days. ❑YES ❑ NO
3. WAC 275-57-410 (3)(a) adults "Medical Audit" Federal Waiver **The degree to which there was inclusion , recruitment and use of natural supports and other community resources.** "Acceptability" "Medical Audit" Federal Waiver **The degree to which services and planning incorporate the service recipient's voice.** "Acceptability"	For adults treatment plan is developed with the consumer and include people who provide active support to the consumer.	Is there evidence of others participation in the treatment plan. ❑YES ❑ NO ❑ NA Charting should indicate involvement of others especially if consumer is not living alone.
4. WAC 275-57-410 (3)(b)Children "Medical Audit" Federal Waiver **The degree to which there was inclusion , recruitment and use of natural supports and other community resources.** "Acceptability" "Medical Audit" Federal Waiver **The degree to which services and planning incorporate the service recipient's voice.** "Acceptability"	For children, develop the plan with the child, family and others who provide active support to the child.	There is evidence of family involvement or others. ❑YES ❑ NO ❑ NA Charting should indicated involvement of others especially family members or school.
5. WAC 275-57-410 (3)(b) children	For children under 3 the plan shall be integrated with the individualized family service plan (IFSP), when applicable.	For children under 3, plan is integrated with (IFSP) ❑YES ❑ NO ❑ NA If child is under three there should be an IFSP record in the chart.

Justification	Standard	Compliance
6. WAC 275-57-410 (3) (c)(i) Needs	Treatment Plan focuses on [redacted] normalization and addresses [redacted] needs identified by the consumer which may include: [redacted] Least restrictive housing	Did treatment plan address needs of consumer? ❑YES ❑NO
7. WAC 275-57-410 (3)(ii)	Treatment plan shall address income	Treatment plan addresses income ❑YES ❑NO
8. WAC 275-57-410(3)(iii)	Treatment plan shall address work or school	Treatment plan addresses work or school ❑YES ❑NO
9. WAC 275-57-410(3)(iv)	Treatment plan shall address social life	Treatment plan addresses social life ❑YES ❑NO
10. WAC 275-57-410(3)(v)	Treatment shall include psychotherapy	There is evidence of ongoing psychotherapy in the treatment plan ❑Yes ❑NO
11. WAC 275-57-410(3)(d) Goals/time frames	Treatment plan links outcomes to specific goals and time frames for achieving	Goals, outcomes and timeframes are identified in treatment plan ❑YES ❑NO ❑NA There should be specific dates for accomplishing goals
12. WAC 275-57-410(3)(e) Services "Medical Audit" Federal Waiver The degree to which services provided are driven by recipient needs "Quality of Care"	The provider shall flexibly develop or purchase services to meet the unique needs of the person	Case record indicates that services go beyond categorical programs and/or routine/traditional mental health services ❑YES ❑NO ❑NA
13. WAC 275-57-410 (3)(g) 180 day review	Treatment plan is mutually reviewed every six months, or more often at the request of the consumer.	Treatment plan (updates or reviews) has consumer signature or evidence of consumer involvement and done every 180 days. ❑YES ❑NO ❑NA
14. WAC 275-57-410 (4)(a) Progress "Medical Audit" Federal Waiver **The degree to which there is congruency between the chart including assessment, treatment plan, and progress notes and the actual services provided.** **"Quality of Care"**	The provider shall periodically document consumer progress in achieving treatment goals in the case record.	Consumer records indicate documentation of progress towards goals in the progress notes. ❑YES ❑NO
15. WAC 275-57-410 (4)(b)Treatment goals- changes in Treatment Plan	The provider shall include specific progress toward established goals, changes in individualized plans and extraordinary events in the case record.	Consumer records indicate documentation of specific progress toward goals, changes in individualized plans and extraordinary events. ❑YES ❑NO
16. WAC 275-57-410(4)(c)	A mental health professional shall review and sign off on: Intake; Individualize plan; revisions in plan.	There is a mental health professional signature on all required documents. ❑YES ❑NO

revised 01/22/01

Justification	Standard	Compliance

CONSENT AND ACCESS TO TREATMENT RECORDS.

1. WAC 275-57-360 Confidential Information "Medical Audit" Federal Waiver **The degree to which services and planning incorporate the service recipient's voice.** "Acceptability"	The provider shall ensure information about the consumer is not shared or released except as specified by statue. Chapter 70.02, 71.05, and 71.34 RCW.	Records indicate information is not shared without consent. ☐YES ☐NO Consumer should sign a release of information if necessary.
2. WAC 275-57-350 (1) Consent to treatment (children)	Any minor over twelve years of age may request and receive treatment without the consent of the minor's parent.	Chart indicates minor over 12 and receiving treatment without consent of parent. ☐YES ☐NO ☐NA
3. WAC 275-57-350 (4)(a) Informed consent "Medical Audit" Federal Waiver **The degree to which services and planning incorporate the service recipient's voice.** "Acceptability"	The provider shall obtain written informed consent of the consumer or legally responsible other before: (a) Use of medication	Informed consent obtained before use of medications. . ☐YES ☐NO ☐NA
4. WAC 275-57-350(4)(b)	(b) Use of unusual diagnostic or treatment procedure	Informed consent required found in chart. ☐YES ☐NO ☐NA
5. WAC 275-57-350(4)(c)	(c) Use of audio and/or visual devises to record consumer's behavior	Informed consent required and found in chart. ☐YES ☐NO ☐NA
6. WAC 275-57-350(4)(d)	(d) The consumer serves as a subject for research.	Informed consent required and found in chart. ☐YES ☐NO ☐NA

Justification	Standard	Compliance

SPECIAL POPULATIONS

1. 275-57-320 (1) Child mental health specialist "Medical Audit" Federal Waiver **The degree to which services and planning are age, culturally and linguistically competent.** "Acceptability"	The provider shall ensure services directed to children are provided by, under the supervision of or with consultation from a child mental health specialist.	Child specialist consult is required and case manager is a child specialist/or a consult from a child specialist can be found in the chart. ❑YES ❑NO ❑NA
2. 275-57-320 (2) Geriatric mental health specialist. "Medical Audit" Federal Waiver **The degree to which services and planning are age, culturally and linguistically competent.** "Acceptability"	The provider shall ensure services directed to the elderly are provided by, under the supervision of, or with consultation from a geriatric mental health specialist.	Geriatric specialist consult is require and case manager is a Geriatric specialist/or a consult from a geriatric specialist can be found in the chart. ❑YES ❑NO ❑NA .
3. 275-57-320 (3) Ethnic minority mental health specialist. "Medical Audit" Federal Waiver **The degree to which services and planning are age, culturally and linguistica'ly competent.** "Acceptability"	The provider shall ensure services directed to ethnic minority consumers are provided by, under the supervision of, or with consultation from an ethnic minority mental health specialist.	A minority consult is required and the case manger is a specialist for the following required groups or a consult can be found in the chart. ❑American Indian/Alaska Native. ❑African American ❑Asian/Pacific Islander ❑Hispanic ❑YES ❑NO ❑NA
4. 275-57-320 (4) Disability mental health specialist. "Medical Audit" Federal Waiver **The degree to which services and planning are age, culturally and linguistically competent.** "Acceptability"	The provider shall ensure services directed to consumers with a disability shall be provided by, under the supervision of , or with consultation from a mental health specialist with special expertise in working with the disabled group.	Consult for a disability specialist is required and case manager is a disability specialist/or consult can be found in the chart. ❑YES ❑NO ❑NA

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Justification	Standard	Compliance

PSYCHIATRIC AND MEDICAL SERVICES

1. WAC 275-57-450 Psychiatric and Medical Services	Provider shall provide psychiatric and medical services to ensure consumers are prescribed medications when necessary.	Medications are prescribed by the provider. ❑YES ❑NO If no, skip this section and do not score. .
2.WAC 275-57-450	Consumer is knowledgeable about medications and side effects.	Consumer has signed medication consent and consent includes information about side effects of medications. ❑YES ❑NO Consumer should be aware of the side effect for each medication. Generally one would expect to see some documentation indicating awareness of each medication.
3. WAC 275-57-450 (1)	Provider shall vest overall medical responsibility in a physician licensed to practice under Chapter 18.57 or 18.71 RCW and board eligibility in psychiatrity	Provider has psychiatrist assigned. ❑YES ❑NO ❑NA Note: If provider does not have a psychiatrist assigned but meets the requirement below, please check NA for this area.
4. WAC 275-57-450(a)(b)	If provider is unable to recruit a psychiatrist, they may employ physician without board eligibility provided: Psychiatric consultation is provided to the physician at least monthly; and (b) A psychiatrist is accessible in person by telephone, or by radio communication to the physician for emergency consultation.	Provider does not have a psychiatrist assigned but consultation is provided to the physician at least monthly and a psychiatrist is accessible (pager and telephone number) for emergency consultation. ❑YES ❑NO ❑NA
5. WAC 275-57-450 (2) "Medical Audit" Federal Waiver **Credentialing of clinical staff** "Quality of Care"	Only licensed staff may prescribe medications.	Medications are prescribed by licensed staff. ❑YES ❑NO Only a licensed staff can prescribe medication. This include psychiatrist, MD, AARNP.
6. WAC 275-57-450 (2)	Prescribing staff shall review medications at least every 3 months.	Records indicate medications were reviewed monthly at least every 3 months.. ❑YES ❑NO
7. WAC 275-57-450 (3) "Medical Audit" Federal Waiver **Credentialing of clinical staff** "Quality of Care"	Only staff licensed to do so may administer medications.	Records indicate medications are administered by licensed staff.(ARRNP, RN, LPN, psychiatrist) ❑YES ❑NO

Justification	Standard	Compliance

PSYCHIATRIC AND MEDICAL SERVICES CON'T.

8. WAC 275-57-450 (5)(a)	The provider shall maintain medication information in the consumer record.	Consumer is receiving medications and there is a medication record.. ❑YES ❑NO
9. WAC 275-57-450 (5) (b)	Name and purpose of medication is documented.	Name and purpose of medication is documented. ❑YES ❑NO
10. WAC 275-57-450 (5)©	Dosage and method of administration is documented.	Dosage and method of administration is documented. ❑YES ❑NO
11. WAC 275-57-450 (5)(c)	Dates prescribed, reviewed, and/or renewed is documented.	Dates prescribed, reviewed and/or renewed is documented. ❑YES ❑NO
12. WAC 275-57-450 (5)(d)	Observed and reported side effects are documented.	Records indicate documentation of side effects. ❑YES ❑NO
13. WAC 275-57-450 (5)(e)	Laboratory findings are documented.	Laboratory findings are documented ❑YES ❑NO ❑NA All medications do not require lab results.
14. WAC 275-57-450 (5)(f)	Reason for change or termination of medication is documented.	Reason for change or termination is documented. ❑YES ❑NO ❑NA
15. WAC 275-57-450 (5)(g)	Name and signature of person prescribing medication is documented.	Name and signature of person prescribing person is documented. ❑YES ❑NO
16.WAC 275-57-450 (6) Medical Treatment	Provider shall consult with and/or offer to make referral to a physician when physical health problems are suspected and include current medical concerns in individualized treatment plan as necessary.	Records indicate the need to make referral to a physician and a referral was made. ❑YES ❑NO ❑NA If referral was made there should be a signed consent.

Justification	Standard	Compliance

BRIEF INTERVENTION SERVICES

1. WAC 275-57-400 (1) Brief Intervention Services	The RSN shall define the number of allowable brief interventions services	The number of allowable brief intervention services is defined/established in the chart ☐YES ☐NO ☐NA
2. WAC 275-57-400 (2) Brief Interventions Services	A person receiving more than fifteen hours of service in a twelve-month period shall receive a full intake evaluation	Consumer received more than 15 hours of service in a 12 month period and a full intake was completed ☐YES ☐NO ☐NA
3. WAC 275-57-400 (3)(a) Brief Interventions Services	The provider of brief intervention services shall gather the following information in the intake to brief interventions: Mental Status examination;	Mental Status examination complete ☐YES ☐NO ☐NA
4. WAC 275-57-400(3)(b) "Medical Audit" Federal Waiver **The degree to which services provided are driven by recipient needs.** "Quality of Care"	Intake shall address functioning in daily life domains, showing strengths as well as needs	Functions in daily life domains, showing strengths as well as needs are identified ☐YES ☐NO ☐NA
5. WAC 275-57-400(3)(c)	Intake shall address substances use and abuse	Information on drug use/abuse is addressed ☐YES ☐NO ☐NA
6. WAC 275-57-400(3)(d)	The intake shall include the name of the consumer's most recent physician and prescribed medications	Name of the most recent physician and prescribed medications are identified ☐YES ☐NO ☐NA
7. WAC 275-57-400(3)(e) "Medical Audit" Federal Waiver **The degree to which services and planning incorporate the service recipient's voice** "Acceptability"	The intake shall contain brief plan of action to achieve mutually agreed upon outcomes	Plan of action contains/identifies mutually agreed upon outcomes ☐YES ☐NO ☐NA Consumer signature, case manager, quotes consumer
8. WAC 275-57-400(3)(f)	Seeking of intake information shall not present a barrier to services	If information left out of intake, reason for incomplete information is documented ☐YES ☐NO ☐NA *The intake should be complete but consumer may not want to address all the issues and this should be noted in the chart*

Justification	Standard	Compliance

SUPPORTED EMPLOYMENT

1. WAC 275-57-440 (1) (a) Community Support Services-Employment Services "Medical Audit" Federal Waiver **The degree to which needs for housing, employment and education options are assessed and support and services provided** "Quality of Care"	Provide age and culturally appropriate employment as a treatment option for consumers wanting to work.	Consumer is employed. ❑YES ❑NO Is the agency licensed to and providing these supported employment services? YES NO Does the RSN contract for these services with the agency? YES NO *Is DVR involved? ❑YES ❑NO* If no on questions above–skip this section and do not score!
2. WAC 275-57-440 (1) (a)	Consumer records contain a vocational assessment of work history, skills training, education and personal career goals.	Records contain vocational assessment. ❑YES ❑NO
3.. WAC 275-57-440 (1) (b)	Consumer records contain public assistance information.	Records contain information about public assistant information. ❑YES ❑NO
4. WAC 275-57-440 (1) (c)	There shall be active involvement with consumer in establishing individualized job and career development plans.	Records indicate employment is part of individualized plan. ❑YES ❑NO
5. WAC 275-57-440 (1) (d)	Provider shall assist consumer n locating employment consistent with consumer skills, goals and interest.	Records indicate assistance was provided in helping locate employment. ❑YES ❑NO
6. WAC 275-57-440 (1) (e)	Consumer records indicate integration of supported employment including outreach and support services in the place of employment, if required.	Records indicate integration of supported employment. ❑YES ❑NO
7. WAC 275-57-440 (1) (f)	Consumers records indicate case manager interaction with employer to maintain stability and employment and ADA compliance.	Records indicate case manager interacts with employer. ❑YES ❑NO
8. WAC 275-57-440 (2)(a)(b)	If the RSN or service provider employee the consumer then the consumer is paid in accordance with the Fair Labor and Standards Act and safety standards are in place in full compliance with local and state regulations.	Records indicate consumer is paid minimum wage. ❑YES ❑NO

Justification	Standard	Compliance

CASE MANAGEMENT SERVICES

1. WAC 275-57-420 Case Management	RSN or designee shall provide case management services.	Tx. Plan declares C.M is needed. ❑YES ❑NO Assessment declares or indicates C.M is needed. ❑YES ❑NO Progress notes indicate C.M. is being provided. ❑YES ❑NO ***If NO on all three above skip this section and do not score!***
2. WAC 275-57-420 "Medical Audit" Federal Waiver **The degree to which there was inclusion , recruitment and use of natural supports and other community resources.** "Acceptability" "Medical Audit" Federal Waiver **The degree to which there are appropriate linkages and integration with other systems and settings.** "Acceptability"	Case management services shall include outreach and support to achieve the individualized plan's outcomes.	Records indicate outreach and support is needed and being provided. ❑YES ❑ NO ❑NA There may be evidence in the chart indicating the consumer is homeless, unable to make schedule appointments and etc. There should be some documentation in the chart as to how case manager will attempt to help consumer.
3. WAC 275-57-420 (i) "Medical Audit" Federal Waiver **The degree to which needs for housing, employment and education options are assessed and support and services provided** "Acceptability"	Case management addresses housing.	Records indicate housing is a consumer need and that cultural consideration were addressed for housing. ❑YES ❑ NO ❑NA *If record does not indicate a need, there should be reference in the chart about where the consumer is residing.*
4. WAC 275-57-420 (ii)	Case management addresses Food.	Records indicate that consumer expressed special or unique dietary needs and they were addressed. ❑YES ❑ NO ❑NA *Records should indicate the consumer has been asked about daily eating habits and the physical appearance may be addressed such as appear malnourish or appear overweight.*
5. WAC 275-57-420 (iii)	Case management addresses income.	Records indicate that state and federal entitlements were discussed with the consumer. ❑YES ❑ NO ❑NA

Justification	Standard	Compliance
6. WAC 275-57-420 (iv)	Case management addresses Health and dental care.	Records indicate the consumer physical health and dental has been discussed/assessed. ❑YES ❑NO ❑NA *There should be documentation referencing consumer health and dental care needs. If there are needs, has the case manager made plans to address those needs(i.e. referral?)*
7. WAC 275-57-420 (v)	Case management addresses transportation.	Records indicate transportation needs for the consumer were addressed ❑YES ❑NO ❑NA If consumer has problems with making scheduled appointments, is a reason given and does it involve transportation ? If it does involve transportation, has case manager addressed the topic.
8. WAC 275-57-420 (b) "Medical Audit" Federal Waiver **The degree to which services and planning are age, culturally and linguistically competent.** "Acceptability"	Case management addresses work or other daily activities appropriate to the consumer's age and culture.	Employment, school, daily activities and etc. were discussed/assessed. ❑YES ❑NO ❑NA There should be some reference in the consumer's chart about what kind of work the consumer does and if the consumer does not work there should be some information about what the consumer does during the day.
9. WAC 275-57-420 (c) "Medical Audit" Federal Waiver **The degree to which there are appropriate linkages and integration with other systems and settings.** "Acceptability"	Case management services link the consumer to the regular social life of the community.	Integration in to the community was discussed/assessed with the consumer. ❑YES ❑NO ❑NA *There should be some reference in the chart indicating contact with community and plans for support in the community.*

Justification	Standard	Compliance
10. WAC 275-57-420 (d) "Medical Audit" Federal Waiver **The degree to which there are appropriate linkages and integration with other systems and settings.** "Acceptability"	Case management services provide access to other needed services, such as substances abuse and health care.	Records indicate other needed services were discussed with the consumer (substance abuse/health care). ❑YES ❑NO ❑NA *There should be documentation referencing the consumer use/abuse of substance. Example: consumer is a moderate Drinker and/or has used drugs in the past.*
11. WAC 275-57-420 (e)	Resolve crises in least-restrictive settings.	Records indicate discussion of potential crisis has occurred and/or crisis plan provides for lesser restrictive setting. ❑YES ❑NO ❑NA If crisis services have not been provided "skip" and mark NA. There should be documentation about how potential crisis should be resolved. Consumer may have a crisis plan in chart. Plan should have some input from the consumer and what plans the consumer has in the event of a crisis.
12. WAC 275-57-420 (f)	Manage symptoms by providing information and education about the consumer's illness and treatment.	Records indicate consumer was educated about illness. ❑YES ❑NO ❑NA Should be able to locate documentation that consumer illness and treatment was discussed with them. Are brochures given to consumer? Medication plans should addresses this issue in part.
13. WAC 275-57-420 (2) "Medical Audit" – Federal Waiver **The degree to which there was inclusion . recruitment and use of natural supports and other community resources.** "Acceptability"	Assist family members and other care givers in their efforts to support and care for the consumer.	Records indicate discussions with family members and others were occurring and that support was being provided ❑YES ❑NO ❑NA

Justification	Standard	Compliance
14. WAC 275-57-420 (3)	Include, as necessary, flexible applications of funds.	Indicators would include funds spent for rent subsidies, in-home care, utilities, cleaning, food, etc. ❑YES ❑NO ❑NA If a consumer require use of flexible funds, it should be documented and what the funds should be used for. Has agency followed its own policy and procedure in this case?
15. WAC 275-57-420 (4)	Provide services where and when needed.	Record indicates that services were provided out of facility ❑YES ❑NO ❑NA

Justification	Standard	Compliance

CRISIS RESPONSE SERVICES

1. WAC 275-57-390	The RSN, or its designee shall provided an integrated crisis response system twenty-four-hours-a-day and seven days a week, serving persons of all ages and cultures in crisis	Provider is licensed for Crisis Response. ❑ YES ❑ NO If No, skip this section.
2. WAC 275-57-390 "Medical Audit" Federal Waiver **Triage for all settings of care (inpatient, urgent care, and outpatient services and supports)** "Access"	When direct intervention is necessary, the RSN shall when possible, bring services directly to the persons in crisis, stabilizing and supporting the persons until the crisis is resolved or a referral is made.	Record indicates that crisis services were provided at a location where they were needed. ❑ YES ❑ NO *Policy should include stabilization, outreach, and referral.*
3. WAC 275-57-390 (2)(a)(i)(ii)	Ensure the least restrictive resolution of the crisis by providing the following services twenty-four-hours-a-day. Initial screening and assessment to determine whether crisis has a mental disorder basis, and course of action to resolve crisis	The record indicates that an in initial screening occurred and included the following Whether the crisis had a mental disorder Course of action to resolve the crisis Mobile outreach to conduct face-to-face evaluations Mobile outreach to provide in-home services or in-community stabilization services ❑ YES ❑ NO *There should be an assessment form and the assessment should indicate whether the crisis has a mental disorder basis. steps to resolve crisis should be noted. Example: may contact case manager, or refer to clinic for medications.* *There should be a mobile outreach team and the team should have qualified staff to conduct face to face evaluations and the qualifications include the ability to make decisions about in home service and flexible support to stabilize until the crisis is resolved.* *May want to look at the team makeup.*
4. WAC 275-57-390 (A)(B)(C)(D)	Access to medical services include Emergency medical services; Preliminary screening or organic disorders; Prescription services; and Medication administration.	The record indicated that any of the following services were accessed or assessable: Emergency medical services Screening for organic disorders Prescription services Medication administration ❑ YES ❑ NO If the services are not readily available within the crisis response team then there are other means for accessing these services.

Justification	Standard	Compliance
5. WAC 275-57-390 (ii)	Crisis response services has interpretative services available enabling staff to communicate with persons who are limited English proficient.	The record indicated a need for consumer access to interpretative services and that these services were provided. ❑ YES ❑ NO *Provider may have interpreters on contract and the crisis team should know how to access interpreters. This may be in the form of a policy for crisis team.*
6. WAC 275-57-390 (2)(d)	Crisis team has access to Investigation and detention services (chapters 71.05 and 71.34 RCW).	The record indicated that a County Designate Mental Health Professional was involved. ❑ YES ❑ NO ❑ NA Crisis team should be able to access the CDMHP. Is there a written policy for accessing the CDMHP and does policy provide for 24 hour access to CDMHP.
7. WAC 275-57-390 (3) "Medical Audit" Federal Waiver **The degree to which there was inclusion , recruitment and use of natural supports and other community resources.** "Acceptability"	Engage family, significant others, and other relevant treatment providers as necessary to provide support to the person in crisis.	The record indicated that family, significant others and other relevant treatment providers were engaged when needed. ❑ YES ❑ NO ❑ NA There should be documentatic 1 about when and who should be contacted in the event of a crisis. This information may be found on the individual crisis plan. There should be an agency policy that addresses this.
8. WAC 275-57-390 (4)	Document all telephone and face-to face contacts to include Source of referral Nature of crisis Time elapsed from initial contact to response Outcomes including Follow up Referrals	The record, crisis log or combination of such documents that this information is being recorded/tracked. ❑ YES ❑ NO ❑ NA

Attachment B.V15

Chapter 47.06B RCW
COORDINATING SPECIAL NEEDS TRANSPORTATION

SECTIONS

47.06B.010 Finding -- Intent
47.06B.012 Definitions.
47.06B.015 Program for Agency Coordinated Transportation.
47.06B.020 Agency council on coordinated transportation -- Creation, membership, staff.
47.06B.030 Council -- Duties (as amended by 1999 c 372).
47.06B.030 Council -- Duties (as amended by 1999 c 385)
47.06B.040 Local planning forums.
47.06B.900 Council -- Termination.
47.06B.901 Repealer.

RCW 47.06B.010 Finding -- Intent.
(Effective until June 30, 2008.)

The legislature finds that transportation systems for persons with special needs are not operated as efficiently as possible. In some cases, programs established by the legislature to assist persons with special needs can not be accessed due to these inefficiencies and coordination barriers.

It is the intent of the legislature that public transportation agencies, pupil transportation programs, private nonprofit transportation providers, and other public agencies sponsoring programs that require transportation services coordinate those transportation services. Through coordination of transportation services, programs will achieve increased efficiencies and will be able to provide more rides to a greater number of persons with special needs.

[1999 c 385 § 1; 1998 c 173 § 1.]

RCW 47.06B.012 Definitions.
(Effective until June 30, 2008.)

The definitions in this section apply throughout this chapter.

(1) "Persons with special transportation needs" means those persons, including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or purchase transportation.

(2) "Special needs coordinated transportation" is transportation for persons with special transportation needs that is developed through a collaborative community process involving transportation providers; human service programs and agencies; consumers; social, educational, and health service providers; employer and business representatives; employees and employee representatives; and other affected parties.

[1999 c 385 § 2.]

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RCW 47.06B.015 Program for Agency Coordinated Transportation
(Effective until June 30, 2008.)

In order to increase efficiency, to reduce waste and duplication, to enable people to access social and health services, to provide a basic level of mobility, and to extend and improve transportation services to people with special transportation needs, the state shall implement the Program for Agency Coordinated Transportation. The program will improve transportation efficiency and effectiveness to maximize the use of community resources so that more people can be served within available funding levels.

The Program for Agency Coordinated Transportation will facilitate a state-wide approach to coordination and will support the development of community-based coordinated transportation systems that exhibit the following characteristics:

(1) Organizations serving persons with special transportation needs share responsibility for ensuring that customers can access services.

(2) There is a single entry process for customers to use to have trips arranged and scheduled, so the customer does not have to contact different locations based on which sponsoring agency or program is paying for the trip.

(3) A process is in place so that when decisions are made by service organizations on facility siting or program policy implementation, the costs of client transportation and the potential effects on the client transportation costs of other agencies or programs are considered Affected agencies are given an opportunity to influence the decision if the potential impact is negative.

(4) Open local market mechanisms give all providers who meet minimum standards an opportunity to participate in the program, and, in addition, allow for cost comparisons so that purchasers can select the least expensive trip most appropriate to the customer's needs.

(5) There is flexibility in using the available vehicles in a community so that the ability to transport people is not restricted by categorical claims to vehicles.

(6) There is maximum sharing of operating facilities and administrative services, to avoid duplication of costly program elements.

(7) Trip sponsors and service providers have agreed on a process for allocating costs and billing when they share use of vehicles.

(8) Minimum standards exist for at least safety, driver training, maintenance, vehicles, and technology to eliminate barriers that may prevent sponsors from using each other's vehicles or serving each other's clients.

(9) The system is user friendly. The fact that the system is supported by a multitude of programs and agencies with different eligibility, contracting, service delivery, payment, and funding structures does not negatively affect the customer's ability to access service.

(10) Support is provided for research, technology improvements, and sharing of best practices from other communities, so that the system can be continually improved.

(11) There are performance goals and an evaluation process that leads to continuous system improvement.

[1999 c 385 § 3.]

RCW 47.06B.020 Agency council on coordinated transportation -- Creation, membership, staff. (Effective until June 30, 2004.)

(1) The agency council on coordinated transportation is created. The council is composed of nine voting members and eight nonvoting, legislative members.

(2) The nine voting members are the superintendent of public instruction or a designee, the secretary of transportation or a designee, the secretary of the department of social and health services or a designee, and six members appointed by the governor as follows:

(a) One representative from the office of the governor;
(b) Two persons who are consumers of special needs transportation services;
(c) One representative from the Washington association of pupil transportation;
(d) One representative from the Washington state transit association; and
(e) One of the following:
(i) A representative from the community transportation association of the Northwest; or
(ii) A representative from the community action council association.

(3) The eight nonvoting members are legislators as follows:

(a) Four members from the house of representatives, two from each of the two largest caucuses, appointed by the speaker of the house of representatives, two who are members of the house transportation policy and budget committee and two who are members of the house appropriations committee; and

(b) Four members from the senate, two from each of the two largest caucuses, appointed by the president of the senate, two members of the transportation committee and two members of the ways and means committee.

(4) Gubernatorial appointees of the council will serve two-year terms. Members may not receive compensation for their service on the council, but will be reimbursed for actual

and necessary expenses incurred in performing their duties as members as set forth in RCW 43.03.220.

(5) The secretary of transportation or a designee shall serve as the chair.

(6) The department of transportation shall provide necessary staff support for the council.

(7) The council may receive gifts, grants, or endowments from public or private sources that are made from time to time, in trust or otherwise, for the use and benefit of the purposes of the council and spend gifts, grants, or endowments or income from the public or private sources according to their terms, unless the receipt of the gifts, grants, or endowments violates RCW 42.17.710.

[1998 c 173 § 2.]

RCW 47.06B.030 Council – Duties (as amended by 1999 c 385). (Effective until June 30, 2008.)

To assure implementation of the Program for Agency Coordinated Transportation, the council, in coordination with stakeholders, shall:

(1) Develop guidelines for local planning of coordinated transportation in accordance with this chapter;

(2) Initiate local planning processes by contacting the board of commissioners and county councils in each county and encouraging them to convene local planning forums for the purpose of implementing special needs coordinated transportation programs at the community level;

(3) Work with local community forums to designate a local lead organization that shall cooperate and coordinate with private and nonprofit transportation brokers and providers, local public transportation agencies, local governments, and user groups;

(4) Provide a forum at the state level in which state agencies will discuss and resolve coordination issues and program policy issues that may impact transportation coordination and costs;

(5) Provide guidelines for state agencies to use in creating policies, rules, or procedures to encourage the participation of their constituents in community-based planning and coordination, in accordance with this chapter;

(6) Facilitate state-level discussion and action on problems and barriers identified by the local forums that can only be resolved at either the state or federal level;

(7) Develop and test models for determining the impacts of facility siting and program policy decisions on transportation costs;

(8) Develop methodologies and provide support to local and state agencies in identifying transportation costs;

(9) Develop guidelines for setting performance measures and evaluating performance;

(10) Develop monitoring reporting criteria and processes to assess state and local level of participation with this chapter;

(11) Administer and manage grant funds to develop, test, and facilitate the implementation of coordinated systems;

(12) Develop minimum standards for safety, driver training, and vehicles, and provide models for processes and technology to support coordinated service delivery systems;

(13) Provide a clearinghouse for sharing information about transportation coordination best practices and experiences;

(14) Promote research and development of methods and tools to improve the performance of transportation coordination in the state;

(15) Provide technical assistance and support to communities;

(16) Facilitate, monitor, provide funding as available, and give technical support to local planning processes;

(17) Form, convene, and give staff support to stakeholder work groups as needed to continue work on removing barriers to coordinated transportation;

(18) Advocate for the coordination of transportation for people with special transportation needs at the federal, state, and local levels;

(19) Recommend to the legislature changes in laws to assist coordination of transportation services;

(20) Petition the office of financial management to make whatever changes are deemed necessary to identify transportation costs in all executive agency budgets;

(21) Report to the legislature by December 2000, on council activities including, but not , limited to, the progress of community planning processes, what demonstration projects have been undertaken, how coordination affected service levels, and whether these efforts produced savings that allowed expansion of services. Reports must be made once every two years thereafter, and other times as the council deems necessary.

[1999 c 385 § 5; 1998 c 173 § 3.]

RCW 47.06B.040 Local planning forums.
(Effective until June 30, 2008.)
The council may request, and may require as a condition of receiving coordination grants, selected county governments to convene local planning forums and invite participation of all entities, including tribal governments, that serve or transport persons with special transportation needs. Counties are encouraged to coordinate and combine their forums and planning processes with other counties, as they find it appropriate. The local community forums must:

(1) Designate a lead organization to facilitate the community planning process on an ongoing basis;

(2) Identify functional boundaries for the local coordinated transportation system;

(3) Clarify roles and responsibilities of the various participants;

(4) Identify community resources and needs;

(5) Prepare a plan for developing a coordinated transportation system that meets the intent of this chapter, addresses community needs, and efficiently uses community resources to address unmet needs;

(6) Implement the community coordinated transportation plan;

(7) Develop performance measures consistent with council guidelines;

(8) Develop a reporting process consistent with council guidelines;

(9) Raise issues and barriers to the council when resolution is needed at either the state or federal level;

(10) Develop a process for open discussion and input on local policy and facility siting decisions that may have an impact on the special needs transportation costs and service delivery of other programs and agencies in the community.

[1999 c 385 § 6.]

RCW 47.06B.900 Council--Termination.
The agency council on coordinated transportation is terminated on June 30, 2007, as provided in RCW 47.06B.901.

[1999 c 385 § 7; 1998 c 173 § 6.]

RCW 47.06B.901 Repealer.

The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective June 30, 2008:

(1) RCW 47.06B.010 and 1999 c 385 § 1 & 1998 c 173 § 1;
(2) RCW 47.06B.012 and 1999 c 385 § 2;
(3) RCW 47.06B.015 and 1999 c 385 § 3;
(4) RCW 47.06B.020 and *1999 c 385 § 4 & 1998 c 173 § 2;
(5) RCW 47.06B.030 and 1999 c 385 § 5 & 1998 c 173 § 3; and
(6) RCW 47.06B.040 and 1999 c 385 § 6.

[1999 c 385 § 8; 1998 c 173 § 7.]

NOTES:

***Reviser's note**: 1999 c 385 § 4 was vetoed.

Draft 4

ADMINISTRATIVE POLICY NO. 8.09

SUBJECT: Coordinated Special Needs Transportation Services

INFORMATION CONTACT: Non-Emergency Medical Transportation Program, Medical Assistance Administration, Division of Client Support, Transportation & Interpreter Services Section
MS 45534 (360) 725-1312; TTY (800) 848-5429

AUTHORIZING SOURCE: RCW 47.06B.030(5)

EFFECTIVE DATE: July 1, 2001

REVISED:

APPROVED BY: _____
Assistant Secretary for Management Services

SUNSET REVIEW DATE: June 30, 2007

CROSS REFERENCE:

For non-emergent medical transportation, see WAC 388-546-5000 through 388-546-5500.

PURPOSE:

To ensure all DSHS Administrations support special needs coordinated transportation for persons with special transportation needs. All Administrations will work cooperatively to coordinate transportation services to ensure all eligible DSHS clients have access to covered services. Through coordination, DSHS will ensure transportation services are:

- Safe,
- Efficient,
- Cost effective, and
- Appropriate to the needs of DSHS clients.

SCOPE:

This policy applies to all DSHS:

- Administrations, Divisions, Sections, and Units; and

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- Transportation services provided to and for persons with special transportation needs as defined by chapter 47.06B RCW, whether those services are delivered by DSHS staff or by a DSHS contracted vendor.

BACKGROUND:

Chapter 47.06B RCW was amended in 1999, and states in part:

"It is the intent of the legislature that...public agencies sponsoring programs that require transportation services coordinate those transportation services. Through coordination of services, programs will achieve increased efficiencies and will be able to provide more rides to a greater number of persons with special needs." RCW 47.06B.010

DEFINITIONS:

The Agency Council on Coordinated Transportation (ACCT) – Was created by, authorized by and implements chapter 47.06B RCW. ACCT is the formal decision making body that is charged with making regular reports to the legislature regarding compliance with chapter 47.06B RCW.

Contractor – An individual or agency that enters a contractual agreement with the department to provide specific services for a fee or rate.

Department – Department of Social and Health Services.

The Program for Agency Coordinated Transportation (PACT) – Is authorized by RCW 47.06B.015. PACT is responsible for improving access to social and health services and increasing efficiencies of transportation services for persons with special transportation needs, through coordination of transportation services.

PACT Forum – A forum for state agency representatives to discuss and resolve coordination and program policy issues that may impact transportation coordination for persons with special transportation needs. The PACT Forum serves as the formal work group for the ACCT.

Persons With Special Transportation Needs – Those persons who because of physical or mental disability, income status, or age are unable to transport themselves or purchase transportation.

Program – Any service unit of the department that designs, schedules, plans or administers services for department clients.

Service Provider – An individual or an agency:

- Contracted to provide the amount and kind of services requested by the department; and
- Providing services only to those individuals determined eligible by the department;
  -OR-
- Providing services authorized by the department on a fee-for-service or per-unit basis.

Special Needs Coordinated Transportation – Transportation for persons with special transportation needs (and their personal attendants) that is developed through a collaborative community process involving transportation providers; human service programs and agencies; consumers; social, educational, and health service providers; employer and business representatives; employees and employee representatives; and other affected parties. (RCW 47.06B.012)

POLICY:

A. To ensure Administrative compliance by January 1, 2002:

1. Each Administration, Division, Section, and Unit must make available information on special needs coordinated transportation to persons with special transportation needs when they access covered department programs.

2. Each Administration must have in place written policies and procedures that are consistent with this policy.

B. To develop and manage new and ongoing programs, each Administration:

1. Will assess the potential effects on persons with special transportation needs when making programmatic, policy, or service changes that may affect the ability of persons with special transportation needs to access department services. Administrations should include transportation providers, service agencies, and stakeholders when assessing these potential effects.

2. Will consider allowing staff to participate in local community transportation forums to help develop special needs coordinated transportation options for persons with special transportation needs.

3. Must designate a representative to participate in the PACT Forum, and encourage participation in PACT work groups as necessary.

4. Should evaluate the potential effects on persons with special transportation needs when siting new facilities for programs (or when contracting with department services providers) that directly provide services for persons with special transportation needs.

5. Should consider contractual incentives to help ensure transportation services are coordinated to the extent practical when contracting for services that will be available for persons with special transportation needs. Example: Giving bonus points to bidders that can document a history of providing coordinated transportation services or have a history of participation in coordination activities.

6. Should develop tracking mechanisms to document and report all identified costs of providing transportation for persons with special transportation needs, according to parameters defined by the Office of Financial Management.

7. Must have client transportation grievance procedures. Administrations may incorporate this requirement into existing policies or procedures.

8. Must have written procedures specifying how persons with special transportation needs are going to be provided with information on special needs coordinated transportation.

C. Annual Reporting Requirements:

1. Each Administration must submit an initial written report to the DSHS Deputy Secretary by June 30, 2002. The initial report will contain a summary of each Administration's current status of compliance with Policy No. 8.09.

   At a minimum, the initial report must include the following headings:

   - Status of Compliance to Administrative Policy No. 8.09,
   - Identified Barriers to Policy No. 8.09,
   - Action Plan to Remove Barriers to Policy No. 8.09, and
   - Comments.

MENTAL HEALTH DIVISION
POLICIES AND PROCEDURES

Approved by (signature on file)
Karl Brimner, Director
Date issued: July 1, 2001

Effective Date: July 1, 2001

POLICY STATEMENT NO. 4.03 SUBJECT: **TRANSPORTATION FOR SERVICE RECIPIENTS WITH SPECIAL NEEDS**

I. PURPOSE

The purpose of this policy is to outline the guidelines for processing transportation requests for Medicaid service recipients with special needs.
Reference: DSHS Administrative Policy No. 8.09

II. SCOPE

This policy applies to employees of the Mental Health Division (MHD) Central Office.

III. POLICY

It is the policy of the to ensure that Medicaid service recipients with special needs are afforded appropriate transportation to access non-emergent mental health services through existing mental health providers in their geographic area.

IV. PROCEDURE

The MHD Director will designate an individual to act as the Transportation Manager for reviewing requests for transportation for Medicaid service recipients with special needs. The MHD Transportation Manager will utilize the following procedures in reviewing transportation exception requests submitted by mental health providers:

OUTPATIENT

Transportation for Mental Health Medicaid recipients is authorized to or from a "Type 73" Medicaid provider (See License Directory). Type 73 refers to outpatient Mental Health Division (MHD) licensed facilities. Be alert regarding facilities which have program names designed to conceal the relationship to a Type 73 provider, to make the program more palatable to clients (e.g., Sunshine House, Strawberry Fields, Club Northwest, etc.) Transportation will be covered for Type 73 activities, including the initial intake, **limited to one round trip per day**. (These trips are billed directly to MAA.)

INPATIENT

Occasionally, an individual may voluntarily self-admit to a psychiatric ward in a hospital or acute care facility. In this case, if transportation is not available, or if the individual feels incapable of driving, then submit a **transportation exception request for transport** of this Medicaid recipient to an inpatient facility through MHD. If the Broker is informed that the individual has uncontrollable behaviors, then contact the local county designated Mental Health Professional (CDMHP). It is then permissible to refer those clients to Involuntary Treatment Admission Services.

GROUP THERAPY

Transportation to group therapy at a Mental Health Center may **not** be authorized for other people identified in the recipient's therapy plan except when a minor (under 18 years of age) is in either an inpatient or outpatient facility. In this situation, transportation to and from either an inpatient or outpatient facility may be authorized for family group members identified in the recipient's therapy plan. (These trips are billed directly to MAA.)

SOCIAL ACTIVITIES, PREVOCATIONAL TRAINING

Do not transport to social activities such as thanksgiving dinners/Christmas parties even if they are considered part of the patient's therapy plan.

Group or single trips to swimming pools, ceramics classes, physical fitness. Activities such as shopping malls, GED, social activities and the like will also be denied and are the responsibility of the center to provide.

ADULT DAY TREATMENT

Not to be confused with Adult Day Health, this program is a maintenance program designed to keep individuals from institutionalization. The Medical Assistance Administration **will** transport to and from these programs; however, transportation is **limited to one round trip per day**. Off site therapy is the responsibility of the provider.

CLUBHOUSES

The clubhouse model is in place in several areas around the state. If a recipient is attending a valid "approved clubhouse" (see bullets below), then rules relating to prevocational therapy, socialization, etc., are relaxed. Clubhouses provide on-site counseling therapy. Validate with approved listing, or check with MHD Transportation Manager at (360) 902-0823.

- **Valid Clubhouses have a Vocational or Mental Health Therapist on-site.**
- **Valid Clubhouses are** co-located with a licensed Mental Health Center.

Transportation may be provided to **either** a clubhouse or a Community Mental Health Center, **limited to one round trip a day**. (See approved clubhouse listing. These trips are billed directly to MAA.)

NOTE: Transportation from the clubhouse to other activities is the responsibility of the center and will not be provided by the Broker.

PSYCHIATRIC EVALUATION

Court-ordered psychiatric evaluations are not covered by medical coupons and are not eligible for transportation; however, if a physician refers an individual for psychiatric evaluation it can be covered by medical coupon (if the psychiatrist is enrolled with the Medical Assistance Administration (MAA), and therefore eligible for transportation).

USE OF TRANSIT

Community Mental Health Centers, while charged with the obligation to encourage independence, are also charged with the obligation to provide therapy. The broker can assist the center by providing transportation to the therapy, and assist recipients by working with the centers to identify recipients capable of using transit. Eligible recipients can be given a monthly bus pass. In some cases, where the center is concerned that the recipient may not attend therapy, it is permissible to arrange transportation to the program and allow the buss pass to be used to return home from therapy. This, in effect, will allow the recipient a greater freedom for other activities, ensure that therapy needs are met, and result in cost savings.

DOCUMENTATION

The Division of Mental Health is financially responsible for Medicaid Transportation Exception requests to include ITA. All trips and costs data must be documented and approved to charge the DMH. This must be submitted to the MHD Transportation Program Manager each month upon completion of the trip.

INVOLUNTARY TREATMENT ACT ADMISSIONS

A sheriff's department, or similar department, with a vehicle that can restrain the patient usually handles involuntary Treatment Admissions. ITA transportation requirements and these providers will **not** be included under the broker's authority. The provider numbers and billings will be authorized by MAA. Requests for assistance in transporting an ITA patient are to be referred to the local County Designated Mental Health Professional (CDMHP), or local Regional Support Network (RSN).

SUPPORT OF TREATMENT PLANS

Transportation will be authorized for a relative if needed to participate in the client's treatment plan at an inpatient or state hospital, only if verified by MHD Transportation Manager at the MHD. The requesting facility needs to have all information for the broker to contact the MHD Transportation Manager at (360) 902-0827 for an approved Exception Request prior to transport.

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MICA/COD-CLIENTS

All Mentally Ill-Chemical Abuse (MICA) or Co-occurring Disorders (C.O.D.) clients that are Medicaid eligible will be transported in the same manner as an outpatient client to a licensed Mental Health Center only. The licensed Mental Health Center will co-facilitate all MICA/COD therapy with a Mental Health Professional and a Substance Abuse Counselor at a licensed Mental Health Center. Contact the MHD Transportation Manager at (360) 902-0823 if there is any deviation from this policy. **Limited to one round trip per day.** (These trips are billed directly to MAA.)

MENTAL HEALTH DIVISION
TRANSPORTATION EXCEPTION REQUEST

Requester:_____ Date:_____

Consumer Name:_____ Soc. Sec.#_____

Address:_____ PIC#_____

Mental Health Center:_____ Phone:_____

Address:_____ FAX#_____

Contact Name:_____ Telephone:_____

Reason for the request:_____

_____

_____

_____

_____

Duration of Exception:_____ Estimated Cost: _____ Actual Cost_____

RETURN TO: MHD Transportation Manager, MHD, P.O. Box 45320, Olympia, WA. 98504
Telephone: (360) 902-0823 FAX: (360) 902-7691/0809

D.S.H.S. use only

REQUEST APPROVED: ☐ **REQUEST DENIED:** ☐

EFFECTIVE DATE
FROM_____ **TO**_____ **NOT TO EXCEED**_____

M.H.D. Approval:_____ **Date:**_____

Remarks:_____

_____

20 REF DOC SUF	TRANS. CODE	MOD	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJ	ORG INDEX	WORK CLASS / ALLOC	CNTY / BUDG UNIT	CITY/ TOWN / MOS	PROJ	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
				APPN INDEX	PROG INDEX											

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Special Transportation Needs Study
Ray Chisa, Mental Health Administrator
DSHS – Mental Health Division

INFORMATION

Main population served: Outpatient services for Mentally Ill consumers who are disabled, low income, children (40-50%), and the elderly.
Services are provided at local community mental health clinics for mental health consumers statewide through a Mental Health Managed Care Capitated system contracted through 14 Regional Support Networks under a Federal HCFA waiver.
Majority of transportation needs are met through the MAA contracted broker system.
Current transportation usage is 130,000to 140,000 trips per quarter

TRANSPORTATION SERVICES AND COSTS

The Mental Health Division has no appropriated funds for transportation.
Due to limitations and Medicaid restrictions, the Division has provided $20,000 of state program funds per biennium to cover exceptional situations not covered by the Medicaid system. This program provides pre-approval for gas vouchers or pre-approves direct billing to the division by the MAA broker network for transport on behalf of special situations.

ISSUES, BARRIERS, NEEDS

The Mental Health Division has no appropriated funds for transportation.
Mental Health consumers require and need transportation to access education opportunities, employment, training/work programs, shopping, and recreation services to be maintained within their own community.

BARRIERS TO COORDINATION

The uniqueness of various consumer groups and Agency/division constraints and restrictions prevents coordination of services and funding streams.
Unique licensing requirements of various agency/divisional provider facilities and networks.

STATE RESPONSIBILITY

Federal and state mandated transportation for a special needs clientele.
Legislature is responsible for the provision of special needs transportation to maintain special needs clients within their communities..

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2 What progress has been made in implementing the ACCT legislation?

ACCT's enabling legislation includes a list of responsibilities that ACCT must fulfill before its sunset in 2008. Chapter 2 reports on the status of each responsibility and includes a table summarizing progress. This provides a clear picture of ACCT's progress, but may overlap content in other parts of the report.

What are the Council's priorities for ACCT?

ACCT has very limited staff support and funding; therefore, the Council prioritized the use of staff time. The Council decided its priorities would be to:

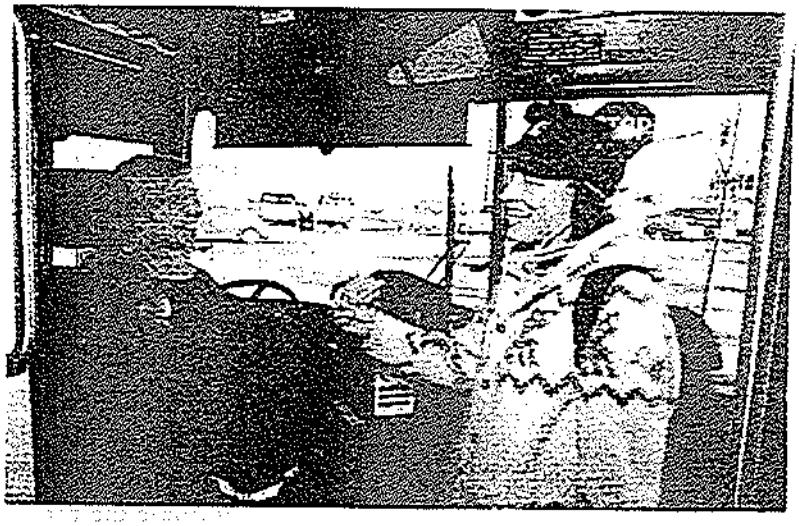
- support local coordination activities and the development of community-based, coordinated transportation systems, and
- seek additional funds to enable ACCT to carry out its full range of responsibilities

What responsibilities must ACCT fulfill?

The statute states that "to assure implementation of the Program for Agency Coordinated Transportation, the Council, in coordination with stakeholders, shall":

(1) Develop guidelines for local planning of coordinated transportation in accordance with Chapter 47.06B.

A work group of stakeholders developed the Local Planning Guidelines. This group began its work in March 1999 and completed it in June 1999. *Local Planning Guidelines* is a comprehensive manual for communities to use when forming local transportation coalitions and designing coordinated systems. These guidelines can be found



Coordinated transportation benefits our communities because it provides for more efficient travel choices.

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sists of representatives from the state agencies that have a stake in special transportation needs. The group meets monthly to address policy and coordination issues. It serves as an advisory body to the Council.

For more information about the PACT Forum, refer to Chapter 3.

(5) Provide guidelines for state agencies to use in creating policies, rules, and procedures to encourage the participation of their constituents in community-based planning and coordination, in accordance with this chapter.

Beginning in December 1999, a work group of the PACT Forum drafted sample guidelines and a process to help state agencies determine if the ACCT legislation applies to them. These were sent to the head of each state agency in September 2000. The document asked each agency to determine whether or not it is affected by the legislation and, if so, to develop coordination guidelines.

The policy guidelines and the agency responses to the survey are detailed in Chapter 3.

(6) Facilitate state-level discussion and action on problems and barriers identified by the local forums that can only be resolved at either the state or federal level.

Communities are able to bring issues to the PACT Forum when state level action is required. Work groups have been formed in response to some of those issues. In other cases, ACCT facilitates discussions between state agencies and community providers and stakeholders.

Liz Dunbar, Deputy Secretary of the Department of Social and Health Services, at a recent ACCT meeting.

Chapter 3 provides examples of how ACCT has responded to specific issues raised by communities.

(7) Develop and test models for determining the impacts of facility siting and program policy decisions on transportation costs.

No work has been done to implement this provision.

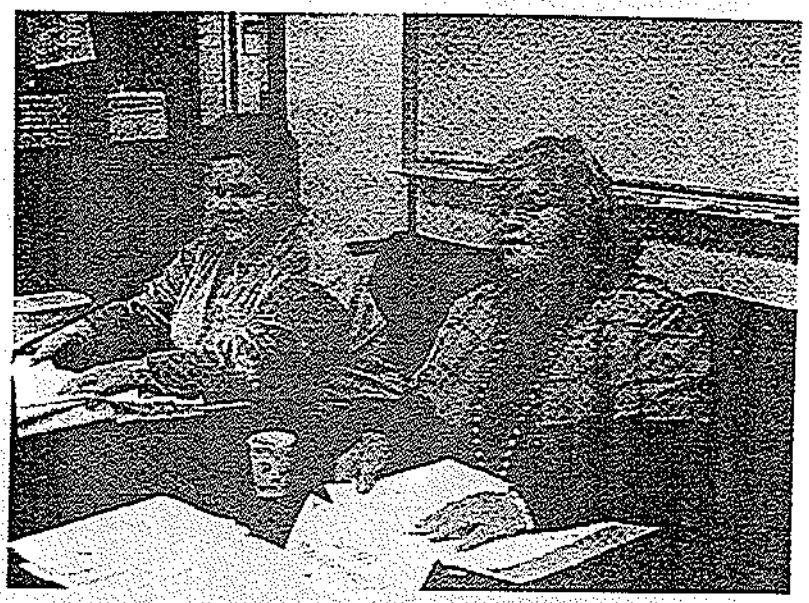
(12) Develop minimum standards for safety, driver training, and vehicles, and provide models for processes and technology to support coordinated service delivery.

Minimal activity is taking place regarding this responsibility.

(13) Provide a clearinghouse for sharing information about transportation coordination best practices and experiences.

A number of activities are occurring to meet this requirement:

- ACCT created a web site and is developing the site as a mechanism to share information and connect people with resources.
- The local managers of the ACCT grants meet quarterly to share experiences, ideas, and products with each other.
- ACCT maintains a large mailing list and widely distributes meeting minutes and other materials to keep people informed about coordination activities in this state and elsewhere.
- Staff make presentations and conduct workshops at conferences and meetings in order to expand the ACCT network and advance the coordination agenda.



Senator Marilyn Rasmussen, member of the Council, at a recent ACCT meeting. To her left is Marlaina Lieberg, Consumer Representative.

(14) Promote research and development of methods and tools to improve the performance of transportation coordination in the state.

Smart cards to allocate costs

ACCT is watching a King County/Metro smart card project that uses a swipe-card and allocation formula to distribute costs when passengers transfer from one transit system to another in the course of a trip. Once implemented, others can use this technology. It can overcome one major barrier to coordination: sharing costs when clients of multiple programs share the same vehicle.

Study is examining need for central point of responsibility

At the urging of advocate groups and legislators who were

(17) Form, convene, and give staff support to stakeholder work groups as needed to continue work on removing barriers to coordinated transportation.

The PACT Forum has formed a number of work groups to address coordination barriers. Additional groups will be formed as problems are identified. PACT Forum members and stakeholders come together in these groups to work on key issues. Chapter 4 describes the major groups that have been formed.

(18) Advocate for the coordination of transportation for people with special transportation needs at the federal, state, and local levels.

ACCT takes its advocacy role seriously, working constantly to ensure that special transportation needs are addressed. Some examples include:

- Reviewing the draft report of the Blue Ribbon Commission on Transportation and sending a letter from the Council to request that coordination and special transportation needs be addressed.
- Funding a study in partnership with the Developmental Disabilities Council to look at how transportation for people with special transportation needs is provided in the state, and to recommend, if deemed necessary, an improved structure for meeting needs.
- Reviewing the coordination guidelines that were issued by the federal Council on Access and Mobility and recommending a more proactive set of coordination guidelines.
- Petitioning the Governor's Office and the legislative finance committees to coordinate the budget process by funding ACCT out of both the state general fund and the multimodal transportation fund.

(19) Recommend to the Legislature changes in laws to assist coordination of transportation services.

For the most part, work has not progressed enough to result in recommendations for changes to law.

However, there is one change in statute that ACCT plans to recommend during the 2001 legislative session. ACCT will recommend that the Legislature adopt a policy statement clarifying that the state does have a role and responsibility for special transportation needs.

(20) Petition the office of financial management to make whatever changes are deemed necessary to identify transportation costs in all executive agency budgets.

Action here depends upon the work of the group that will define transportation costs and develop a mechanism to help track those costs.

Snapshot of progress implementing legislation

Provision	Priority	Status	Activity Level
1. Guidelines for local planning	1st	Done, although a revision is possible	
2. Initiate local planning processes, and 3. Help communities start coalitions	1st	ongoing	high when new funds become available
4. Provide a forum at state level 6. State level discussion and action, and 17. Form work groups to remove barriers 19. Recommend changes to law	1st	ongoing	high
21. Report to the legislature	1st	biennial	high when report is due
5. State agency coordination guidelines	1st	first phase is done	high
18. Advocate for coordination	2nd	ongoing	high
9. Guidelines for evaluating performance, and 10. Develop reporting criteria	3rd	Foundation laid	minimal
11. Administer grants, and 15. Provide technical assistance, and 16. Support local coalitions	4th	ongoing	high
7. Models for assessing impacts on transportation	5th	no progress	none
12. Minimum standards	6th	little progress	some
8. Identify and track transportation costs	7th	little progress	some
14. Tools to improve coordination	8th	some progress	moderate
13. Information clearinghouse	9th	ongoing	high
20. Petition OFM to make changes	10th	no progress	none

AGENCY COUNCIL ON COORDINATED TRANSPORTATION

The Agency Council on Coordinated Transportation (ACCT) was created by the legislature in 1998 to promote the coordination of transportation for people with special transportation needs. As defined in statute, (RCW 47.06) this means people "including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or purchase transportation".

ACCT is structured in the following manner:

- A council of state agencies, transportation providers, consumer advocates, and legislators serves as the decision-making and oversight body.
- The Program for Agency Coordinated Transportation (PACT) Forum consists of representatives from all of the state programs that serve people who have special transportation needs. The PACT Forum carries out the work plan of ACCT and serves as an advisory committee to the council
- Communities select a lead agency to receive a coordination grant and technical assistance from ACCT. With the grant, they form community coalitions to design and implement coordinated transportation systems for people with special transportation needs.

Coordination means that the providers who transport people with transportation needs and health and human service agencies who have clients with special transportation needs work together to improve transportation options and services. Coordination focuses on all aspects of providing transportation, including information, training, vehicles, facilities, call taking, scheduling, dispatching, funding, planning, data collection, maintenance, etc. Through coordination we will use existing resources to best advantage so we can provide more rides. In addition, we will create a process for identifying the needs for additional resources. This will give us an important tool for targeting grants to areas of greatest need, documenting the need for increased funding, and organizing services to better meet the demand for transportation

One important feature of a coordinated community transportation system is single entry process for consumers, so that people seeking transportation options will not have to negotiate multiple systems in order to find the information and service they need.

CURRENT PROGRAMS AND ACTIVITIES THAT FURTHER THE INTENT OF OLMSTEAD

ACCT currently provides coordination grants to 21 counties. In the 1999-01 biennium, these counties have been developing special transportation needs community coalitions, conducting community inventories, and exploring different models for coordinated systems. In the next biennium these counties will begin to implement coordinated systems, increasing their capacity to provide rides for people with special transportation needs, and compete for grants.

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Once coordinated systems are in place, we expect the following benefits:

- More rides will be provided.
- A single entry process will enable people to easily access information and learn what transportation options are available to them and how to use each option.
- Many communities will use mobility managers to help people solve transportation problems.

Performance Measure
Number of counties implementing a coordinated special transportation needs system:

Develop and implement state agency guidelines

State agencies will complete the development and implementation of broad-based agency policies and guidelines that recognize special transportation needs as a service element needing both top level and field level coordination.

Performance Measure
Number of state agencies adopting coordination policies:

Apply for a grant through the Robert Wood Johnson Foundation

ACCT will apply for a grant specifically to provide transportation for those who would be in institutions without such a service.

Performance Measure
Additional funding sources secured:

Section C. QUALITY OF CARE AND SERVICES

A Section 1915(b) waiver program may not substantially impair enrollee access to medically necessary services of adequate quality. In addition, 1915(b) waiver programs which utilize MCOs or PHPs must meet certain statutory or regulatory requirements addressing quality of health care. This section of the waiver submittal will document how the State has monitored and plans to meet these requirements.

I. **Elements of State Quality Strategies: --** This section provides the State the opportunity to describe the specifications it has implemented to ensure the delivery of quality services. To the extent appropriate, the specifications address quality considerations and activities for special needs populations.

Previous Waiver Period

a.___ During the last waiver period, the Elements of State Quality Strategies were different than described in the waiver governing that period. The differences were:

b.__x__ [Required] Describe the results of monitoring MCO/PHP adherence to State standards for internal Quality Assurance Programs during the previous two-year period [item C.I.b in 1999 initial preprint; Item B.1 in 1995 preprint].

Quality Management was another of the three specific areas of focus for on-site monitoring in the last three years. As such during the visits of the QA&I team to the local area there were questions directed specifically at quality management. Those may be found in Attachment BVIa.

The monitoring teams of the mental health division have consistently pressed hard at multiple levels over several years to enhance the quality of care. There has been a tremendous focus on developing and improving quality management strategies and structures, which has resulted in the beginning of establishment of benchmarks from which to measure improvements in a quantifiable manner. MHD is beginning to realize fruits of these efforts as we have seen increased consumer satisfaction on a statewide level through various monitoring activities and consumer surveys.

MHD continues to promote consumer voice, normalization, reintegration, and recovery. At both the administrative review and the medical audit there has been marked improvement in quality of care for consumers. At the administrative level quality management system is incorporating the recommendations of consumers, the Advisory Board, the QRTs, the Ombuds, community stakeholders and the findings of the MHD review into their overall planning and also in their training development.

Statewide, the RSNs are getting demonstrating increase inclusion of natural support involvement and cross-system involvement. While most charts reviewed are classified as

standard there is an increasing number of exemplary cases. The QA & I team defines the levels as:

Minimum - meets minimal expectations
Standard - meets expectations
Exemplary - exceeds expectations.

QA&I can find cases where there is strong consumer and natural support involvement and those with excellent cross-system collaboration. These are the ones where care is flexible and meet the addressed needs of the consumer. These cases most often receive exemplary.

There is still work to do in the system. The last year of the current waiver cycle, the QA & I team combined the findings of the license review into the report issued on the PHP. These general findings include:

- Lack of consumer voice in treatment planning;
- Poorly addressing needs in other life domains such as housing, health, dental, work, etc.;
- Lack of individualized services.

It is important to note that a particular finding may apply in only one of the many community mental health centers in the service area of the RSN. Nonetheless, the RSN is required to review and follow-up on the corrective action plan of the agency as it is submitted to the MHD. This increased communication between the licensing activity and the RSN is a positive increase in the quality of care in the system.

** One major area identified by the MHD for work at both the MHD and RSN level for the next waiver period is the development of a clear RSN system picture both clinically and administratively. While the RSN can identify at each community mental health center the strengths and challenges, they struggle to do the same on a network-wide basis. The same is true of the MHD. It is easy to point to strengths and challenges in each RSN but the clarity weakens as the statewide picture develops. The intended use of performance indicators over the next two years should begin to help define statewide clarity.

Other information may be found in the reports submitted to CMS as part of Special Terms and Condition # 2, 3, 4 & 5 throughout the waiver period.

c.___ [Required for MCOs] Summarize the results of reports from the External Quality Review Organization. Describe any follow-up done/planned to address study findings [item C.I.c in 1999 initial preprint; item B.2 in 1995 preprint].

d.__x__ [Required for PHPs and MCOs] Describe the results of periodic medical audits, and any follow-up done/planned to address audit findings [item C.I.d in 1999 initial preprint; item B.3 in 1995 preprint].

The QA & I team follows-up year to year on corrective actions and quality improvement recommendations. There have been some instances where the MHD has requested technical

assistance to help either the RSN or the provider network to come into compliance. In the instances where there were many issues with licensing and/or certification the team has returned in 30-120 days for follow-up visits.

Corrective actions have been issued for:

- Treatment planning not done with the consumer;
- Treatment goals and time frames were not set;
- Timely access to specialists;
- Not addressing consumer needs across life domains;
- Not providing for the required 180-day review;
- Long periods of time between initial screening and access to ongoing services;
- Consumer rights not posted or made known to the consumer; and,
- Not engaging families and natural supports.

Corrective actions due in this waiver period have been received and approved by the MHD. Follow-up visits to the provider have shown marked improvement and, as they have done in the past, the QA&I team will revisit this year's findings during their next on-site visit.

e._____ [MCOs only] Intermediate sanctions were imposed during the previous waiver period. Please describe.

Upcoming Waiver Period -- Please check any of the items below that the State requires. For items a through i, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Note: Elements a - g are requirements for States. Elements c, d and e are required for States which contract with MCOs and element d is required for States which contract with PHPs. The State:

a.__x__ Includes in its contracts with MCOs/PHPs, the State-required internal QAP standards. Please submit a copy of the State's Quality Assurance and Performance Improvement (QAPI) standards and/or guidelines currently required of MCOs/PHPs in their contracts as an attachment to this section (Attachment C.I.a).

The following are contract terms from the 01-03 contract.
The Contractor shall ensure Quality Management (QM) activities comply with all applicable law and standards including, but not limited to: WAC 388-865-0280, -0425; the MHD-approved QM Plan; or any successors. In addition, the Contractor shall:

- Establish mechanisms to ensure compliance with this Agreement including monitoring on a regular basis to determine compliance and taking remedial action if there is a failure to comply.
- Conduct all monitoring and review activities necessary to carry out the QM Plan and determine the effectiveness of the overall regional system of care.
- Ensure the capacity, access, and use of appropriate mental health professionals and mental health specialists.
- Assure mental health specialists are involved at critical treatment junctures.

- Ensure participation and compliance with grievance, fair hearings, and disenrollment determinations. In cases where determinations have broader system implications, those determinations shall be the basis for system quality improvements.
- Perform a biennial satisfaction survey of the Contractor's provider network, including allied systems and local stakeholders, using a standardized format provided by the MHD. The Contractor shall include data from the satisfaction survey for planning and system improvement.
- Ensure the interpretation of Quality Assurance and Quality Improvement data in feedback to providers.
- Ensure access, quality, and appropriateness of services by assessing the following at a minimum:
- The clinical appropriateness or fit between what was needed and what was received;
- The degree to which services provided are driven by consumer needs;
- The effectiveness of mechanisms to detect both underutilization and overutilization of services;
- The effectiveness of mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs;
- The degree to which services and planning incorporate the consumer/family voice;
- The degree to which services and planning are age, culturally, and linguistically competent;
- The degree to which services are provided in the least restrictive environment;
- The degree to which needs for housing, employment and education options were assessed;
- The degree to which there was inclusion, recruitment and use of natural supports and other community resources;
- The degree to which there are appropriate linkages and integration with other formal/informal systems and settings;
- The degree to which there was congruence between the chart including assessment, individual service planning, and progress notes, with the actual services and supports provided;
- Performance regarding service delivery within current standards of mental health;
- Services/systems include adequate triage for all settings of care (inpatient, emergency crisis intervention services, community support services);
- Continuity of care within and across services;
- Compliance with policies regarding the use of advance directives for psychiatric care;
- Competence in the workforce (e.g. appropriate training, licensure, supervision, and clinical oversight of staff employed or contracted by providers).
- Ensure performance and efficiency of service provider network including:
- Integration of administration, management processes, and service delivery;
- Fiscal reporting and monitoring processes appropriate to fiscal management terms of this Agreement;
- Compliance with other administrative/management requirements of this Agreement; and
- Implementation of a peer review process.

The template for the MHD's quality Management Plan and the templates produced for use by the RSNs in developing their Quality Management Plan, Marketing Plan and Grievance Plan under this waiver period are attached as Attachment CIa.

b.__x__ Monitors, on a continuous basis, MCOs/PHPs adherence to the State standards, through the following mechanisms (check all that apply):

1.__x__ Review and approve each MCOs/PHPs written QAP. Such review shall take place prior to the State's execution of the contract with the MCO/PHP.

2.__x__ Review each MCOs/PHPs written QAP on a periodic schedule after the execution of the contract. Please specific frequency:

At least once a biennium and when any changes are made.

3.__x__ On-site (MCO/PHP administrative offices or service delivery sites) monitoring of the implementation of the QAP to assure compliance with the State's Quality standards. Such monitoring will take place (specify frequency) annually for each MCO/PHP or attach the scope of work from the EQRO contract as an attachment to this section.

The RSN administrative structure is monitored annually by the QA&I team as is the provider network for the required medical audit. One of the recommendations of SIG 1 is to look at giving some monitoring relief to the administrative structure based on consistent exemplary findings. This is a recommendation that may be considered by a new SIG group.

4._x_Conducts monitoring activities using (check all that apply):

(a)_x_State Medicaid agency personnel *(joined by two independent master level therapists and a consumer or parent representative)*

(b)___ Other State government personnel (please specify):

(c)__A non-State agency contractor (please specify):

5._x_Other (please specify):

MHD will offer the recommendation of the SIG 2 of expanding the QA&I peer review by other RSN/provider network staff joining annual on-site visit.

c.____ Will arrange for an annual, independent, external review of the quality outcomes and timeliness of, and access to items and services delivered under each MCO contract with the State. Note: Until additional guidance on EQR is released,

please refer to existing regulations, State Medicaid Manual guidance, and the Quality Reform Initiative guidance in this area.

1. Please specify the name of the entity:

2. The entity type is:
(a)__A Peer Review Organization (PRO).
(b)__A private accreditation organization approved by HCFA.
(c)__A PRO-like entity approved by HCFA.

3. Please describe the scope of work for the External Quality Review Organization (EQRO):

d._x_ Has established a system of periodic medical audits of the quality of, and access to, mental health care for each MCO/PHP on at least an annual basis. These audits will identify and collect management data (including enrollment and termination of Medicaid enrollees and utilization of services) for use by medical audit personnel. Note: Until additional guidance on EQR is released, please refer to existing regulations, State Medicaid Manual guidance, and the Quality Reform Initiative guidance in this area. States may, at their option, institute EQR reviews for PHPs. These periodic medical audits will be conducted by:

1. The entity type is:
(a)_x_State Medicaid agency personnel *(joined by two independent master level therapists and a consumer or parent representative.)*
(b)__Other State government personnel (please describe):
(c)__A non-State agency contractor to the State (please describe):
(d)__Other (please describe):

2. Please attach the scope of work for the periodic medical audits.

The monitoring schedule for this biennium needs to be verified with the RSNs and checked against major system events for conflicts. The monitoring and licensing tools will be updated over the summer and fall of 2001 to be consistent with the new WAC, contract and waiver renewal and will be submitted to CMS Region X upon their completion. With the delays and uncertainty in the regulations of the BBA and the MHD's contracting cycle development of new tools has been in flux.

e.__ Has established intermediate sanctions that it may impose if the State makes a determination that an MCO violates one of the provisions below. (Note: does not apply to PHPs).

f._x_ Has an information system that is sufficient to support initial and ongoing operation and review of the State's QAPI.

g. x Has standards in the State QAPI, at least as stringent as those required in federal regulation, for access to care, structure and operations, quality measurement and improvement and consumer satisfaction.

h.__ Plans to develop and implement the use of QISMC in its quality oversight of MCOs/PHPs? (QISMC is a HCFA initiative to strengthen MCOs/PHPs' efforts to protect and improve the health and satisfaction of Medicare and Medicaid enrollees. The QISMC standards and guidelines are key tools that can be used by HCFA and States in implementing the quality assurance provisions of the Balanced Budget Act (BBA) of 1997. This is strictly a voluntary initiative for States) Please explain which domains will the State be implementing (check all that apply).

1.__ Domain 1 - Quality Assessment and Performance Improvement (QAPI) Program: Date of Implementation _____

2.__ Domain 2 - Enrollee Rights: Date of Implementation _____

3.__ Domain 3 - Health Services Management :
Date of Implementation _____

4.__ Domain 4 - Delegation: Date of Implementation _____

i.__ Other (please describe):

II. Coverage and Authorization of Services

Previous Waiver Period

a.___ During the last waiver period, coverage and authorization of services were different than described in the waiver governing that period. The differences were:

b. x [Required for all elements checked in the previous waiver submittal] Please provide results from the State's monitoring efforts for compliance in the area of coverage and authorization of services for the previous waiver period, including a summary of any issues/trends identified in the areas of authorization of services and under/over utilization [items C.II.a-e in 1999 initial preprint; relevant sections of the 1995 preprint]. Please include the results from those monitoring efforts for the previous waiver period.

All Medicaid eligibles have coverage. Mental health services are voluntary unless court ordered therefore, authorization for service is more of utilizing level of care guidelines that have been developed by the RSNs and approved by the MHD.

As a result of SIG 2, this is an area where MHD relies on the RSN for monitoring their provider network to avoid duplication. Resource Management and Utilization management

could not be delegated to the provider of services except to the lowest level of care (brief intervention). QA & I monitor to see there is authorization numbers in the chart, that services are according to treatment plan, that the treatment plan is equal to the level of intake. QA & I will continue to do random checks of the RSN monitoring.

Monitoring reports that include both the on-site findings of the QA & I team but the annual and semi-annual reports required as contract deliverables have been sent as part of Special Terms and Conditions number 2 & 4. These reports have not included any corrective actions of either the RSN or the provider network on areas of authorization of services per the level of care guidelines approved.

Upcoming Waiver Period -- Please check any of the processes and procedures from the following list that the State requires to ensure that contracting MCOs/PHPs meet coverage and authorization requirements. For items a through e, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Contracts with MCOs/PHPs:

a. x Identify, define and specify the amount, duration and scope of each service offered, differentiating those services, which may be only available to special needs populations, as appropriate.

b. x Specify what constitutes "medically necessary services" consistent with the State's Medicaid State Plan program (i.e., the FFS program). Please list that specification or definition:

WAC 388-865-0150 defines **"Medical necessity"** or **"medically necessary"** - A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause or physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. For the purpose of this chapter "course of treatment" may include mere observation or, where appropriate, no treatment at all.

c. x Provide that the MCO/PHP furnishes the services in accordance with the specification or definition of "medically necessary services".

d. x Ensure implementation of written policies and procedures reflecting current standards of medical practice and qualifications of reviewers for processing requests for initial authorization of services or requests for continuation of services. Policies include:

1. x Specific time frames for responding to requests,

2.__x__ Requirements regarding necessary information for authorization decisions,

3.__x__ Provisions for consultation with the requesting provider when appropriate,

4.__x__ Providing for expedited response for urgently needed services

5.__x__ Clearly documented criteria for decisions on coverage and medical necessity that are based on reasonable medical evidence or a consensus of relevant medical professionals.

6.__x__ Criteria for decision on coverage and medical necessity are updated regularly.

7.__x__ Mechanisms to ensure consistent application of review criteria and compatible decisions.

8.__x__ A process for clinical peer reviews of decisions to deny authorization of services on the grounds of medical appropriateness.

9.__x__ Processes and procedures that ensure prompt written notification of the enrollee and provider when a decision is made to deny, limit, or discontinue authorization of services. (Note: current regulations require notice for a termination, reduction, or suspension of services which have already been authorized or when a claim for services is not acted upon with reasonable promptness. This check box should be marked when the State also requires notice when an enrollee's request for future services is denied, limited, or discontinued.) Notices include (check all that apply):

(a)__x__ Criteria used in denying or limiting authorization

(b)__x__ Information on how to request reconsideration of the decision.

(c)_____ Other (please describe):

10.__x__ Mechanisms that allow providers to advocate on behalf of enrollees within the utilization management process.

11.__x__ Mechanisms to detect both underutilization and over utilization of services.

12._____ Other (please describe):

e.___ Other (please describe):

III. Selection and Retention of Providers

Previous Waiver Period

a.___ During the last waiver period, the selection and retention of providers were different than described in the waiver governing that period. The differences were:

b.__x__ [Required for all elements checked in the previous waiver submittal] Please provide a description of how often and through what means the State monitored the process for selection and retention of providers checked in the previous waiver submittal [items C.III.a-h in the 1999 initial preprint; relevant sections of the 1995 preprint]. Also please provide results from the State's monitoring efforts for compliance in the area of selection and retention of providers for the previous waiver period.

MHD provides state licensure of community mental health centers and certification of involuntary treatment facilities. MHD receives the request for licensure and notifies the RSN. This notification is a courtesy as the RSN can not approve or deny licensure. The RSN (or county) must recommend a provider for certification. The first visit is to ensure the center is a viable entity financially, can meet the minimum WAC requirements, meets the requirements of ADA, has policies and procedures in place and has qualified staff. This visit usually results in a provisional licensure for one year. On the second visit (usually 9-10 months later) the team looks at clinical records and their QM process. Full licensure may be issued here or there may be corrective action. If there is corrective action the provider has 60-90 days to correct but all must be completed within one year from the date the provisional license was issued. If all corrective actions are not met the provider will be put on probationary status which requires new on-site visits. The RSN may contract with a provider on provisional licensure.

Upcoming Waiver Period

Please check any processes or procedures listed below that the State uses to ensure that each MCO/PHP implements a documented selection and retention process for its providers. For items a through h, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. The State requires MCOs/PHPs to (please check all that apply):

a.__x__ Develop and implement a documented process for selection and retention of providers.

b.___ Have an initial credentialing process for physicians and other licensed health care professionals including members of physician groups that is based on a written application and site visits as appropriate, as well as primary source

verification of licensure, disciplinary status, and eligibility for payment under Medicaid.

The RSNs use the state licensure/registration as their credentialling process. If during the course of the waiver there is a decision to move above that the state will convene stakeholder meeting(s) to develop statewide standards.

c.___ Have a recredentialing process for physicians and other licensed health care professionals including members of physician groups that is accomplished within the time frames set by the State, and through a process that updates information obtained through the following (check all that apply):

1.___ Initial credentialing

2.___ Performance indicators, including those obtained through the following (check all that apply):

(a)__The quality assessment and performance improvement program

(b)__The utilization management system

(c)__The grievance system

(d)__Enrollee satisfaction surveys

(e)__Other MCO/PHP activities as specified by the State.

d.___ Use formal selection and retention criteria that do not discriminate against particular practitioners, such as those who serve high risk populations, or specialize in conditions that require costly treatment.

e.___ Determine, and redetermine at specified intervals, appropriate licensing/ accreditation for each institutional provider or supplier. Please describe any licensing/accreditation intervals required by the State _____

f.___Have an initial and recredentialing process for providers other than individual practitioners (e.g., home health agencies) to ensure that they are and remain in compliance with any Federal or State requirements (e.g., licensure).

g._X_ Notify licensing and/or disciplinary bodies or other appropriate authorities when suspensions or terminations of providers take place because of quality deficiencies.

The RSNs are required to notify the MHD if a Community Mental Health Center is providing

service below an acceptable level. MHD tracks critical incidents that occur in the community and also would be notified by the RSN if they were considering suspension or termination of a provider (CMHC) contract due to quality deficiencies. The MHD's licensing team would also then investigate this provider regarding licensing issues.

If a Community Mental Health Center suspends or terminates a therapist or Doctor reports are made in accordance with Title 18 and reported to the N.P.D.B.

h.___ Other (please describe):

IV. Delegation

Previous Waiver Period

a.___ During the last waiver period, delegation was different than described in the waiver governing that period. The differences were:

b.__x__ [Required for all elements checked in the previous waiver submittal] Please provide results from the State's monitoring efforts for compliance in the area of delegation for the previous waiver period [items C.IV.a-i in 1999 initial preprint; relevant sections of the 1995 preprint].

Part of the annual on-site monitoring ensures the participation and oversight of the RSN. The MHD holds the RSN legally responsible for all items in the contract and does not allow delegation of utilization and resource management to the provider of service. Language was added to both the WAC and the 01-03 contract to clarify the MHD's expectations regarding delegation. Monitoring of delegation authority will continue to be on-site and the MHD will review all subcontracts for delegation language.

**According to the new WAC, resource management may be delegated so long as the RSN identifies in the agreement with the mental health division any of these duties it has delegated to a subcontractor.

Upcoming Waiver Period

Please check any of the processes and procedures from the following list that the State uses to ensure that contracting MCOs/PHPs oversee and are accountable for any delegated functions in Section C. Quality of Care and Services. For items a through i, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Where any functions are delegated by MCOs/PHPs, the State Medicaid Agency:

a.__x__ Reviews and approves (check all that apply):

1.__x__ All subcontracts ~~with individual providers or groups~~ *that cover services under the contract with the PHP.*

2.___ All model subcontracts and addendums

3.___ All subcontracted reimbursement rates

4.___ Other (please describe):

b.__x__ Requires agreements to be in writing and to specify any delegated responsibilities.

c.__x__ Requires agreements to specify reporting requirements.

d.__x__ Requires written agreements to provide for revocation of the delegation or other remedies for inadequate performance.

e.__x__ Monitors to ensure that MCOs/PHPs have evaluated the entity's ability to perform the delegated activities prior to delegation.

f.__x__ Ensures that MCOs/PHPs monitor the performance of the entity on an ongoing basis.

g.__x__ Monitors to ensures that MCOs/PHPs formally review the entity's performance at least annually.

h.__x__ Ensures that MCOs/PHPs retain the right to approve, suspend or terminate any provider when they delegate selection of providers to another entity.

i._____ Other (please explain):

V. Practice Guidelines

Previous Waiver Period

a._____ During the last waiver period, practice guidelines were different than described in the waiver governing that period. The differences were:

b.__ __ [Required for all elements checked in the previous waiver submittal] Please provide results from the State's monitoring efforts to determine the level of compliance in the area of practice guidelines for the previous waiver period [items C.V.a-h in 1999 initial preprint; relevant sections of the 1995 preprint].

Upcoming Waiver Period - Please check any of the processes and procedures from the following list that the State requires to ensure that contracting MCOs/PHPs adopt and disseminate practice guidelines (please check all that apply). For items a through h, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

Washington State – Integrated Community Mental Health Program
Guidelines:

a._____ Are based on reasonable medical evidence or a consensus of health care professionals in the particular field.

b._____ Consider the needs of the MCOs/PHPs enrollees.

c.__**__ *May be* developed in consultation with contracting *mental* health professionals.

There are few practice guidelines for the public mental health system in this state or on a national level. The RSNs have developed some guidelines based on the level of care a person needs, Individualized and Tailored Care guidelines, standards of care for consumers with co-occurring disorders, EPSDT, length of hospital stay, Intensive case management, and solution focus guidelines. However, these remain distinct in each RSN rather than accepted statewide. The Mental Health Advisory Committee has this last year established a forum for collecting and sharing best practices across the state.

There are planned meetings to develop practice guidelines with the RSNs, Community Mental Health Centers, consumers, parents and other family members. Once these are developed and approved they will be disseminated throughout the system.

d._____ Are reviewed and updated periodically.

e._____ Are disseminated to all providers, all enrollees (as appropriate) and individual enrollees upon request.

f._____ Are applied in decisions with respect to utilization management, enrollee education, coverage of services, and other relevant areas.

g._____ Develop and implement policies and procedures for evaluating new medical technologies and new uses of existing technologies.

h._____ Other (please explain):

VI. Health Information Systems

Previous Waiver Period

a.___x__ During the last waiver period, health information systems of contracting MCOs/PHPs were different than described in the waiver governing that period. The differences were:

Washington State – Integrated Community Mental Health Program

The current waiver states "The State is aware that there is an intense need for common definitions across the State for data reporting. This will occur over the course of the waiver renewal at regular intervals when the data dictionary is opened for revisions. Over the course of the waiver renewal period, the State will be working to improve its data reports to reflect managed care concepts of access, utilization, cost and quality care.

Currently, the State is meeting routinely with the Information and Data Improvement Committee, which includes representatives from the RSNs, providers and the division. The issues this group deals with are substance improvements to the data dictionary, definition enhancements and general data management improvements to the overall system.

Additionally, the MHD is one of the sixteen MHSIP grants, which will last for three years. At this writing, MHD has been actively implementing the State Indicator Pilot Grant for the past six months. A work group has been meeting monthly to plan for the implementation of the Performance Indicators and begin examining the data elements for fit and reliability with the proposed measures. Meetings have been held with various groups of state and RSN staff for input and initial design of the performance indicators.

By the end of the grant, the mental health system will be better able to examine existing information, clarify definitions and data collection methods, develop alternative models, and continually improve performance through the effective use of feedback."

<u>During the course of the waiver:</u>

The State participated in the *16 state pilot indicator grant* sponsored by the Center for Mental Health Services to develop performance indicators for mental health based on the recommendations of the President's Task Force. The MHD was able to report on fourteen of the thirty-two indicators. This is consistent with the other states' experience as the grantees struggled to develop national definitions. Washington, like the other States, found similar issues to the *5 State feasibility study,* which was that definitions were not being applied evenly across the States. Washington along with other grantees has been working to standardize definitions and data for the indicators. Washington had, throughout this grant, a Performance Indicator Grant Workgroup (PIWG) and a Technical Review Group (TRG). The PIWG was made up of MHD staff, RSN staff, provider staff, consumers, family members and staff from both branches of the Washington Institute. The PIWG met monthly to discuss each proposed measure, developing a clear definition, examining the data base for fit and comparability with national reporting efforts. TRG was a broader stakeholder group that reviewed the indicator reports and provided feedback about interpretation and presentation of the information.

During the later part of the third year of the grant, the PIWG joined with the Information System Data and Evaluation Committee (ISDEC) to work together to standardized data definitions and to prepare for HIPAA. The MHD has recently revised its data dictionary in response to additional reporting needs identified by the grant and by ISDEC, these revisions take effect in October 2001. The data dictionary is in the final stages of completion at the time of this writing and will be forwarded to CMS, Region X upon its completion.

b.__x__ [Required for all elements checked in the previous waiver submittal] Please provide results from the State's monitoring efforts for compliance in the area of health information systems for the previous waiver period [items C.VI.a-i in 1999 initial preprint; relevant sections of the 1995 preprint].

The State has access to standardized data within 60 days of the end of the reporting month. The quality of the standardized data received from the RSNs is tracked each quarter and error reports are returned to the RSNs quarterly for evaluation and corrections. The MIS section then keeps a notebook on all data quality issues to determine error trends and offer suggestions and technical assistance.

The State analysis of this data occurs in several ways. The Research Section of the MHD has constructed a Service Utilization database (SU) which is an individual level, unduplicated data base that allows analyses of the data across inpatient (including state psychiatric hospitals, community hospitals and E&T facilities) and outpatient activities.

The SU also allows data to be routinely gathered for analysis from the production side of the MHD-CIS system to be more easily available for matching and linking in a SAS–based data warehouse environment. This approach not only supports the research activities of the MHD, but provides unduplicated views and cuts of the data for answering policy questions.

Results of monitoring generally show that the RSNs submit data more timely and are working towards better data quality. The emphasis placed on the system by the PI grant and ISDEC is making all levels of the system more aware of data use.

c.__x_ Please provide a description of the current status of the State's encounter data system, including timeliness of reporting, accuracy, completeness and usability of data provided to the State by MCOs/PHPs.

The MHD's encounter data system is able to provide information on outpatient services within three (3) months of occurrence. This includes type of service, minutes of service, and demographic variables. Inpatient services are relatively complete within six (6) months, and final within eighteen (18) months. Recent changes to the data dictionary have standardized reporting requirements and data definitions. This should substantially improve the quality of the data being reported. Additional data quality reports are also being generated and disseminated to agencies to improve the quality of reporting.

The MHD has taken further steps which include the identification and definition of several data elements that can be used to produce outcome measures, and to further explore service utilization patterns, these include socio-economic status, diagnosis, and level of functioning. Beginning January 2002 agencies are now required to report these data elements at change or every three months.

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The system includes the Adhoc Reporting System that provides easy access to a set of commonly requested information as well as standard reports. Information from the reporting system is incorporated into management reports such as the monthly Fiscal Program Review and the Executive Management Report.

d._____ The State uses information collected from MCOs/PHPs as a tool to monitor and evaluate MCOs/PHPs (i.e. report cards). Please describe.

e._____ The State uses information collected from MCOs/PHPs as a tool to educate beneficiaries on their options (i.e. comparison charts to be used by beneficiaries in the selection of MCOs/PHPs and/or providers). Please describe.

Upcoming Waiver Period
Please check any of the processes and procedures from the following list that the State requires to ensure that contracting MCOs/PHPs maintain a health information system that collects, analyzes, integrates, and reports data and can achieve the objectives of the Medicaid Program. For items a through i, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. The State requires that MCOs/PHPs systems:

a.__x__ Provide information on
1.__x__ Utilization,
2.____ Grievances,
3.____ Disenrollment.
Grievance and disenrollment data is tracked manually and not through the IS system

b.__x__ Collect data on enrollee and provider characteristics as specified by the State.

c.__x__Collect data on services furnished to enrollees through an encounter data system or such other methods approved by the State (please describe). The MCO/PHP is capable of (please check all that apply):

1.__x__ [Required] Recording sufficient patient data to identify the provider who delivered services to Medicaid enrollees

2.__x__ [Required] Verifying whether services reimbursed by Medicaid were actually furnished to enrollees by providers and subcontractors
3.__x__ Verifying the accuracy and timeliness of data

4.__x__ Screening data for completeness, logic and consistency

5.__x__ Collecting service information in standardized formats to the extent

feasible and appropriate

6.___ Other (please describe):

d.__x__ Provide periodic numeric data and/or narrative reports describing clinical and related information for the Medicaid enrolled population in the following areas (check all that apply):

1.__x__ *Mental* Health services (please specify frequency and provide a description of the data and/or content of the reports)

2.__**__ Outcomes of *mental* health care (please specify frequency and provide a description of the data and/or content of the reports)

Please see the information provided under i. in this section regarding performance indicators.

3._____ Encounter Data (please specify frequency and provide a description of the data and/or content of the reports)

4._____ Other (please describe and please specify frequency and provide a description of the data and/or content of the reports)

e.__x__ Maintain health information systems sufficient to support initial and ongoing operation, and that collect, integrate, analyze and report data necessary to implement its QAP.

f.__x__ Ensure that information and data received from providers are accurate, timely and complete.

g.__x__ Allow the State agency to monitor the performance of MCOs/PHPs using systematic, ongoing collection and analysis of valid and reliable data.

h.__x__ Ensure that each provider furnishing services to enrollees maintains an enrollee health record in accordance with standards established by the organization that take into account professional standards.

i.__x__ Other (please describe):

MHD has incorporated the following performance indicators into the 01-03 RSN contracts with plans to develop four more over the course of the contracts. The selection of the indicators was based on what data sources are currently available.

For the following measures, MHD will gather and report baseline data the first year and then during the second year, apply incentives and/or requests for management plans to improve

performance (e.g. where an RSN is below standard or the mean of RSNs):

1. Penetration rates for services by race/ethnicity, age, gender, and Medicaid eligibility.
2. Utilization rate for services by race/ethnicity, age, gender, and priority population
3. Recipient perception of access
4. Recipient perception of quality/appropriateness of services
5. Recipient perception of active participation in decision making regarding treatment
6. Percentage of service recipients age 16 and above who are employed
7. Average annual cost per recipient served
8. Average annual cost per unit of service (cost per hour for community services)
9. Percent of revenues spent on direct services
10. Percent of recipients who were homeless in the last 12 months by age and priority population
11. Percentage of children who live in "family-like" settings
12. Percentage of children and adolescents receiving services in natural settings ("out of clinician office")

The following measures will be under development during the 01-03 contract period and are included in the contract. MHD will gather and report data throughout the contract period and work to refine the indicators:

13. Percentage of recipient who are maintained in the community without a psychiatric hospitalization during the last 12 months.
14. Percentage of recipients who receive services by both MHD and DASA in the previous 12 months.
15. Percentage of consumers who access physical healthcare.
16. Percentage of service recipients living in stable environments.

It is important to note here that these indicators will be for all persons served (by age and ethnicity) however, in most indicators it is possible to separate Medicaid from the non-Medicaid population served. The framework for developing indicators may be found in attachment

Additionally, the MHD will be building a database to acquire relevant information in collaboration with Office of Research and Data Analysis on the services received by American Indians and Alaska Natives to report on a regular basis to IPAC and AIHC.

VII. Quality Assessment and Performance Improvement (QAPI)

Previous Waiver Period

a.___ During the last waiver period, the State's Quality Assessment and Performance Improvement (QAPI) program was different than described in the waiver governing that period. The differences were:

b.__x__ [Required for all elements checked in the previous waiver submittal] Please provide results from the State's monitoring efforts to determine the level of compliance in the area of QAPI for the previous waiver period [items C.VII.a-u in 1999 initial preprint; relevant sections in the 1995 preprint]. Please break down monitoring results by subpopulations if available.

Data charts in Attachment AIIId2bii.

c._____ The State or its MCOs/PHPs conducted performance improvement projects that achieve, through on-going measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction. Please list and submit findings from the projects completed in the previous two-year period.

Upcoming Waiver Period- Please check any of the processes and procedures from the following list that the State requires to ensure that contracting MCOs/PHPs maintain an adequate QAPI. For items a through u, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. The State requires that MCOs/PHPs (check all that apply and note in narratives if the State intends to break down the results by subpopulation):

a.__x__ Have an adequate organizational structure which allows for clear and appropriate administration and evaluation of the QAPI. The State has standards which include (check all that apply):

1.__X__ A policy making body which oversees the QAPI

2.__X__ A designated senior official responsible for program administration and documentation of Quality Improvement committee activities.

3.__X__ Active participation by providers and consumers

4.__X__ Ongoing communication and collaboration among the Quality Improvement policy making body and other functional areas of the organization.

5.___ Other (please describe):

b._____ Measure their performance, using standard measures established or adopted by the State Medicaid agency, and reports their performance to the applicable agency. Please list or attach the standard measures currently required.

c._____ Achieve required minimum performance levels, as established by the State Medicaid agency on standardized quality measures. Please list or attach the

standardized quality measures established by the State Medicaid agency.

d._____ Conduct performance improvement projects that achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction.

Please list the projects currently planned for each year of the waiver period either at a state or plan-level. Please describe the types of issues that are included in clinical (e.g., acute/chronic conditions, high-volume/high-risk services) and non-clinical (e.g., complaints, appeals, cultural competence, accessibility) focus areas as defined by the State.

e.__X__ Correct significant systemic problems that come to its attention through internal surveillance, complaints, or other mechanisms.

f.__X__ Are allowed to collaborate with one another on projects, subject to the approval of the State Medicaid agency.

g._____ Are allowed to conduct multi-year projects that meet the improvement standards as described in QISMC or that are specified in a project work plan developed in consultation with the State Medicaid agency.

h.__X__ Select topics for projects through continuous data collection and analysis by the organization of comprehensive aspects of patient's mental health care and member services.

i.__X__ Select and prioritize topics for projects to achieve the greatest practical benefit for enrollees.

j.__X__ Select topics in a way that takes into account the prevalence of a condition among, or need for a specific service by, the organization's enrollees; enrollee demographic characteristics and health risks; and the interest of consumers in the aspect of care or services to be addressed.

k.__X__ Provide opportunities for enrollees to participate in the selection of project topics and the formulation of project goals.

l.__X__ Assess and measure the organization's performance for each selected topic using one or more quality indicators.

m.__X__ Base the assessment of the organization's performance on systematic, ongoing collection and analysis of valid and reliable data.

n.__**__ Establish a baseline measure of performance on each indicator, measure changes in performance, and continue measurement of at least one year

after a desired level of performance is achieved.

o._____ Use a sampling methodology that ensures that results are accurate and reflective of the MCOs/PHPs enrolled Medicaid population.

p._____ Meet previously-determined standards to define results that show significant demonstrable improvement in performance as evidenced in repeat measurements of the quality indicators specified for each performance improvement project identified.

q.__x__ Use benchmarks levels of performance which are either determined in advance by the State Medicaid agency or by the organization.

r.__x__ Ensure that improvement is reasonably attributable to interventions undertaken by the organization (has face validity).

s.__x__ Administer their QAPI through clear and appropriate administrative arrangements.

t.__x__ Formally evaluate, at least annually, the effectiveness of the QAPI strategy, and make necessary changes.

u.____ Other (please describe):

Attachment C.1a

Quality Management Template

The Quality Management Plan will comply with WAC 388-865-0225(4), -0280; 42 CFR 434 part 4,5,6; 42 CFR 434 (a-e) (Waiver), or any successors.

Quality Management and Improvement

A. Program Structure

1. Describe the Contractor's Quality Management Plan's structure and contents, including:.
   a) how the governing body oversees the QI program.
   b) how often the plan and overall process is evaluated
   c) describe the role, structure and function of the QI committee, to include how often it meets. If you have multiple QI/QA committees or processes, please provide a flow diagram to show how these committees and activities intersect.
   d) outline your current annual QI workplan or schedule, to include:
      i) a list of your stakeholders, to include allied systems as well as formal/informal community systems and how they link into the overall workplan
      ii) the role of enrollees and families in quality management activities
      iii) projects and activities for the current year
      iv) planned monitoring of previously identified issues and how they are tracked over time
      v) how follow-up actions are developed and communicated back through the system
      vi) how the workplan will be evaluated and by whom.
   e) indicate if resources are available and adequate to meet the scope of the program.
   f) if resources are insufficient to meet the scope of the plan, describe what efforts will be in place to increase resources to ensure full implementation of the QM plan.

B. Program Operation

1. The Quality Management process is expected to be fully operational. It should meet the following standards:
   a. establish and describe how QI committee recommendations and policy decisions are reviewed and executed, including the evaluation of quality improvement activities, instituting needed actions, and ensuring appropriate follow-up. Identify designated person(s) with the authority/responsibility to oversee implementation and management of the QM plan.
   b. ensure current minutes are maintained which are signed and dated and reflect all QI committee decisions and actions.
   c. describe how providers and stakeholders have clear opportunity to be active participants in the QI program.
   d. describe how the Contractor shall ensure that measures of enrollee voice and satisfaction, including information provided by independent entities, are incorporated into the region's overall Quality Management program.
   e. describe how the Contractor monitors expected levels of quality services and whether the needs of enrollees are met and uses the information to increase the quality of services and shape best practices toward the deal level of services and support.
   f. describe a QA/QI communication plan that assures that individuals bringing issues to the QA/QI committee for action or review get appropriate feedback, and that the system or stakeholders they represent are also informed of decisions which impact them.

C. Program Implementation

1. Describe how the Contractor will demonstrate the implementation of the Quality Management (QM) Plan.

2. Collection of information about the regional system will include:

a) administrative structures and processes including relevant financial and cost information and service utilization data
b) System Performance Indicators and enrollee outcome measures
c) clinical care and services (e.g., inpatient, outpatient, crisis, resource management, etc.)
d) demonstration of an effective process for analyzing and interpreting information, making recommendations, and developing strategies for action
e) demonstration of an effective process for implementing improvement activities and evaluating results
f) the Contractor shall collect, analyze and display sufficient information to assure and demonstrate the capacity to manage resources and deliver appropriate quality and intensity of services including, but not limited to, access to services, resource management, crisis system and services. Information collection strategies shall include, but not be limited to, analysis of care provided to at least a 20% sample (or 500 total if smaller) representative sample of enrollees recipients on an annual basis.

D. Contracting for Services

Describe how the Contractor's provider network, including both individuals and agencies, has substantial involvement and demonstrate unified efforts in implementing quality improvement activities that are consistent and congruent with the overarching Contractor quality improvement strategies.

E. Availability of Providers

The Contractor must ensure that its network is sufficient in numbers, mix of practitioners, and geographic distribution of providers in order to meet: 1) an appropriate range of services, including preventive care (e.g., EPSDT screening), case management and specialty services; 2) anticipated numbers of enrollees; 3) access and travel standards.

Describe how the Contractor: a) collects and analyzes data to measure its performance against the standards it has established; b) implements interventions to improve its performance and measures the effect of the interventions

F. Accessibility of Services

The Contractor must ensure that all covered services are both available and accessible in order to meet contractual standards.

Describe how the Contractor: a) collects and analyzes data to measure its performance against these standards; b) identifies opportunities to improve and demonstrates how to address them; c) implements interventions to improve performance and measures the effect of the interventions.

C / a · C

G. Enrollee Satisfaction

1. Describe the Contractor's process to implement mechanisms to measure and improve the level of enrollee satisfaction, including but not limited to describing the process to ensure:

   a) Ombuds and QRTs are functionally independent in the performance of their duties and and are expected to improve the level of enrollee satisfaction. (see definition at the end of this template)
   b) Ombuds/QRT findings and reports, recommendations, and findings are considered in good faith by the PHP
   c) Ombuds/QRT reports, recommendations and findings are analyzed and appropriate decisions are made regarding follow-up activities and interventions
   d) Ombuds/QRT and Advisory Board recommendations are addressed and incorporated into ongoing operations including but not limited to contracting activities and other management decisions.
   e) Processes are in place to resolve disputes with Ombuds/Quality Review Team (QRT) members. For disputes not resolved with those procedures, there will be a dispute resolution process in place to deal with system-level matters.
   f) Effective policies and procedures will be in place which ensure that Advisory Board, Ombuds and Quality Review Team members are free from retaliation (or the perception of retaliation) in the performance of their duties.

2. Describe how the Contractor: a) analyzes the data from the activities listed above and identifies opportunities to improve; b) implements interventions to improve performance and measures the effectiveness of those interventions.

H. Continuity and Coordination of Care

Describe how the Contractor ensures the continuity and coordination of services enrollees receive and how it monitors these variables within and across network agencies, formal and informal supports, and allied systems. Include how this information is available to the agencies and systems being monitored, and how the data is evaluated annually.

I. Clinical and Performance Measurement Activities

1. Describe how the Contractor uses data collection, measurement and analysis to track clinical issues relevant to the population served. At a minimum, the Contractor will monitor system capacity, the intensity of services, the supports being provided to the population, and outcomes being achieved through these services. This includes:

   a. quality of clinical care as well as the intensity and appropriateness of clinical care and related services and supports;
   b. analysis of clinical care and related services and support
   c. analysis of linkages to other systems to ensure enrollees' needs are addressed and services are not duplicated.
   d. guidelines will include a focus on enrollee mental health outcomes and the appropriate use of clinical guidelines and quality indicators

2. Describe the Contractors Peer Review process:

   a. how the process identifies clinical care issues, to include the intensity and appropriateness of clinical care as well as related services and supports. This should include both the coordination and continuity of care.
   b. How the identified issues and their outcomes are analyzed, monitored and or resolved
   c. How continuous quality improvement of clinical and performance measures is evaluated, and how findings are used to improve clinical care as well as the

coordination and continuity of care.

3. Describe how the Contractor adopts or establishes quantitative measures to assess performance and to identify and prioritize areas of improvement for one or more clinical issues. Identify how:

a) the measures used to assess performance are objective and quantifiable.

b) the affected population is identified, and appropriate samples are drawn from this enrollee base in a valid and reliable manner.

c) the Contractor analyzes the data collected for each assessment measure.

d) appropriate personnel, to include providers, evaluate the analyzed data in order to identify barriers to improvement related to clinical practice and/or administrative aspects of the delivery system.

e) the interpretation of the data will be made available to providers, and their feedback will be incorporated into any subsequent reports.

J. Effectiveness of the Quality Improvement Program

Describe how the Contractor annually evaluates the overall effectiveness of the QI program and demonstrates improvements in the quality of care and the quality of service to its stakeholders. The Contractor will submit an annual written evaluation report based on the analysis of its overall operations to the MHD to comply with Section 1.4.8 of the Reports and Deliverables section of the 01-03 Agreement.

K. Delegation of Quality Improvement Activity

Describe any activities that are delegated. If the Contractor delegates any QI activities, there is evidence of oversight of the delegated activity. At a minimum, there is a mutually agreed-upon document describing:

1. responsibilities of the Contractor and the delegated entity
2. activities that are delegated
3. frequency of reporting to the Contractor
4. process by which the Contractor evaluates the performance of the delegated entity
5. remedies, including revocation of the delegation, available to the Contractor if the delegated entity does not fulfill its obligations.

Utilization/Resource Management

1. Describe the Contractor's Utilization Management Structure, including:

a) a written description outlines both program structure and accountability

b) the scope of the program and the processes and information sources used to make determinations of benefit coverage and level of care.

c) how the UM program is evaluated and approved annually by the Contractor or designee or the QI Committee.

2. Describe the Contractor's Resource Management Structure, including:

a) How the Contractor will ensure there are policies and practices in place to deal with situations in which there is:

i) unanticipated need for the availability of such providers with particular types of experience, or

ii) unanticipated limitation of the availability of such providers including the identification of network mental health PCPs who are not accepting new Medicaid consumers

3. Describe how utilization decisions are made using written criteria based on local levels and standards of care and medical necessity. The Contractor will establish specific procedures for applying the criteria in an appropriate manner. Ensure that: a) the procedures for applying criteria are based on the needs of individual enrollees and characteristics of the local delivery system. These criteria are available to providers upon request; b) at least annually the Contractor evaluates the consistency with which the health care professionals involved in utilization review apply the criteria in decision making.

4. Describe how the contractor ensures that it provides coordination for pharmaceutical management and coordination with physical health care based on the need of individual enrollees.

5. Describe how the Contractor facilitates the delivery of appropriate care and has mechanisms in place to detect and correct potential under- and over-utilization. This should include how the Contractor: a) monitors data to detect potential under- and over-utilization; b) routinely analyzes all data collected to detect under-and over-utilization; c) implements appropriate interventions whenever such utilization patterns are identified; d) measures whether the interventions have been effective and implements strategies to achieve appropriate utilization.

Enrollee Rights and Responsibilities

Describe how the contractor will demonstrate: 1) all complaint and grievance requirements are met; 2) incorporation of the Contractor's MHD-approved Complaint and Grievance Plan into the overall QM process.

Definitions:

Functional independence is the ability to conduct the performance of duties free from interference and control, limitation, retaliation or penalty by any official of the contractor or sub-contractor.

In assessing whether an Ombuds person or a Quality Review Team is independent in structure, function and appearance, it is important to consider whether Ombuds or QRT has been provided:

1. sufficient funds to accomplish the task;
2. access to pertinent information and people
3. time and space adequate to conduct necessary business
4. timely opportunities to report interference, control, penalties and retaliation
5. support and consultation from the appointing entity.

Marketing Template

General Requirements

Each Contractor shall develop a marketing plan, in accordance with Washington Administrative Code (WAC) 388-865-0330 or its successor. The primary intent behind the provisions of this WAC are to assure enrollees are notified of the existence and availability of the Contractor; to advise them of their enrollee rights; to promote access to enrollees who are of Limited English Proficiency; and to promote stigma reduction activities.

Contractors are requested to use WAC 388-865-0330 as the basic format for establishment of their marketing plans. They are also requested to use information about use of services to focus on groups that may not be accessing services at rates comparable to their percentages of the general population and to target efforts to reach them.

Specific Requirements

Each Contractor shall have policies and procedures in place that will govern their marketing activities. The policies and procedures will be in compliance with WAC 388-865-0330. They will also use service delivery information to target marketing to enrollees who are under-served or under-represented in the service population.

The elements of the plan shall include the following:

- There are methods to advise enrollees of their rights and responsibilities.
- Enrollees are advised of the availability of Ombuds services, of their right to express dissatisfaction with services at the provider, Contractor and state administrative hearing level and of their rights to request to be disenrolled.
- The plan will demonstrate Contractor methods to establish and maintain cross-system linkages.
- The plan establishes, implements, and tests methods to provide access to diverse populations, including enrollees who are of Limited English Proficiency.
- The Contractor can demonstrate that various public media are used to publicize the marketing plan.
- Stigma reduction is incorporated into the plan as a significant element.
- Enrollees are involved in the efforts.
- Sub-contractor participation is incorporated into the plan.
- There are established methods by which the plan is evaluated and revised on a regular basis.

- The method to evaluate the marketing plan incorporates a review of service data that includes enrollment and use of crisis, inpatient, community support services and residential services. The plan will be structured to target marketing efforts to under-served groups.
- Materials that publicize (including brochures, news articles, television and radio announcements or other means of publicizing) services will include information about toll-free numbers to access services, describe services and hours of operations, and will assure effectiveness in reaching enrollees who are visually or auditorily impaired or who are LEP.
- Materials are publicized in at least the languages that are most commonly used within the service area.
- Information about the availability and how to access Ombuds services and local advocacy organizations is posted and is generally made available.
- Materials that publicize services, rights and associated information are distributed through allied providers.
- Brochures include: Range of options for treatment; range of options for supports; information about the scope of available benefits; service locations; enrollee responsibilities; non-covered services; how to access services for out-of area emergencies, including any limitations; what constitutes unauthorized service; what constitutes services that are not covered.
- Brochures will also include information about how to express dissatisfaction at the provider, Contractor and state administrative (fair) hearing levels.

The revised Marketing plan will be submitted to MHD for written approval within 90 days of the execution of the 01-03 Agreement.

Grievance System Template

General Requirements

Each Contractor must have a system that includes a grievance process, an appeal process and access to the State's fair hearing system. The Contractor will establish performance-based policies and procedures to implement its grievance system.

The Contractor must obtain written approval from the MHD before implementing the policies and procedures that govern its grievance system. These policies and procedures must be submitted for approval no later than 90 days from the execution of the 01-03 Agreement. The 99-01 policies and procedures will remain in place until such time as the 01-03 replacements have been approved.

The Contractor will be expected to demonstrate:

- there is a process by which enrollees who receive or apply for services may express dissatisfaction about any matter at the provider level and at the Contractor level
- there is a process by which the enrollee may appeal dissatisfactions when "actions" are involved or for other reasons, in accordance with WAC 388-865-0255, at the state administrative (fair) hearing level.
- there is a process consistent with WAC 388-865-0255 (Consumer Grievance Process) and WAC 388-865-0340 (Disenrollment), by which the enrollee may pursue appeals or grievances at the state administrative hearings level without first pursuing them at the Contractor level, except in the case of requests for disenrollment. In cases of disenrollment there is a process by which the enrollee must first utilize the Contractor's complaint and grievance procedures.
- Contractor's grievance and appeal processes are based on written policies and procedures
- policies apply to the Contractor and sub-contractors.
- the governing body of the Contractor has approved and is responsible for effective operation of the grievance system.
- there are provisions in the grievance system policies and procedures for the governing body or its designees review and dispose of grievances and appeals of actions.
- the grievance system ensures that no punitive action nor retaliation is threatened nor taken against an enrollee, provider or any individual or group involved in pursuit of resolution of any dissatisfaction at the provider, Contractor or state administrative hearing level.

- there are provisions for extension of timeframes requested by the enrollee, his or her representative or a provider acting on behalf of the enrollee with the enrollee's written consent.
- the Contractor can demonstrate that enrollee requests for the Contractor to address a grievance at the Contractor level will be reviewed according to local policies and procedures and a decision made within 30 days of receipt of the request
-

SPECIFIC REQUIREMENTS

Notice

- the grievance system requires providers to give notice of service determinations and options to contest those determinations and other

Handling Of Grievances and Appeals

- the method by which the Contractor's grievance system will handle grievances and appeals assures adequate staffing to handle grievances and appeals and assures that enrollees have reasonable assistance in pursuing grievances and appeals

Resolution and Notification

- the Contractor has established local requirements for disposing of grievances, resolving appeals and providing notice to enrollees and their representatives expeditiously
- the Contractor assures that the time frames for standard disposition of grievances shall be 30 days or less, in accordance with current state requirements
- there are no provisions for extensions of the timeframes to dispose of a grievance based on a denial of a request to expedite a resolution of an appeal.
- the Contractor demonstrates that written notice is given to enrollees who have filed a grievance or an appeal of an action at the Contractor level, and the notices contain an explanation of the disposition of the grievance or the results of the resolution of the appeal of the action
- the Contractor informs the enrollee how to seek further state review and how to request it when there is dissatisfaction with disposition of grievances
- grievance policies and procedures assure that the Contractor and its sub-contractors will participate in the State Administrative (Fair) Hearings process in cooperation with the Mental Health Division and abide by those decisions.

Information about the Grievance System

- Contractor provides information about the right to a hearing, the method for obtaining a hearing and the rules that govern hearings to enrollees, providers and sub-contractors.

Record Keeping and Reporting

- records of all grievances and appeals are kept for a least a three year period.
- Contractors analyze the records on an annual basis or more frequently, and submit to the MHD a summary (Exhibit N of the 01-03 Agreement) that includes: a) the number and nature of grievances and appeals; b) the timeframes within which they were disposed or resolved; c) the nature of the decisions.

Continuation of Benefits while Appeal and Fair Hearing Are Pending

- the Contractor continues benefits to enrollees while appeals and state administrative (fair) hearings processes are in progress
- enrollees are notified that they may be responsible for payment of costs of services in the event that an Administrative Hearing upholds the Contractor's action
- enrollees are notified that the Contractor may have to pay for benefits provided during an appeal if the Administrative hearing upholds the appellant's grievance
-

Implementation of Reverse Appeal Resolutions

- the Contractor authorizes or provides the disputed services promptly and expeditiously when a state fair hearing reverses a decision to deny, limited or delay services that were not furnished while the appeal was pending

Monitoring of the Grievance System

- the grievance and appeals records serve as the basis for monitoring by the Contractor
- the Contractor conducts an in-depth review and takes corrective action if review of the grievance system indicates a need to change the system.

Definitions

Action means:

a. the denial or limited authorization of a requested service, including the type or level of service;
b. the reduction, suspension or termination of a previously authorized service;
c. the denial, in whole or in part, of payment for a service;
d. the failure to furnish or arrange for a service or provide payment for a service in a timely manner;

Administrative Hearing means

a hearing conducted through the auspices of the state Office of Administrative hearings in accordance with WAC 388-02. The term "fair hearing" is synonymous with administrative hearing.

Appeal means:

This term applies specifically to an expression of dissatisfaction that involves any authorization or denial of services, which will generally be pursued at the Contractor level and which may be pursued at the RSN/PHP or state administrative hearing level.

Grievance means:

an expression of dissatisfaction about any matter other than an action, which is defined above. The term, "grievance", is also used to refer to the overall system that includes grievances and appeals handled at the Contractor level and access to the State Fair Hearing Process. This term applies to any expression of dissatisfaction that may be presented for resolution at the provider level, at the Contractor level and at the state administrative hearings level.

Attachment C.1a1

MENTAL HEALTH DIVISION
QUALITY MANAGEMENT PLAN

I. Introduction

A. Overview of the Plan

The Mental Health Division's Quality Management Plan is designed to be a template for statewide system management and oversight of mental health services in Washington. As such it is expected to meet the standards set by the Health Care Financing Administration (HCFA) and the Washington Administrative Code (WAC), and to support and enhance the missions of all 14 Washington Regic al Support Networks (RSN) And, perhaps most importantly, this Plan is meant to highlight the impor ance of the active voice of consumers in planning their care, choosing their goals, and integrating community resources into their treatment plans.

B. Mission of Mental Health Division

The Mental Health Division administers a public mental health system that promotes recovery and safety.

We value the strength and participation of consumers and their and their families.
We value the cultural and diverse qualities of each consumer.
We value our partners in delivering quality, cost effective and individualized services.

C. Guiding Principles

The Mental Health Division will insure consumer access to high quality and medically necessary mental health care in accordance with federal and state requirements. The Mental Health Division is committed to a statewide delivery system which is characterized by:

1. community based care which is close to family and social support systems and is consumer driven
2. development with input and advice from the public, consumers and other stakeholders
3. a focus on serving consumers who are the most seriously and persistently mentally ill or seriously emotionally disturbed
4. Use of the least restrictive alternative to ach ve the desired outcome
5. Applicable programs and services available and culturally competent for ethnic minority consumers.

The Mental Health Division is committed to statewide services that:

1. are provided with respect and dignity
2. are accessible and available 24 hours a day, 7 days a week
3. meet individual consumer and family needs
4. are based on consumer, family, provider and community strengths
5. are culturally sensitive, age appropriate, linguistically appropriate, and are fully accessible to people with disabilities or other special needs
6. are community based and normalizing, provided in facility or non-facility settings, in the consumer's environment and in the community
7. assure continuity of care and integration with allied systems and physical health care providers
8. are effective and acceptable to the consumer and the purchaser.

D. Scope of the Quality Management Plan

Quality Management is an all-encompassing system and process that incorporates quality assurance and quality improvement activities. Quality Assurance refers to the compliance to minimum standards as defined by WAC and reasonable expected levels of performance. Quality Improvement is the sum of activities that identify need for improvement and change in program design and service delivery through

the gathering and analysis of data. The oversight of these functions is charged to the Mental Health Division's Quality Council. The Quality Council has a collateral role, as well as an integrative role, with the Division's Quality Improvement Steering Committee, various advisory committees, System Improvement Group (SIG), RSN quality management oversight committees, Western and Eastern State Hospitals, and Child Study and Treatment Center. The Quality Council is charged with integrating data collected and reported by these stakeholders into its work of identifying areas that need to be improved. This integration process has two purposes for this Council: to assure minimum compliance on standards and to contribute to the information base of quality improvement work.

II. Mental Health Division Quality Management Plan

A. Mental Health Division Quality Structure

Attached is a flow diagram, to include allied system as well as formal/informal community systems and how they link into the overall work plan. This diagram also indicates how information flows within the quality management system. Aspects of the communication flow between committees and stake holders which need to be formalized in a communication plan:

1. Getting issues from stakeholders into the quality program structure
2. Management of issues within the quality program committee structure
3. Getting Issues released from the quality program committee structure and back to stakeholders

B. MHD Management Team/Quality Council

1. The Quality Council oversees the QM (Quality Assurance and Quality Improvement) program.
2. The QM Plan is evaluated annually by the Quality Council. Quality Improvement processes are evaluated quarterly by the Quality Improvement Steering Committee and are rolled up to the Quality Council.
3. The Quality Council reviews Steering Committee recommendations and determines how policy decisions are reviewed and executed, including evaluation of quality improvement activities, instituting needed actions, and insuring appropriate follow-up
4. Identifies designated person(s) with the authority responsibility to oversee implementation and management of the QM plan.
5. The Council will complete minutes in a timely manner. They will reflect all Steering Committee recommendations and the Council's decisions and actions
6. The Council will determine how stakeholders will have clear opportunity to be active participants in the QI process. Enrollee voice and satisfaction, including information provided by independent entities, will be incorporated into the Division's overall Quality Management program and safe-guarded by the Quality Council.
7. The Quality Council monitors expected levels of quality services and whether the needs of enrollees are met, and how this information is used to increase the quality of services and share best practices toward the ideal level of services and support.
8. The Council will meet to determine projects and activities for the current year as well as [illegible] a work plan. This work plan will also address how the Council will:
   a) develop a process for the planned monitoring of previously identified [illegible], how they are tracked over time.
   b) Develop a methodology for determining follow-up actions and how they communicated back through the system. The methodology will include how stakeholders are informed of decisions that impact them.
   c) develop a process for how the Division's QMP will be evaluated and by whom.
9. The Council will determine if quality management improvement resources are available and adequate to meet the scope of the plan. If resources are inadequate to meet the scope of the plan, they will describe what efforts are in place to increase resources to insure full implementation of the QMP.

C. Management and Staff Accountability for QA and QI

1. Collection of data and information about the statewide system will include:
   a. administrative structures and processes including relevant financial and cost information and service utilization data
   b. system Performance Indicators and enrollee outcome measures
   c. clinical care and services (e.g., inpatient, outpatient, crisis, resource management)
   d. demonstration of an effective process for analyzing and interpreting information, making recommendations, and developing strategies for action
   e. demonstration of an effective process for implementing improvement activities and evaluating results
2. Development of a methodology for analyzing contract deliverable reports from RSNs and trending the information for statewide reports. Feedback information for each RSN will include benchmarks for:
   a. Provider availability (appropriateness range of services, responsiveness to anticipated number of enrollees, access and travel standards)
   b. Accessibility of services (appointment standards, waiting list issues)
   c. Enrollee satisfaction
   d. Continuity and coordination of care
   e. Clinical and performance measurement activities (system capacity, intensity of services and supports being provided, outcomes of these actions)
   f. Usage of clinical guidelines and quality indicators
   g. Innovative programs and best practices
3. Communication within the CQI Process.

The communication flow between committees and stake holders is a critical one

4. Getting issues from stakeholders into the quality program structure
5. Management of issues within the quality program committee structure
6. Getting Issues released from the quality program committee structure and back to stakeholders

D. Mental Health Division Quality Improvement Steering Committee (QISC)

1. The QISC ensures that the goals and principles of the Mental Health Division are carried out and incorporated into all activities, programs and services funded by MHD.
2. The QISC coordinates various Division quality functions, to include information flow between consumers and stakeholders and the Quality Council.
3. QISC members will work together to change and refine MHD activities and actions regarding provider and system oversight to insure that services funded and/or administered by MHD are performing as intended and are making the changes necessary to constantly improve.
4. QISC functions include the following:
   a. Oversee implementation, updating and revision of Quality Management plan, activities and performance concerns, indicators, measures, targets and thresholds.
   b. Determination and implementation of data to be collected and analyzed for QMP purposes
   c. Develop and implement a process for determining when additional monitoring activities have to occur (e.g. thresholds)
   d. Analysis of data and information received to give a complete picture of the performance of the subject under review
   e. Determination of types of reviews and other monitoring activities, purposes of reviews, as well as the extent of review. Where reviews have already taken place (e.g., licensing and certification), determine type of summary information to be given to QISC.
   f. Determination and development of tools and forms to be utilized

g. Coordination of timing and scheduling of monitoring activities (especially on site reviews of providers)
h. Dissemination of information regarding status of follow-up and closure on reviews and monitoring activities.
i. Determination and implementation of actions necessary to assure provider and system compliance with rules, contract requirements, amd quality management and improvement activities.
j. Identification, development and delivery of technical assistance and/or training needed by providers and the system as a whole in order to improve.
k. Preparation of reports and recommendations to decision-makers when indicated.

APPENDIX 1 – PURPOSE, STRUCTURE AND WORKPLAN OF QUALITY IMPROVEMENT STEERING COMMITTEE

The Quality Improvement Steering Committee (QISC):

1. Oversees and manages the activities described in the *Responsibilities/Functions* section of this plan
2. Ensures that the goals and principles of the Mental Health Division are carried out and incorporated into all activities, programs and services funded by MHD.
3. Coordinates various Division quality functions, to include information flow between consumers and stakeholders and the Quality Council.
4. QISC members work together to change and refine MHD activities and actions regarding provider and system oversight to insure that services funded and/or administered by MHD are performing as intended and are making the changes necessary to constantly improve.
5. QISC functions include the following:
    a. Overseeing implementation, updating and revision of Quality Management plan, activities and performance concerns, indicators, measures, targets and thresholds.
    b. Determination and implementation of data to be collected and analyzed for QMP purposes
    c. Development and implementation of a process for determining when additional monitoring activities have to occur (e.g. thresholds)
    d. Analysis of data and information received to give a complete picture of the performance of the subject under review
    e. Determination of types of reviews and other monitoring activities, purposes of reviews, as well as the extent of review. Where reviews have already taken place (e.g., licensing and certification), determine type of summary information to be given to QISC.
    f. Determination and development of tools and forms to be utilized
    g. Coordination of timing and scheduling of monitoring activities (especially on site reviews of providers)
    h. Dissemination of information regarding status of follow-up and closure on reviews and monitoring activities.
    i. Coordination of communication about review results.
    j. Outline process for the planned monitoring of previously identified issues and how they are tracked over time

6. QISC members will include a representative from:
    a. the Mental Health Advisory Board
    b. the RSN leadership group
    c. WA State provider group
    d. Systems Improvement Group (SIG)
    e. MHD HQ Quality Improvement Group
    f. Hospital Quality Council
7. QISC will be co-chaired. Co-Chairman 'A' will have the following role:
    a. schedule and convene meeting
    b. manage logistics for meetings
    c. assure minutes are taken and distributed
    d. manage agenda setting for meetings and activities
    e. identify consultant assistance when needed
    f. Chair meetings every other quarter to begin with _____

    Co-chairman 'B' will have the following role:
    a. maintain membership roster and attendance records
    b. assure participation and updating of members not present
    c. identify and assure preparation of materials needed by the group
    d. maintain record of materials used/developed

e. maintain and distribute decision/recommendation forms (to include completed ones)
f. chair meetings every other quarter beginning ___ _____

BOTH co-chairs will:

k. approve draft minutes
l. be a liaison to and from the Quality Council
m. brief management staff on actions taken and recommendations for action by management staff
n. make decisions and resolve conflicts when the QISC is unable to do so.

7. Suggested projects and activities for the current year:
   a. Identify members of the QISC
   b. Convene organizing meetings of the QISC
   c. Determine the need for any QISC subcommittees.
   d. Meet together to refine and understand structure, goals, charge and function/responsibilities of QISC
   e. Develop and disseminate a process for bringing forward and responding to quality management/improvement issues and staff's quality management/improvement concerns.
   f. Develop a process for how follow-up actions are developed and communicated back through the system
   g. Guide finalization of the draft QMP Plan
   h. Oversee implementation of initial QMP activities, including the delegation of activities to QISC members
   i. Set meeting schedule for the remainder of the calendar year.
   j. Inventory on-site review reports and discuss system issues and trends.
   k. With QA&I team, discuss the review process and what changes are indicated for the next review cycle.
   l. With QA&I team, discuss retooling process and issues still to be resolved.
   m. With QA&I team, discuss scheduling for next review period (to begin in October 2001)
   n. Identify and begin methods for sharing information regarding monitoring activity results
   o. Identify data sources and standards for performance indicators, measures and targets.
   p. Determine tools necessary to implement monitoring of performance indicators and targets.
   q. Review and update MHD QMP
   r. Develop annual QI Steering Committee Work Plan, including the identification of priorities, action steps to be taken, and timeliness.

Attachment C. VI.i

Mental Health Division

Framework for Defining and Displaying System-Wide Mental Health Performance Indicators

The data in this report was produced through the "data warehouse" using SAS. As these Performance Indicators are reviewed and sanctioned by stakeholders, Regional Support Networks (RSNs), and Mental Health Division Management, they will be placed into "Production". It is anticipated that the data in these graphs have an error margin of plus or minus 5 percentage points as compared to the "Production" data produced by the Division.

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System Level Performance Indicators: A Working Definition

Performance Indicators provide information on how well a system is doing. The federal *General Accounting Office* defines Performance Measurement as: "The on-going monitoring and reporting of system-wide accomplishments, particularly progress toward pre-established goals...conducted by the program or agency management (GAO, 1988)." The Washington State Department of Social and Health Services utilizes the Mental Health Statistics Improvement Program (MHSIP) paradigm to understand the domains of mental health information:

- **WHO** (gets) receives services
- **WHAT** (from) types of services are delivered
- **WHOM** (at what) staffing patterns
- **COST** fiscal viability

Outcome Measures provide specific client-level information on the results of services:

- **OUTCOMES:** What happens to the individual as a **RESULT** of the mental health care they receive?

The goal of the ***Performance Indicator Project*** is to develop Indicators and Outcome Measures to determine how well the mental health system assures access, quality and cost effectiveness and to report these indicators out to stakeholders on a regular basis.

Performance Indicators:

- Provide information on the number of clients accessing services, how services are delivered, which outcomes or goals are achieved, and how dollars are spent.
- Reflect agreed upon values and goals.
- Are clear, reliable (results same each time) and valid (measure used is measuring what is says).
- Help system managers and system payers understand trends in service delivery systems and change across time.
- Provide feedback on system accountability and have the potential to improve quality and services.

Performance Indicators address the following **large areas of concern** (which have been, in part, defined by Federal funding sources):

- Access to Services
- Outcomes – improvement in client's level of functioning
- Quality /Appropriateness of Services
- Cost

Persons or Groups interested in Performance Indicators may include:

- Mental Health Division staff
- Consumers
- Family members
- Advocates
- Regional Support Networks (RSNs)
- Legislators
- Hospital and Community providers
- Federal Funding sources/oversight (HCFA, JCAHC)
- Other Federal programs (NASMHPD, MHSIP, CMHS)
- Other interested parties

Data Discussion:

To define and develop System-wide Performance Indicators, three things must be considered:

- available or collectable information (what data do we have?)
- the process of describing and interpreting the information (what does the data mean?)
- and the application and use of the finished indicator (how will the information be used?)

Performance Indicators for the Washington State mental health system will come from a combination of the following three data systems for mental health services and surveys:

- the Mental Health Division Consumer Information System (MHD-CIS)
- the State Psychiatric Hospital data base (HIIS) Health Integrated Information System)
- the Medicaid Management Information System payment data base (MMIS)
- the Mental Health Statistics Improvement Project (MHSIP), Youth Services Survey (YSS), and the Youth Services Survey for Families (YSS-F)

The data that describes the number and type of services received may be collected in one or more of the major three databases. Service data provides a picture of each client's mental health service use in a given time period (a month, or a calendar year).

The indicators display the RSNs in the order of their population, from the smallest to the largest.

DEFINITION OF ACCESS:

Access refers to the degree to which services are quickly and readily delivered to a consumer. It may include the responsiveness of the Washington State Mental Health system to individual and cultural needs, the amount and types of services received, and the client's perception of the availability of services.

Access I. ***Penetration Rates***
The proportion of persons receiving mental health services in Washington State.

Access II. ***Clients by Age***
The proportion of persons receiving mental health services by age (0-17,18-59, 60+)

Access III. ***Clients by Mental Illness Indicator***
The number and proportion of persons receiving mental health services by mental illness indicator (Chronic, Serious, Other, and Acute).

Outpatient Access IV. ***Average Outpatient Hours***
The average hours of services received by clients in Outpatient Services during the Fiscal Year.

Inpatient Access V. ***Community Psychiatric Inpatient and Emergency and Treatment (E&T) Service Utilization***
The percent of clients using Community Psychiatric Inpatient and E&T Services by RSN and Statewide during the Fiscal Year.

Inpatient Access VI. ***Community Psychiatric Inpatient and E&T Days***
The average number of Community Psychiatric Inpatient and E&T days per Client by RSN and Statewide during the Fiscal Year.

Inpatient Access VII. ***Inpatient Days by Ethnicity and Proportion of Ethnic Group using Inpatient Services***
The average number of Inpatient days per Fiscal Year by Ethnicity (African American, Asian, Caucasian, Hispanic, Native American, Other Ethnicity) in All Hospital Types.

Access VIII. ***Consumer Perception of Access***
A base measure taken from the Statewide Sampling Based Outcome Data (SbOS).

ANALYSES AND DISPLAY OF INDICATORS:

All indicators, when analyzed and displayed, can be broken down and displayed by various sub-populations. The potential includes, but is not limited to, displays by RSN, Medicaid population, age, ethnicity, gender or other service or descriptive variables.

C. VI-1

ACCESS I. Penetration Rates: The proportion of persons receiving mental health services in Washington State by RSN and Statewide.

Rationale for Use: Penetration Rates provide information on the number of persons who receive one or more mental health services relative to the Medicaid and/or general populations. Penetration rates also provide information on whether the system is responsive to various client populations (i.e., age, ethnicity, gender). It also allows comparisons to other state mental health data to help understand access across state mental health systems.

A. Operational Measures: The proportion of persons in the general population who receive publicly funded mental health services.

Formula:

$$\frac{\text{\# of unduplicated persons who receive mental health services during the Fiscal Year}}{\text{\# of persons in the general population (estimated census)}}$$

Discussion: The penetration rates by RSN and Statewide show the total population of each RSN and the State. In this measure, for the statewide count each person in only counted once, even if he/she uses more than one service, uses both Inpatient and Outpatient Services or is served by multiple RSNs. At the RSN level, a person is counted once if using more than one service or is served by Inpatient and Outpatient Services. If a person is served by multiple RSNs, the person is counted in each RSN where service was received.

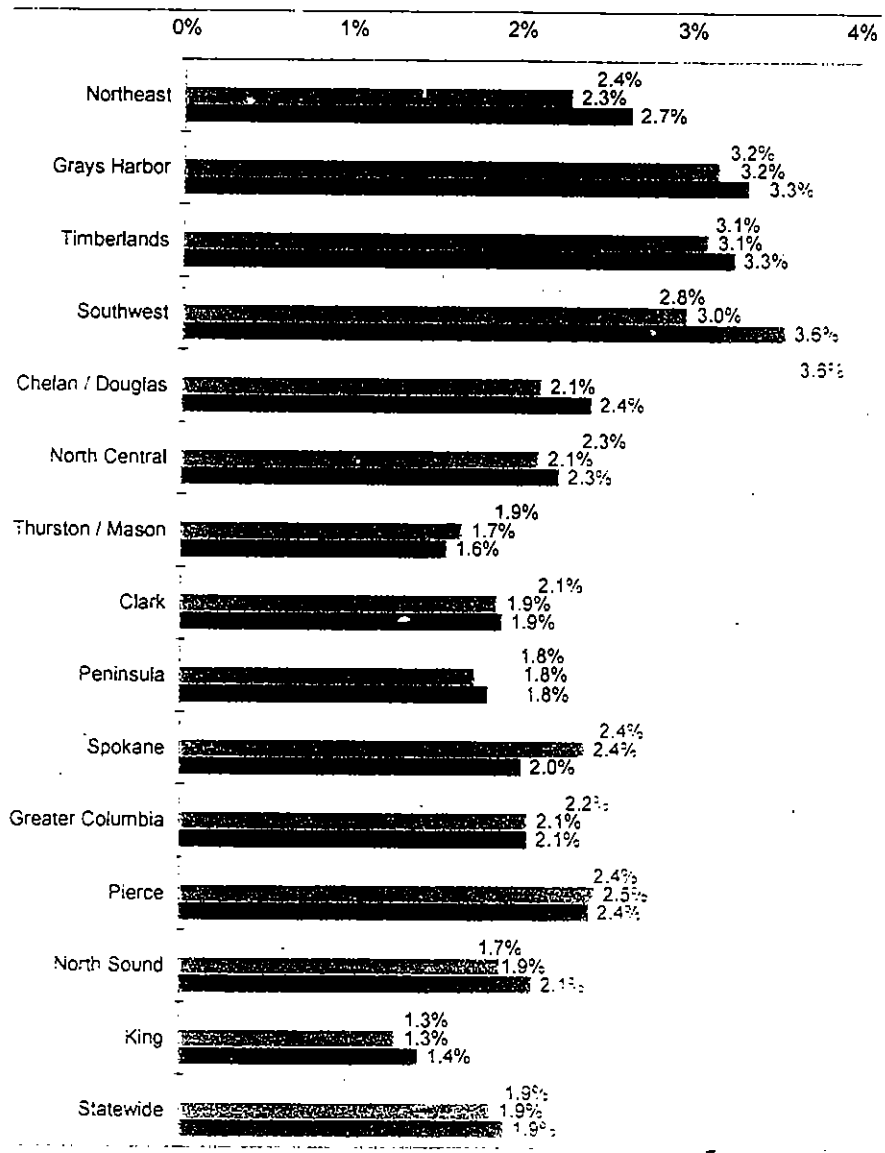
Data Notes:

- The State Total is unduplicated clients across all RSNs (i.e., each person is only counted once in the state).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).
- Target Period includes July 1, 1997 through June 30, 2000.
- Counts do not include services to youth who are only served in CLIP.
- Counts are of people, not admissions or episodes.
- Data Source is Service Utilization data base (specific data set = testbig.sd2).
- Medicare data is not consistently reported.
- King RSN does not report Crisis Units. Clients who only receive Crisis Services are not counted in the number of clients served.
- Results calculated on data extracted March 2001

Penetration Rate (Served / RSN Pop) All Outpatient Service Modalities / Calc. 3/2001 SAS / DRAFT

Access I

	FY98			FY99			FY00		
	Served	Pop	Rate	Served	Pop	Rate	Served	Pop	Rate
Northeast	1,580	65,899	2.4%	1,487	64,412	2.3%	1,654	62,191	2.7%
Grays Harbor	2,168	68,102	3.2%	2,142	67,446	3.2%	2,253	67,260	3.3%
Timberlands	2,906	93,748	3.1%	2,887	92,644	3.1%	2,979	91,119	3.3%
Southwest	2,571	92,549	2.8%	2,801	93,543	3.0%	3,369	94,286	3.6%
Chelan / Douglas	3,375	93,502	3.6%	2,022	94,271	2.1%	2,323	95,232	2.4%
North Central	2,874	123,097	2.3%	2,610	122,174	2.1%	2,715	120,553	2.3%
Thurston / Mason	4,622	246,749	1.9%	4,214	250,579	1.7%	4,064	255,742	1.6%
Clark	6,711	322,401	2.1%	6,233	329,123	1.9%	6,345	330,383	1.9%
Peninsula	5,659	322,149	1.8%	5,740	325,151	1.8%	6,092	331,076	1.8%
Spokane	10,047	410,398	2.4%	9,958	413,306	2.4%	8,546	418,526	2.0%
Greater Columbia	12,849	572,002	2.2%	11,971	576,277	2.1%	12,019	579,612	2.1%
Pierce	16,430	680,552	2.4%	17,189	695,191	2.5%	17,296	710,296	2.4%
North Sound	15,553	898,909	1.7%	17,577	916,680	1.9%	19,543	930,751	2.1%
King	21,493	1,656,002	1.3%	21,825	1,681,740	1.3%	24,428	1,706,362	1.4%
Statewide	**106,727**	**5,646,055**	**1.9%**	**108,208**	**5,722,532**	**1.9%**	**112,024**	**5,793,385**	**1.9%**



B. Operational Measure: The proportion of persons by age group who receive publicly funded mental health services.

Formula:

$$\frac{\text{\# of unduplicated persons by age group who receive mental health services during the Fiscal Year}}{\text{\# of persons in the general population (estimated census)}}$$

Discussion: The penetration rates by RSN and Statewide show the general population by age group for each RSN and the State. In this measure, each person is only counted once, even if he/she uses more than one service or uses both Inpatient and Outpatient Services. When a person is served by multiple RSNs, the person is counted once for each RSN in which services were received.

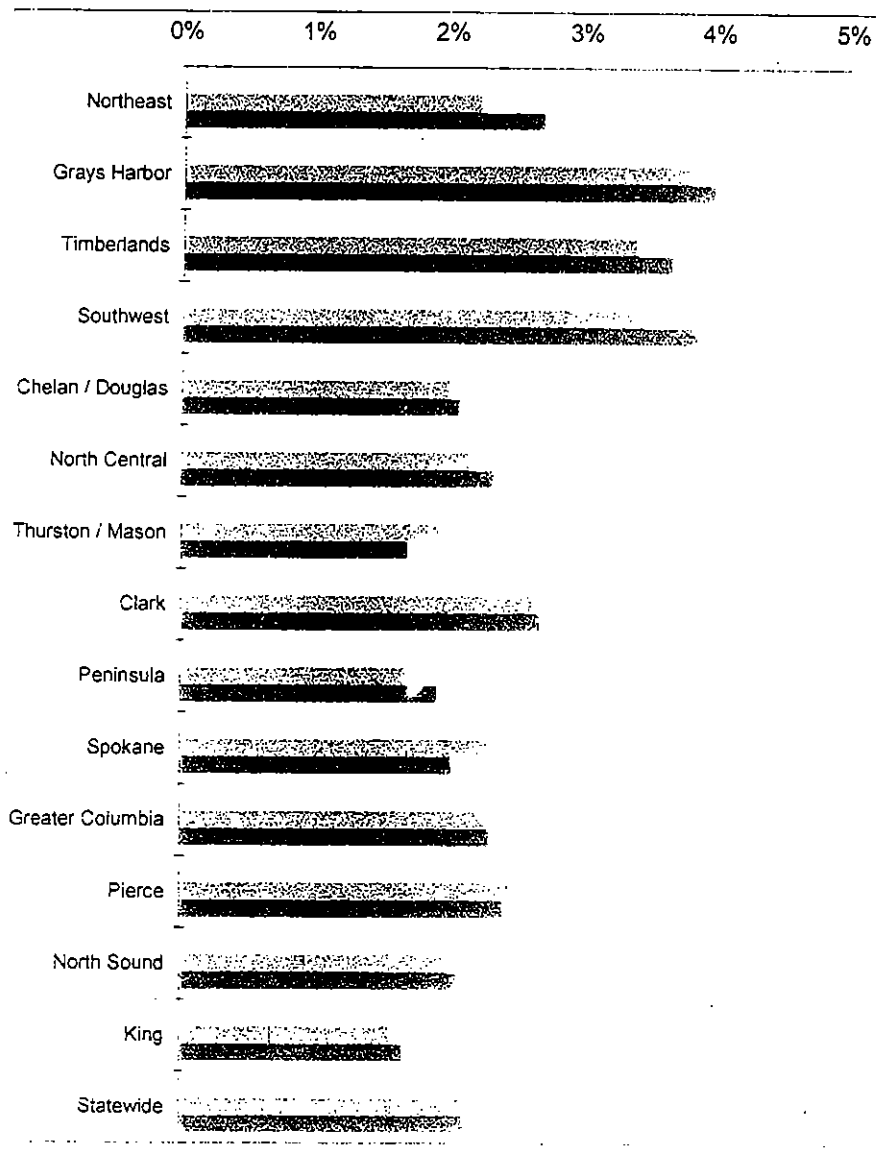
Data Notes:

- Age is calculated as of July 1 each fiscal year.
- The State Total is unduplicated clients across all RSNs (i.e., each person is only counted once in the state).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).
- Target Period includes July 1, 1997 through June 30, 2000.
- Counts do not include services to youth who are only served in CLIP.
- Counts are of people, not admissions or episodes.
- Data Source is Service Utilization data base (specific data set = testbig.sd2).
- Medicare data is not consistently reported.
- King RSN does not report Crisis Units. Clients who only receive Crisis Services are not counted in the number of clients served.
- Results calculated on data extracted March 2001

Penetration Rate (Served / RSN Pop) Outpatients Youth 0-17 Yrs. / Calc. 3/2001 SAS / DRAFT

Access I

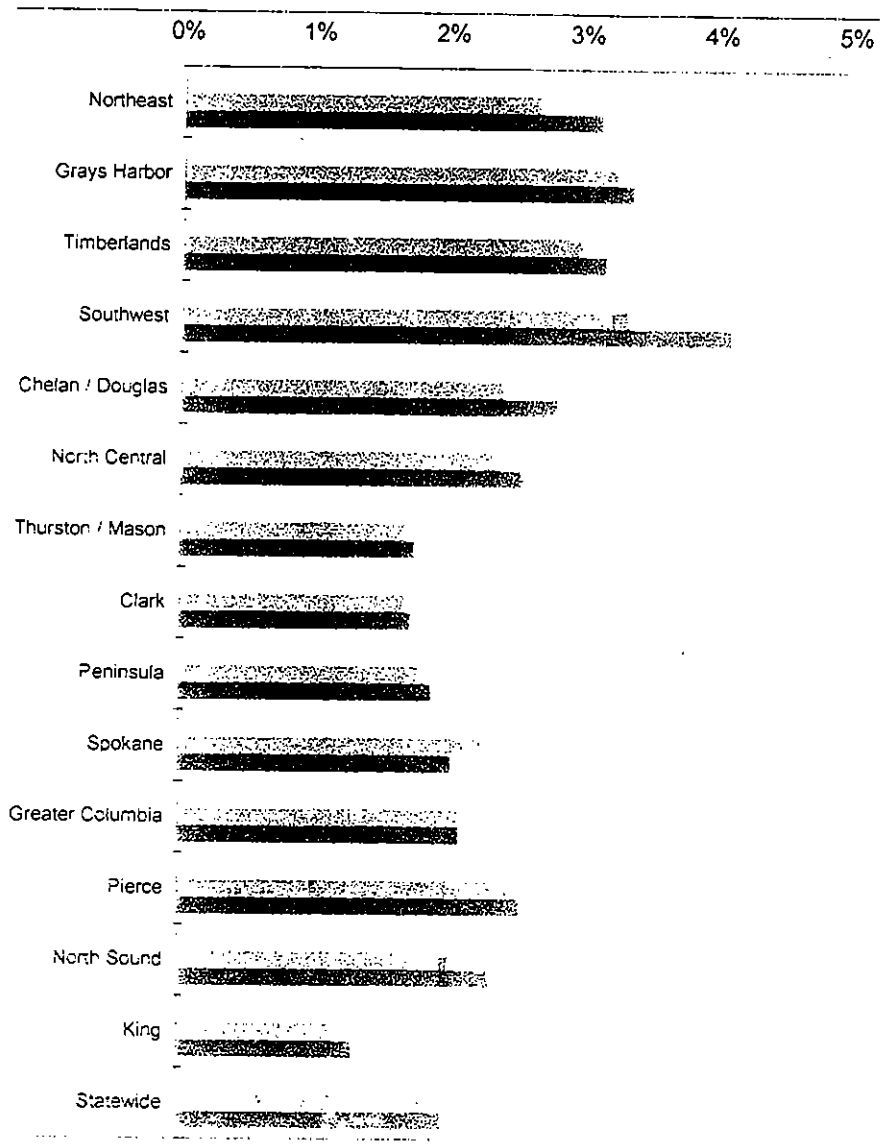
	FY98 Youth			FY99 Youth					
	Served	Pop	Rate	Served	Pop	Rate	[illegible]	[illegible]	[illegible]
Northeast	427	19,275	2.2%	420	18,777	2.2%	488	18,109	2.7%
Grays Harbor	680	18,622	3.7%	699	18,286	3.8%	720	18,076	4.0%
Timberlands	846	25,495	3.3%	858	25,093	3.4%	904	24,636	3.7%
Southwest	738	25,223	2.9%	874	25,296	3.5%	977	25,250	3.9%
Chelan / Douglas	556	26,493	2.1%	535	26,559	2.0%	558	26,767	2.1%
North Central	827	38,148	2.2%	831	37,648	2.2%	867	36,975	2.3%
Thurston / Mason	1,440	65,955	2.2%	1,303	66,361	2.0%	1,153	67,169	1.7%
Clark	2,778	92,953	3.0%	2,538	94,043	2.7%	2,526	93,511	2.7%
Peninsula	1,564	86,955	1.8%	1,492	87,128	1.7%	1,705	88,063	1.9%
Spokane	2,629	109,604	2.4%	2,538	109,570	2.3%	2,247	110,011	2.0%
Greater Columbia	3,835	166,505	2.3%	3,866	166,436	2.3%	3,871	166,143	2.3%
Pierce	4,764	188,419	2.5%	4,771	190,911	2.5%	4,697	193,334	2.4%
North Sound	4,856	248,301	2.0%	5,044	251,076	2.0%	5,263	252,633	2.1%
King	6,401	404,948	1.6%	6,551	409,898	1.6%	7,009	415,224	1.7%
Statewide	**32,341**	**1,516,893**	**2.1%**	**32,320**	**1,527,079**	**2.1%**	[illegible]	[illegible]	**2.1%**



Penetration Rate (Served / RSN Pop) Outpatients Adults 18-59 Yrs. / Calc. 3/2001 SAS / **DRAFT**

Access I

	FY98 Adults			FY99 Adults					
	Served	*Pop*	*Rate*	*Served*	*Pop*	*Rate*			
Northeast	935	35,344	2.6%	923	34,429	2.7%	1,035	33,134	3.1%
Grays Harbor	1,101	36,429	3.0%	1,182	36,250	3.3%	1,226	36,444	3.4%
Timberlands	1,409	48,793	2.9%	1,455	48,265	3.0%	1,509	47,582	3.2%
Southwest	1,504	51,346	2.9%	1,747	52,071	3.4%	2,167	52,681	4.1%
Chelan / Douglas	1,068	50,442	2.1%	1,244	51,018	2.4%	1,465	51,677	2.8%
North Central	1,553	64,869	2.4%	1,539	64,555	2.4%	1,636	63,906	2.6%
Thurston / Mason	2,540	141,256	1.8%	2,465	143,894	1.7%	2,611	147,149	1.8%
Clark	3,423	186,701	1.8%	3,273	191,2[illegible]	1.7%	3,367	192,371	1.8%
Peninsula	3,261	180,953	1.8%	3,409	183,112	1.9%	3,563	186,764	1.9%
Spokane	5,658	235,215	2.4%	5,524	237,784	2.3%	4,974	241,837	2.1%
Greater Columbia	6,844	320,198	2.1%	6,890	324,074	2.1%	6,955	327,734	2.1%
Pierce	9,688	397,680	2.4%	10,564	407,619	2.6%	10,742	417,766	2.6%
North Sound	8,893	519,962	1.7%	11,084	531,705	2.1%	12,680	540,701	2.3%
King	11,855	1,018,018	1.2%	12,138	1,035,230	1.2%	13,934	1,050,648	1.3%
Statewide	**59,732**	**3,287,202**	**1.8%**	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

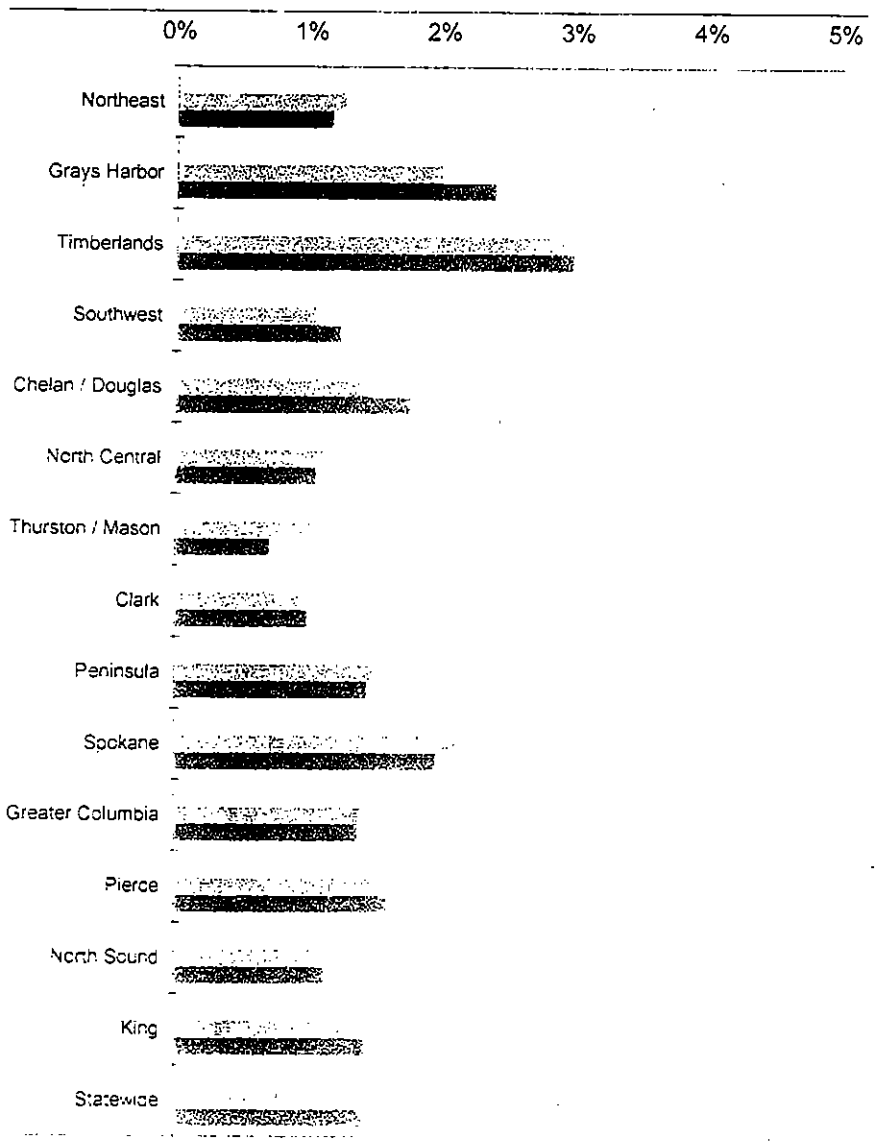


Penetration Rate (Served / RSN Pop) Outpatients Elders 60+ Yrs.

/ Calc. 3/2001 SAS / **DRAFT**

Access I

	FY98 Elders			FY99 Elders			[illegible]		
	Served	Pop	Rate	Served	Pop	Rate	[illegible]		
Northeast	157	11,280	1.4%	144	11,207	1.3%	129	10,948	1.2%
Grays Harbor	325	13,051	2.5%	259	12,910	2.0%	306	12,740	2.4%
Timberlands	556	19,460	2.9%	574	19,286	3.0%	566	18,902	3.0%
Southwest	227	15,981	1.4%	175	16,176	1.1%	204	16,356	1.2%
Chelan / Douglas	224	16,567	1.4%	243	16,694	1.5%	298	16,788	1.8%
North Central	231	20,081	1.2%	240	19,972	1.2%	211	19,673	1.1%
Thurston / Mason	332	39,538	0.8%	445	40,324	1.1%	299	41,425	0.7%
Clark	427	42,747	1.0%	421	43,852	1.0%	448	44,501	1.0%
Peninsula	769	54,242	1.4%	837	54,912	1.5%	823	56,250	1.5%
Spokane	1,505	65,580	2.3%	1,895	65,953	2.9%	1,322	66,678	2.0%
Greater Columbia	1,123	85,300	1.3%	1,209	85,768	1.4%	1,193	85,735	1.4%
Pierce	1,452	94,453	1.5%	1,503	96,661	1.6%	1,602	99,196	1.6%
North Sound	1,499	130,647	1.1%	1,441	133,899	1.1%	1,564	137,418	1.1%
King	2,996	233,037	1.3%	3,133	236,612	1.3%	3,481	240,490	1.4%
Statewide	**11,823**	**841,961**	**1.4%**	**12,519**	**854,223**	**1.5%**	[illegible]	[illegible]	**1.4%**



C. Operational Measure: The proportion of persons in the Medicaid population who receive publicly funded mental health services.

Formula:

$$\frac{\text{\# of unduplicated Medicaid eligible persons who receive mental health services during the Fiscal Year}}{\text{\# of persons in the Medicaid population in the same Fiscal Year}}$$

Discussion: The penetration rates by RSN and Statewide show the Medicaid eligible population of each RSN and the State. In this measure, each Medicaid eligible person is counted only once, even if he/she uses more than one service. When a person is served by multiple RSNs, the person is counted once for each RSN in which services were received.

Data Notes:

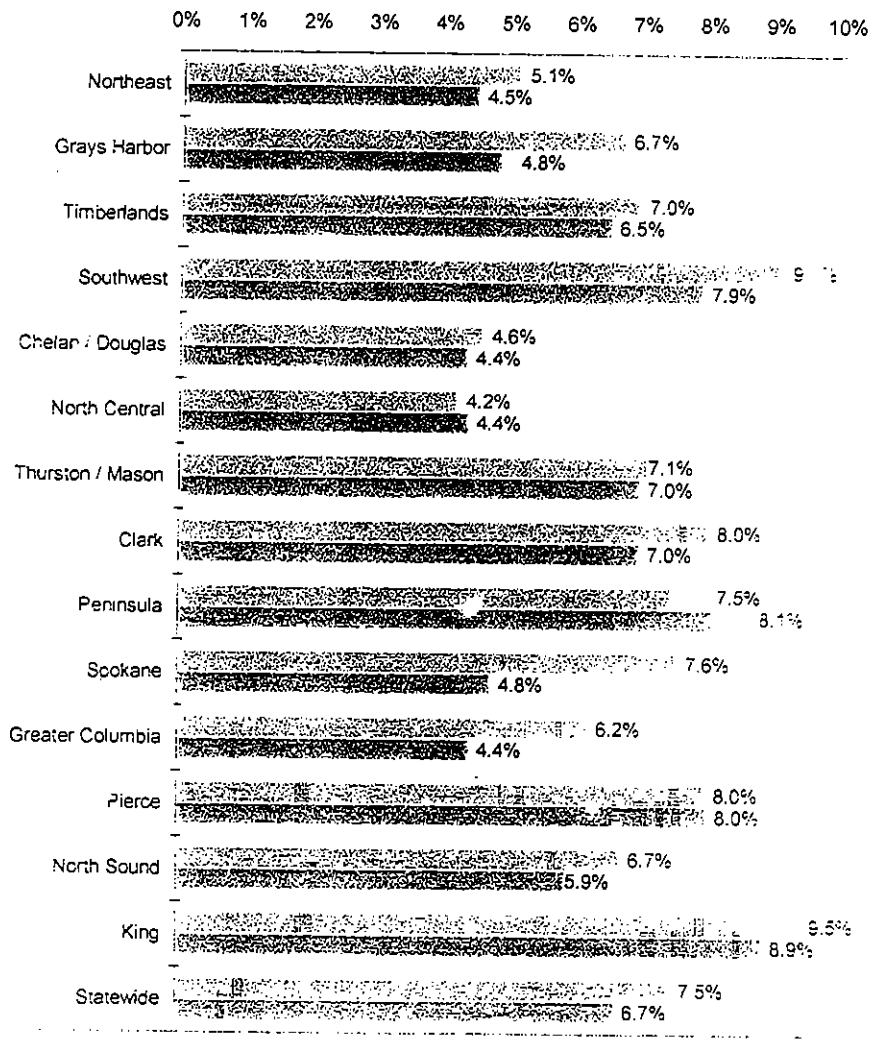
- The State Total is unduplicated clients across all RSNs (i.e., each person is only counted once in the state).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).
- Target Period includes July 1, 1997 through June 30, 2000.
- Counts do not include services to youth who are only served in CLIP.
- Counts are of people, not admissions or episodes.
- Data Source is Service Utilization data base (specific data set = testbig.sd2).
- Medicare data is not consistently reported.
- King RSN does not report Crisis Units. Clients who only receive Crisis Services are not counted in the number of clients served.
- Results calculated on data extracted March 2001

TXIX Penetration Rate (Served / RSN Eligible) Outpatient Services

/ Calc. 3/2001 SAS / **DRAFT**

Access I

	Calendar Year 1999			[illegible]		
	Served	Eligible	Rate	[illegible]	[illegible]	[illegible]
Northeast	838	16,379	5.1%	807	18,026	4.5%
Grays Harbor	1,125	16,796	6.7%	852	17,676	4.8%
Timberlands	1,390	19,996	7.0%	1,453	22,315	6.5%
Southwest	1,787	19,593	9.1%	1,674	21,177	7.9%
Chelan / Douglas	845	18,358	4.6%	880	20,134	4.4%
North Central	1,468	34,660	4.2%	1,667	38,000	4.4%
Thurston / Mason	2,747	38,509	7.1%	2,942	42,078	7.0%
Clark	4,296	53,449	8.0%	4,213	60,297	7.0%
Peninsula	3,440	45,935	7.5%	4,010	49,480	8.1%
Spokane	5,879	77,669	7.6%	4,027	84,696	4.8%
Greater Columbia	8,337	133,744	6.2%	6,427	144,948	4.4%
Pierce	9,174	114,572	8.0%	9,987	124,399	8.0%
North Sound	8,119	120,571	6.7%	7,887	133,636	5.9%
King	18,793	198,809	9.5%	19,363	218,231	8.9%
Statewide	68,238	909,040	7.5%	[illegible]	[illegible]	[illegible]

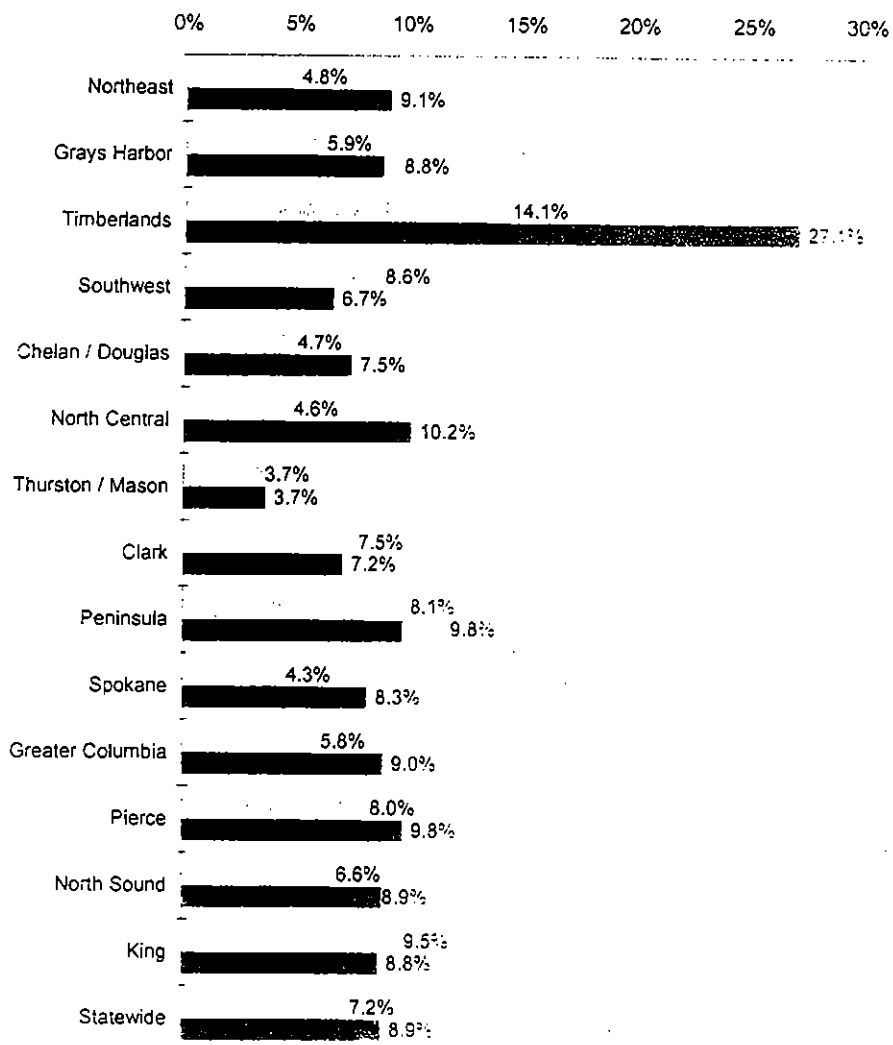


TXIX Penetration (T19 Served / T19 Elig) (T19 Hrs / Tot Hrs) Outpatient Services

/ Calc. 3/2001 SAS / **DRAFT**

Access I

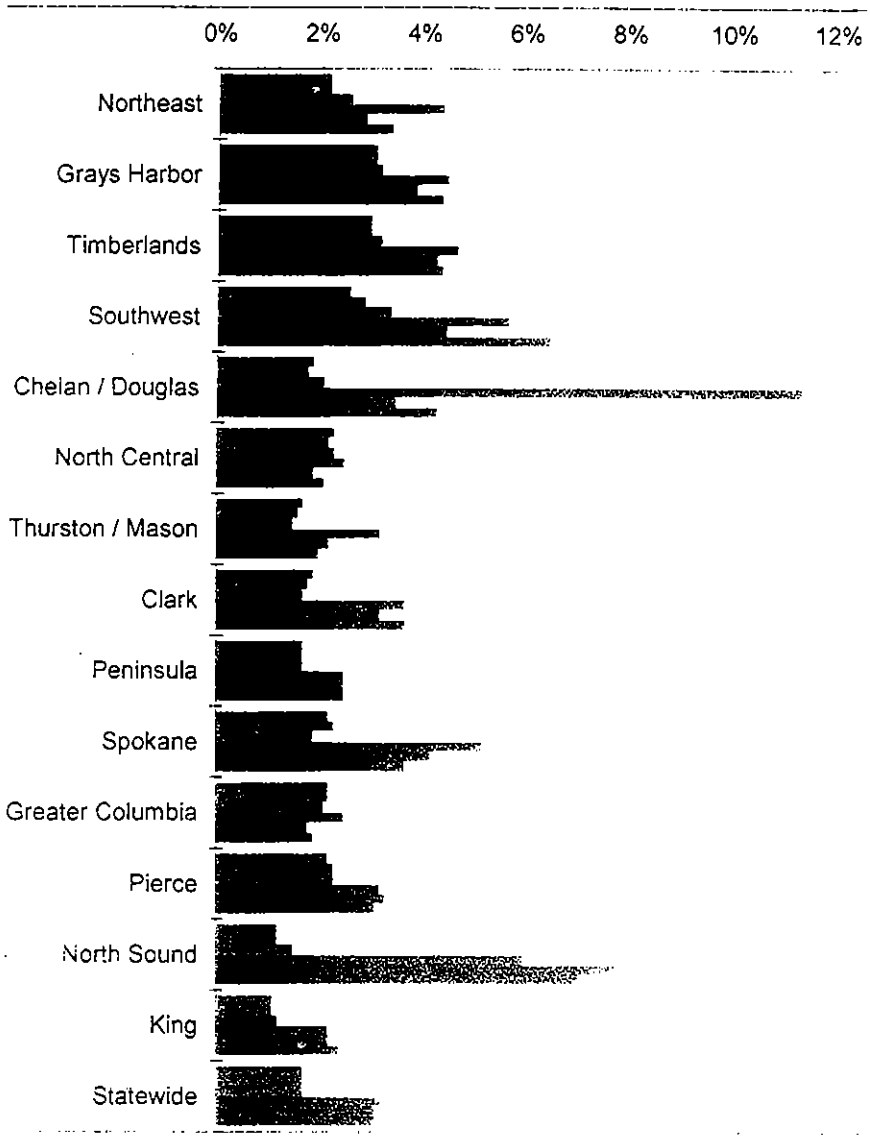
	TXIX Served FY 2000			TXIX Hours FY 2000		
	TXIX Served	Eligible	Rate	TXIX Hrs	Tot Hrs	Rate
Northeast	784	16,379	4.8%	3,738	40,960	9.1%
Grays Harbor	996	16,796	5.9%	3,712	41,959	8.8%
Timberlands	2,829	9,996	14.1%	7,820	28,803	27.1%
Southwest	1,683	19,593	8.6%	2,712	40,546	6.7%
Chelan / Douglas	866	18,358	4.7%	3,784	50,256	7.5%
North Central	1,585	34,660	4.6%	4,623	45,437	10.2%
Thurston / Mason	1,428	38,509	3.7%	3,106	83,687	3.7%
Clark	3,997	53,449	7.5%	17,736	247,085	7.2%
Peninsula	3,737	45,935	8.1%	16,635	169,321	9.8%
Spokane	3,337	77,669	4.3%	15,799	191,099	8.3%
Greater Columbia	7,822	133,744	5.8%	23,850	265,775	9.0%
Pierce	9,214	114,572	8.0%	41,349	419,937	9.8%
North Sound	7,898	120,571	6.6%	20,295	226,943	8.9%
King	18,956	198,809	9.5%	63,250	721,015	8.8%
Statewide	**65,132**	**909,040**	**7.2%**	**228,408**	**2,572,823**	**8.9%**



Penetration Rate *(Served / RSN Pop) Outpatients by Caucasian/Non-Caucasian* / Calc. 3/2001 SAS / **DRAFT**

Access I

	Proportion of Caucasian Pop			Proportion of Non-Caucasian Pop		
	FY98	*FY99*	*FY00*	*FY98*	*FY99*	*FY00*
Northeast	2.2%	2.2%	2.6%	4.4%	2.9%	3.4%
Grays Harbor	3.1%	3.1%	3.2%	4.5%	3.9%	4.4%
Timberlands	3.0%	3.0%	3.2%	4.7%	4.3%	4.4%
Southwest	2.6%	2.9%	3.4%	5.7%	4.5%	6.5%
Chelan / Douglas	1.9%	1.8%	2.1%	11.4%	3.5%	4.3%
North Central	2.3%	2.2%	2.3%	2.5%	1.9%	2.1%
Thurston / Mason	1.7%	1.6%	1.5%	3.2%	2.2%	2.0%
Clark	1.9%	1.8%	1.7%	3.7%	3.2%	3.7%
Peninsula	1.7%	1.7%	1.7%	2.5%	2.5%	2.5%
Spokane	2.2%	2.3%	1.9%	5.2%	4.2%	3.7%
Greater Columbia	2.2%	2.2%	2.1%	2.5%	1.8%	1.9%
Pierce	2.2%	2.3%	2.3%	3.2%	3.3%	3.1%
North Sound	1.2%	1.2%	1.5%	6.0%	7.8%	7.1%
King	1.1%	1.1%	1.2%	2.2%	2.2%	2.4%
Statewide	**1.7%**	**1.7%**	**1.7%**	**3.2%**	**3.1%**	**3.1%**



ACCESS II. Number and Proportion of Mental Health Clients by Age by RSN and Statewide

Rationale for Use: The proportion of mental health clients by age provides information on the number and percent of clients served by age. The three age groups are: children ages 0-17, adults ages 18-59, and elder ages 60+.

This indicator helps to illustrate the accessibility of mental health services across these age groups. Of the total clients served (unduplicated count,) the number and proportion of children, adults, and elders receiving services provides information on the number of clients who receive at least one mental health service.

Operational Measure: The number and proportion of unique publicly funded mental health clients who are children, adults, and elders.

Formula:

$$\frac{\text{number of unduplicated mental health clients by age \{children; adult; elder\}}}{\text{number of unduplicated persons who received mental health services during the Fiscal Year}}$$

Discussion: Age is calculated on July 1 of the fiscal year. For example for FY 1998, the count of children shows the number who were 0-17 years of age on July 1, 1998. The total number of persons in this graph are slightly lower than other graphs because Date of Birth is not available for all clients. This data only shows those individuals for whom a birth date is reported.

Data Notes:

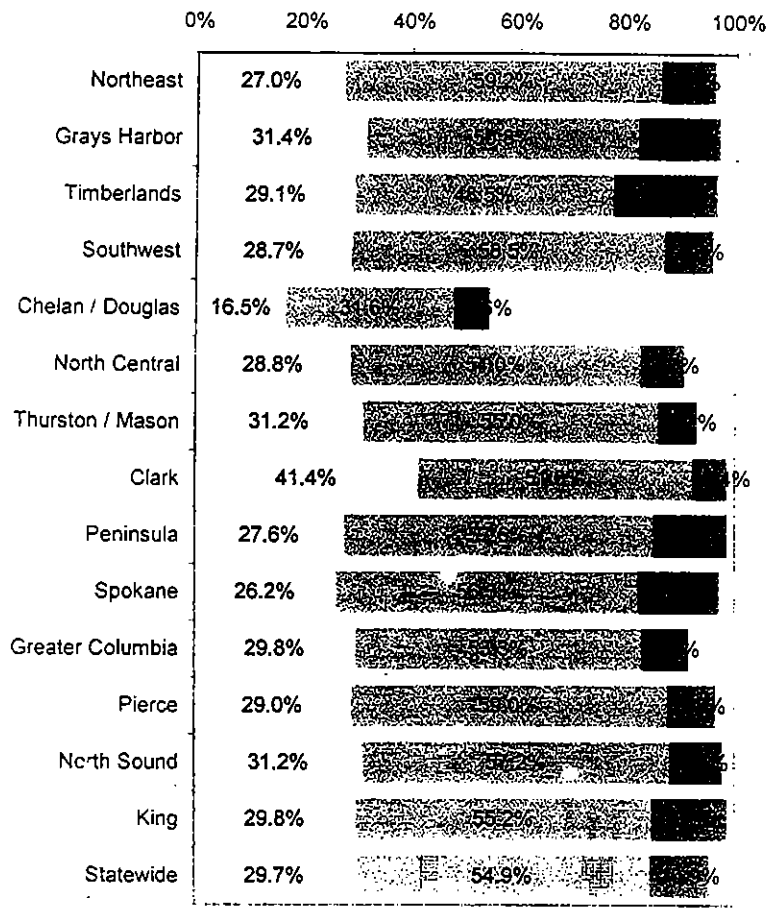
- Age is calculated as of July 1 each fiscal year.
- The State Total is unduplicated clients across all RSNs (i.e., each person is only counted once in the state).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).
- Target Period includes July 1, 1997 through June 30, 2000.
- Counts do not include services to youth who are only served in CLIP.
- Counts are of people, not admissions or episodes.
- Data Source is Service Utilization data base (specific data set = testbig.sd2).
- Medicare data is not consistently reported.
- King RSN does not report Crisis Units. Clients who only receive Crisis Services are not counted in the number of clients served.
- Results calculated on data extracted March 2001

Access by Age (Age Group Served / Total RSN Served) Outpatients

/ Calc. 3/2001 SAS / **DRAFT**

Access II

		FY98 Youth		FY98 Adult			
	Tot Srv	Served	Rate	Served	Rate		
Northeast	1,580	427	27.0%	935	59.2%	157	9.9%
Grays Harbor	2,168	680	31.4%	1,101	50.8%	325	15.0%
Timberlands	2,906	846	29.1%	1,409	48.5%	556	19.1%
Southwest	2,571	738	28.7%	1,504	58.5%	227	8.8%
Chelan / Douglas	3,375	556	16.5%	1,068	31.6%	224	6.6%
North Central	2,874	827	28.8%	1,553	54.0%	231	8.0%
Thurston / Mason	4,622	1,440	31.2%	2,540	55.0%	332	7.2%
Clark	6,711	2,778	41.4%	3,423	51.0%	427	6.4%
Peninsula	5,659	1,564	27.6%	3,261	57.6%	769	13.6%
Spokane	10,047	2,629	26.2%	5,658	56.3%	1,505	15.0%
Greater Columbia	12,849	3,835	29.8%	6,844	53.3%	1,123	8.7%
Pierce	16,430	4,764	29.0%	9,688	59.0%	1,452	8.8%
North Sound	15,553	4,856	31.2%	8,893	57.2%	1,499	9.6%
King	21,493	6,401	29.8%	11,855	55.2%	2,996	13.9%
Statewide	**108,838**	**32,341**	**29.7%**	**59,732**	**54.9%**		

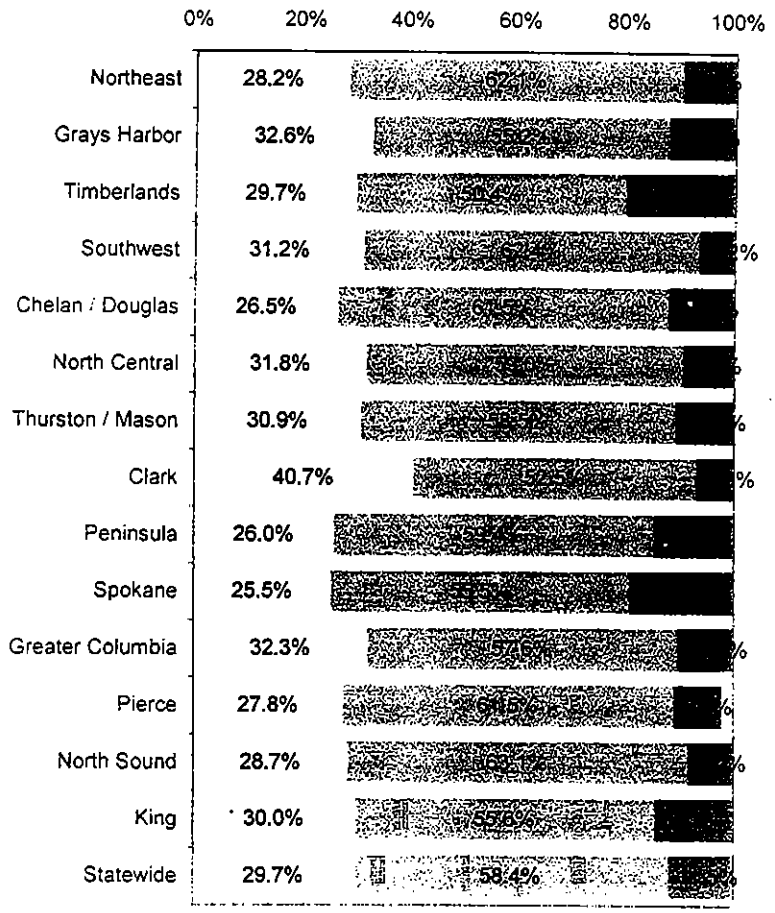


Access by Age (Age Group Served / Total RSN Served) Outpatients

/ Calc. 3/2001 SAS / **DRAFT**

Access II

		FY99 Youth		FY99 Adult			
	Tot Srv	Served	Rate	Served	Rate		
Northeast	1,487	420	28.2%	923	62.1%	144	9.7%
Grays Harbor	2,142	69[illegible]	32.6%	1,182	55.2%	259	12.1%
Timberlands	2,887	858	29.7%	1,455	50.4%	574	19.9%
Southwest	2,801	874	31.2%	1,747	62.4%	175	6.2%
Chelan / Douglas	2,022	535	26.5%	1,244	61.5%	243	12.0%
North Central	2,610	831	31.8%	1,539	59.0%	240	9.2%
Thurston / Mason	4,214	1,303	30.9%	2,465	58.5%	445	10.6%
Clark	6,233	2,538	40.7%	3,273	52.5%	421	6.8%
Peninsula	5,740	1,492	26.0%	3,409	59.4%	837	14.6%
Spokane	9,958	2,538	25.5%	5,524	55.5%	1,895	19.0%
Greater Columbia	11,971	3,866	32.3%	6,890	57.6%	1,209	10.1%
Pierce	17,189	4,771	27.8%	10,564	61.5%	1,503	8.7%
North Sound	17,577	5,044	28.7%	11,084	63.1%	1,441	8.2%
King	21,825	6,551	30.0%	12,138	55.6%	3,133	14.4%
Statewide	**108,656**	**32,320**	**29.7%**	**63,437**	**58.4%**		

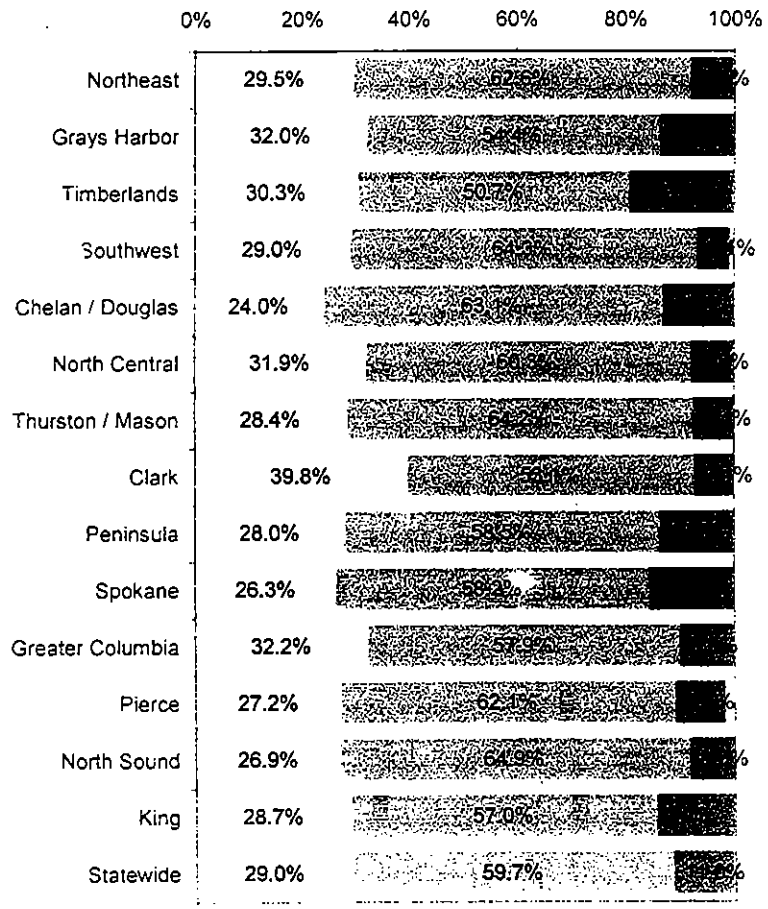


Access by Age *(Age Group Served / Total RSN Served)* *Outpatients*

/ Calc. 3/2001 SAS / **DRAFT**

Access II

		FY00 Youth		FY00 Adult		[illegible]	
	Tot Srv	*Served*	*Rate*	*Served*	*Rate*	*Served*	*Rate*
Northeast	1,654	488	29.5%	1,035	62.6%	129	7.8%
Grays Harbor	2,253	720	32.0%	1,226	54.4%	306	13.6%
Timberlands	2,979	904	30.3%	1,509	50.7%	566	19.0%
Southwest	3,369	977	29.0%	2,167	64.3%	204	6.1%
Chelan / Douglas	2,323	558	24.0%	1,465	63.1%	298	12.8%
North Central	2,715	867	31.9%	1,636	60.3%	211	7.8%
Thurston / Mason	4,064	1,153	28.4%	2,611	64.2%	299	7.4%
Clark	6,345	2,526	39.8%	3,367	53.1%	448	7.1%
Peninsula	6,092	1,705	28.0%	3,563	58.5%	823	13.5%
Spokane	8,546	2,247	26.3%	4,974	58.2%	1,322	15.5%
Greater Columbia	12,019	3,871	32.2%	6,955	57.9%	1,193	9.9%
Pierce	17,296	4,697	27.2%	10,742	62.1%	1,602	9.3%
North Sound	19,543	5,263	26.9%	12,680	64.9%	1,564	8.0%
King	24,428	7,009	28.7%	13,934	57.0%	3,481	14.3%
Statewide	**113,626**	**32,985**	**29.0%**	**67,864**	**59.7%**	[illegible]	[illegible]



OUTPATIENT ACCESS IV. Average Number of Outpatient Hours per Client by Age by RSN and Statewide

Rationale for Use: The average hours of outpatient services for each client per year provides information on the amount of services received. Combined with penetration rate, the average number of hours helps understand both "how many people received a mental health service" and "how much service they received."

Examining this data by age provides an additional level of understanding of the difference in the amount of service delivered to children, adults, and elders.

Operational Measure: The average hours per client per year is calculated by dividing the total number of outpatient hours by the total unduplicated count of clients receiving Outpatient Services.

Formulas:

$$\frac{\text{Total Number of Outpatient Hours in Fiscal Year}}{\text{Number of unduplicated persons who received outpatient mental health services in Fiscal Year}}$$

$$\frac{\text{Total Number of Outpatient Hours in Fiscal Year by Age Group \{Youth, Adult, Elder\}}}{\text{Total Number of Outpatient Clients in Fiscal Year by Age Group \{Youth, Adult, Elder\}}}$$

Discussion: The first graph shows the total number of unique clients in the RSN who received Outpatient Services and the total number of hours of Outpatient Services delivered. By dividing the two numbers, the average hours of Outpatient Services per client is calculated.

Penetration rates and the proportion of mental health clients by age provide a broad understanding of the number of people who "walk in the door" and receive at least <u>one</u> mental health service. It does not provide information on "how much" service each client received. One RSN may have a low penetration rate (i.e., fewer clients receiving mental health services), yet deliver a lot of intensive mental health services to each client. Another RSN may have a high penetration rate, providing assessments to a large number of clients, yet deliver fewer ongoing services to clients across time.

Date of birth is calculated on July 1 of the reporting year.

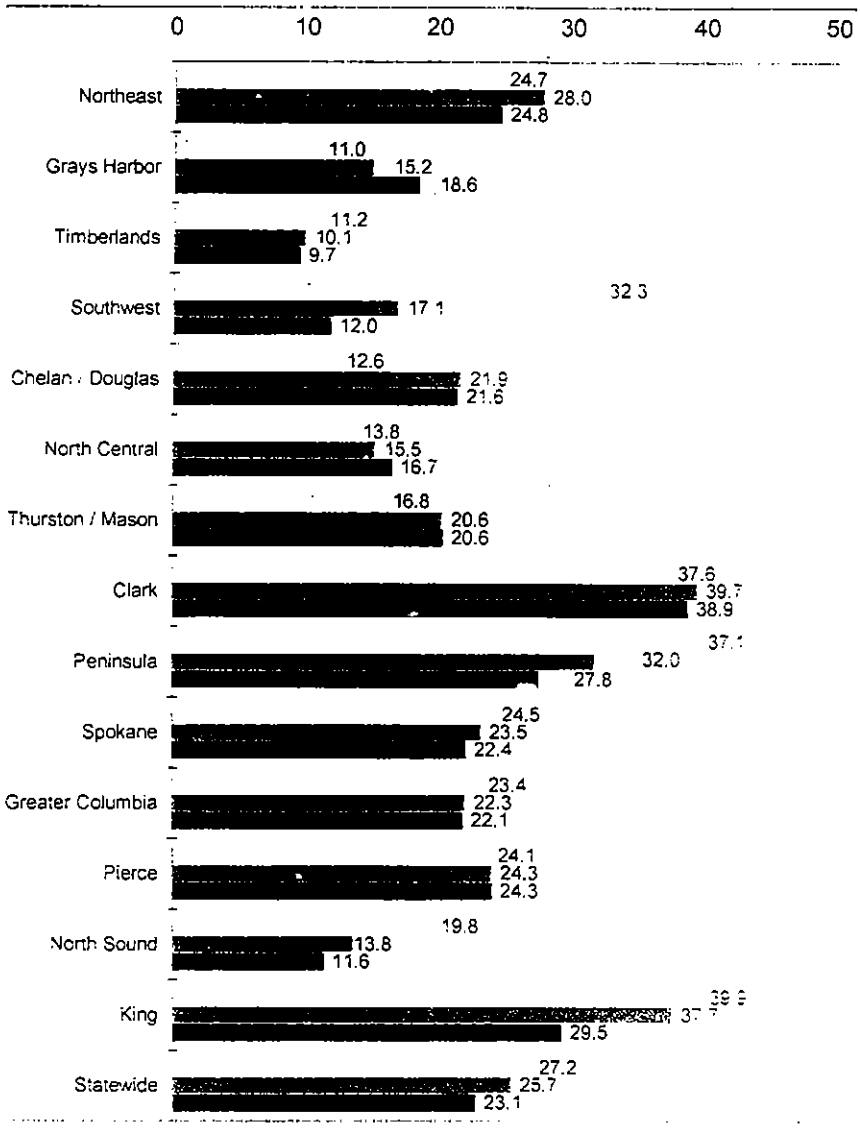
Data Notes:

- Age is calculated as of July 1 each fiscal year.
- The State Total is unduplicated clients across all RSNs (i.e., each person is only counted once in the state).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).
- Target Period includes July 1, 1997 through June 30, 2000.
- Counts do not include services to youth who are only served in CLIP.
- Counts are of people, not admissions or episodes.
- Data Source is Service Utilization data base (specific data set = testbig.sd2).
- Medicare data is not consistently reported.
- King RSN does not report Crisis Units. Clients who only receive Crisis Services are not counted in the number of clients served.
- Results calculated on data extracted March 2001

Avg Hs of Service (RSN Hrs / Served) All Outpatient Service Modalities / Calc. 3/2001 SAS / DRAFT

Access IV

	FY98			FY99			FY00		
	Served	Hours	Avg Hr	Served	Hours	Avg Hr	Served	Hours	Avg Hr
Northeast	1,580	38,983	24.7	1,487	41,591	28.0	1,654	40,960	24.8
Grays Harbor	2,168	23,912	11.0	2,142	32,529	15.2	2,253	41,959	18.6
Timberlands	2,906	32,661	11.2	2,887	29,117	10.1	2,979	28,803	9.7
Southwest	2,571	83,092	32.3	2,801	47,990	17.1	3,369	40,546	12.0
Chelan / Douglas	3,375	42,516	12.6	2,022	44,314	21.9	2,323	50,256	21.6
North Central	2,874	39,783	13.8	2,610	40,391	15.5	2,715	45,437	16.7
Thurston / Mason	4,622	77,730	16.8	4,214	86,681	20.6	4,064	83,687	20.6
Clark	6,711	252,081	37.6	6,233	247,195	39.7	6,345	247,085	38.9
Peninsula	5,659	209,690	37.1	5,740	183,863	32.0	6,092	169,321	27.8
Spokane	10,047	245,714	24.5	9,958	233,839	23.5	8,546	191,099	22.4
Greater Columbia	12,849	301,100	23.4	11,971	267,254	22.3	12,019	265,775	22.1
Pierce	16,430	396,496	24.1	17,189	417,527	24.3	17,296	419,937	24.3
North Sound	15,553	308,482	19.8	17,577	243,012	13.8	19,543	226,943	11.6
King	21,493	857,372	39.9	21,825	823,766	37.7	24,428	721,015	29.5
Statewide	**106,727**	**2,901,554**	**27.2**	**106,208**	**2,731,838**	**25.7**	**112,024**	**2,583,170**	**23.1**

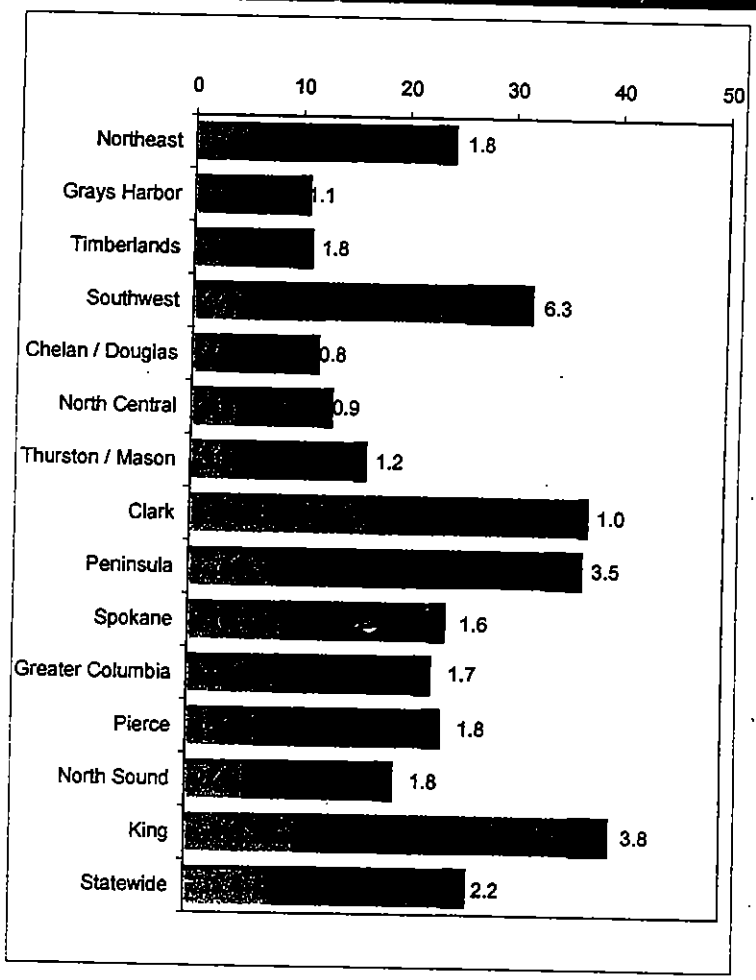


Average Hours (RSN Hrs / RSN Served) Outpatient Hrs

/ Calc. 3/2001 SAS / **DRAFT**

Access IV

	Tot Srv					FY98 Elder Hours	FY98 Elder Rate
Northeast	1,580	7,872	5.0	27,797	17.6	2,851	1.8
Grays Harbor	2,168	6,256	2.9	14,913	6.9	2,422	1.1
Timberlands	2,906	10,885	3.7	16,357	5.6	5,230	1.8
Southwest	2,571	11,280	4.4	54,399	21.2	16,308	6.3
Chelan / Douglas	3,375	8,910	2.6	28,578	8.5	2,792	0.8
North Central	2,874	11,853	4.1	24,030	8.4	2,487	0.9
Thurston / Mason	4,622	18,153	3.9	53,031	11.5	5,604	1.2
Clark	6,711	111,699	16.6	133,399	19.9	6,585	1.0
Peninsula	5,659	44,892	7.9	144,723	25.6	19,914	3.5
Spokane	10,047	87,317	8.7	140,423	14.0	16,334	1.6
Greater Columbia	12,849	104,428	8.1	169,874	13.2	21,677	1.7
Pierce	16,430	105,723	6.4	259,550	15.8	28,996	1.8
North Sound	15,553	84,545	5.4	192,950	12.4	28,576	1.8
King	21,493	221,096	10.3	552,791	25.7	82,341	3.8
Statewide	**108,838**					242,118	2.2

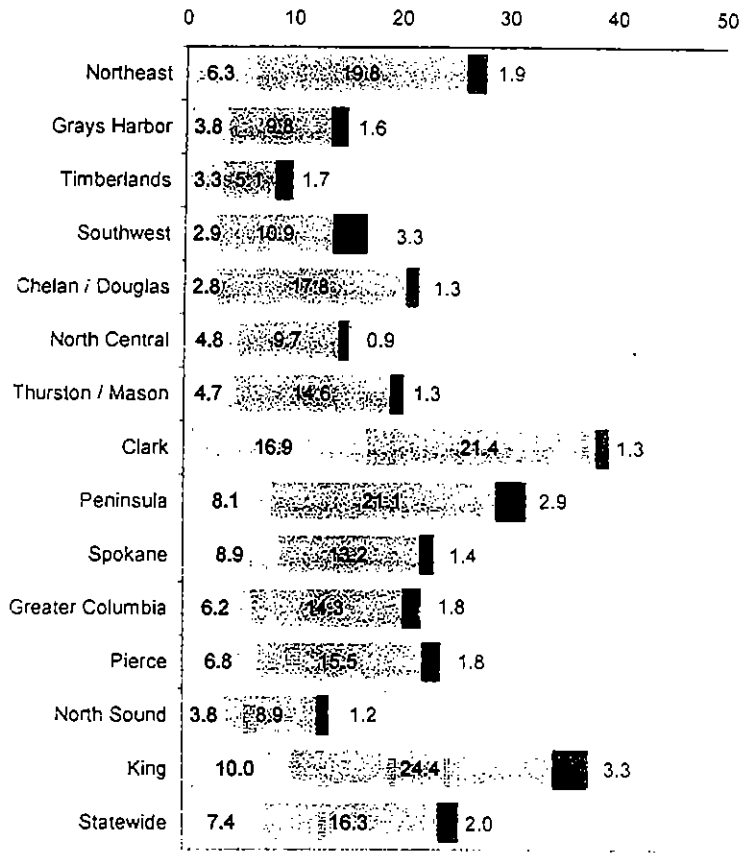


Average Hours (RSN Hrs / RSN Served) Outpatient Hrs

/ Calc. 3/2001 SAS / **DRAFT**

Access IV

		FY99 Youth		FY99 Adult		FY99 Elder	
	Tot Srv	Hours	Rate	Hours	Rate	Hours	Rate
Northeast	1,487	9,356	6.3	29,404	19.8	2,831	1.9
Grays Harbor	2,142	8,156	3.8	20,945	9.8	3,426	1.6
Timberlands	2,887	9,652	3.3	14,652	5.1	4,813	1.7
Southwest	2,801	8,143	2.9	30,611	10.9	9,172	3.3
Chelan / Douglas	2,022	5,687	2.8	36,093	17.8	2,534	1.3
North Central	2,610	12,489	4.8	25,446	9.7	2,455	0.9
Thurston / Mason	4,214	19,731	4.7	61,620	14.6	5,315	1.3
Clark	6,233	105,513	16.9	133,434	21.4	8,247	1.3
Peninsula	5,740	46,319	8.1	120,896	21.1	16,642	2.9
Spokane	9,958	88,296	8.9	131,794	13.2	13,746	1.4
Greater Columbia	11,971	74,563	6.2	171,087	14.3	21,583	1.8
Pierce	17,189	117,298	6.8	266,521	15.5	31,148	1.8
North Sound	17,577	66,024	3.8	156,306	8.9	20,659	1.2
King	21,825	217,329	10.0	533,320	24.4	73,089	3.3
Statewide	**106,208**	**788,554**	**7.4**	**1,732,129**	**16.3**	**215,661**	**2.0**

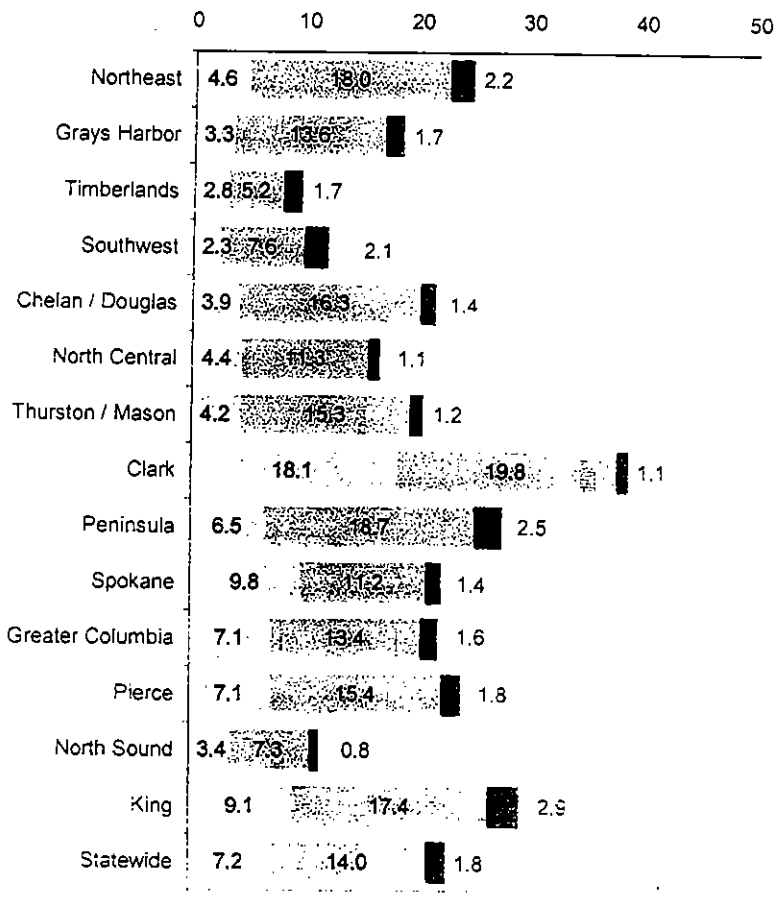


Average Hours *(RSN Hrs / RSN Served)* *Outpatient Hrs*

/ Calc. 3/2001 SAS / **DRAFT**

Access IV

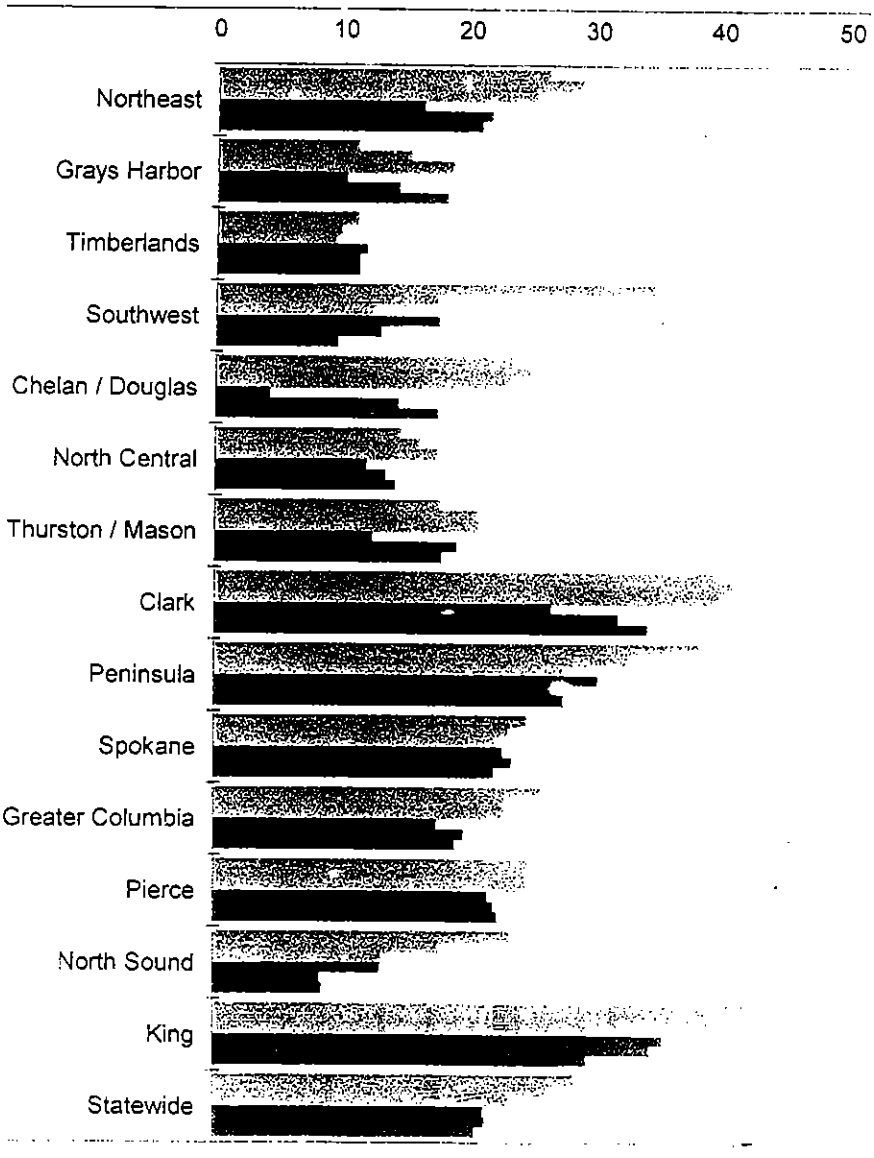
	Tot Srv	FY00 Youth Hours	FY00 Youth Rate	FY00 Adult Hours	FY00 Adult Rate	FY00 Elder Hours	FY00 Elder Rate
Northeast	1,654	7,604	4.6	29,745	18.0	3,609	2.2
Grays Harbor	2,253	7,477	3.3	30,604	13.6	3,811	1.7
Timberlands	2,979	8,395	2.8	15,401	5.2	5,006	1.7
Southwest	3,369	7,774	2.3	25,504	7.6	7,210	2.1
Chelan / Douglas	2,323	9,093	3.9	37,821	16.3	3,341	1.4
North Central	2,715	11,926	4.4	30,554	11.3	2,956	1.1
Thurston / Mason	4,064	16,972	4.2	62,007	15.3	4,693	1.2
Clark	6,345	114,701	18.1	125,588	19.8	6,759	1.1
Peninsula	6,092	39,659	6.5	114,169	18.7	15,491	2.5
Spokane	8,546	83,371	9.8	95,940	11.2	11,773	1.4
Greater Columbia	12,019	84,908	7.1	161,222	13.4	19,646	1.6
Pierce	17,296	121,953	7.1	265,712	15.4	31,815	1.8
North Sound	19,543	66,980	3.4	143,363	7.3	16,569	0.8
King	24,428	223,350	9.1	426,143	17.4	71,504	2.9
Statewide	**112,024**	**804,163**	**7.2**	**1,563,773**	**14.0**	**204,182**	**1.8**



Average Hours *(RSN Hrs / Served) Outpatient Hrs by Caucasian/Non-Caucasian* / Calc. 3/2001 SAS / **DRAFT**

Access IV

	Caucasian			Non-Caucasian		
	FY98	FY99	FY00	FY98	FY99	FY00
Northeast	26.3	28.8	25.3	16.4	21.8	21.0
Grays Harbor	11.1	15.3	18.7	10.3	14.5	18.3
Timberlands	11.1	9.9	9.5	12.0	11.4	11.4
Southwest	34.7	17.6	12.4	17.8	13.2	9.7
Chelan / Douglas	23.6	25.0	23.3	4.3	14.6	17.7
North Central	14.7	16.2	17.6	12.1	13.6	14.4
Thurston / Mason	17.9	20.8	21.1	12.6	19.3	18.1
Clark	39.8	41.1	40.0	26.8	32.1	34.4
Peninsula	38.4	32.9	27.8	30.5	28.2	27.8
Spokane	24.8	23.4	22.4	23.0	23.7	22.3
Greater Columbia	25.9	23.1	23.0	17.7	19.9	19.2
Pierce	25.0	25.0	24.9	21.8	22.3	22.6
North Sound	23.6	17.9	13.4	13.3	8.5	8.6
King	42.1	39.4	29.5	35.6	34.6	29.6
Statewide	**28.7**	**26.3**	**22.3**	**21.5**	**21.6**	**20.8**



Section D. Cost Effectiveness

In order to demonstrate cost effectiveness, a waiver renewal request must demonstrate that it was cost-effective during the previous two-year waiver period (Years 1 and 2) and must show that the cost of the waiver program will not exceed what Medicaid costs would have been in the absence of the waiver in the upcoming two-year waiver period (Years 3 and 4).

With respect to waivers involving capitated reimbursement, a State's computation of its UPL (as required by 42 CFR 447.361) may serve the dual purpose of computing the projected Medicaid costs in the absence of the waiver as well. **The UPL is only one component of waiver cost effectiveness, which must also include comparisons of a State's administrative costs and relevant FFS costs with and without the waiver as well.**

HCFA offers the following suggestions to States in completing this section:

- States are strongly encouraged to use the revised waiver preprint format to reduce the number of questions regarding their cost-effectiveness calculations. Please note that use of the revised preprint is optional.

- Cost effectiveness for 1915(b) waivers is measured in total computable dollars (Federal and State share).

- States are not be held accountable for caseload changes when submitting their waiver renewal cost-effectiveness calculations for services. States should have Per Member Per Month (PMPM) costs for the 2-year period equal to or less than projected Without Waiver costs as calculated in Step 18 of Appendix D.IV of their initial preprint. **Please ensure that you are using the PMPM Without Waiver costs that were approved in the previous waiver in your renewal.** In addition, States will also not be held accountable for benefit package, payment rate, or other programmatic changes made to the waiver program.

- Waiver expenditures should be reported on the Quarterly Medicaid Statement of Expenditures (Form HCFA-64 Report), according to reporting instructions in the State Medicaid Manual, Section 2500. If the State has specific questions regarding this requirement, please contact your State's HCFA accountant in the Regional Office.

- A set of sample preprint Appendices has been included with this preprint using Year 2 of one State's experience (DSAMPLE.XLS). Blank Appendices have been included for your use (APPD.XLS). **Please modify the spreadsheets to meet your State's UPL and rate development techniques, using the State's capitated rate cells (most states use eligibility category, age, and gender-adjusted cells).** If a waiver program does not cover all categories of service, the State should modify the

spreadsheet to include only covered services. Please submit the electronic spreadsheets used to create the Appendices to HCFA (HCFA currently uses Excel, which will convert both Lotus and QuatroPro). Please structure the worksheets as schedules which can link the totals between spreadsheets and roll up into a summary if the State has that capability. Linking the sheets and summaries will reduce copying from one schedule to another, which may introduce errors.

- The costs and enrollment numbers for voluntary populations (i.e., populations which can choose between joining managed care and staying in FFS) should be excluded from the waiver cost-effectiveness calculations if these individuals are not included in the waiver. In general, HCFA believes that voluntary populations should not be included in 1915(b) waivers (i.e., excluded in Section A.II.l and A.II.m). If the State wants to include voluntary populations in the waiver (i.e., listed in Section A.III.b.3), then the costs and enrollment numbers for the population must be included in the cost-effectiveness calculations. In addition, States that elect to include voluntary populations in the waiver are required to submit a written explanation of how selection bias will be addressed in the rate setting or with waiver calculations. HCFA may require the State to adjust its upper payment limits for the voluntary population to account for selection bias.

Description of the Cost-Effectiveness Calculation Process:
In general, the UPL for capitation contracts on a risk basis (e.g., MCO, HIO, or *PHP*) is the State agency's estimated cost of providing the scope of services covered by the capitation payment if these services were provided on a FFS basis. Documentation for the without waiver costs must be calculated on a per member per month basis.

- In order to determine cost-effectiveness, States must first document the number of member months participating in the waiver program for the previous waiver period (Year 1 and Year 2). They must then estimate the number of member months for the target population which will participate in the waiver program for the upcoming waiver period (Year 3 and Year 4) See Appendix D.II, Steps 1-4. The member months estimation should be based on the actual State eligibility data in the base year and the experience of the program in Year 1 and Year 2.

- The base year and the source of the without waiver data need to be identified for Years 1 - 4. The sources for this data and any adjustments to this data must be listed (Appendix D.III, Steps 5-9). If the State is proposing to use a different methodology for Years 3 and 4, please document all differences between the methodologies. Without Waiver Costs should be created using a FFS UPL based on FFS data with FFS utilization and FFS inflation assumptions. HCFA recommends that a State use at least three years of FFS Medicaid historical data to develop utilization and inflation trend rates.

- Statistically valid (as defined by the State's actuary) without waiver cost and

eligibility data for the population to be covered must be established. Base years should be specific to the eligibility group and locality covered by the contract and, to the extent possible, the costs included in the capitation rates. The exception to this would be where the size of the group is not sufficiently large to represent a statistically valid sample. These base year costs need to be broken down into each of the main service categories covered under the contract--inpatient hospital, outpatient hospital, physician, lab and x-ray, pharmacy, and other costs (Appendix D.IV, Steps 10-13).

- Once the base year costs are established, States need to make adjustments to that data in order to update it to the year to be covered by the capitation contract. These adjustments represent the impact on Medicaid costs from such things as inflation, utilization factors, administrative expenses, program changes, reinsurance or stop-loss limits, and third party liability. When these adjustments are computed and factored into the base year costs, the end result is a projected UPL for the year under contract (Appendix D.IV, Steps 14-16). The State then needs to consider the effect of costs which are outside the capitation rate (and therefore outside the UPL), but are affected by the capitated contractor. These services are generally referred to as wraparound services, and may include such services as pharmacy. Because the capitated contractor can affect the costs of these wraparound services, they must be included in the without waiver cost development (Appendix D.IV, Steps 17-18). Without waiver costs must be developed for all Years 1 - 4.

- States must document actual PMPM costs under the waiver for the previous two-year period. They also must estimate the PMPM costs under the upcoming waiver period. The costs should include services controlled by the waiver but not in the capitated rate, plus the agency's average per capita administrative costs related to these services (Appendix D.V, Steps 19-29).

- States must then calculate the aggregate costs without the waiver and the aggregate costs with the waiver (Appendices D.VI, D.VII, Steps 30-35).

- States must clearly demonstrate that, when compared, payments to the contractor did not exceed the UPL in the past two years and will not exceed the UPL in the future two years (Appendix D.VIII, Steps 36-37), and costs under the waiver did not exceed costs without the waiver costs in the previous period and will not exceed without waiver costs in the future (Appendix D.VIII, Steps 38-40).

Assurance (Please initial or check)

___x___ The fiscal staff in the Medicaid agency has reviewed these calculations for accuracy and attests to their correctness.

Name of Medicaid Financial Officer: Susan Lucas

Washington State – Integrated Community Mental Health Program
Telephone Number: (360) 902-0830

The following questions are to be completed in conjunction with the Worksheet Appendices. We have incorporated step-by-step instructions directly into the worksheet using instruction boxes. Where further clarification was needed, we have included additional information in the preprint. All narrative explanations should be included in the preprint.

I. Type of Contract The response to this question should be the same as in **A.II.e.**

a._____ Risk-comprehensive (fully-capitated--MCOs, HIOs, or certain *PHP*s)
b._x_ Other risk (partially-capitated--*PHP*)
c._____ Non-risk. Please use Section C of the PCCM initial application.
d._____ Other (please explain):

II. Member Months: Appendix D.II.
Purpose: To provide data on actual and projected enrollment during the waiver period. Actual enrollment data for the previous waiver period must be obtained from the State's tracking system. Projected enrollment data for the upcoming period is needed to determine whether the waiver is likely to be cost effective. This data is also useful in assessing future enrollment changes in the waiver.

Step 1: Please list the rate cells which were used in setting capitation rates under the waiver. The number and distribution of rate cells will vary by State. If the State used different cells in Years 1 & 2 than in Years 3 & 4, please create separate tables for the two waiver periods. The base year should be the same as the FFS data used to create the PMPM without waiver costs. Base year eligibility adjustments such as shifts in eligibility resulting in an increase or decrease in the number of member months enrolled in the program should be noted here. Note: because of the timing of the waiver renewal submittal, the State may need to estimate up to six (6) months of enrollment data for Year 2 of the previous waiver period.

Step 2: See instruction box. If the State estimates that all eligible individuals will not be enrolled in managed care (i.e., a percentage of individuals will be unenrolled because of eligibility changes and the length of the enrollment process) please note the adjustment here.

Step 3: See instruction box. In the space provided below, please explain any variance in member months, by region, from Year 1 to Year 4.

Step 4: See instruction box. In the space provided below, please explain any variance in total member months from Year 1 to Year 4.

a. Population in base year data

1.__x__ Base year data is from the same population as to be included in the waiver.

2. _____ Base year data is from a comparable population to the individuals to be included in the waiver. (Include a statement from an actuary or other explanation which supports the conclusion that the populations are comparable.)

III. Without Waiver Data Sources and Adjustments: Appendix D.III.

Purpose: To explain the data sources and reimbursement methodology for base year costs.

To identify adjustments which must be made to base year costs in order to arrive at the UPL for capitated services and the without waiver costs for all waiver services.

NOTE: The data on this schedule will be used in preparing **Appendix D.IV Without Waiver Cost Development.** Also, it is acceptable to use encounter data or managed care experience to develop with waiver costs or set capitated rates (see Section D.V). At this time, it is not acceptable to use experience data to develop without waiver costs. A workgroup has been formed to examine this policy. This submittal will be updated based upon the outcome of that workgroup.

NOTE: If the State is proposing to use a different methodology for Years 3 and 4 than were used in Years 1 and 2, please document all differences between the methodologies.

Regional Offices approve annual UPLs and contract rates developed by States. They are authorized to approve UPLs and contract rates that fall under the methodologies granted under the original and subsequent waiver authority. Modifications to the UPL development methodology should be approved through a waiver modification as explained in the instructions to this submittal.

Step 5: Actual cost and eligibility data are required for base year PMPM computations. Specify whether the base year is a State fiscal year (SFY), Federal fiscal year (FFY), or other period. **Please note the waiver years that this methodology was in place. Submit separate Appendix D.III charts if different methodologies or services were used in the Without Waiver costs for the upcoming waiver period than in the previous waiver period.** Please provide an explanation in the space below if: a) multiple years are used as the base year; or b) data from sources other than the State's MMIS are used.

Step 6: See instruction box. This chart should be identical to the chart in Section A.III.d.1.

Step 7: **UPL Adjustments:** On Appendix D.III check all adjustments that apply to base year data.

Step 8. **Fee-For-Service Wraparound Cost Adjustments**: See instruction box.

Instructions For Steps 7 and 8 above:

Required Adjustments a. through g. (below) and Appendix D.III must be completed by all States. Optional Adjustments a. through l. (below) should be completed if the adjustment applies to your State. For each Optional Adjustment that does not apply, the State should note if they have made a policy decision to not include that adjustment. If the State has made an adjustment to its without waiver cost, information on the basis and methodology information below must be completed and mathematically accounted for in Appendix D.IV. All adjustments may be computed on a statewide basis, although some (e.g. reinsurance, stop/loss) may be specific to certain contracts and should be noted where appropriate. Similarly, some adjustments will apply to all services and to all eligibility categories while others will only apply to specific services provided to distinct eligibility categories. Again, it is very important to complete this preprint and Appendices D.III and D.IV as necessary to account for the proper methodology used by the State to calculate the UPL.

Describe below the methodology used to develop each adjustment. Prior approval is necessary for methodologies that are not listed as an optional check-off. Please note on each adjustment if the methodology is proprietary to the actuary. Note: HCFA's intent is that if an accepted methodology is used (i.e., is one of the check-offs) and the size of the adjustment is noted in the Appendices and appears reasonable, then no additional documentation would be required for the waiver application. However, the HCFA RO may require more documentation during the UPL and contract rate approval process.

Please note the waiver years that each adjustment was in place if the adjustment was not made for all four years. Submit separate Appendix D.IV charts for each year in the Without Waiver costs for the previous and upcoming waiver period.

Previous Waiver Period

a._____ During the last waiver period, the methodology used to calculate cost-effectiveness was different than described in the waiver governing that period. The differences were:

Please note the date of any methodology change and explain any methodology changes in this preprint. See also Step 5.

Upcoming Waiver Period -- For all three subsets of adjustments (Without Waiver Response required, Optional, and With Waiver Cost Adjustments) in this section,

please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

State Response to These Adjustments Is Required

a. Disproportionate Share Hospital (DSH) Payments: Section 4721 of the BBA specifies that DSH payments must be made solely to hospitals and not to MCOs/PHPs. Therefore, DSH payments are not to be included in cost-effectiveness calculations. Section 4721(c) does permit an exemption to the direct DSH payment. If this exemption applies to the State, please identify and describe in the Other Block.

1.__x__ We assure HCFA that DSH payments are excluded from base year data.
2.__x__ We assure HCFA that DSH payments are excluded from adjustments.
3._____ Other (please describe):

b. Incurred but not Reported (IBNR) (Appendix D.III, Line 47): Due to the lag between dates of service and dates of payment, completion factors must be applied to data to ensure that the base data represents all claims incurred during the base year. The IBNR factor increases the reported totals to an estimate of their ultimate value after all claims have been reported. Use of at least three years is recommended as a basis.

Basis:

1.__x__ IBNR adjustment was made. Please indicate the number of years used as basis 3+years
i.__x__ Claims in base year data source are based on date of service.
ii._____ Claims in base year data source are based on date of payment.

2._____ IBNR adjustment was not necessary (Please explain).

Methodology:

1.__x__ Calculate average monthly completion factors and apply to the known paid total to derive an overall completion percentage for the base period.
2._____ Other (please describe):

c. Inflation (Appendix D.III, Line 48): This adjustment reflects the expected inflation in the FFS program between the Base Year and Year One and Two of the waiver. Inflation adjustments may be service-specific and expressed as percentage factors. States should use State historical FFS inflation rates.

Basis:

1._____ State historical inflation rates
(a) Please indicate the years on which the rates are based: Inflation base years_____
(b) Please indicate the mathematical methodology used (multiple regression, linear regression, chi-square, least squares, exponential smoothing, etc.):

2.__x__ Other (please describe): *Bureau of Labor Statistics inflation factor for*

d. Third Party Liability(TPL) (Appendix D.III, Line 61): This adjustment should be used only if the State will not collect and keep TPL payments for post-pay recoveries. If the MCO/PHP will collect and keep TPL, then the Base Year costs should be reduced by the amount to be collected.
Basis and methodology
1._____ No adjustment was necessary
2.__x__ Medicaid Management Information System (MMIS) claims tapes for UPL and rate development were cut with post-pay recoveries already deducted from the database.
3._____ State collects TPL on behalf of MCO/PHP enrollees
4._____ The State made this adjustment:
5._____ Post-pay recoveries were estimated and the base year costs were reduced by the amount of TPL to be collected by MCOs/PHPs.
6._____ Other (please describe):

e. FQHC and RHC Cost-Settlement Adjustment (Appendix D.III, Line 46) : This adjustment accounts for the requirement of States to make supplemental payments for the difference between the rates paid by an MCO/PHP to an FQHC or RHC and the reasonable costs of the FQHC or RHC. The UPL and capitated rates should include payments for comparable non-FQHC or non-RHC primary care service expenditures.

1._____ Cost-settlement supplemental payments made to FQHCs/RHCs are included in without waiver costs, but not included in the MCO/PHP rates, base year UPL costs, or adjustments. The State also accounted for any phase-down in FQHC/RHC payments beginning in Fiscal Year 2000, as outlined by Section 4712 of the BBA. If the State pays a percentage of cost-settlement different than outlined in the BBA not to exceed 100 percent, please list the percentage paid _____. The UPL and capitated rates should include payments for comparable non-FQHC or non-RHC primary care service expenditures.
2.__X__ Other (please describe): No settlement payments in without waiver costs or in rates.

f. Payments / Recoupments not Processed through MMIS (Appendix D.III, Line 51): Any payments or recoupments for covered Medicaid State Plan services included in the waiver but processed outside of the MMIS system should be included in the UPL.
1._____ Payments outside of the MMIS were made. Those payments include (please describe):
2._____ Recoupments outside of the MMIS were made. Those recoupments include (please describe):
3.__x__ The State had no recoupments/payments outside of the MMIS.

g. Pharmacy Rebate Factor (Appendix D.III, Line 68): Rebates that States receive from drug manufacturers should be deducted from UPL base year costs if pharmacy services are included in the capitated base. If the base year costs are not reduced by the rebate factor, an inflated UPL may result. Pharmacy rebates should also be deducted from FFS costs if pharmacy services are under the waiver but not capitated.

Basis and Methodology:

1._____ Determine the percentage of Medicaid pharmacy costs that the rebates represent and adjust the base year costs by this percentage. States may want to make separate adjustments for prescription versus over the counter drugs and for different rebate percentages by population. States may assume that the rebates for the targeted population occur in the same proportion as the rebates for the total Medicaid population.

2.__x__ The State has not made this adjustment because pharmacy is not an included capitation service and the capitated contractor's providers do not prescribe drugs that are paid for by the State in FFS.

3._____ Other (please describe):

Optional Adjustments

Note: These adjustments may be made based upon the State's own policy preferences. There is no HCFA preference for any of these adjustments. If the State has made an adjustment to its without waiver cost, information on the basis and methodology used is required and must be mathematically accounted for in Appendix D.IV. If the State has chosen not to make these adjustments, please mark the appropriate box.

a. Administrative Cost Calculation (Appendix D.III, Line 44): The administrative expense factor should include administrative costs that would have been attributed to members participating in the MCO/PHP if these members had been enrolled in FFS. Only those costs for which the State is no longer responsible should be recognized. Examples of these costs include per claim claims processing costs, additional per record PRO review costs, and additional Surveillance and Utilization Review System (SURS) volume costs.

Basis:

1.__x__ All estimated administrative costs of the FFS plan that would be associated with enrolled managed care members if they had been enrolled in the FFS delivery system in this adjustment. This is equal to _5__ percent of FFS service costs.

2._____ The State has chosen not to make adjustment.

3._____ Other (please describe):

Methodology:

1.__x__ Determine administrative costs on a PMPM basis by adding all FFS administrative costs and dividing by number of total Medicaid FFS members

2._____ Determine the percentage of medical costs that are administrative and apply this percentage to each rate cell.
3._____ Other (please describe):

b. Copayment Adjustment (Appendix D.III, Line 45): This adjustment accounts for any copayments that are collected under the FFS program but not to be collected in the capitated program. States must ensure that these copayments are included in the UPL if not to be collected in the capitated program.
Basis and Methodology:
1._____ Claims data used for UPL development already included copayments and no adjustment was necessary.
2._____ State added estimated amounts of copayments for these services in FFS that were not in the capitated program.
3.__x__ The State has chosen not to make adjustment.
4._____ Other (please describe):

c. Data Smoothing Calculations for Predictability (Appendix D.III, Line 65): Costs in rate cells are smoothed through a cost-neutral process to reduce distortions across cells and adjust rates toward the statewide average rate. These distortions are primarily the result of small populations, access problems in certain areas of the State, or extremely high cost catastrophic claims.
Basis and Methodology
1._____ The State made this adjustment (please describe):

2.__x__ The State has chosen not to make adjustment.

d. Investment Income Factor (Appendix D.III, Line 50): This factor adjusts capitation rates and UPLs because FFS claims are paid after a service is provided while payments under managed care are made before the time of services.
1._____ Since payments are made earlier, the equivalent amount of payment is slightly less, because the earlier payments would generate investment income between the date of receipts and the date of claim payment. A small reduction to the UPL was made. Factors to take into account include payment lags by type of provider; advances to providers; and the timing of payments to prepaid plans, relative to when services are provided.
2.__x__ The State has chosen not to make adjustment.
3._____ Other (please describe):

e. PCCM case-management fee deduction (Appendix D.III, Line 52): When States transition from a PCCM program to a capitated program and use the PCCM claims data to create capitated UPLs, any management fees paid to the PCCM must be deducted from the UPL.
1._____ PCCM claims data were used to create capitated UPLs and management fees were deducted. Please note: if the State chose to use PCCM claims data, then this adjustment is required.

2.__x__ This adjustment was not necessary because the State used MMIS claims exclusive of any PCCM case-management fees.
3._____ Other (please describe):

f. Pooling for Catastrophic Claims (Appendix D.III, Line 53): This adjustment should be used if it is determined that a small number of catastrophic claims are distorting per capita costs in some rate cells and are not predictive of future utilization.
Methodology:
1._____ The high cost cases' costs are removed from the rate cells and the per capita claim costs are distributed statewide across a relevant grouping of capitation payment cells. No costs are removed entirely from the rate cells, merely redistributed to rate cells in a manner that is more predictive of future utilization.
2.__x__ The State has chosen not to make adjustment.
3._____ Other (please describe):

g. Pricing (Appendix D.III, Line 54): These adjustments account for changes in the cost of services under FFS. For example, changes in fee schedules, changes brought about by legal action, or changes brought about by legislation.
Basis:
1._____ Expected State Medicaid FFS fee schedule increases between the base and rate periods.
2.__x__ The State has chosen not to make FFS price increases in the managed care rates.
3._____ Changes brought about by legal action (please describe):
4._____ Changes in legislation (please describe):
5._____ Other (please describe):

h. Programmatic/policy changes (Appendix D.III, Line 55): These adjustments should account for any FFS programmatic changes that are not cost neutral and affect the UPL. For example, Federal mandates, changes in hospital payment from per diem rates to Diagnostic Related Group (DRG) rates or changes in the benefit coverage of the FFS program.
Basis and Methodology:
1.__x__ The State made this adjustment (please describe). Related to inpatient rate rebasing for DRG claims.
2._____ The State has chosen not to make adjustment because there were no programmatic or policy changes in the FFS program after the MMIS claims tape was created. In addition, the State anticipates no programmatic or policy changes during the waiver period.

i. Regional Factors applied to Small Populations (Appendix D.III, Line 59): This adjustment is to be applied when there are a small number of eligible months in certain rate cells and large variations in PMPMs across these categories and regions exist.

Methodology:

1._____ Regional factors based on eligible months are developed and then applied to statewide PMPM costs in rate cells for small populations. This technique smooths out wide fluctuations in individual rate cells in rural states and some populations, yet ensures that expenditures remain budget neutral for each region and State.

2.__x__ The State has chosen not to make adjustment.

3._____ Other (please describe):

j. Retrospective Eligibility (Appendix D.III, Line 60): States that have allowed retrospective eligibility under FFS must ensure that the costs of providing retrospective eligibility are not included in the UPL. The rationale for this is that MCOs/PHPs will not incur costs associated with retrospective eligibility because capitated eligibility is prospective. Please note, however, that newborns need not be removed from the base year costs if the State provides retrospective eligibility back to birth for newborns.

Basis and Methodology:

1._____ Compare the date that the enrollee was determined Medicaid-eligible by the State to the date at which Medicaid-eligibility became effective. If the effective date is earlier than the eligibility date, then the costs for retrospective eligibility were removed.

2.__x__ The State has chosen not to make adjustment because it was not necessary given the State's enrollment process.

3._____ Other (please describe):

k. Utilization (Appendix D.III, Line 62): This adjustment reflects the changes in utilization of FFS services between the Base Year and the beginning of the waiver and between Years One and Two of the waiver.

1._____ The State estimated the changes in technology and/or practice patterns that would occur in FFS delivery, regardless of capitation. Utilization adjustments made were service-specific and expressed as percentage factors.

2.__x__ The State has chosen not to make adjustment.

3._____ Other (please describe):

l. Other Adjustments including but not limited to guaranteed eligibility and risk-adjustment (Appendix D.III, Line 63). If the State enrolls persons with special health care needs, please explain by population any payment methodology adjustments made by the State for each population. For example, HCFA expects States to set rates for each eligibility category (i.e., the State should set UPLs and rates separately for TANF, SSI, and Foster Care Children). Please list and describe the basis and methodology:

Step 9: **With Waiver Cost Adjustments** (in addition to the Capitated or FFS Base Year Cost Adjustments), Appendix D.III, Lines 70-72). Note: Costs for the following adjustments are included in the With Waiver Costs Appendix D.V.

a. Reinsurance or Stop/Loss Coverage (Appendix D.III, Line 71): Please note

whether or not the State will be providing reinsurance or stop/loss coverage. Reinsurance may be provided by States to MCOs/PHPs when MCOs/PHPs exceed certain payment thresholds for individual enrollees. Stop loss provisions usually set limits on maximum days of coverage or number of services for which the MCO/PHP will be responsible. If the State plans to implement either reinsurance or stop/loss, a description of the methodology used is required. The State must document the probability of incurring costs in excess of the stop/loss level and the frequency of such occurrence based on FFS experience. The rate of expenses per capita should be deducted from the capitation year projected costs. In the initial application, the effect should be neutral. In the renewal report, the actual reinsurance cost and claims cost should be reported in with waiver costs.
Basis and Methodology:
1.__x__ The State does not provide reinsurance or stop/loss for MCOs/PHPs, but requires MCOs/*PHP* to purchase such coverage privately. No adjustment was necessary.
2._____ The State provides reinsurance or stop/loss (please describe):

b. Incentive/bonus payments (Appendix D.III, Line 72): This adjustment should be applied if the State elects to provide incentive payments in addition to capitated payments under the waiver program. The State must document the criteria for awarding the incentive payments, the methodology for calculating incentives/bonuses, and the monitoring the State will have in place to ensure that total payments to the MCOs/PHPs do not exceed the UPL. The costs associated with any bonus arrangements must be accounted for in Appendix D.V With Waiver costs.

Please describe the criteria for awarding incentive payments, the methodology for calculating bonus amounts, and the monitoring the State will have in place to ensure that total payments to MCOs/PHPs do not exceed the UPL:
None provided for this waiver period.

c. Other Adjustments (Please list and describe the basis and methodology):
Rebasing of inpatient hospital rates paid on a DRG basis – the total cost of rebasing is estimated through an analysis of historical psychiatric claims. This amount is converted to a rate increase by dividing by the number of Medicaid eligible persons in each region of the state.

IV. Without Waiver Development: Appendix D.IV
Purpose: To calculate without waiver costs on a PMPM basis.

NOTE: HCFA will measure the cost effectiveness of the waiver in the renewal based on this PMPM calculation and the actual enrollment under the waiver.

Please note that the data in this section for Waiver Years 1 and 2 should reflect

the PMPM Without Waiver costs that were approved in the previous waiver in your renewal, plus any changes approved by the RO in the annual capitated rate approval. Please submit separate Appendix D.IV charts for each year in the Without Waiver costs for the previous and upcoming waiver period.

Step 10: See instruction box.

Step 11: See instruction box. These rate cells must be identical to the rate cells used in Appendix D.II Member Months.

Steps 12-13: See instruction boxes.

Step 14: See instruction box. Adjustments expressed as percentages are applied to the base year amount by category of service.

Steps 15-16: See instruction boxes.

Step 17: See instruction box. Step 17 is designed to incorporate the cost of FFS wraparound services into the without waiver costs. To simplify presentation, the State may combine all wraparound services listed at Appendix D.III, presenting them as one base year amount per rate cell. The State may then combine all adjustment factors which affect a given rate cell, and apply the adjustments accordingly. This methodology will result in a subtotal of adjusted FFS costs applied to each rate cell. If the State prefers, individual FFS wraparound services may be calculated on Appendix D.IV, as illustrated with pharmacy services in the example (Columns Z-AF). If adjusted FFS costs are material, the State should be prepared to explain the adjustments upon request.

Step 18: See instruction box. These amounts represent the final PMPM amounts which will be applied to actual enrollment in measuring cost effectiveness. States will not be held accountable for caseload changes when submitting their waiver renewal cost-effectiveness calculations. States should have PMPM costs for the 2-year period equal to or less than projected Without Waiver costs as calculated in Step 18.

V. With Waiver Development: Appendix D.V
Steps 19-29

The actuarial basis for the capitation rates for both MCOs and *PHP*s must be specified in the waiver application, and there must be a demonstration that payments to the contractor will be on an actuarially sound basis, in accordance with the regulations at 42 CFR 434.61. The capitation rates must be specified in the waiver application. Specifying the "actuarial basis" of the capitation rate means providing a description of the methodology the State uses to determine its capitation rate(s). Among the possible methods a State might use are: a percentage of the UPL; a budget-based rate (e.g., the MCO/PHP's cost); and the contractor's community rate

with adjustments as appropriate (e.g., for the scope of services in the State's contract and the utilization characteristics of the Medicaid enrollees).

You may use other methods as well. If there are adjustments for stop-loss and reinsurance arrangements, the actuarial basis for these adjustments should be documented. The important things to remember are that the rate methodology must be specified and there must be a demonstration that the rates do not exceed the UPL.

Finally, as specified in 42 CFR 447.361, payments to contractors must be no more than the cost of providing those same services on a FFS basis, to an actuarially equivalent nonenrolled population group (i.e., no greater than the UPL).

With waiver costs are the sum of payments to capitated providers, FFS payments for managed care enrollees that are controlled or affected by managed care providers, and the costs to the State of implementing and maintaining the managed care program.

a. Please mark and complete the following assurances to HCFA:

1.__x__ The State assures HCFA that the capitated rates will be equal to or less than the UPL based upon the following methodology. Please attach a description of the rate setting methodology and how the State will ensure that rates are less than the UPL if the State is not setting rates at a percent of UPL.
(a)____ Rates are set at a percent of UPL
(b)____ Negotiation (please describe):
(c)____ Experience-based (contractor/State's cost experience or encounter data) (please describe):
(d)____ Adjusted Community Rate (please describe):
(e)__x__Other (please describe): *Actuarial rates set at outset of program plus increases approved by the state legislature. Increases approved result in a rate that is signficantly less than the UPL.*

2.__x__ The rates were set in an actuarially sound manner. Please list the name, organizational affiliation of the actuary used, and actuarial attestation of the initial capitation rates.

Cost Effectiveness and Efficiency

The composite per eligible client upper payment limit is managed by the State at the statewide PHP level. The State is requesting that cost effectiveness be measured overall for all regions under the waiver and not within each region. This is consistent with prior waivers approved. This will allow the State to realign regional funding with better measures of need without violating overall cost effectiveness. This will occur according to a plan approved by the State's Legislature using established measures

of service need. The realignment of regional funding incorporates a statewide PMPM rate that is a composite of the regional rates approved in the prior waiver. The attachment explains in detail how the regional rates approved in the prior waiver were incorporated into the composite rate used in the funding realignment.

Similarly, the state is combining the actuarially determined inpatient rate with the actuarially determined outpatient rate into a combined rate for all services provided under the waiver. This combined rate promotes integration of services and a broader continuum of care service delivery method.

In order to show cost effectiveness the State will compare costs under the waiver to the projected costs of the program absent the waiver. This will be done by comparing total costs using contracted rate increased by each Medicaid eligibility category (categorically needy, disabled and medically needy) multiplied by actual caseload to determine costs under the waiver.

These costs will be compared to the projected costs of the program without a waiver. These costs will be calculated by inflating the base rate by the yearly medical inflation rate from the Bureau of Labor Statistics and multiplying this rate by total actual caseload. This total would be compared to the costs with the waiver to determine cost effectiveness.

Appendix I includes the actuarial report. Also included are worksheets showing inflation, rate adjustments, projected changes in Medicaid eligible and the estimated state and federal fund savings for FY2001, FY2002, and FY2003 using the much of the same methodology the state has applied since its original waiver in 1993.

However, the state has made changes to the way the funds are distributed throughout the state in response to Legislative direction. This direction entails a four to six-year phase-in for the allocation of funds from the historical method to the prevalence method. The historical method uses the actuarially determined per member per month (PMPM) rates (as determined in 1992 for outpatient services and 1997 for inpatient services) increased periodically by the Legislature. These are the rates that were approved in the last waiver period. The prevalence method uses the historical method rates (the rates approved last waiver period) for 2001 to calculate a weighted average statewide rate (WASR) for each category of Medicaid eligible. The WASR for each category is calculated by adding the PHP's inpatient and outpatient rates to create one rate. This is done by multiplying each PHP's rate by the number of Medicaid enrollees residing in that PHP, adding the results of all the categories to be combined, and dividing the sum by the state-wide number of Medicaid eligibles.

3.__x__ The State will submit all capitated rates to the HCFA RO for prior approval.

b._____ The State is requesting a 1915(b)(3) waiver in section A.II.g.2 and will be providing non-state plan medical services.

1._____ The State will be spending a portion of its savings above the capitation rates for additional services under the waiver.

Please state the actual amounts spent on 1915(b)(3) savings which was spent on additional services in the previous waiver period_____. This amount must be built into the State's with waiver costs for Years 1 and 2.

Please state the PMPM or aggregate amount of 1915(b)(3) savings which will be spent on additional services in the upcoming waiver period_____. This amount must be built into the State's with waiver costs for Years 3 and 4.

2._____ The State is requiring plans to spend a portion of their capitated rate on additional non-State plan medical services.

Please state the actual amount or percent of the PMPM that was spent on average on non-State plan covered medical services_____. This amount must be built into the State's with waiver costs as a portion of the capitated rates. Please document the actual amount spent on non-State plan medical services.

Please estimate the amount or percent of the PMPMs that will be spent on average on non-State plan covered medical services_____. This amount must be built into the State's with waiver costs as a portion of the capitated rates. Please explain the assumptions that the State used to calculate this amount.

Steps 19-20: See instruction boxes. The eligibility categories and rate cells must agree with those in Appendix D.IV. States must document actual PMPM costs under the waiver for the previous two-year period. They also must estimate the PMPM costs under the upcoming waiver period. **Please note that the data in this section for Waiver Years 1 and 2 should reflect the actual costs incurred in the previous waiver period under the Waiver Program. Please submit separate Appendix D.IV charts for each year in the Without Waiver costs for the previous and upcoming waiver period.** Note: because of the timing of the waiver renewal submittal, the State may need to estimate up to six (6) months of enrollment data for Year 2 of the previous waiver period.

Steps 21-29: See instruction boxes.

VI. Year 1 Aggregate Costs: Appendix D.VI

See Instructions for C.VII Year 2 Aggregate Costs

VII. Year 2 Aggregate Costs: Appendix D.VII

Steps 30-35: See instruction boxes.

VIII. Year 3 Aggregate Costs: Appendix D.VIII
See Instructions for C.VII Year 2 Aggregate Costs

IX. Year 4 Aggregate Costs: Appendix D.IX
See Instructions for C.VII Year 2 Aggregate Costs

X. Cost Effectiveness Summary: Appendix D.X
Steps 36-40: See instruction boxes.

Appendix D

Summary

	Year One	Year Two	Previous Waiver Period Total	Year Three	Year Four	Upcoming Waiver Period Total
Program Cost						
Capitation Program:						
Without Waiver Cost						
Chelan Douglas		$ 3,756,347		$ 4,006,343	$ 4,258,316	$ 8,264,659
Clark		$ 16,357,093		$ 17,453,898	$ 18,570,616	$ 36,024,514
Grays Harbor		$ 4,468,305		$ 4,768,516	$ 5,073,429	$ 9,841,945
Greater Columbia		$ 36,403,181		$ 38,761,799	$ 41,206,498	$ 79,968,296
King		$ 70,012,482		$ 74,750,950	$ 79,506,972	$ 154,257,921
NEWRSN		$ 4,887,390		$ 5,212,322	$ 5,544,016	$ 10,756,338
North Central		$ 8,472,272		$ 9,041,800	$ 9,625,983	$ 18,667,783
North Sound		$ 45,698,130		$ 48,713,133	$ 51,769,180	$ 100,482,313
Peninsula		$ 15,030,062		$ 16,035,690	$ 17,057,408	$ 33,093,098
Pierce		$ 42,368,690		$ 45,199,868	$ 48,062,328	$ 93,262,196
Southwest		$ 3,954,760		$ 4,219,455	$ 4,486,373	$ 8,705,828
Spokane		$ 14,636,586		$ 15,583,922	$ 16,552,585	$ 32,136,507
Thurston		$ 10,389,967		$ 11,083,640	$ 11,783,242	$ 22,866,882
Timberlands		$ 3,178,336		$ 3,389,426	$ 3,604,198	$ 6,993,624
Total Non-waiver Costs		$ 279,613,600		$ 298,220,760	$ 317,101,144	$ 615,321,904
Waiver Cost:						
Capitation Payments						
Chelan Douglas		$ 3,627,713		$ 3,739,660	$ 3,841,440	$ 7,581,100
Clark		$ 13,997,516		$ 14,432,479	$ 14,834,003	$ 29,266,482
Grays Harbor		$ 4,216,398		$ 4,348,947	$ 4,471,517	$ 8,820,464
Greater Columbia		$ 30,709,956		$ 31,613,877	$ 32,473,962	$ 64,087,838
King		$ 57,667,659		$ 59,483,680	$ 61,123,597	$ 120,607,277
NEWRSN		$ 4,587,317		$ 4,729,748	$ 4,860,939	$ 9,590,687
North Central		$ 7,692,425		$ 7,937,679	$ 8,165,559	$ 16,103,238
North Sound		$ 37,295,610		$ 38,415,028	$ 39,446,566	$ 77,861,594
Peninsula		$ 13,028,793		$ 13,434,391	$ 13,805,630	$ 27,240,021
Pierce		$ 34,713,374		$ 35,781,348	$ 36,759,607	$ 72,540,955
Southwest		$ 3,913,525		$ 4,036,012	$ 4,147,257	$ 8,183,269
Spokane		$ 14,024,967		$ 14,432,265	$ 14,817,264	$ 29,249,529
Thurston		$ 9,265,083		$ 9,550,878	$ 9,810,641	$ 19,361,519
Timberlands		$ 3,266,325		$ 3,367,711	$ 3,460,884	$ 6,828,595
Total Waiver Costs		$ 238,006,662		$ 245,303,701	$ 252,018,966	$ 497,322,668
Capitation Savings (Program Costs)		$ 41,606,938		$ 52,917,058	$ 65,082,278	$ 117,999,336
Administrative Costs:						
Direct Administrative Cost:						
Children's Survey		$ 200,000			$ 200,000	$ 200,000
Adult's Survey				$ 300,000		$ 300,000
Actuary					$ 300,000	$ 300,000
Total Direct Administrative Costs		$ 200,000		$ 300,000	$ 500,000	$ 800,000
Indirect Administrative Costs:						
MMIS Expense				$ 25,000	$ 25,000	$ 50,000
Total Indirect Administrative Costs				$ 25,000	$ 25,000	$ 50,000
Total Administrative Costs		$ 200,000		$ 325,000	$ 525,000	$ 850,000
Total Savings		$ 41,406,938		$ 52,592,058	$ 64,557,278	$ 117,149,336

FY92 OUTPATIENT PHP RATES WITH ADMINISTRATION & ASSUMED SAVINGS

	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	4.81	42.46	2.17	9.51	9.03	83.80	1.81
Clark	10.16	105.52	1.19	9.51	3.91	101.27	5.05
Grays Harbor	11.08	73.34	6.47	9.51	2.13	63.90	7.38
Greater Columbia	13.53	52.27	12.89	9.51	6.54	81.18	9.04
King	8.52	47.83	8.86	9.51	7.43	103.64	18.05
NEWRSN	11.56	64.30	8.02	9.51	6.08	77.18	16.13
North Central	11.03	44.55	4.45	9.51	7.26	82.00	74.47
North Sound	14.63	49.95	8.12	9.51	12.80	110.88	9.37
Peninsula	10.60	37.54	8.59	9.51	6.16	95.02	4.65
Pierce	12.40	34.40	14.98	9.51	8.06	101.96	8.06
Southwest	5.36	22.44	7.46	9.51	4.29	57.76	2.39
Spokane	10.32	25.18	5.77	9.51	6.45	28.49	1.80
Thurston Mason	7.74	64.54	10.02	9.51	9.52	71.52	19.18
Timberlands	6.00	20.67	7.61	9.51	4.80	37.16	9.08

FY97 INPATIENT GROSS CAPITATION

Children		Adults	
Non-Dis	Disabled	Non-Dis	Disabled
3.83	22.03	4.36	17.00
4.02	22.08	4.08	19.80
2.85	24.70	2.64	15.28
3.29	26.38	3.53	12.03
2.84	22.05	4.73	22.79
4.85	22.42	2.86	13.58
4.25	20.47	3.81	16.53
2.64	24.13	2.27	13.10
2.71	21.46	2.88	13.20
1.53	19.87	6.07	23.04
3.61	24.31	3.93	20.86
5.66	22.44	3.62	12.67
4.78	22.50	3.15	19.01
2.24	22.97	2.44	14.36

Conversion of Rates to Outpatient Gross Capitation
Formula: Rates/1.05 to factor out administration then/.99 for assumed savings

Chelan Douglas	4.63	40.85	2.09	9.15	8.69	80.62	1.74
Clark	9.77	101.51	1.14	9.15	3.76	97.42	4.86
Grays Harbor	10.66	70.55	6.22	9.15	2.05	61.47	7.10
Greater Columbia	13.02	50.28	12.40	9.15	6.29	78.10	8.70
King	8.20	46.01	8.52	9.15	7.15	99.70	17.94
NEWRSN	11.12	61.86	8.29	9.15	5.85	74.25	15.52
North Central	10.61	42.86	4.28	9.15	6.98	59.64	71.64
North Sound	14.07	48.05	7.81	9.15	12.31	106.67	9.01
Peninsula	10.20	36.11	8.26	9.15	5.93	91.41	4.67
Pierce	11.99	33.09	14.41	9.15	7.75	98.09	7.75
Southwest	5.16	21.59	7.18	9.15	4.13	55.57	2.30
Spokane	9.93	24.22	5.55	9.15	6.20	27.41	1.73
Thurston Mason	7.45	62.09	15.41	9.15	9.16	68.80	18.45
Timberlands	5.77	19.88	7.32	9.15	4.62	35.75	8.73

Actuary Recommended Adjustment

FY93	4.50%	104.50%	*FY93 - 1993 CPI Services*
FY94	3.00%	107.64%	*FY94 - 1994 CPI Services*
FY95	3.90%	111.84%	*FY 95 - FY 00*
FY96	3.00%	115.20%	*Department of Labor - Bureau of Labor Statistics*
FY97	2.80%	118.43%	*CPI for Medical Care - Unadjusted 12-month increase*
FY98	3.40%	122.46%	*December to December*
FY99	3.70%	126.99%	
FY00	4.20%	132.32%	
FY01	3.50%	136.95%	*Estimate - average of 95-00*
FY 02	3.50%	141.74%	*Estimate - average of 95-00*
FY 03	3.50%	146.70%	*Estimate - average of 95-00*
APPLIED RATE	146.70%		

	FY03 Contracted Rates							FY03 Contracted Rates			
	Children				Adults			Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52	4.07	23.36	4.62	18.02
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65	4.26	23.40	4.33	20.98
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02	3.03	26.19	2.80	16.20
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92	3.50	27.97	3.74	12.76
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44	3.02	23.37	5.01	24.16
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30	5.14	23.76	3.04	14.39
North Central	13.28	54.60	11.90	12.59	8.80	91.20	98.78	4.50	21.70	4.04	17.52
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29	2.80	25.58	2.40	13.89
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11	2.86	22.43	3.05	13.98
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63	1.62	21.07	6.44	25.38
Southwest	7.08	29.58	9.09	12.59	5.31	88.29	3.01	3.83	25.77	4.16	22.12
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50	5.99	23.78	3.84	13.43
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45	5.05	23.86	3.34	20.14
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18	2.37	24.35	2.58	15.21

Conversion of Rates to Service Costs
Formula: Rates/1.05 for administration in outpatient. Rates/1.025 for administration for inpatient

Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.51	17.58
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.90	25.55	2.73	15.80
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.89	23.57
NEWRSN	12.65	70.10	11.33	11.99	7.06	112.74	20.29	5.01	23.18	2.97	14.04
North Central	12.65	52.00	11.33	11.99	8.44	86.86	94.08	4.39	21.17	3.94	17.09
North Sound	15.73	54.39	11.33	11.99	14.87	125.90	11.70	2.73	24.90	2.34	13.55
Peninsula	12.33	44.45	9.97	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64
Pierce	13.41	40.89	11.33	11.99	9.37	115.98	10.12	1.58	20.56	6.28	24.76
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.75	13.10
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84

	FY02 Rates Inflated Forward							FY97 Rates Inflated Forward				
		Children				Adults			Children		Adults	
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled	
Chelan Douglas	6.79	59.92	3.00	13.42	12.74	118.20	2.55	5.62	32.32	6.40	24.94	
Clark	14.34	148.92	1.68	13.42	5.52	142.92	7.13	5.90	32.39	5.09	29.05	
Grays Harbor	15.64	103.50	9.13	13.42	3.01	90.18	10.42	4.18	36.23	3.87	22.42	
Greater Columbia	19.09	73.77	18.19	13.42	9.23	114.57	12.76	4.83	38.70	5.18	17.65	
King	12.02	67.50	12.50	13.42	10.49	146.26	26.32	4.17	32.35	6.94	33.43	
NEWRSN	10.31	90.74	12.17	13.42	8.58	108.92	22.76	7.11	32.89	4.20	19.92	
North Central	15.57	62.87	6.28	13.42	10.25	87.50	105.10	6.23	30.03	5.59	24.25	
North Sound	20.65	70.49	11.46	13.42	18.06	156.46	13.22	3.87	35.40	3.33	19.22	
Peninsula	14.96	52.98	12.12	13.42	8.69	134.10	0.84	3.98	31.48	4.22	19.36	
Pierce	17.58	48.55	21.14	13.42	11.37	143.89	11.37	2.24	29.15	8.90	35.12	
Southwest	7.56	31.87	10.53	13.42	6.05	81.51	3.37	5.30	35.66	5.77	30.60	
Spokane	14.56	35.54	8.14	13.42	9.10	40.21	2.54	8.30	32.92	5.31	18.59	
Thurston Mason	10.92	91.08	22.61	13.42	13.44	100.93	27.07	0.98	33.01	4.62	27.89	
Timberlands	8.47	29.17	10.74	13.42	6.77	52.44	12.81	3.29	33.70	3.58	21.07	

FY02 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES

Chelan Douglas	9,179	221	-	2,862	2,850	1,377	177	12,042	221	3,027	1,377	
Clark	24,071	838	-	5,978	10,331	5,306	279	30,648	838	10,810	5,306	
Grays Harbor	7,309	253	-	1,669	3,019	2,249	172	8,978	253	3,191	2,249	
Greater Columbia	68,380	1,906	-	15,581	23,108	10,317	1,070	63,061	1,906	24,178	10,317	
King	82,068	2,802	-	21,479	41,563	27,040	1,637	103,547	2,802	43,200	27,040	
NEWRSN	7,688	203	-	1,733	3,028	1,966	160	9,422	203	3,188	1,966	
North Central	17,514	472	-	4,430	5,337	2,971	331	21,953	472	5,668	2,071	
North Sound	51,450	1,754	-	10,663	21,232	13,201	925	68,113	1,754	22,157	13,201	
Peninsula	19,643	837	-	4,970	8,475	5,885	653	24,619	837	9,028	5,885	
Pierce	49,895	2,284	-	11,514	20,800	15,189	724	81,409	2,284	21,524	15,189	
Southwest	8,845	377	-	1,705	3,987	2,478	135	10,550	377	4,122	2,478	
Spokane	34,191	1,404	-	8,578	15,781	9,939	644	42,769	1,404	16,424	9,939	
Thurston Mason	16,601	706	-	4,350	6,864	4,614	270	20,958	706	7,134	4,614	
Timberlands	8,971	321	-	2,292	3,639	2,324	215	11,263	321	3,653	2,324	
	400,406	14,379	-	103,825	170,014	104,856	7,290	510,232	14,379	177,304	104,856	808,771

FY02 INFLATED RATES PROJECTION

Chelan Douglas	747,728	159,151	-	401,001	435,843	1,954,470	5,417	811,896	85,836	232,316	412,153	
Clark	4,244,834	1,497,983	-	962,750	664,099	9,100,427	23,873	2,168,935	325,834	762,088	1,849,570	
Grays Harbor	1,371,505	313,729	-	266,800	108,898	2,433,705	21,509	450,453	109,834	148,299	604,944	
Greater Columbia	15,668,098	1,687,117	-	2,509,282	2,559,353	14,184,060	163,734	4,862,778	885,099	1,502,452	2,184,952	
King	11,841,324	2,269,700	-	3,459,255	5,229,802	47,458,821	517,034	5,176,872	1,087,680	3,597,154	10,848,217	
NEWRSN	1,505,121	221,462	-	279,167	311,789	2,569,760	43,608	604,413	80,269	160,495	470,015	
North Central	3,271,552	356,157	-	714,936	650,195	3,118,993	417,212	1,642,487	170,112	380,158	864,410	
North Sound	12,747,213	1,483,664	-	2,683,600	4,602,456	24,768,272	146,721	3,165,509	745,044	885,407	3,044,310	
Peninsula	3,520,182	532,335	-	801,370	884,098	9,469,300	45,400	1,174,496	316,333	457,694	1,367,418	
Pierce	10,528,388	1,330,518	-	1,654,420	2,839,168	20,226,924	98,813	1,654,008	798,886	2,209,996	6,401,270	
Southwest	802,866	143,400	-	274,604	289,840	2,423,884	5,472	670,452	161,487	285,168	909,962	
Spokane	5,975,551	598,891	-	1,381,501	1,723,749	4,795,293	19,620	4,261,437	554,804	1,046,668	2,210,788	
Thurston Mason	2,176,076	771,752	-	701,568	1,106,840	5,587,919	87,822	1,756,143	279,676	395,624	1,543,936	
Timberlands	911,529	112,260	-	369,091	295,780	1,462,767	32,991	444,118	129,879	165,512	587,586	
	75,317,965	11,476,119	-	16,721,350	21,727,511	155,574,600	1,629,225	29,043,995	5,730,572	12,319,031	33,305,538	########

	FY03 Adjusted Rates								FY03 Adjusted Rates				
	Children				Adults				Children		Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy	Non-Dis	Disabled	Non-Dis	Disabled		
Chelan Douglas	6.13	49.80	2.51	11.99	10.52	120.12	2.40	3.97	22.79	4.61	17.58		
Clark	11.86	114.98	11.33	11.99	4.61	121.16	6.33	4.16	22.83	4.22	20.47		
Grays Harbor	12.65	79.75	11.33	11.99	2.60	91.90	8.59	2.06	25.55	2.73	15.80		
Greater Columbia	14.55	56.92	14.97	11.99	7.58	102.30	10.40	3.41	27.29	3.65	12.45		
King	10.10	55.08	10.29	11.99	8.45	115.45	23.28	2.95	22.80	4.69	23.57		
NEWRSN	12.05	70.10	11.33	11.99	7.06	112.74	20.20	5.01	23.18	2.97	14.04		
North Central	12.05	52.00	11.33	11.99	8.44	86.60	94.08	4.39	21.17	3.94	17.09		
North Sound	15.73	54.30	11.33	11.99	14.87	125.90	11.70	2.73	24.96	2.34	13.55		
Peninsula	12.33	44.45	9.07	11.99	7.18	114.99	5.82	2.79	21.88	2.98	13.64		
Pierce	13.41	40.89	11.33	11.99	9.37	115.00	10.12	1.58	20.56	6.28	24.70		
Southwest	6.72	28.17	8.66	11.99	5.06	84.09	2.87	3.74	25.14	4.06	21.58		
Spokane	12.03	31.09	11.33	11.99	7.50	46.25	2.38	5.84	23.20	3.76	13.10		
Thurston Mason	9.28	70.30	11.33	11.99	11.09	91.28	24.24	4.93	23.28	3.26	19.65		
Timberlands	7.41	26.26	8.84	11.99	5.63	61.61	10.65	2.31	23.76	2.52	14.84		
FY03 OFFICIAL ESTIMATES OF MEDICAID ELIGIBLES- PER MONTH AVERAGES													
Chelan Douglas	9,179	221	-	2,862	2,650	1,377	177	12,042	221	3,027	1,377		
Clark	24,071	838	-	5,978	10,331	5,306	279	30,648	838	10,610	5,306		
Grays Harbor	7,309	253	-	1,669	3,019	2,249	172	8,978	253	3,191	2,249		
Greater Columbia	68,380	1,906	-	15,581	23,108	10,317	1,070	83,001	1,906	24,176	10,317		
King	82,068	2,802	-	21,479	41,563	27,040	1,637	103,547	2,802	43,200	27,040		
NEWRSN	7,688	203	-	1,733	3,028	1,966	160	8,422	203	3,188	1,966		
North Central	17,514	472	-	4,439	5,337	2,971	331	21,953	472	5,608	2,971		
North Sound	51,450	1,754	-	16,663	21,232	13,201	925	68,113	1,754	22,157	13,201		
Peninsula	19,643	837	-	4,976	8,475	5,885	553	24,619	837	9,028	5,885		
Pierce	49,895	2,284	-	11,514	20,800	15,189	724	61,409	2,284	21,524	15,189		
Southwest	8,845	377	-	1,705	3,987	2,478	135	10,550	377	4,122	2,478		
Spokane	34,181	1,404	-	8,578	15,781	9,939	644	42,769	1,404	16,424	9,939		
Thurston Mason	16,601	706	-	4,356	6,864	4,614	270	20,958	706	7,134	4,614		
Timberlands	8,971	321	-	2,292	3,639	2,324	215	11,263	321	3,853	2,324		
	406,406	14,379	-	103,825	170,014	104,856	7,290	510,232	14,379	177,304	104,850	806,771	
FY03 ADJUSTED RATES PROJECTION													
Chelan Douglas	675,599	132,268	-	411,803	359,923	1,985,219	5,089	573,776	60,530	163,712	290,543		
Clark	3,510,278	1,156,825	-	660,130	571,469	7,715,098	21,215	1,526,538	229,646	537,872	1,303,338		
Grays Harbor	1,109,330	241,742	-	240,153	94,189	2,480,016	17,741	318,488	77,450	104,602	426,533		
Greater Columbia	11,941,171	1,301,910	-	2,241,615	2,102,183	12,664,892	133,474	3,440,350	624,102	1,058,628	1,541,249		
King	9,951,330	1,651,938	-	3,090,529	4,213,327	37,460,097	457,242	3,661,020	766,650	2,533,854	7,646,160		
NEWRSN	1,166,854	171,069	-	249,410	256,437	2,059,937	38,801	566,952	56,573	113,453	331,222		
North Central	2,658,182	294,572	-	638,730	540,425	3,090,154	373,405	1,156,569	119,029	268,081	609,295		
North Sound	9,713,731	1,144,768	-	2,397,552	3,787,606	19,044,794	129,871	2,232,769	525,258	622,550	2,146,872		
Peninsula	2,907,192	446,615	-	715,951	730,269	8,120,057	38,598	824,317	219,882	322,351	963,120		
Pierce	8,028,817	1,120,542	-	1,656,756	2,339,140	21,138,216	87,040	1,164,681	563,375	1,022,820	4,513,140		
Southwest	713,654	127,565	-	245,333	241,937	2,500,353	4,650	473,048	113,845	200,747	641,712		
Spokane	4,935,222	523,899	-	1,234,245	1,421,168	5,515,774	18,390	2,999,249	390,998	738,376	1,562,877		
Thurston Mason	1,847,979	595,620	-	620,787	813,119	5,053,293	78,641	1,239,054	197,238	278,975	1,087,809		
Timberlands	797,634	101,047	-	329,749	245,770	1,718,469	27,413	312,495	91,422	116,388	413,904		
	59,956,954	9,210,179	-	14,939,004	17,817,181	132,050,370	1,432,596	20,491,305	4,036,890	8,682,407	23,479,383	########	

Appendix I

A MILLIMAN GLOBAL FIRM

Milliman USA

Consultants and Actuaries

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July 16, 2001

Susan Lucas
Chief of Finance
Washington Dept. of Social & Health Services
Mental Health Division
P.O. Box 45320
Olympia, WA 98504-5320

Re: 2001–2003 RSN Payment Rates

Dear Susan:

Per your request, we have reviewed your "Step by Step Process" for the development of 2001–2003 RSN Payment Rates. We have found that your model accurately calculates the composite rates for Children and Adults separately for the Disabled and the Non-Disabled.

The model begins with rates cells split Children and Adults; outpatient categories Disabled, Categorically Needy, Medically Needy and Expansion; inpatient categories Disabled and Non-Disabled; and 14 geographic areas. In addition to rates for each cell, eligibility forecasts for 2002 were provided for each rate cell. We have relied on these rate and eligibility figures without audit in our analysis.

We have reviewed the calculations of the composite rates based on these starting assumptions and find the logic to be sound and the application to be accurate.

Please let me know if you have any additional questions.

Sincerely,

Timothy S. Barclay, FSA, MAAA
Consulting Actuary

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Washington State Mental Health Division
Development of 2001 - 2003 RSN Payment Rates
A step by step process

Step 1: Rates approved in the 1999 - 2001 Waiver

Outpatient	Children				Adults		
	Cat Needy	Disabled	Med Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52
Clark	12.45	120.73	11.90	12.59	4.84	127.22	0.65
Grays Harbor	13.28	83.74	11.90	12.59	2.73	95.49	9.02
Greater Columbia	15.28	59.77	15.72	12.59	7.98	107.41	10.92
King	10.61	57.83	10.60	12.59	8.87	121.22	24.44
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01
Spokane	12.63	32.04	11.90	12.59	7.88	48.56	2.50
Thurston Mason	9.74	73.81	11.90	12.59	11.04	95.84	25.45
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18
Statewide Average	12.91	56.04	8.00	12.59	9.17	110.19	17.20

Inpatient	Children		Adults	
	Non Disabled	Disabled	Non Disabled	Disabled*
Chelan Douglas	4.07	23.36	4.62	18.17
Clark	4.26	23.40	4.33	22.09
Grays Harbor	3.03	26.19	2.80	16.86
Greater Columbia	3.50	27.97	3.74	12.82
King	3.02	23.37	5.01	24.19
Northeast (NEWRSN)	5.14	23.76	3.04	14.52
North Central	4.50	21.70	4.04	17.78
North Sound	2.80	25.58	2.40	13.95
Peninsula	2.88	22.43	3.05	14.43
Pierce	1.62	21.07	6.44	25.52
Southwest	3.83	25.77	4.16	24.21
Spokane	5.99	23.28	3.84	13.46
Thurston Mason	5.05	23.86	3.34	20.65
Timberlands	2.37	24.35	2.58	16.18
Statewide Average	3.43	23.98	4.18	19.37

* adjusted for an increase in inpatient rates paid - the DRG basis

Step 2: Medicaid Eligibles forecasted for fiscal year 2002.

	CHILDREN				ADULTS			
	CN	DIS	MN	EXP	CN	DIS	MN	Total
Chelan Douglas	8,941	215	-	2,768	2,817	1,339	166	16,247
Clark	24,031	815	-	5,780	10,212	5,158	263	46,259
Grays Harbor	7,120	245	-	1,614	2,984	2,186	162	14,312
Greater Columbia	66,608	1,852	-	15,066	22,841	10,030	1,008	117,404
King	79,941	2,723	-	20,769	41,092	26,286	1,542	172,344
NEWRSN	7,489	198	-	1,676	2,993	1,911	150	14,417
North Central	17,060	459	-	4,292	5,275	2,888	312	30,286
North Sound	50,117	1,704	-	16,112	20,986	12,833	871	102,624
Peninsula	19,134	814	-	4,811	8,377	5,721	521	39,377
Pierce	48,602	2,219	-	11,134	20,560	14,766	682	97,963
Southwest	8,016	367	-	1,649	3,941	2,409	127	17,108
Spokane	33,305	1,365	-	8,294	15,598	9,662	606	68,831
Thurston Mason	16,171	686	-	4,212	6,785	4,485	255	32,594
Timberlands	8,738	312	-	2,216	3,597	2,260	202	17,374
	395,875	13,973	-	100,394	168,048	101,932	6,868	787,090

	KIDS		ADULTS	
	NON DIS	DIS	NON DIS	DIS
Chelan Douglas	11,703	215	2,984	1,339
Clark	29,812	815	10,475	5,158
Grays Harbor	8,734	245	3,146	2,186
Greater Columbia	81,674	1,852	23,848	10,030
King	100,710	2,723	42,625	26,286
Northeast (NEWRSN)	9,165	198	3,143	1,911
North Central	21,353	459	5,587	2,888
North Sound	66,229	1,704	21,858	12,833
Peninsula	23,946	814	8,898	5,721
Pierce	59,736	2,219	21,242	14,766
Southwest	10,264	367	4,068	2,409
Spokane	41,599	1,365	16,205	9,662
Thurston Mason	20,383	686	7,033	4,485
Timberlands	10,954	312	3,799	2,260
Statewide Average				
	456,268	13,973	174,016	101,932

Step 3: Combine Outpatient Non-Disabled categories into one rate.
Revenue for non-disabled outpatient categories:

	Children				Adult		
	CN	MN	Expansion	TOTAL	CN	MN	TOTAL
Chelan Douglas	690,997	-	418,161	1,109,158	373,547	5,035	378,582
Clark	3,590,280	-	873,283	4,463,563	593,101	20,987	614,088
Grays Harbor	1,134,613	-	243,826	1,378,439	97,754	17,550	115,304
Greater Columbia	12,213,321	-	2,276,097	14,489,418	2,181,758	132,039	2,313,797
King	10,178,130	-	3,137,790	13,315,920	4,372,815	452,324	4,825,139
NEWRSN	1,193,448	-	253,224	1,446,672	266,144	38,443	304,587
North Central	2,718,744	-	648,498	3,367,241	560,881	369,448	930,329
North Sound	8,935,115	-	2,434,213	12,369,331	3,931,188	128,474	4,059,660
Peninsula	2,973,449	-	726,900	3,700,349	757,933	38,182	796,115
Pierce	8,211,801	-	1,682,091	9,893,892	2,427,684	87,000	2,514,684
Southwest	729,919	-	249,085	979,004	251,095	4,600	255,695
Spokane	5,047,700	-	1,253,119	6,300,819	1,474,954	18,192	1,493,156
Thurston Mason	1,890,096	-	636,372	2,526,468	947,684	77,795	1,025,479
Timberlands	815,813	-	334,792	1,150,605	255,073	27,118	282,191

Medicaid Eligibles for non disabled categories

	Children			TOTAL	Adults		TOTAL
	CN	MN	Expansion		CN	MN	
Chelan Douglas	8,941	-	2,768	11,709	2,817	166	2,984
Clark	24,031	-	5,780	29,812	10,212	263	10,475
Grays Harbor	7,120	-	1,614	8,734	2,984	162	3,146
Greater Columbia	66,608	-	15,066	81,674	22,841	1,008	23,848
King	79,941	-	20,769	100,710	41,092	1,542	42,625
Northeast (NEWRSN)	7,489	-	1,676	9,165	2,993	150	3,143
North Central	17,060	-	4,292	21,353	5,275	312	5,587
North Sound	50,117	-	16,112	66,229	20,986	871	21,858
Peninsula	19,134	-	4,811	23,946	8,377	521	8,898
Pierce	48,602	-	11,134	59,736	20,560	682	21,242
Southwest	8,016	-	1,649	10,264	3,941	127	4,068
Spokane	33,305	-	8,294	41,599	15,598	606	16,205
Thurston Mason	16,171	-	4,212	20,383	6,785	255	7,039
Timberlands	8,738	-	2,216	10,954	3,597	202	3,799

Revenue / Eligibles for total of non-disabled categories equals non-disabled outpatient rate

	Children	Adults
Chelan Douglas	7.89	10.57
Clark	12.48	4.89
Grays Harbor	13.15	3.05
Greater Columbia	14.78	8.09
King	11.02	9.43
NEWRSN	13.15	8.07
North Central	13.14	13.88
North Sound	15.56	15.48
Peninsula	12.88	7.46
Pierce	13.80	9.87
Southwest	7.95	5.24
Spokane	12.62	7.68
Thurston Mason	10.33	12.14
Timberlands	8.75	6.19

Step 4: Combine Inpatient and Outpatient Rates into one combined rate.

	Outpatient				Inpatient			
	Children		Adults		Children		Adults	
	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled
Chelan Douglas	7.89	52.29	10.57	126.13	4.07	23.36	4.62	18.17
Clark	12.48	120.73	4.89	127.22	4.26	23.40	4.33	22.09
Grays Harbor	13.15	83.74	3.05	96.49	3.03	26.19	2.80	16.86
Greater Columbia	14.78	59.77	8.09	107.41	3.50	27.97	3.74	12.82
King	11.02	57.83	9.43	121.22	3.02	23.37	5.01	24.19
NEWRSN	13.15	73.60	8.07	118.38	5.14	23.76	3.04	14.52
North Central	13.14	54.60	13.88	91.20	4.50	21.70	4.04	17.78
North Sound	15.56	57.11	15.48	132.20	2.80	25.56	2.40	13.95
Peninsula	12.88	40.67	7.46	120.74	2.86	22.43	3.05	14.43
Pierce	13.80	42.93	9.87	123.76	1.62	21.07	6.44	25.52
Southwest	7.95	29.58	5.24	88.29	3.83	25.77	4.16	24.71
Spokane	12.62	32.64	7.68	48.56	5.99	23.78	3.84	13.46
Thurston Mason	10.33	73.81	12.14	95.84	5.05	23.86	3.34	20.65
Timberlands	8.75	27.57	6.19	64.69	2.37	24.35	2.58	16.18

	Combined			
	Children		Adults	
	Non-Disabled	Disabled	Non-Disabled	Disabled
Chelan Douglas	11.96	75.65	15.19	144.30
Clark	16.74	144.13	9.22	149.31
Grays Harbor	16.18	109.93	5.85	113.35
Greater Columbia	18.28	87.74	11.83	120.23
King	14.04	81.20	14.44	145.41
NEWRSN	18.29	97.36	11.11	132.90
North Central	17.64	76.30	17.92	108.98
North Sound	18.36	82.69	17.88	146.15
Peninsula	15.74	63.10	10.51	135.17
Pierce	15.42	64.00	16.31	147.28
Southwest	11.78	53.35	9.40	112.50
Spokane	18.61	42	11.52	62.02
Thurston Mason	15.38	97.67	15.48	116.49
Timberlands	11.12	51.92	8.77	80.87

Step 5: Create Statewide Weighted Average Rate using Combined Rates and Medicaid Eligibles forecast.

	Revenue using combined rates				Medicaid Eligibles			
	Children		Adults		Children		Adults	
	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled
Chelan Douglas	1,680,516	195,252	543,848	2,318,225	11,709	215	2,984	1,339
Clark	5,988,553	1,408,013	1,158,930	9,242,376	29,812	815	10,475	9,158
Grays Harbor	1,695,734	323,808	220,856	2,973,722	8,734	245	3,146	2,186
Greater Columbia	17,915,994	1,950,000	3,385,529	14,470,338	81,674	1,852	23,848	10,030
King	16,907,687	2,653,272	7,386,014	45,667,000	100,710	2,723	42,625	26,285
NEWRSN	2,011,556	230,002	419,089	3,048,188	9,165	198	3,143	1,911
North Central	4,519,901	420,025	1,201,447	3,770,507	21,353	459	5,587	2,868
North Sound	14,591,508	1,691,261	4,680,767	22,500,028	66,229	1,704	21,858	12,833
Peninsula	4,572,830	674,725	1,122,101	9,278,722	23,946	814	8,898	5,721
Pierce	11,059,518	1,704,511	4,157,423	26,096,416	59,736	2,219	21,747	14,766
Southwest	1,450,970	243,558	458,866	3,252,125	10,264	367	4,058	2,409
Spokane	9,289,971	974,024	2,240,121	7,190,922	41,599	1,365	16,205	9,662
Thurston Mason	3,761,962	804,207	1,307,641	6,269,563	20,383	686	7,039	4,485
Timberlands	1,481,748	194,107	399,782	2,192,875	10,054	312	3,799	2,260
Statewide	98,912,509	13,418,685	28,691,472	158,483,001	499,268	13,973	174,916	101,932

Weighted Average Rates	10.27	80.02	13.67	129.57

Mental Health Division
Proposed RSN Funding Allocation Model
2001 - 2003 Biennium
Model uses combined outpatient and inpatient statewide average rates.

Combined Rates by Category:

	Children		Adults	
	Non-Disabled	Disabled	Non-Disabled	Disabled
Fiscal Year 2002	16.27	80.02	13.67	129.57
Fiscal Year 2003	16.27	80.02	13.67	129.57

Mental Health Division
Combined Model for Legislative Budget at New FMAP
1999-01

RSN Outpatient Rates for 01-03

FY 2001

	Children		Med		Adults		
	Cat Needy	Disabled	Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18
Statewide Average	12.91	56.04	-	12.59	9.17	110.19	17.20

FY 2002

	Children		Med		Adults		
	Cat Needy	Disabled	Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18
Statewide Average	12.91	56.04	-	12.59	9.17	110.19	17.20

FY 2003

	Children		Med		Adults		
	Cat Needy	Disabled	Needy	Expansion	Cat Needy	Disabled	Med Needy
Chelan Douglas	6.44	52.29	2.64	12.59	11.05	126.13	2.52
Clark	12.45	120.73	11.90	12.59	4.84	127.22	6.65
Grays Harbor	13.28	83.74	11.90	12.59	2.73	96.49	9.02
Greater Columbia	15.28	59.77	15.72	12.59	7.96	107.41	10.92
King	10.61	57.83	10.80	12.59	8.87	121.22	24.44
NEWRSN	13.28	73.60	11.90	12.59	7.41	118.38	21.30
North Central	13.28	54.60	11.90	12.59	8.86	91.20	98.78
North Sound	16.52	57.11	11.90	12.59	15.61	132.20	12.29
Peninsula	12.95	46.67	10.47	12.59	7.54	120.74	6.11
Pierce	14.08	42.93	11.90	12.59	9.84	121.76	10.63
Southwest	7.06	29.58	9.09	12.59	5.31	88.29	3.01
Spokane	12.63	32.64	11.90	12.59	7.88	48.56	2.50
Thurston Mason	9.74	73.81	11.90	12.59	11.64	95.84	25.45
Timberlands	7.78	27.57	9.28	12.59	5.91	64.69	11.18
Statewide Average	12.91	56.04	-	12.59	9.17	110.19	17.20

Mental Health Division
Combined Model for Legislative Budget at New FMAP
1999-01

RSN Inpatient Rates for 01-03

Fiscal Year 2001

Fiscal Year 2001	INPATIENT			
	Children		Adults	
	Non-Disabled	Disabled	Non-Disabled	Disabled
Chelan Douglas	4.07	23.36	4.62	18.02
Clark	4.26	23.40	4.33	20.98
Grays Harbor	3.03	26.19	2.80	16.20
Greater Columbia	3.50	27.97	3.74	12.76
King	3.02	23.37	5.01	24.16
Northeast (NEWRSN)	5.14	23.76	3.04	14.39
North Central	4.50	21.70	4.04	17.52
North Sound	2.80	25.58	2.40	13.89
Peninsula	2.86	22.43	3.05	13.98
Pierce	1.62	21.07	6.44	25.38
Southwest	3.83	25.77	4.16	22.12
Spokane	5.99	23.78	3.84	13.43
Thurston Mason	5.05	23.86	3.34	20.14
Timberlands	2.37	24.35	2.58	15.21
Statewide Average	3.43	23.98	4.18	19.13

Fiscal Year 2002

	INPATIENT			
	Children		Adults	
	Non-Disabled	Disabled	Non-Disabled	Disabled
Chelan Douglas	4.07	23.36	4.62	18.17
Clark	4.26	23.40	4.33	22.09
Grays Harbor	3.03	26.19	2.80	16.86
Greater Columbia	3.50	27.97	3.74	12.82
King	3.02	23.37	5.01	24.19
Northeast (NEWRSN)	5.14	23.76	3.04	14.52
North Central	4.50	21.70	4.04	17.76
North Sound	2.80	25.58	2.40	13.95
Peninsula	2.86	22.43	3.05	14.43
Pierce	1.62	21.07	6.44	25.52
Southwest	3.83	25.77	4.16	24.21
Spokane	5.99	23.78	3.84	13.46
Thurston Mason	5.05	23.86	3.34	20.65
Timberlands	2.37	24.35	2.58	16.18
Statewide Average	3.43	23.98	4.18	19.37

Fiscal Year 2003

	INPATIENT			
	Children		Adults	
	Non-Disabled	Disabled	Non-Disabled	Disabled
Chelan Douglas	4.07	23.36	4.62	18.17
Clark	4.26	23.40	4.33	22.09
Grays Harbor	3.03	26.19	2.80	16.86
Greater Columbia	3.50	27.97	3.74	12.82
King	3.02	23.37	5.01	24.19
Northeast (NEWRSN)	5.14	23.76	3.04	14.52
North Central	4.50	21.70	4.04	17.76
North Sound	2.80	25.58	2.40	13.95
Peninsula	2.86	22.43	3.05	14.43
Pierce	1.62	21.07	6.44	25.52
Southwest	3.83	25.77	4.16	24.21
Spokane	5.99	23.78	3.84	13.46
Thurston Mason	5.05	23.86	3.34	20.65
Timberlands	2.37	24.35	2.58	16.18
Statewide Average	3.43	23.98	4.18	19.37

MAA Rebasing Allocation Based on FY00 data
(allocation is within disabled adults category)

	Total Claims	Total DRG Claims	DRG Claims % of Total	DRG Claims Total Claims	Allocation of Rebase	2000 Rate Effect
Chelan	263,575	3,084	0.18%	1.17%	2,352	0.11
Clark	484,268	165,489	9.85%	34.17%	68,679	[illegible]
Grays	395,712	34,046	2.03%	8.60%	17,291	[illegible]
Greater	2,963,605	105,929	6.32%	3.57%	7,183	[illegible]
King	10,193,512	466,644	29.05%	4.76%	9,599	[illegible]
North East	355,875	5,600	0.33%	1.53%	3,076	[illegible]
North Central	629,537	28,375	1.69%	4.51%	9,056	0.26
North Sound	3,938,547	172,665	10.30%	4.38%	8,811	0.06
Peninsula	556,544	91,043	5.43%	16.36%	30,672	0.45
Pierce	1,600,521	199,523	11.91%	12.47%	25,066	0.14
Southwest	455,695	146,574	8.75%	32.12%	60,526	2.09
Spokane	4,545,836	84,249	5.03%	1.85%	3,725	0.03
Thurston	840,542	115,445	6.89%	13.73%	27,603	0.51
Timberlands	280,341	36,772	2.19%	13.12%	26,360	0.97
	27,585,311	1,675,735	100.00%	149.27%	300,000	
					300,000	

Using 7-9/99 Actuals

Section E. Fraud and Abuse

States can promote the prevention, detection, and reporting of fraud and abuse in managed care by ensuring both the State and the MCOs/PHPs have certain provisions in place.

Previous Waiver Period

a._____ During the last waiver period, the program's fraud and abuse requirements operated differently than described in the waiver governing that period. The differences were:

b. __x__ [Required for all elements checked in the previous waiver submittal] Please provide summary results from all fraud and abuse monitoring activities, including a summary of any analysis and corrective action taken, for the previous waiver period [items E.I-II of 1999 initial preprint; relevant sections of 1995 preprint].

The State auditor monitors for fraud and abuse. These reports have been submitted to CMS over the course of the waiver. There have been no findings.

Upcoming Waiver Period – Please check all items below which apply, and describe any other measures the State takes. For all items in this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

I. State Mechanisms

a.__x__ The State has systems to avoid duplicate payments (e.g., denial of claims for services which are the responsibility of the MCO/PHP, by the State's claims processing system).

b._____ The State has a system for reporting costs for non-capitation payments made in addition to capitation payments (e.g., where State offered reinsurance or a stop/loss limit results in FFS costs for enrollees exceeding specified limits)

c.__x__ The State has in place a formal plan for preventing, detecting, pursuing, and reporting fraud and abuse in the managed care program in this waiver, which identifies the staff, systems, and other resources devoted to this effort. Please attach the fraud and abuse plan.

The state auditor monitors for fraud and abuse in the RSNs.
In addition, the Contract requires the contractor to:

- Have administrative and management procedures in place that are designed to guard against fraud and abuse including:

- A mandatory compliance plan;
- Written policies, procedures, and standards of conduct that articulates the Contractor's commitment to comply with all applicable federal and state standards;
- Designation of a compliance officer or a compliance committee that is accountable to the Governing Body;
- Effective training and education for the compliance officer and the Contractor's providers;
- Effective lines of communication between the compliance officer and the Contractor's network of providers;
- Enforcement of standards through well-publicized disciplinary guidelines;
- Provision of internal monitoring and auditing;
- Provision for prompt response to detected offenses and for development of corrective action initiatives;
- Participation by the Contractor and subcontractors in Medicaid fraud and abuse training conducted by the Washington State Attorney General's Medicaid Fraud Unit.
- Report fraud and/or abuse information of the Contractor or subcontractor to MHD as soon as it is discovered or suspected, including the consumer name/ID number if applicable, the source of the complaint, type of provider, nature of fraud or abuse complaint, approximate dollars involved, and the legal and administrative disposition of the case.

d. x The State has a specific process for informing MCOs/PHPs of fraud and abuse requirements under this waiver. If so, please describe.

There is a requirement in our contract with the RSN that they attend training by the Attorney General's Medicaid Fraud and Control Unit.

e._____ Other (please describe):

II. MCO/PHP Fraud Provisions

a. x The State requires MCOs/PHPs to have an internal plan for preventing, detecting, and pursuing fraud and abuse. Please describe any required fraud and abuse plan elements.

See above

b. x The State requires MCOs/PHPs to report suspected fraud and cooperate with State (including Medicaid Fraud Control Unit) investigations.

Section F. Special Populations

States may wish to refer to the October 1998 HCFA document entitled "Key Approaches To The Use of Managed Care Systems For Persons With Special Health Care Needs" as guidance for efforts to ensure access and availability of services for persons with special needs. To a certain extent, key elements of that guide have been incorporated into this waiver application form.

I. General Provisions for Special Populations

Previous Waiver Period

a._____ During the last waiver period, the program operated differently for special populations than described in the waiver governing that period. The differences were:

b. [Required for all elements of applicable sections checked in the previous waiver submittal] Please provide results from all monitoring efforts for each subpopulation noted in the previous waiver, including a summary of any analysis and corrective action taken, to determine the level of compliance with State requirements in the area of special populations for the previous waiver period [items F.I.a-g of the 1999 initial preprint; as applicable in 1995 preprint].

c. Please describe the transition plan for situations where an enrollee with special health care needs will be assigned to a new provider when the current provider is not included in the provider network under the waiver.

Upcoming Waiver Period -- For items a. through g. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please check all items which apply to the State.

a.___ The State has a specific definition of "special populations" or "populations with special health care needs." The definition should include populations beyond those who are SSI or SSI-related, if appropriate, such as persons with serious and persistent mental illness, and should specify whether they include adults and/or children. Some examples include: Children with special needs due to physical and/ or mental illnesses, Older adults (over 65), Foster care children, Homeless individuals, Individuals with serious and persistent mental illness and/or substance abuse, Non-elderly adults who are disabled or chronically ill with developmental or physical disability, or other. Please describe.

b.___ There are special populations included in this waiver program. Please list the populations.

c.___ The State has developed and implemented processes to collaborate and coordinate with, on an ongoing basis, agencies which serve special needs clients, advocates for special needs populations, special needs beneficiaries and their families. If checked, please briefly describe.

d. The State has programs/services in place which coordinate and offer additional resources and processes to ensure coordination of care among:

1.___ Other systems of care (Please specify, e.g. Medicare, HRSA Title V grants, Ryan White CARE Act, SAMHSA Mental Health and Substance Abuse Block Grant Funds)
2.___ State/local funding sources
3.___ Other (please describe):

e.___ The State has in place a process for ongoing monitoring of its listed special populations by special needs subpopulation included in the waiver in the following areas:
1.___ Access to services (please describe):
2.___ Quality of Care (please describe):
3.___ Coordination of care (please describe):
4.___ Enrollee satisfaction (please describe):
5.___ Other (please describe):

f.___The State has standards or efforts under way regarding a location's physical Americans with Disabilities Act (ADA) access compliance for enrollees with physical disabilities. Please briefly describe these efforts, and how often compliance is monitored.

g.___ The State has specific performance measures and performance improvement projects for their populations with special health care needs. Please identify the measures and improvement projects by each population. Please list or attach the standard performance measures and performance improvement projects:

II. State Requirements for MCOs/PHPs

Previous Waiver Period

a.___ During the last waiver period, the program operated differently for special populations than described in the waiver governing that period. The differences were:

b. [Required for all elements checked in the previous waiver submittal] Please provide results from all monitoring efforts for each subpopulation noted in the previous waiver, including a summary of any analysis and corrective action taken, to determine the level of compliance with State requirements in the area of special populations for the previous waiver period [items F.II.a-h of the 1999 initial preprint;

as applicable in 1995 preprint].

Upcoming Waiver Period For items a. through h. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please check all the items which apply to the State or MCO/PHP.

a._ The State has required care coordination/case management services the MCO/PHP shall provide for individuals with special health care needs. Please describe by population.

b.__ As part of its criteria for contracting with an MCO/PHP, the State assesses the MCO/PHP's skill and experience level in accommodating people with special needs. Please describe by population.

c._ The State requires MCOs/PHPs to either contract or create arrangements with providers who have traditionally served people with special needs, for example, Ryan White providers and agencies which provide care to homeless individuals. If checked, please describe by population.

d.___ The State has provisions in contracts with MCOs/PHPs which allow beneficiaries who utilize specialists frequently for their health care to be allowed to maintain these types of specialists as PCPs. If **not** checked, please explain by population.

e.___The State collects or requires MCOs/PHPs to collect population-specific data for special populations. Please describe by population.

f.___The State requires MCOs/PHPs that enroll people with special health care needs to provide special services, have unique medical necessity definitions and/or have unique service authorization policies and procedures.

1. Please note any services marked in the table in Section A.III.d.1 that are for special needs populations only by population.

2. Please note for Section C.II.b any unique definitions of "medically necessary services" for special needs populations by population.

3. Please note for Section C.II.d any unique written policies and procedures for service authorizations for special needs populations by population. For example, are MCOs required to coordinate referrals and authorizations of services with the State's Title V agency for any special needs children who qualify for Title V assistance.

g.___ The State requires MCOs/PHPs to identify individuals with complex or serious medical conditions in the following ways:
1.___ An initial and/or ongoing assessment of those conditions
2.___ The identification of medical procedures-to address and/or monitor the conditions.
3.__A treatment plan appropriate to those conditions that specifies an adequate number of direct access visits to specialists to accommodate implementation of the treatment plan.
4.___ Other (please describe):

h.__ The State specifies requirements of the MCO/PHPs for the special populations in the waiver that differ from those requirements described in previous sections and earlier in this section of the application. Please describe by population.

1.Addendum to Section F:

Review Criteria for Certain Children with Special Health Care Needs in Mandatory Capitated Managed Care Programs

December 2000

When addressing these criteria, States should ensure that each of the following are addressed, as appropriate: the State's responsibilities in managed care programs enrolling children with special health care needs; the State's requirements for MCOs/PHPs enrolling children with special health care needs; and how the State monitors its own actions and that of its contracting MCOs and PHPs. Please also note additional resources that may be helpful to States, which are included as endnotes to this document.

Public Process

1) The State has in place a public process for the involvement of relevant parties (e.g., advocates, providers, families, caregivers, consumer groups, State agencies, MCOs/PHPs) that treat or otherwise serve children with special health care needs. The

State seeks the participation of these parties during the development and ongoing operation of the managed care program.

2) The State assures that MCOs/PHPs have a process to seek input from these same groups on relevant operational and monitoring issues on a regular basis.

Please see Section A. General Impact I. Background for the state's response to these questions.

Definition of Children with Special Health Care Needs

1) Using health status/functioning or a categorical basis, the State has developed a definition or definitions of children with special health care needs. At a minimum, the State's definition must include the following five subsets (inasmuch as such groups are enrolled in a mandatory capitated managed care program).[1]

Medicaid-eligible children under age 19 who are:

1. Blind/Disabled Children and Related Populations (eligible for SSI under title XVI);
2. Eligible under section 1902(e)(3) of the Social Security Act;[2]
3. In foster care or other out-of-home placement;
4. Receiving foster care or adoption assistance;
5. Receiving services through a family-centered, community-based coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, as defined by the State in terms of either program participant or special health care needs.

Identification and Enrollment

1) To ensure that the safeguards in this document are applied, the State identifies and/or requires MCOs/PHPs to identify children with special health care needs once they are enrolled in an MCO/PHP. The State indicates which entity is to determine if a child is identified as having a special health care need.[3]

2) For foster-care children only, the State describes the enrollment provisions that address the broader, unique issues occurring because of out-of-home, out-of-geographic area placement.

The following definitions are the statutory definitions for the public mental health system for children we serve along with the definition of medically necessary described in WAC 388-865-0150.

> "Severely emotionally disturbed child" means a child who has been determined by the regional support network to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:

(a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;
(b) Has undergone involuntary treatment under chapter 7 1.34 RCW within the last two years;
(c) Is currently served by at least one of the following child- serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;
(d) Is at risk of escalating maladjustment due to:
(i) Chronic family dysfunction involving a mentally ill or inadequate caretaker;
(ii) Changes in custodial adult;
(iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
(iv) Subject to repeated physical abuse or neglect;
(v) Drug or alcohol abuse; or
(vi) Homelessness."

71.34.020 RCW 1998 Definitions

(8) "Gravely disabled minor" means a minor who, as a result of a mental disorder, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(12) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder; or (b) prevent the worsening of mental conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

(13) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or mental retardation alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.

There has been no change from the last waiver period for these children. These children are identified by program code on their coupon through the eligibility process. The exception to this is Title V children. Title V children may also be blind/disabled, SSI, in foster care etc.

The MHD has a data sharing agreement with the Department of Health to identify the children on Title V. MHD then matches these children with the information contained in the MHD/CIS.

The RSNs are notified of these children through an encrypted method through our Intranet.

Due to confidentiality MHD does not send individual information back to Department of Health. If a child is on Title V and also receiving mental health services it is possible through the public mental health system that they would have a team providing services and the Department of Health could be represented.

Please see the information that has been sent to CMS though condition #3 on our current waiver.

3) The State explains the processes it has for identifying any child in one of the five groups described in the Definition section, including: relevant information on screening tools; linkages with other State agencies (e.g., Child Protective Services and Title V); Medicaid claims data; new member outreach; and client surveys.

4) The State performs outreach activities that are targeted specifically to reach children with special health care needs and their families, caregivers, providers, and other interested parties regarding the managed care program.

Please see Section III. Program Impact Enrollment/Disenrollment. b. Upcoming waiver #1 Outreach and the stakeholder work from above. The Parent Council and the work with Children's Administration provide both input to the MHD and education to the groups. This information exchange is invaluable within our programs. The use of individualized and tailored care also not only provides needed services but a greater understanding of the specific need of the child and family being served.

5) The State ensures that enrollment counselors have information and training to assist children with special health care needs in selecting appropriate MCOs/PHPs and providers based on their medical needs, including information on how to access up-to-date provider listings. The State articulates the processes it has in place to facilitate interaction between families and enrollment selection counselors.

6) Auto-assignment processes assign children with special health care needs to an MCO/PHP that includes their current primary care provider and/or specialists or to an MCO/PHP that is capable of providing a medical home.[4]

This system is mandatory for Medicaid elegibles and the state does not use enrollment counselors. Please see Sections IV. Capacity Monitoring V. Continutiy and Coordination C. mental health educations and VI. Continuity and Coordination Care Monitotring b. & d. The needs of children and youth are covered in these sections. For clarity, the MHD refers to WrapAround as Individualized and Tailored Care. This training is provided by National experts under contract with the MHD to anyone requesting the training free of charge including.

Children with special health care needs who also have mental health needs are eligible for these voluntary services, as is any one else.

7) A child with special health care needs can disenroll into fee-for-service or transfer enrollment into another MCO/PHP for good cause or without cause. The State describes the process for disenrollment or transfer under these circumstances. The State ensures that such disenrollment information is appropriately factored into its quality assurance efforts.

Please see the disenrollment process described in Section III. Program Impact. Enrollment/Disenrollment 5 a. & c. These requirements apply to all Medicaid eligibles in the RSN. There have been only five fair hearings and one grievance filed on behalf of children. None of these were the five categories of special needs children .

8) If an MCO/PHP requests to disenroll or transfer enrollment of an enrollee to another plan, the reasons for reassignment are not discriminatory in any way -- including adverse change in an enrollee's health status and non-compliant behavior of individuals with mental health and substance abuse diagnoses -- against the enrollee. The State describes the corrective action that would take place in instances of any discrimination.

The RSN may not request disenrollment.

9) The State has processes in place for children with special health care needs who have lost and then regained Medicaid eligibility to re-enroll, if desired, with their most recent MCO/PHP.

Medicaid eligibles are enrolled automatically into the PHP.

Provider and Specialist Capacity

1) The State consults with its Title V agency to determine how "experienced provider" will be interpreted.

The MHD does not consult with DOH to determine how experienced provider will be interpreted. As described, the MHD licenses the Community Mental Health Centers in our state where these children receive public mental health. The provider would include the DOH or its contractor in a joint planning process either through EPSDT or the process of individualized and tailored care should the family request they be included or if the team determined the need for them to be included.
The state does work with DOH on many issues relating to children and DOH does participate on the Children, Family and Youth subcommittee of the Mental Health Advisory Committee.

2) The State ensures that the MCOs/PHPs in a geographic area have sufficient experienced providers with the ability to meet the unique needs of children with special

health care needs (e.g., primary care, specialists, ancillary therapists, hospitals, and mental health providers).

3) The State describes how it monitors access to experienced providers, including those who provide specialty care to children.

4) The State requires ~~particular~~ *child mental health* specialist types to be included in the MCO/PHP network, taking into account the necessity ~~of including pediatric subspecialties to provide care for children with special health care needs~~. If necessary primary or specialty care cannot be provided within the network, arrangements are made for enrollees to access these providers (for Medicaid services covered by the contract).

5) The State has provisions in MCOs/PHPs contracts that allow children with special needs who use specialists frequently for their *mental* health care to be allowed to maintain these types of specialists as PCPs or be allowed direct access /standing referral to specialists for the needed care.[5]

Please see the section above on capacity and capacity monitoring. Also, find the capacity charts that were submitted to CMS as a result of condition #3 of our current waiver are attached as AttachmentF1.

~~6) The State describes how it monitors to ensure access to specialty medical equipment and supplies that may be required by children with special health care needs. The State describes how it resolves situations in which there are disputes regarding supplies and equipment.~~

Coordination

1) The State requires a timely and comprehensive assessment of each child's *mental* health care needs and implementation of a treatment plan based on that assessment, for any of the five subsets of children described above. The State describes the process for ensuring that children receive these assessments, which include face-to-face physical examinations of children with special health care needs by MCO/PHP providers.

2) The State provides or requires the MCOs/PHPs to provide case management or care coordination services to children with special health care needs. The State identifies what entity is held accountable for providing these services.

3) The State has a process for coordination with other systems of care that receive Federal funding (for example, Medicare, HRSA Title V grants, Ryan White CARE Act, SAMHSA Mental Health and Substance Abuse Block Grant Funds) and other State and local funding sources (state education agency, child welfare/other social services, Part

C lead agency).

4) The State requires the MCOs/PHPs to coordinate health care services for children with special health care needs with the services of other agencies (e.g., mental health and substance abuse, public health department, transportation, home and community based care, developmental disabilities, Title V, local schools, IDEA programs, and child welfare), and with families, caregivers, and advocates.

Please see the sections above on access, availability and continuity of care.

By contract the RSNs are required to:

- Refer Medicaid consumers of all ages to the identified necessary physical health care, diagnostic services, treatment, and other measures within the initial 30-day intake.
- Maintain a skilled care coordination process that promotes rapid and successful reintegration of consumers back into the community from long-term placements (e.g. juvenile facilities, state hospitals, nursing homes, Children's long -term inpatient facilities). The process shall ensure the following:
- Ensure Children with multiple service needs who meet the requirements of Early Periodic Screening Diagnosis and Treatment (EPSDT) shall receive services that comply the state's EPSDT Plan.
- Options, including Medicaid Personal Care, are considered to maintain consumers in their own homes, or other least restrictive environments, before final determination of residential placement. This shall include options to keep children in school.

Additionally, consumers, including children and their families, have voice in developing tailored services for individual service plans and crisis management by accessing a range of community support services to meet their needs reflecting: a) consumer/family-defined treatment goals, provided in a language or format they understand; b) that services are informed by, and coordinated with, other formal/informal service system(s), including physical health care, for consumers served by multiple systems.

The RSNs must ensure strength-based services: a) are designed creatively and flexibly to meet the unique needs of the consumer and their family in support of consumer recovery, rehabilitation, and community reintegration; b) ensure consumer, family, formal/informal, natural supports, and community strengths are incorporated into the individual service plan; c) are not hindered by defined services or programs; d) represent a blend of service dollars and community resources

Over the course of the 01-03 biennium the RSNs will have to develop service protocols as

described on page 56 of this document.

Quality of Care

1) The State has specific performance measures for children with special health care needs (for example, Consumer Assessment of Health Plans [CAHPS] for children with special health care needs; Health Employer Data Information Set [HEDIS] measures stratified by children with special health care needs, etc.).[6]

2) The State has specific performance improvement projects that address issues for children with special health care needs.

Please see the Health Information System page 83 and the work of the *16 State pilot project* and the performance measures both now and in development.

Other Policy Guidance

1) To the extent appropriate, the State has adequately addressed any policy guidance that HCFA has issued to date relevant to children with special health care needs.

Payment Methodology

1) The State develops a payment methodology that accounts for children with special health care needs enrolled in capitated managed care.

2) The State provides information on any future plans it may have to institute additional risk adjustment for children with special health care needs, including intentions to work with other appropriate State agencies to develop such risk adjustment methodologies.

These Medicaid eligible children are included in our calculation for payment to the RSNs.

Plan Monitoring

1) The State has in place a process for monitoring children with special health care needs enrolled in MCOs/PHPs for access to *mental health* services ~~(including EPSDT and also □day to day□ services such as wheelchairs, in home therapy, and other supplies),~~ quality of care, coordination of care, and enrollee satisfaction.

The state and the RSNs have monitored access and quality of care for these children. The complete satisfaction survey has been submitted to CMS in July 2001

2) The State has standards or efforts in place regarding MCOs/PHPs compliance with ADA access requirements for enrollees with physical disabilities.

DSHS including MHD requires its contractors to comply with the ADA and monitors for compliance.

3) The State's MCO/PHP contracts specify what constitute medically necessary services for children with special health care needs, and it makes these specifications available to families and advocates. The State's specifications address the extent to which the MCO/PHP is responsible for covering services related to a child's ability to achieve age-appropriate growth and development. Also, the specifications allow approval/authorization of services in a timely fashion.

The RSNs are responsible to serve children who meet the definition of medical necessity and the statutory definition. A child's physical needs is not considered when they seek voluntary mental health services, or if they are involuntary committed.

4) The State monitors MCOs/PHPs service authorization policies to ensure that the criteria are consistent with the medical necessity contract specifications and any practice guidelines adopted by the MCO/PHP that are relevant to children with special health care needs.

All monitoring activities described above of the QA&I and other sections of the MHD will include children. Children's services will be included in the development of practice guidelines this biennium and possibly in conjunction with the service protocols.

Additional monitoring of the system takes place by the Children, Youth and family subcommittee of the MHAC and the Parent Council. This input is provided to the Director of the MHD.

Attachment F.1

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Chelan-Douglas				
Behavioral Health Clinic	Chelan & Douglas Counties	8:166 per month	1 child	
Children's Home Society	Chelan & Douglas Counties	8:120 per month	1 child	
Catholic Family and Child	Chelan & Douglas Counties	6:110 per month	4 child	
Clark				
Columbia River Mental Health Services – Provide a full range of mental health services, including residential, day treatment programs for children, drop in program for adults, crisis services outreach to special populations, case management, MICA, school based mental health services, group treatment, psychiatric services, hospital liaison and individual psychotherapy.	CRMHS operates services in four sites across the County and has staff located at two family resources located in East and North Clark County also. The Agency also provides services at 3 residential sites and 14 schools. Additionally, all of the PCPs meet with consumers in the community; their homes, restaurant, hospital, jail, shelters etc. Where ever they can within the community.	29.710: (Children only: 25 consumers per staff)	25 Children Mental Health Specialists MD: 3 (1 Child Psychiatrist, 1 Psychiatrist who sees adolescents)	
Children's Center – provides a full range of mental health services for children and their families. They provide individual psychotherapy, art therapy, play therapy, case management, psychiatric services, family therapy, group treatment and school based treatment.	Primary clinic is located in downtown Vancouver with services in 26 different schools across the county. They also provide services in in Juvenile Detention. Additionally all of CC's PCP's provide services at the choice of the consumer in the community.	23 590 (26 consumers per staff)	19 Children Mental Health Specialists 7 Children (1 Deaf and DD) Mental Health	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Children Home Society – is a division of the Childen's Home Society of Washington. In Clark County they provide a range of service to children and their families including case management, services to foster homes, out of home care, group treatment, and psychiatric services.	Primary clinic located in downtown Vancouver with additional offices in Battleground (North County) and East County (Washougal). Additionally, all of CHS PCP's meet with their consumers at the location of the consumer's choice.	8.2:141 (17 consumers per staff)		
PeaceHealth Behavioral Health – This is the newest agency certified in Clark County. They also have an Alcohol/Drug program as well as an inpatient psychiatric facility and A/D residential program in Longview (just 40 miles away). PeaceHealth is currently providing an array of services to adult including individual, case management, individual and group therapy, psychiatric, and psychological services. The PACT program serves 30 high end users which is expanding to 50 consumers July 2000.	The main office is located in downtown Vancouver. Case managers/PCP's provide services in the hospital, jail, and community.	8.2:15 (27 consumers per staff)	1 Children Mental Health Specialist	
Southwest Washington Medical Center – Besides inpatient services SWMC has an outpatient Day Treatment program This program is operated by a muli-disciplinary team and serves as a diversion to hospitalization as well as a step down from hospitalization. This program provides increased capacity for diversions for our Hospital Alternative Program operated by Columbia [illegible] Both are very similar in design and services.	Located in downtown Vancouver.	3:30 (10 consumers per staff) However, they utilize Occupational therapists, social workers, dieticians etc on hospital staff to complement [illegible] treatment plan.		

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Garys Harbor				
Evergreen Counseling Center – Provides comprehensive community mental health to the residents of Grays Harbor County.	5.5 Aberdeen, Hoquiam, Cosmopolis 2 East County 1.5 South Beach 1 North Beach	309:10 or 30:1	9 Children's Mental Health Specialist	
Greater Columbia				
The Rogers Counseling Center, a non-profit agency, under a contract with Asotin County, provides crisis response and a full array of outpatient services. The Center is also certified to provide emergency and outpatient evaluation and treatment services.	Clarkston	1:9*	Children 4 Ethnic Minority African American 1 Asian Pacific Islander Native American Hispanic Developmental Disability Deaf/HOH	None, DCFS services are used.
Benton and Franklin Counties Crisis Response Unit provides crisis and outpatient services to residents in this bi-county area. Benton and Franklin County Human Services operate the Crisis Response Unit. The Crisis Response Unit is also certified to provide emergency and outpatient evaluation and treatment services.	Kennewick	1:16*	Children 4 Ethnic Minority African American Asian Pacific Islander Native American Hispanic 1 ***Developmental Disablity*** Deaf/HOH	*N/A*

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Lourdes Counseling Center, a non-profit agency, under contract with Benton & Franklin Counties, provides outpatient services and is certified to provide outpatient and inpatient evaluation and treatment services. Lourdes Counseling Center also operates a freestanding inpatient psychiatric facility serving adults, children and adolescents. The inpatient unit of Lourdes Counseling Center interfaces with mental health providers in GCBH as well as other Regional Support Networks in Washington State in providing inpatient care.	Richland	1:12*	Children 12 Ethnic Minority African American 1 Asian Pacific Islander Native American 2 Hispanic ***Developmental Disablity*** Deaf/HOH	
La Clinica Migrant Health Care Center, under contract with Benton & Franklin Counties, provides outpatient services through its mental health program, **Nueva Esperanza.** Nueva Esperanza is also certified to provide outpatient evaluation and treatment services.	Pasco	1:13*	Children 2 Ethnic Minority African American Asian Pacific Islander 4 Native American Hispanic ***Developmental Disablity*** Deaf/HOH	0
Lutheran Social Services, a non-profit agency, under contract with Benton & Franklin Counties, provides a therapeutic foster care program.	Kennewick	1:1*	Children 4 Ethnic Minority 1 African American Asian Pacific Islander Native American Hispanic 2 ***Developmental Disablity*** Deaf/HOH	0

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Sunderland Family Treatment Services, a non-profit agency, under contract with Benton & Franklin Counties, provides outpatient services and is certified to provide outpatient evaluation and treatment services.	Kennewick	1:10*	Children 10 Ethnic Minority African American 2 Asian Pacific Islander Native American Hispanic ***Developmental Disablity 2*** Deaf/HOH	
Inland Counseling Network – Dayton, a non-profit agency provides crisis response and a full array of outpatient services in this small rural county. The agency is also certified to provide emergency and outpatient evaluation and treatment services.	Dayton	1:10*	Children 3 Ethnic Minority African American Asian Pacific Islander Native American Hispanic ***Developmental Disablity 2*** Deaf/HOH	
Garfield County Human Services, through a contract with The Rogers Counseling Center, provides crisis response and outpatient services. The agency is also certified to provide emergency and outpatient evaluation and treatment services in this small rural county	Pomeroy	1:4*	Children 4 Ethnic Minority African American Asian Pacific Islander Native American 1 Hispanic ***Developmental Disablity 1*** Deaf/HOH	None/DCFS services used

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Central Washington Comprehensive Mental Health, a non-profit agency, through contracts with Klickitat, Kittitas **and** Yakima Counties, and GCBH provides crisis response and a full array of outpatient services. The agency is also certified to provide emergency and outpatient evaluation and treatment services. This agency provides mental health services in Yakima, Klickitat, and Kittitas Counties, standardizing care for these three counties (member governments). CWCMH has integrated several services under one roof, coordinates crisis care for three counties, and has achieved unprecedented integration of services.	Yakima Sunnyside Ellensburg CleElum Goldendale White Salmon	1:11* 1:6* 1:12*	Children 20 Ethnic Minority 1 African American Asian Pacific Islander Native American 2 Hispanic 4 ***Developmental Disablity*** Deaf/HOH	1 crisis bed
Skamania County Counseling Center provides crisis response and outpatient services in Skamania County. The agency is certified to provide emergency and outpatient evaluation and treatment services.	Stevenson	1:14*	Children 5 Ethnic Minority African American Asian Pacific Islander Native American Hispanic ***Developmental Disablity 1*** Deaf/HOH 1	0
Inland Counseling Network- Walla-Walla, a non -profit agency, under contract with Walla Walla County, provides outpatient services for adults (18-59). This agency provides crisis response services and is certified for emergency and outpatient evaluation and treatment services to all residents in Walla Walla County.	Walla Walla	1:4*	Children 4 Ethnic Minority African American Asian Pacific Islander Native American Hispanic ***Developmental Disablity*** Deaf/HOH	0

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Southeast Children's Home Society of Washington, Southeast Region, a non-profit agency, under contract with Walla Walla County, provides outpatient services for children and adolescents.	Walla Walla	1:7*	Children 4 Ethnic Minority African American Asian Pacific Islander Native American Hispanic Developmental Disability Deaf/HOH	0
Whitman County Counseling Services provides crisis response and a full array of outpatient services in the most northeastern part of the Region. The agency is also certified to provide emergency and outpatient evaluation and treatment services.	Pullman	1:12*	Children 3 Ethnic Minority African American Asian Pacific Islander Native American 1 Hispanic Developmental Disability Deaf/HOH	2
Catholic Family and Child Services, a non-profit agency, under contract with Yakima County, provides outpatient services to children and families in Yakima County The agency in partnership with the Yakima Nation has a developed an outpatient mental health program for Native American children and families.	Yakima	1:17*	Children 3 Ethnic Minority African American Asian Pacific Islander Native American 2 Hispanic Developmental Disability Deaf/HOH	1
Yakima Valley Farm Workers Clinic, under contract with Yakima County, provides outpatient services through its behavioral health unit, Yakima Valley Farm Workers Behavioral Health Services. The behavioral health program also provides crisis response services for children and adolescents in Yakima County.	Yakima	1:20	Children 31 Ethnic Minority African American 1 Asian Pacific Islander Native American 2 Hispanic 10 Developmental Disability 16 Deaf/HOH	2

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Walla Walla County Human Services through contracts with Inland Counseling Network and Children's Home Society provides resource management for children. Additionally, Walla Walla County resource management provides psychiatric hospitalization certification for residents of this County.	Walla Walla	N/A	N/A	N/A
King				
Downtown Emergency Service		1:17		
ACCESS				
Evergreen Community Health Care		1:11		
Fairfax Hospital			Services for Adults NA – Inpatient/Respite bed resource only	
Family Services of King County – sub			This subcontractor of a PHP Provider employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	
Federal Way Youth & Family – sub			This subcontractor of a PHP Provider employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	
Friends of Youth – sub			This subcontractor of a PHP Provider employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Harborview Mental Health Center		1:21	1 Child Specialist 12 Child Specialists 1 Child Psychiatrist	
Highline – West Seattle Mental Health		1:99		
Puget Sound Educational Services District (Blended Funding Project)			Treats children, however, subcontracts clinical services (child specialists from other RSN providers).	
Catholic Community Services -sub			Has been a subcontractor since 1999. This subcontractor of a PHP Provider employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	
Residential:				
Highwest Residence				
Kent Youth and Family – sub				
Lutheran Social Services – sub				
Northshore Youth and Family – sub				
Northwest Behavioral Services		1:118		
Northwest E & T Center			Closed September 30, 1999	
Merino Interpreting			Closed March 30, 1999	
Renton Area Youth & Family – sub			Interpretation Services, only This subcontractor of a PHP Provider employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	
Ruth Dykeman Child Center – sub			This subcontractor of a PHP Provider employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	
Ryther Child Center – sub			This subcontractor of a PHP Provider	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
			employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	
Seattle Children's Home		1:6	1 Child Psychiatrist 2 African American Specialists (treating children) 24 Child Specialists	
Sea Mar Counseling and Social Services (New provider as of 2000)			2 Social Workers (treating children) 1 Child Psychiatrist 2 Child Specialists	
Seattle Counseling		1:15	2 Child Specialists	
Seattle Indian Health Board – sub			31 Child Specialists	
Seattle Mental Health		1:24	1 Child Psychiatrist	
Residential: (taken over from NWBS)				
Chartley House				
Benson Heights				
Southeast Youth and Family – sub				
Southwest Youth and Family – sub				
Seattle Mental Health [Eastside]		1:54	16 Child Specialists	
Residential				
Stillwater				
Avondale				
Therapeutic Health Services		1:38		
Valley Cities Counseling		1:57		
Vashon Youth and Family – sub			19 Child Specialists 1 Child Specialist This subcontractor is a PCP Provider	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
			employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	
Young Men's Christian Association (YMCA)		1:7	5 Child Specialists 1 Child Psychiatrist	
Youth Eastside Services – sub			This subcontractor of a PHP Provider employs professional staff, some of whom are designated child specialists and/or specialize in the treatment of children.	
Muckleshoot Indian Tribe				
North Central				
Adams **Community Counseling Services of Adams County** serves all of Adams County and the Royal Slope area. Besides the main office in Othello, the agency maintains an office in Ritzville.	Othello 3.5 Ritzville 2.5	6:116	4 Child	
Grant **Grant Mental Healthcare** serves Grant County, the area around Grand Coulee, and part of the Colville Reservation in Okanogan County. Besides the main	Moses Lake 33 Quincy 4.75 Grand Coulee 3 Mattawa .25	41:419	12 Child	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
office in Moses Lake, the agency maintains offices in Quincy, Grand Coulee, and Mattawa.				
Okanogan **Okanogan Community Counseling** Services serves most of Okanogan County, including part of the Colville Reservation. Besides the main office in Omak, the agency maintains offices in Tonasket, Brewster, Oroville and Twisp	Omak 12.75 Tonasket 2 Brewster 3 Twisp 2.25 Oroville 1	21:363	4 Child	
Northeast Washington				
Stevens County Courseling Services- Provides comprehensive mental health service in Chewelah, Colville, Nine Mile Falls, and Loon Lake	Chewelah, Colville, Nine Mile Falls, and Loon Lake	1:28	6 Children Specialists 1 Child Psychiatrist	
Ferry County Community Services - Provides comprehensive mental health service in Republic, Keller, Inchelium, Cusick and Orient	Republic, Keller, Inchelium, and Orient	1:35	1 Child Mental Health [illegible]	
Lincoln County Counseling Center Provides comprehensive mental health service in Davenport, Odessa, and Wilbur.	Davenport, Odessa, and Wilbur	1:40	3 Child Mental Health Specialist 1 Child Psychiatrist	
Pend Oreille County Counseling Services- Provides comprehensive mental health service in Newport and Metaline Falls.	Newport and Metaline Falls	1:47	1 Child Mental Health Specialists 1 Child Psychiatrist	
North Sound				
Catholic Community Services provides outpatient mental health services (individual, family, group, case management, medication	Skagit - 5.25 Whatcom - 16.25	33:1 33:1 CHAP 4:1	17 Child (includes 2 child psychiatrists)	Whatcom - 2

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
evaluation/management) for children and families in Skagit and Whatcom Counties, planned respite, crisis residential, CLIP, CHAP, treatment foster care, MICA groups for adolescents, and the ADHD Clinic.				
Community Mental Health Services provides outpatient mental health services (individual, family, group, case management, medication evaluation/management) to children and families in Island, San Juan and Skagit Counties. Bilingual staff are available to provide services for monolingual Hispanic children and their families.	Island - 5 San Juan - 1.5 Skagit - 12	24:1	16 (includes 1 child psychiatrist)	Island - 2 Skagit - 2
Compass Health provides crisis, residential, outpatient counseling and case management services to children, aldults and older adults in Snohomish County. It operates from over 40 different locations. It coordinates the Asian/Pacific Islander Mental Health Program for theNSRSN. It provides specialized services for homeless, mentally ill in jail, developmentally disabled, head injured, etc.	Arlington - 5.2 Lynnwood - 12.93 Monroe - 3.4 Everett - 13.9 Specialized Services - 19	Arlington Level 1&2 = 41.05 to Level 3 = 19.4 Lynnwood Level 1&2 =49 to 1 Level 3 = 16 to 1 Monroe All levels = 20.8 to 1 Everett Level 1 & 2 = 31.1 to 1 Level 3 = 19.4 to 1 Specialized Services MultiCultural = 20.76 to 1 CHAP = 5 to 1 KIT = 7 to 1 Preschool/School based = 13.2 to 1	54 Child 4 Child Psychiatrists	
Sea Mar provides outpatient mental health services (individual, family, case management, psychiatric) to children and	Skagit - 0.5 Snohomish - 2 Whatcom - 1	30:1 30:1 30:1	3 Child Therapists 3 Minority Specialists 1 Child Psychiatrist	0

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
families in Skagit, Snohomish, and Whatcom Counties. Sea Mar specializes in services to the Hispanic community. All Sea Mar counselors are bi-lingual.			1 Psychiatric ARNP (Child Specialist)	
Whatcom Counseling and Psychiatric provides outpatient mental health services (individual, family, group, medication evaluation/management, case management) to children and families in Whatcom Co.	Whatcom - 9	31:1	8 Child Mental Health Specialists 1 Child Psychiatrist 1 Psychiatric ARNP (Child Specialist)	0
Peninsula				
Kitsap Mental Health Services: Provides comprehensive community mental health services within Kitsap County, including crisis services, outpatient services, residential programs, day treatment, as well as inpatient Evaluation and Treatment services.	Bremerton-37 Port Orchard-6	Averages 1:31	16 Child Mental Health Specialists 1 Child Psychiatrist 1 Psychiatrist	
Peninsula Community Mental Health Center: Provides comprehensive community mental health services within East Clallam County, including crisis services, outpatient services, residential programs, day treatment.	Port Angeles/Sequim-22	1:25	7 Children 2 Child Psychiatrists	
Jefferson Mental Health Services - Provides comprehensive community mental health services within East Jefferson County, including crisis services, outpatient services, residential	Port Townsend- 7	1:18	5 Child Mental Helath Specialists 1 Child Psychiatrist	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
programs, day treatment				
West End Outreach Services: Provides comprehensive community mental health services within Western Clallam and Jefferson Counties, including crisis services, outpatient services, residential programs, day treatment	7.5 Forks .4 Clallam Bay .6 Neah Bay .2 La Push	1:25	3 Child Mental Health Specialists 1 Psychologist 1 Psychiatrist	
Pierce				
Catholic Community Services	Countywide	1:6	23 child	
Comprehensive Mental Health	North (Tacoma) and West Pierce County	1:22	30 child	
Good Samaritan Behavioral Healthcare	East Pierce County	1:20	42 child	
Greater Lakes Mental Health Foundation	South Pierce County	1:24	19 child	
Puyallup Tribal Health Authority	Countywide	1:26	7 child	
Sea Mar Community Health Center	Countywide	1:25	1 child	
Southwest				
Lower Columbia Mental Health Center. Established more than 40 years ago, it provides the full array of outpatient mental health services for children and holds the contract for Crisis Response services for the system.	Longview Kelso (direct service staff have mobile phones and provide outreach services)	Current: 55 per MHPCP	1 child certified nurse practitioner 1 Ph.d. child mental health specialist 4 child mental health specialists (This agency also holds the contract for system wide crisis services and has 3 child mental health specialists designated by the county for involuntary detention.) Contracts with African-American, N American, Hispanic, DD, Hard of hearing/deaf, and Asian specialist	
Center for Behavioral Solutions. Launched in 1998, this consortium has St. John Medical Center as lead. S.L.Start and Toutle River Ranch dba Community	Longview Kelso. (direct service staff have mobile	Current: 69 per MHPCP	2 child psychiatrists 1 child certified Ph.d. psychologist 2 child mental health specialists	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Connections are partners. CBS emphasizes solution focus treatment and provides the full array of outpatient mental health services for children.	phones and provide outreach services)			
Other RSN services	Mobile services are provided county-wide		1 Children's mental health specialist 1 clinical child psychologist on contract	
Spokane				
Catholic Charities: This agency does not serve children for the 1999-2001 biennium.	N/A	N/A	N/A	
Children's Home Society: Outpatient individual, group and family services Case management. Psychoeducation. ITC.	Valley Office 0.80 NE Community Center, 1.00 West Central Comm. Center, 0.50 Ness Elementary School, 0.10	1:25	2.00 Child Mental Health Specialists 0.05 Child Psychiatrist 1.00 Child MH/SA Therapist	
Deaconess CAP Program	Valley schools	1:12	None	
Excelsior Youth Center: Short-term residential/stabilization services. Crisis respite services.	Excelsior Youth Center, 2.00	1:2	4.00 Child Mental Health Specialists 0.25 Child Psychiatrist 0.25 Child Psychologist	
Family Service Spokane: Outpatient individual, group and family services. Case Management. Psychoeducation. ITC.	Downtown Spokane/office, 4.50 Spokane Valley office, 1.00 Millwood School, 0.50	1:45	1.50 Child MH/SA Therapists	
Grief Counseling Program: Grief work with children and their families.	Central Spokane/main office, 0.25	1:30	None	
Lutheran Social Services: Outpatient individual, group and family services.	Downtown Spokane/office, 8.00 Greenhouse, Deer Park, WA, 1.00	1:24	11.0 Child Mental Health Specialists 0.06 Child Psychiatrist	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Case management. ITC. Psychoeducation. Specialties: sexual abuse victims' services, therapeutic foster care.	Spokane Valley office, 1.00 St. Marks Lutheran Church, 0.50 Cheney, WA, 0.50			
N.A.T.I.V.E. Project: Mental health/ substance abuse treatment for adolescents.	Central Spokane/main office, 1.00	1:20	1.00 Child Mental Health Specialist/Chemical Dependency Counselor	
Sacred Heart Medical Center, B.E.S.T Program: Hospital-based day treatment services.	Sacred Heart Medical Center, 3.00	1:5	3.00 Child Mental Health Specialists 0.20 ChildPsychiatrist 0.20 Child Psychologist	
Spokane Mental Health: Crisis response services. Psychiatric/medical services. Psychological Services. Specialist (child, geriatric, ethnic, disability) consultation services. Training services. Outpatient individual, group, family services. Case Management, Psychoeducation. ITC.	Downtown Spokane/center, 21.00 JRA/Region 1, 0.20 Juvenile Court Services, 0.20 Casey Family Partners, 2.00 VOA/Crosswalk, 0.20 Child Development Center, 0.20 Valley Center, 1.00 Greenhouse, Deer Park, WA, 1.00 Isabella House, 0.20 Thirty-seven public schools within five separate school districts, 4.00	1:25	41 Child MentalHealth Specialists 2 Child Psychiatrists 2 Child Psychologists	
St. Luke's Rehabilitation Institute: Outpatient individual, group, family services.	St. Luke's Rehabilitation Institute, 2.00	1:13	1.00 Child Mental Health Specialist	

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of PCP's	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Tamarack Center: Long-term psychiatric inpatient services. Outpatient individual, group, family, services.	Tamarack Center, 8.00 In-Home services, 0.20	1:2, Inpatient Services 1:15, Outpatient Services	6.80 Child Mental Health Speialists 0.40 Child Psychiatrist 0.10 Child Psychologist	
Thurston Mason				
For 1998, the RSN served approximately 4,470 individuals	Thurston is 76% of total served. Mason is 24%. This is also equals the split between the counties for number of eligibles.	22 child		
Behavioral Health Resources – served approximately 70% of the service population or 3,129	Olympia, Yelm, Shelton, Rochester, Belfair	1:27		
South Sound Mental Health – served approximately 25% or 1,117	Olympia and Shelton	1:27		
St. Peter Hospital – served approximately 5% or 223 service recipients.	Thurston and Mason Counties	1:27		

Regional Support Network (RSN) Contracted Providers	Geographic Distribution of P	Ratio of PCP's to Consumers[1]	Type and Number of Specialists	Crisis Service Capacity: # of Crisis Respite Beds
Timberlands				
Cascade Mental Health Care-the largest TRSN provider serving the 66,700 citizens of Lewis County and representing 72.8% of the RSNs general population and 76.4% of its Medicaid recipients.	31 - Chehalis, Centralia, Morton, Packwood, Randle, Pe El	1:36	3 Children 1 DD 1 Native American 1 Asian Pacific Islande	CMHC provides 24 hour availability to crisis services. CMHC has ability to provide 2 crisis respite beds staffed at a ratio of 2 adults per child.
Willapa Counseling Center -serves Pacific County's 21,100 residents which comprise 23.1% of TRSN's general population and 22.4% of its Medicaid recipients	8 - Long Beach, South Bend, Oce Park	1:35	2 Children 1 DD	24 hour crisis services; no crisis respite beds for children
Wahkiakum County MHS - serves Wahkiakum County's 3,800 citizens which comprise 4.1% of TRSN's general population and 1.2% of its Medicaid recipients	3.5 - Cathlamet, Grays River	1:25-30	2 Children	24 hour crisis services; no designated crisis respite beds though may access local foster homes for crisis needs via DCFS; are working on development.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities	Other defined specialty service
Chelan Douglas						

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty services
Children's Home Society	15	30-35 Active Child and Family Teams Monthly	Primary Intervention Program with Wenatchee School District (Serving 100 Students) Readiness to Learn in Cascade and Entiat School District. Group at Orchard Middle School – CDRSN funded directly with school through community collaboration funds.	Grandparents Raising Grandchildren Parenting classes in English/Spanish Alpine Boys Ranch parent training Pat Mullen Behavioral Intervention Training Parenting Topic/Presentations (Ten sessions annually.)	Chelan-Douglas Children's Interagency Council CDRSN Quality Management Oversight Committee Readiness to Learn North County Chelan County Juvenile Justice Wraparound Intake and Review Committee Columbia Valley Community Health Wenatchee School District Cashmere School District Orondo School District Entiat School District Eastmont School District Leavenworth School District Wenatchee School District Truancy Board Bruce Transitional Housing Chelan-Douglas Public Health Wenatchee Valley Clinic Local Physicians Central Washington Hospital Catholic Family and Child Service Chelan-Douglas Behavioral Health Clinic Lake Chelan Community Hospital CASA/GAL Program Division of Child and Family Services

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty services
Children's Home Society cont.					Festival of Friendships – Celebrating Diversity Wenatchee Watercolor and Wraparound Intake and Review Committee Fund Raiser Dr. Storck consultations Coordination with Primary Care Physicians Division of Child and Family Services Blended Funding Project Emergency/Crisis Services Development
Catholic Family and Child	15 children who have child & family teams. 3 – current teams includes providers from CHS & the Dept. 2 – current teams serve multiple siblings and a total of six (6) clients in CFCS.	18 Families have ITC Teams	47 Enrolled in Readiness to Learn 7 Attending St. Joseph's School 10 Head Start students 22 Children in a variety of school settings in Chelan and Manson 20+ Children in other school settings.	Padres Unidos	Chelan-Douglas Children's Interagency Council CDRSN Quality Management Oversight Committee Readiness to Learn North County Information Services Quality Team Wraparound Intake and Review Committee Juvenile Justice System Services Children's Services for children returning to community from Group or CLIP Canyon View Group Home Bruce Transitional Housing Parent Information Network 21st Century Grant for Chelan-Douglas County Schools

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Catholic Family and Child cont.					Two support group for male clients from 9 to 14 years of age Five support groups for female clients ranging from five to 17 Development of a mother's support group Work with district courts on an Anger Management group for adult Latino males Individual and family therapy Therapeutic Case Management Child and Family Teams
					Services provided in a variety of settings based on client need including, but not limited to office, client home, schools, doctor's office, and various community settings Latino Mental Health Coalition Festival of Friendships – Celebrating Diversity Wenatchee Watercolor and Wraparound Intake and Review Committee Fund Raiser Division of Child and Family Services Blended Funding Project. Emergency/Crisis Services Development Team Coordination with Primary Care Physicians Dr. Storck consultations

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Clark					
Columbia River Mental Health Services	33	School Based Services: 14 Schools Day Treatment: 222	Bridgebuilders Project -Consumer Voices are Born -Parent Partners hired for School Teams. -Family Information Specialist	home visits, letters, clients/community/school mental health educational presentations, newspaper ads, phone contacts, coordination meetings with clients and community providers/leaders, wrap around team participation/facilitation, school breaks and summer programming and activities, transition implementation (eg.mainstreaming, school to work).	Washington School for the Deaf and Blind Schools, S.E. Asian Outreach Project, Operation SONAR (Violence Prevention Project to middle school age youth and families, VOCA (Sexually/physically abused children), outreach to YWCA Safe Choice (domestic abuse shelter), Adult mentors for Youth, Psychological assessments, Psychiatric Assessment and Medication monitoring

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Children's Home Society	44	Outpatient Counselor at Roosevelt Elementary & Psch-Ed group @ Pleasant Valley Middle School.	Bridgebuilder Family Specialist	Schools, Family Resource Centers in Community, Church Groups	Child Placement Agency
Children's Center	4	11 Day Treatment 1 High School, 1 Middle School, 24 Elementary Schools in Vancouver & Evergreen Districts. (At-risk schools providing MH sevices on-site.	Family Support Specialist on staff.	Schools are the largest forms of out-reach. General Marketing, parent community education @ various sites. JDH Worker in JDH. Active volunteer Board	Adoption Support Services, Fetal Alcohol. Juvenile Dentention Hall Case Manager
Peace Health Behavioral Health	0	0	0		

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Southwest Washington Medical Center	0	0	0		
Regional Support Network	81	Day Treatment: 233 Schools: 51			
Evergreen Counseling Center	0	10		RSN funded classes to train trainers in "Making Parenting a Pleasure" parenting class curriculum.	

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty services
Grays Harbor					
Evergreen Counseling Center	0	10	Sexual Abuse groups by provider	RSN funded classes to train trainers in "Making Parenting a Pleasure" parenting class curriculum. "Grandparents raising Grandchildren"' group by provider	Counselor at Grays Harbor Children's Advocacy Center one day a week to provide intakes, on-going counseling and serve on MDT RSN/Interagency Children's Staffing Team (also functions as local CLIP committee) RSN facilitates staffing for multi-problem, multi-system involved children referred from any source GUTS Seminars by provider in collaboration with community agencies, RSN funded case aides through Personal Service Providers to act as mentors, Jesuit Volunteer through provider to act as mentor, Youth Coalition through provider with focus on homeless youth Child Mental Health Specialist Crisis Interventionist for Crisis Services including school services

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Greater Columbia					
The Rogers Counseling Center	0	Usually have 15-20 kids who have teams involved at various stages of care.	No services in schools except for crisis, we do pick up kids from school, transport for groups and return to school or home. Two-day treatment groups for school age kids located at the MH Center.	None	Regular attendance at community meetings focused on children, regular contact with school counselors and pediatricians; participation in "at risk" teams with DCFS, regular contact with DCFS. While not using RSN funds, we have a screening program for ADHD for clients who can pay, are testing a Wilderness Therapy program this summer with special funds and have a special contract for sexually abused children and for Family Reconciliation Services.
Benton and Franklin Counties Crisis Response Unit	0	N/A	N/A	N/A	N/A
Lourdes Counseling Center	0	30-40	35 clients	Parent education classes	Case Management in Community Inpatient Psychiatric Beds 10
Nueva Esperanza	0	0	0	3	Social skills group and Tutorial group.
Lutheran Social Services	4	0			CHAP Program/ also in-home program puts capacity at 18
Sunderland Family Treatment Services	0	40	0	Parenting Groups	Social skills group; Child psychologist

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Inland Counseling Network - Dayton	0	2	0	1	Summer Rec. Program for children 6-14 years of age. Monthly Community Team meetings involves mental health and allied systems to identify children at risk with referrals to mental health or other appropriate services. Outreach services to begin to engage child and family in services. Annual October fest for youth.
Garfield County Human Services	0	Varies usually have 1-3 kids who have teams at various stages of care	Full-time counselor in schools doing assessments, individuals and groups.	None	Regular attendance at community meetings focused on children, regular contact w/school counselors and pediatricians; participate in "at risk" teams with DCFS, regular contact w/DCFS. Contact with juvenile probation. Collaboration with Public Health Dept./Substance Abuse prevention staff around children's issues. Large range of activities funded through substance abuse prevention and CAMASA funds. We sponsor scouts, many sporting organizations and a wide range of other programs that has the effect of reaching out to kids and helping find those with mental health as well as substance abuse issues.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Central Washington Comprehensive Mental Health	50	All children & their family are treated within a multidiscipline treatment team. Every effort is made to involve external agencies i.e., school, medical service etc., when developing treatment plans. When a child or family present at significant risk, acute care services are wrapped into treatment to ensure any crisis developed are managed in a timely and effective manner consistent with the treatment plan	A School based team provides prevention and intervention services to Yakima schools.	"Strong Families" model of parent training occurs on regular basis.	CWCMH collaborates with other community services i.e., Children's Village, EPIC, to ensure service delivery option are available for children and families Developed a community collaborative model (schools, and law enforcement) to help schools deal with violence. Gang violence prevention program.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Skamania County Counseling Center	0	12	0	0	Provide on-going clinical supervision and psychiatric services for children 0-5 for Rock Creek Therapeutic Developmental Day Care. Other outreaches occur 2 times per year.
Inland Counseling Network - Walla Walla)	1	1	Contract with DCFS for Alternative Response Services to schools and community.	None	Contract with DCFS to provide Family Reconciliation Services and Family Preservation Services.
Children's Home Society of Washington. Southeast Region	6	45 informal teams working toward formalizing this process. 4 staff are ITC trained currently.	10 formal school based programs involving 7 schools. Day treatment, community based programs include, recreation programs, and mental health individual and group therapy.	23 various parent focused groups that occur at different times throughout the year. They include parent education, and parent groups.	Case management for high-risk children and families. 24-hour on-call crisis response available. Grandparent support, teen advocacy, sexually assault group, parent trust group geared toward Hispanic population, Tot Spot group designed to reach low-income parents of toddlers, Active Parenting of Teens, and How to Talk So Your Kids Will Listen.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities / Other defined specialty service
Catholic Family and Child Services	0	0	2 programs, ATTACH and Therapeutic Kindergarten, jointly serve 20 children at one time.	3 groups, each serve about 12 families at one time (ATTACH group, Valley Intervention Program and the Yakama Nation Family Counseling Program).	Approximately 12 activities per year with various "high risk" groups Children's Bonding and Attachment Treatment
Yakima Valley Farm Workers Clinic	17	All children & their families are provided with treatment within a multi-disciplinary team with involvement of formal, informal and natural supports.	Groups in Toppenish schools for elementary grades; specialized behavioral interventions in EPIC Headstart Program;	Monthly support groups for foster parents; Parenting groups for Spanish speaking chemically affected families with children with behavioral disorders; and ongoing parent education groups.	Monthly educational presentations to the community; majority of services provided are out in the community; Children's crisis team for large geographic area (Yakima County). Situated within a larger group of multi-specialty children's health providers (Children's Village) the agency's Behavioral Assessment Team (BAT) receive referrals, assesses and identifies behavioral treatment strategies; Children's Crisis Response System for Yakima County; Intensive Community Support with focus on Ethnic Minority Children; and 1 mental health specialty bed for diversion through psychiatric referrals.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Whitman County Counseling Services	One program, 4-10 children placed per month	0	13 districts in the county. Case manager/therapist visits each district each week.	Therapeutic Respite Home Outreach, traveling parent support group, parent education classes	School based child case manager/ therapists, specialized assessments for violence in conjunction with prosecutor's office, juvenile services, DCFS/CPS, school admin, and psychologist. WCCS satellite offices located in remote areas of the County. Independent living skills program, summer group for adjudicated youth. Short-term crisis support to families (FRS). Special support to DCFS foster homes. Challenge "Ropes" Course. Parent Resource Centers associated with libraries.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Walla Walla County Human Services	N/A	Provide ITC ongoing training and certification. Assist in development of ITC teams in the community. Mental Health "classrooms" in elementary schools served 62 children in FY98-99. Parent and Community Team (PACT) and Adult Resource Teams. Currently seeking grant for a Parent Navigator to provide peer support to parents of school-age children served by multiple systems.	Mental health classrooms in elementary schools served 45-60 children in FY00.	Family Support System, Family Symposium Planning, Parent Navigator Support Groups, Community Stabilization Specialists, ITC Facilitators Group, Community MICA Team	Human Services Advisory Board, Crisis Response Workgroup, Agency Resource Guide which lists Walla Walla County service providers. Walla Walla Human Services sponsors several trainings each year. Human Services staff attend many cross system groups that look at gaps in services and work with community groups to structure plans to fill those gaps. Parent Navigator program to support and guide parents who have children with multi-system needs through services. Oversee Street Youth Services that provides outreach and referral for youth from a non-traditional approach.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
The Rogers Counseling Center	0	Usually have 15-20 kids who have teams involved at various stages of care	No services in schools except for crisis, we do pick-up kids from school, transport for groups and return to school or home. Two-day treatment groups for school age kids located at the mental health center.	None	Regular attendance at comminuty meetings focused on children, regular contact with school counselors and pedistricians; participation in "at risk" teams with DCFS, regular contact with DCFS.
Benton and Franklin Counties Crisis Response Unit	0	N/A	N/A	N/A	N/A
Catholic Family and Child Services	0	0	2 programs., ATTAH and Therapeutic Kindergarten jointly serve 20 children at one time.	3 group, each serve about 12 families at one time (ATTACH group, Valley Intervention Program and the Yakima Nation Family Counseling Program.	Approximately 12 activities per year with various "high risk" groups.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Central Washington Comprehensive Mental Health	50	All children and their families are treated within a multidiscipline treatment team. Every effort is made to invole external agencies i.e., schools, medical service etc., when developing treatment plans. When a child or family present at significant risk, acute care services are wrapped into treatment to ensure any crisis developed are managed in a timely and effective manner consistent with the treatment plan.	A school based team provides preventation and intervention services to Yakima schools.	"Strong Families" model of parent training occurs on regular basis.	CWCMH collaborates with other community services i.e., Children's Villiage, EPIC, to ensure service delivery option are avaiable for children and families. Developed a community collaborative model (schools, and law enforcement) to help schools deal with violrnce.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty services
Garfield County Human Services	0	Varies usually have 1-3 kids w have teams at various stages of care.	Full-time counselor in schools doing assessments, individuals and groups.	None	Regular attendance at community meeting fouces on children, regular contact with school counselors and pediatricians; participate in "at risk" teams with DCFS. Contact with juvenile probation. Collaboration with Public Health Dept./Substance Abuse prevention staff around children's issues.
Inland Counseling Network	0	1	Contract with DCFS for Alternative Response Services to schools and community.	None	Contract with DCFS tpo provide Family Reconcilation Services and Family Preservation Services.
Lourdes Counseling Center	0	Up to 20	30 clients	Parent education classes	Case management in community
Lutheran Social Services	4	0			CHAP program/also in-home program puts capacity at 18.
Skamania County Counseling Center	0	12	0	0	Provide on-going clinical supervision for children 0-5 for Rock Creek Therapeutic Developmental Day Care. Other outreaches occur 2 times per year.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natur support membe in addition to t nuclear famil	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty servic
Southeast Children's Home Society of Washington	6	45 informal tea working toward formalizing this process. 4 staff are ITC trained currently.	10 formal school based programs involving 7 schools. Day treatment community based programs include, recreation programs, and mental health invidual and group therapy.	23 various parent focused groups that occur at different times through-out the year. They include parent education, and parent groups.	Case management for high-risk children and families. 24-hour on-call crisis response avaiable.
Sunderland Family Treatment Services	0	40	0	Parenting Groups	
Yakima Valley Farmworkers Migrant Health Clinic	17	All children and their families a provided with treatment withi multidisciplinar team with involement of formal, informal and natural supports.		3	Monthly educational presentations to the community; majority of services provided are out in the community; Children's crisis team for large geographic area (Yakima County).

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities, supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Whitman County Counseling Services	One program, 4-10 children placed per month.	0	13 districts in the county. Case manager/therapist visits each district each week.	Therapeutic Respite Home Outreach, traveling parent support group, parent education classes.	School based child case manager/therapists, specialized assessments for violence in conjunction with prosecutor's office, juvenile services, DCFS/CPS, school admin. And psychologist. WCCS satelite offices located in Tekoa, Garfield, and Colfax. Independent living skills program, summer group for adjudicated youth.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Walla Walla County Human Services		Provide ITC on-going training and certification. Assist in development of ITC teams in the community. Mental Health "classrooms" in elementary schools served 62 children in FY 98-99. Parent and Community team (PACT) and Adult Resource Teams. Currently seeking grant for a Parent Navigator to provide peer support to parents of school-age children served by multiple systems.	10 formal school based programs involving 7 schools. Involved in community based day treatment programs that include recreation programs and mental health individuals and group therapy.	Family support system, Family symposium planning.	Human Services Advisory Board, Crisis Response Workgroup, Agency Resource Guide which lists Walla Walla County Service providers. Walla Walla Human Services sponsors several trainings each year.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities	Other defined specialty service
King						
Asian Counseling and Referral Services				Uses Children's Hospital for day treatment services.	Provides information and training services to the community.	Minority Population Consultations to other King County RSN Providers.
Children's Hospital and Medical Center				Child/Adolescent Day Treatment services provided at main location (Children's Hospital). Summer Programs offering day – treatment for deaf and autistic children.	Prime Time Project. Services to locally detained high risk youth and youth with co-occurring disorders under the jurisdiction of the King County Juvenile Drug Court Provides information and training services to the community.	Main location is located at Children's Hospital, which features a full range emergency room with psychiatric back up. Offers specialty services to deaf/hearing impaired children Offers specialty services to autistic children

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty service
Community Psychiatric Clinic		Child/ Adolescent Acute Diversion Program. Intensive, short-term mental health services for children and youth at immediate risk of hospitalization.		Child Adolescent Day Treatment Program. Provides a range and mix of planned and structured serves. Located at Ryther Child Center.	Provides information and training services to the community Orion Center for Homeless Teens
Community House	Services for adults, only	Services for adults, only	Services for adults, only	Services for adults, only	Services for adults, only
Consejo Counseling					Provides information and training services to the community Minority Population Consultations to other King County RSN Providers.
Mentor Health Northwest	Subcontracts for foster care with individuals within the county.				Provides information and training services to the community
Harborview Mental Health Center	Utilizes Children's Hospital for these services. See Children's Hospital	Utilizes Children's Hospital for these services. See Children's Hospital	Utilizes Children's Hospital for these services. See Children's Hospital	Utilizes Children's Hospital for these services. See Children's Hospital.	Utilizes Children's Hospital for these services. See Children's Hospital.

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Highline-West Seattle Mental Health				Services offered in elementary schools, only	Provides information and training services to the community.	
North Central						
Community Counseling Services of Adams County	0	8	School based child specialist	0		Hispanic case manager
Grant Mental Health	0	14	Case manager 16 hrs./wk. in middle school.	Once per six weeks parenting skills group	Job Corps 8 hrs./wk. Annual events: Career day, Hispanic Conference, Wellness Days	Hispanic Children's Case Management Program; Children's Hospital Alternative Program

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Okanogan Community Counseling Services	0	15	0	0	0	Childrens Hospital Alternative Program and Childrens Intensive Community Support Program
Northeast Washington						

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Ferry County Community Services	3	0	3 schools services 1 day a week.	1 parenting class held in Inchelium. Monthly socialization group for child clients and their parents	Kids Night Out Prevention services for at risk youth	
Lincoln County Counseling Center	3	1	Provider counselors at schools 2 days	1 parenting group held weekly.		
Pend Oreille County Counseling Services	0	0	Counselors housed at each of the county's 3 school districts 5 days per week. The provider's clubhouse will be available to child clients during the summer.	Parenting classes planned for this summer		

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Stevens County Counseling Services	0	13	No school based services offered	Parent education done individually.	New staff position, Program Aide, who provides adjunct services to children and families in their homes.	
North Sound						

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty services		
Catholic Community Services	17	2		Best Self - Parent Support Sessions at 2 local elementary schools during summer sessions	ADHD Parent Education Class, "1-2-3 Magic" (behavior management class), "Parents & Preschoolers", "Parenting [illegible]", "Grandparents as Parent Support Group", "Parent Connections", "Parenting After Violence", Sexual Abuse Recovery Group (children and non offending parents) "Positive Discipline" [illegible] workshop		Supervised Visitation and/or Exchange Program, Transitional Housing (ages 18-21), Behavioral Rehabilitation Services, Family Preservation Services, Intensive Family Preservation Services
Community Mental Health Services	Island [illegible]	Island [illegible] Skagit [illegible]		On site counseling services - Skagit Co	Skagit Co [illegible] "Parents Respect" support group, "Getting [illegible] Families"		Therapeutic Child Development Program, Headstart, Migrant Headstart, Functional Family Therapy for Juvenile Probation, Family Preservation Services, Intensive Family Preservation services
Sea Mar	0	0	0	On site counseling services - Snohomish Co schools	Parent Support groups in Sno. & Whatcom Counties for Hispanic, monolingual, and farm workers	[illegible] camp outreach in Skagit & Whatcom Counties	Youth groups to address issues of assimilation, acculturation & adaptation.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty services
Whatcom Counseling and Psychiatric	0	0	15		"Families That Care" (stress mgmnt, etc.) "Parenting Skills", "Family Communication"
Peninsula					
Kitsap Mental Health Services	6 Homes	2 Beds	72 teams/per yr 14 slots in 1 Day Tx Program 1 Anger Mngmnt group	2 groups	*Crisis Response to schools and Juvenile Detention as needed *Hospital Diversion Services *ATU (Teen, F&T) *Drug Court Attendance some MICA Services *ESD School based program
Peninsula Community Mental Health Center	None	None	2.5 FTE 1 Activity per day	1 group	*Crisis Response to schools and Juvenile detention as needed *Headstart *ESD School based program

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities	Other defined specialty services
Jefferson Mental Health Services	None	None	4 teams/day Day Tx - Not available	1 group	*Crisis Response *ESD school-based programs	
West End Outreach Services	None	None	5 teams/day 10 slots	1 group	* Telehealth access to university and hospital based [illegible] * Crisis Response * ESD school based program	
Pierce						
Comprehensive Mental Health	34 CHAP beds available countywide	267 (unduplicated) over a three month period (1/1/00-3/31/00)	Provided services to 671 children at a school location during the period 1/1/00-3/31/00 (unduplicated)		Clinical follow-up provided to 611 children during the three month period (1/1/00-3/31/00)	Stigma reduction activities at elementary schools provided by Comprehensive MH board members.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities	Other defined specialty services
Greater Lakes Mental Health Foundation	0	215	Provided services to 350 children at a school location.	Parent Connector Project school based MH treatment and substance abuse prevention program targeting at-risk children and family. Serve approx. 24 families at a time.	Clinical follow-up provided to [illegible] children	Assessment and stabilization services at the juvenile detention facility. Suicide risk assessments and MH support to jailed youth (1.5 FTEs).
Good Samaritan Behavioral Healthcare	0	262	Good Sam School maintains the capacity to serve 18 students. Provided services to 159 children at a school location.		Clinical follow-up provided to 547 children	

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities	Other defined specialty services
Catholic Community Services	0	164	Provided services to 129 children at a school location.	Employ three parents to provide advocacy and natural support to parents of children served.	Clinical follow-up provided to [illegible] children	Intensive homebased services (90 day intervention) provided to an average of 18 children per month. Wraparound services provided to an average of 85 children per month.
Puyallup Tribal Health Authority	0	25	Provided services to 56 children at a school location	Parent partner funded through A Common Voice to work specifically with PTHA families (10 hrs/wk)	Clinical follow up provided to 13 children	Prevention and intervention services addressing domestic violence within the Native American community.
Sea Mar Community Health Center	0	3	Provided services to 10 children at a school location.		Clinical follow-up provided to 26 children	

Other specialty services:

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	S S	Based es/Day ment vices	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty
Southwest						
Southwest RSN	None funded by the RSN.	During the past year, we identified 121 children for whom there is an MH activity code entry for a PAC team having met one or more times. This represents approximately 13% of the children served in this RSN.		contractors who ve children vide on-site nseling and port at area ools. There is formal day atment program children. There periodic use of day treatment gram in Clark nty.	LCMHC receives United Way funding to provide parent groups. CBS is not currently providing groups specifically for parents. LINK regularly schedules both group and individualized activities for parents.	All contractors who serve children provide outreach and engagement services.

A Common Voice for Pierce County Parents, a parent run agency, is under contract with support groups throughout the County on a regular basis. Support services for homeless Tacoma School District's Tone School and Campfire's Building Bridges program.

RSN to provide parent support and advocacy services. They hold a number of parent lren and families and outreach services for homeless teens are provided by the

Youth and Family LINK program serves 30 children (12-16) who have multi-system needs. Focus is outreach and engagement as well as linking child to family and natural supports in community. This program is jointly funded by the RSN and DCFS.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	S...	...l Based ...ces/Day ...tment ...vices	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty servi...
Spokane						
Catholic Charities	N/A					
Children's Home Society	None			...ool-based ...ices.	N/A Parent advocates.	N/A Numerous activities None
Excelsior Youth Center	6 short-term residential stabilization beds.			...e	Parent support group	Limited activities None
Family Service Spokane	None			...ool-based ...ices.	None	Limited activities None
Grief Counseling Program	None			...ool-based ...ices.	None	Limited activities None Numerous activities Sexual Assault Center. Treatment Foster Care.
Lutheran Social Services	38 Therapeutic foster care beds.			...e	None	Numerous activities MH/CD treatment for adolescents.
N.A.T.I.V.E. Project	None					

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities	Other defined specialty services
Sacred Heart Medical Center	None		Hospital-based day treatment, 10 slots.	Parent support group	None	None
Spokane Mental Health	None		School-based services. Three school-based day treatment programs: MAP School, 26 slots, Middle MAP School, 12 slots, Bridge School, 35 slots.	None	Numerous activities	Services to juvenile justice system. Services to homeless. MH/CD treatment for adolescents. Disaster response services.
Saint Luke's Rehabilitation Institute	None		None	None	Limited activities	None
Tamarack Center	None		Day treatment services	Parent advocate	Limited activities	None
Thurston Mason						
Behavioral Health Resources	1:29	9	4**	50	36 Thurston 14 Mason	18 Thurston 60 Mason

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities	Other defined specially service
Evergreen Counseling Center	1:27	5		10	21 Thurston 8 Mason	65 Presentations
South Sound Mental Health	1:25	1		70	10 Thurston 3 Mason	6 (Total)
Providence St. Peter Hospital*	N/A	2		N/A	N/A	N/A

*Note: Providence St. Peter does not specialize in child-ren's services.

**Note: Licensed by BHR as treatment foster c but used only as crisis respite and available to a TMRSN

***Note: Individual and group treatment provided in this # of schools. There are no organized day treatment services per se.

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities Other defined specialty services
Timberlands					
Cascade Mental Health Care	There are no residential or treatment foster care homes	CMHC currently has five active ITC teams	School based services are offered in all 17 districts of Lewis County.	CMHC has a parent advisor on the Children's Oversight Committee. CMHC offers *Parent Nights* sponsored by at least 1 school district focusing on child/adolescent concerns. CMHC offers parent support groups at least twice a year and is working toward developing a parent led *Relatives As Parents Support Group*	CMHC actively participates in the [illegible] through in school counseling; CPS review teams; Parent Trust Board; Pope's House; Family Resource Center in school; crisis services to different school districts following critical incidents of death & suicide; development of Crisis Response Services with 2 school districts; PTA parent education

Regional Support Network (RSN)	Residential Capacity # of Treatment Foster Care Homes	# of ITC Teams with informal/natural support members in addition to the nuclear family	School Based Services/Day Treatment Services	Parent Groups or Activities supported by the RSN or providers	Outreach and Engagement Activities	Other defined specialty services
Willapa Counseling Center	0	14	School based services provided in four school districts	0	Through school contacts in 4 districts	
Wahkiakum County MHS	0	4 (forming)	School based services provided in two school districts, Involved in leadership initiative in schools (work with natural helpers, development of mentors). Adventure Education services provided for schools	Consultation to Family Center's parenting groups; beginning co provision of weekly parenting education & support group	Through coordination with St. James Family Center services; through mental health screenings done for Headstart and ECEAP	On site services at Juvenile Detention as needed

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Special Needs Category	Regional Support Network	Total Consumers (Unduplicated)	Consumers: Total (Unduplicated)	Consumers: Children's Long Term Care (CLIP)	Consumers: Free Standing Evaluation & Treatment Center	Consumers: Community Hospital	Consumers: State Hospital	Inpatient In-resident Bed Days: Total	Inpatient In-resident Bed Days: Children's Long Term Care (CLIP)	Inpatient In-resident Bed Days: Free Standing Evaluation & Treatment Center	Inpatient In-resident Bed Days: Community Hospital	Inpatient In-resident Bed Days: State Hospital	Inpatient: Admissions	Inpatient: Discharges	Inpatient: Discharges Served within 7 Days	Inpatient: Re-admissions within 30 Days	Outpatient Consumers: Total (Unduplicated)	Outpatient Consumers: Received Non-acute Services	Outpatient Consumers: Received Acute Services	Outpatient Service Hours: Total	Outpatient Service Hours: Non-Acute	Outpatient Service Hours: Acute
Statewide Total	Statewide Total	19,899	715	129	59	531	50	26,607	14,597	[illegible]443	8,129	2,438	712	708	290	49	19,704	18,906	2,460	321,563	308,597	12,966
Statewide Total	Unassigned	21	21	16		1	[illegible]	[illegible]	[illegible]		1	373	15	11						0		
Statewide Total	Spokane RSN	1,601	86	16		67	8	3,344	2,389		661	294	83	81	[illegible]	[illegible]	[illegible]	1,475	196	40,098	39,575	523
Statewide Total	King RSN	5,262	175	29	12	141	6	5,466	2,655	173	2,527	111	189	192	91	20	5,212	[illegible]	[illegible]	100,994	97,328	3,666
Statewide Total	North Sound RSN	2,953	154	30	7	126	4	6,253	3,570	75	2,243	365	149	147	53	9	2,920	2,640	653	30,009	27,343	2,666
Statewide Total	Greater Columbia RSN	1,883	40	2		37	2	830	183		488	159	42	41	8	2	1,868	1,819	142	17,666	17,346	320
Statewide Total	North Central RSN	435	14	1	1	10	3	470	161	2	186	121	12	12	6		432	385	163	4,882	4,638	244
Statewide Total	Northeast RSN	255	10	2		9		271	174		97		11	11	5	1	250	247	20	2,373	2,288	85
Statewide Total	Peninsula RSN	931	62	1	37	26	2	1,528	14	154	330	30	71	67	29	4	922	877	210	17,852	15,617	2,234
Statewide Total	Southwest (Cowlitz) RSN	606	27	1		26	2	423	58		318	47	26	26	12		[illegible]	598	17	3,573	3,550	23
Statewide Total	Thurston / Mason RSN	889	14	3		11		420	267		153		13	13	5		[illegible]	[illegible]	86	8,189	8,013	177
Statewide Total	Pierce RSN	2,601	69	19	2	44	8	3,445	2,219	39	664	523	57	60	23	[illegible]	2,578	2,401	426	43,274	41,501	1,773
Statewide Total	Grays Harbor RSN	413	[illegible]	1		3	3	312	182		51	[illegible]	[illegible]	[illegible]	[illegible]		412	397	32	2,485	2,394	91
Statewide Total	Clark RSN	1,433	28	7		21	3	[illegible]	683		281	71	25	25	20	2	1,430	1,399	90	41,270	41,165	105
Statewide Total	Chelan / Douglas RSN	336	7	1		6		164	87		77		6	7	2		334	321	47	5,712	4,718	995
Statewide Total	Timberlands RSN	465	10	2		5	3	413	96		52	265	8	10	5	1	463	442	46	3,186	3,121	64

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Blind/Disabled	Statewide Total	2,153	161	30	16	102	28	7,449	3,911	[illegible]	1,821	1,444	159	154	81	14	2,111	2,028	345	54,449	51,462	2,987
Blind/Disabled	Unassigned	6	6	5			1	778	708			70	5	2						0		
Blind/Disabled	Spokane RSN	179	20	3		13	5	832	549		107	176	20	17	6	4	178	159	26	7,083	7,007	76
Blind/Disabled	King RSN	556	38	6	5	25	5	1,527	907	[illegible]	486	54	36	41	25	5	549	542	73	16,441	15,795	646
Blind/Disabled	North Sound RSN	279	35	6	4	25	3	1,654	866	[illegible]	497	[illegible]	33	31	19		272	252	80	3,711	3,389	322
Blind/Disabled	Greater Columbia RSN	242	[illegible]			6	1	229			76	153	8	8	[illegible]		[illegible]	228	29	2,619	2,536	82
Blind/Disabled	North Central RSN	43	5	1	1	2	2	353	161	2	80	110	3	4	2		42	[illegible]	19	489	460	29
Blind/Disabled	Northeast RSN	22	1			1		11			11		1	1			21	21	2	324	313	10
Blind/Disabled	Peninsula RSN	84	10	1	6	4	1	254	14	1	58	21	14	11	7	1	82	79	19	2,282	1,716	566
Blind/Disabled	Southwest (Cowlitz) RSN	75	6	1		5	1	231	58		162	11	6	5	4		74	73	5	656	647	9
Blind/Disabled	Thurston / Mason RSN	107	[illegible]	1		2		46	12		34		4	3	2		106	105	13	1,602	1,561	41
Blind/Disabled	Pierce RSN	302	14	3		9	3	773	341		144	288	14	13	4	2	298	278	50	7,823	7,599	224
Blind/Disabled	Grays Harbor RSN	42	3	1		1	1	224	182		26	16	2	2			42	40	4	364	304	59
Blind/Disabled	Clark RSN	161	8	1		6	[illegible]	[illegible]	[illegible]		85	38	7	[illegible]	[illegible]		160	157	16	8,685	8,668	17
Blind/Disabled	Chelan / Douglas RSN	32	1			1		20			20		1	[illegible]			[illegible]	31	5	1,839	950	890
Blind/Disabled	Timberlands RSN	52	[illegible]	1		3	2	308	27		35	246	5	7	4	1	[illegible]	48	8	532	517	15

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Foster Care and Adoption Support	Statewide Total	2,741	141	[illegible]	[illegible]	[illegible]	1	5,355	3,057	421	1,866	11	138	143	57	[illegible]	[illegible]	2,619	395	73,242	69,664	3,578
Foster Care and Adoption Support	Unassigned	2	2	1		1		25	24		1		2	1						0		
Foster Care and Adoption Support	Spokane RSN	232	11			11		164			164		12	11	6		[illegible]	216	28	6,533	6,476	57
Foster Care and Adoption Support	King RSN	833	39	9		32		1,379	772		606		45	45	23	2	[illegible]	821	87	28,388	26,340	2,049
Foster Care and Adoption Support	North Sound RSN	386	31	11		26		[illegible]	[illegible]		441		28	[illegible]	4		[illegible]	353	75	5,845	5,516	329
Foster Care and Adoption Support	Greater Columbia RSN	231	[illegible]	1		11		248	53		195		[illegible]	[illegible]	1		225	218	22	3,391	3,342	49
Foster Care and Adoption Support	North Central RSN	34	2			1	1	26			15	11	2	2	2		94	13	11	745	720	25
Foster Care and Adoption Support	Northeast RSN	19	1	1		1		18	4		14		2	1	1	1	68	53	3	309	283	26
Foster Care and Adoption Support	Peninsula RSN	153	19		10	9		526		194	132		18	16	9	2	151	143	7	6,413	5,918	495
Foster Care and Adoption Support	Southwest (Cowlitz) RSN	49	2			2		31			31		2					[illegible]	2	274	272	2
Foster Care and Adoption Support	Thurston / Mason RSN	136	6	1		5		[illegible]	[illegible]		53		4	4			[illegible]	128	13	1,394	1,364	30
Foster Care and Adoption Support	Pierce RSN	424	15	6	1	8		[illegible]	684	27	115		6	14	7	1	416	893	74	12,493	11,999	493
Foster Care and Adoption Support	Grays Harbor RSN	34															34	31		275	272	3
Foster Care and Adoption Support	Clark RSN	146	1	1				29	29								[illegible]	143	9	5,625	5,616	10
Foster Care and Adoption Support	Chelan / Douglas RSN	37	3					[illegible]			38		3	3	1		39	35	4	1,093	1,089	4
Foster Care and Adoption Support	Timberlands RSN	68															68	65	4	463	458	5

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Title V	Statewide Total	182	1	0	0	1	0	40			40		1	1	0	0	182	180	12	4,398	4,347	51
Title V	Unassigned																			0		
Title V	Spokane RSN	19															19	19	2	562	559	3
Title V	King RSN	31															31	30	4	738	725	14
Title V	North Sound RSN	19															[illegible]	19	3	286	257	29
Title V	Greater Columbia RSN	47															47	47	1	920	919	1
Title V	North Central RSN	1															1	1	1	67	65	2
Title V	Northeast RSN	2															2	2		38	38	
Title V	Peninsula RSN	4															4	4		13	13	
Title V	Southwest (Cowlitz) RSN	12															12	12		35	35	
Title V	Thurston / Mason RSN	7															7	7		55	55	
Title V	Pierce RSN	24	1			1		40			40		1	1			24	23	1	1,086	1,082	4
Title V	Grays Harbor RSN	4															4	4		27	27	
Title V	Clark RSN	8															8	8		506	506	
Title V	Chelan / Douglas RSN	3															3	3		34	34	
Title V	Timberlands RSN	7															7	7		33	33	

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In Need of MH Services - none of the above	Statewide Total	14,949	422	69	33	325	21	13,803	7,629	749	4,442	983	415	411	152	24	14,823	14,188	1,760	191,911	185,542	6,369
In Need of MH Services - none of the above	Unassigned	13	11	10			3	1,430	1,127			303	8	8						0		
In Need of MH Services - none of the above	Spokane RSN	1,187	55	13			1	1,348	1,840		390	118	51				1,165	1,096	150	26,456	26,067	390
In Need of MH Services - none of the above	King RSN	3,866	101	14	7	86	1	2,560	975	93	1,435	57	103	106	45	8	3,829	[illegible]	201	55,986	55,015	971
In Need of MH Services - none of the above	North Sound RSN	2,279	88	13	3	76	1	2,805	1,351	45	1,305	104	88	91	28	9	2,261	2,026	497	20,260	18,273	1,987
In Need of MH Services - none of the above	Greater Columbia RSN	1,387	23	1		21	1	353	130		217	6	23	24	5	1	1,350	1,349	90	10,870	10,682	188
In Need of MH Services - none of the above	North Central RSN	357	7			7		91			51			7	2		355	313	132	3,582	3,393	189
In Need of MH Services - none of the above	Northeast RSN	114	5			7		242	170		72						[illegible]	268	15	1,741	1,692	49
In Need of MH Services - none of the above	Peninsula RSN	695	34		22	13	2	748		556	140	9	39	37	13	1	689	655	155	9,157	7,984	1,173
In Need of MH Services - none of the above	Southwest (Cowlitz) RSN	476	19			19	1	161			125	36	18	19	8		471	470	10	2,629	2,616	13
In Need of MH Services - none of the above	Thurston / Mason RSN	632	5	1		4		103	108		25		5	4	3		632	614	60	5,174	5,069	105
In Need of MH Services - none of the above	Pierce RSN	1,869	42	10	1	28	5	1,826	1,194	12	385	235	34	33	[illegible]		[illegible]	[illegible]	302	22,387	21,331	1,055
In Need of MH Services - none of the above	Grays Harbor RSN	336	4			2	[illegible]	[illegible]			25	61	3	3	2		335	322	26	1,842	1,814	28
In Need of MH Services - none of the above	Clark RSN	1,121	19	5		15	2	741	518		196	33	18	16	13	2	1,119	1,094	65	26,887	26,809	78
In Need of MH Services - none of the above	Chelan / Douglas RSN	265	3	1		2		106	87		16		2	2	1		264	252	38	2,762	2,661	101
In Need of MH Services - none of the above	Timberlands RSN	343	4	1		2	1	105	69		17	19	3	3	1		[illegible]	[illegible]	34	2,178	2,134	44

Mental Health Division
Dept of Social and Health Services
State of Washington
PO Box 45320, Olympia, WA 98504-5320

Summary of Capacity to Serve Children with Special Needs

Geographic Distribution of PCPs

Statewide: Service providers are concentrated in urban areas. Many PHPs have out-stationed mental health workers in schools in rural areas to provide services at the school. All the RSNs meet clients out of the office.

Changes: Two of the larger RSN/PHPs have made changes in capacity by adding new providers. One RSN/PHP has changed providers.

Ratio of PCPs to Consumers

Statewide: The average ratio of PCPs to Consumers continues to hover around 9 PCP's to every one hundred Consumers. This is consistent with last year's report. The ratios don't differ significantly in from the past year.

Changes: Three RSN/PHPs have had changes in staffing resulting in a slightly higher ratio of PCPs to consumers. This shift is slight, however, and doesn't effect the state average.

Type and Number of Specialists

Statewide:

Children's Specialists 708

Psychologists: 6

Psychiatrists: 34

Changes: Net gain of 22 children mental health specialists across the state.

Regional Support Network (RSN)	*Cross System Planning Group(s)* *(include frequency of meetings and participating agencies.)*
Chelan-Douglas RSN	-2 Ethnic Minority Parent Groups -Cross System meetings -Wrap-around Intake and Review Committee (WIRC) -Interagency Council -Ethnic Minority -C-D Children's Integiagency Council -DCFS RSN Provider network meetings -Children's Long-term Inpatient Program and Acute Care at Central WA Hospital -Sacred heart Medical Center -Center for Drug and Alcohol -Division of Developmental Disabilities -Therapeutic Foster Care Placement -Readiness To Learn -North Central RTL Consortium -Foster Care Adv. Subcommittee
Clark	Policy Council, Children's System of Care meets monthly - Includes all systems, DDD, Schools, Child Welfare, Substance Abuse, Mental Health, OPI - Mental Health Advisory Board, Head Start, Family Organization, Consumer Organization and Private Industries. System of Care Meetings (Child and Adult) Monthly. Training Committee Monthly Cultural Competency Committee Monthly Quality Management Committee Monthly
Garys Harbor	1. RSN/Interagency Children's Staffing Team (also functions as the local CHP Committee), meets the second and fourth Wednesday of each month approximately 4 children are staffed each month, average age range is 8-12. Participating agencies are DCFS, Juvenile Detention, Evergreen Counseling Center, Sexual Assault Coalition, Personal Service Providers, PROJID, True North, Public Health Special health care Needs Nurse, the Special education Directors for Aberdeen, Hoquiam, North Beach, Ocosta and Elma School Districts, and the Quinault Tribe. The Chehalis Tribe asked to be taken off staffing list. DDD is invited but does not attend. 2. The Children's policy team meets the first Wednesday of every other month September through May. It is composed of [illegible] policy making level of the various agencies. Members are DCFS, ESD 113, Juvenile Detention and Law Enforcement, Evergreen Counseling Center, Public Health, Coastal Community Med, Grays Harbor Children's Advocacy Center, Community Mobilization Task Force, The Quinault Tribe, Fairfax Hospital, Special Education Directors, School Counselors, and a private therapist. The Chehalis tribe has been invited but has declined to attend. DDD sent a representative to the last meeting for the first time

Regional Support Network (RSN)	*Cross System Planning Group(s)* *(include frequency of meetings and participating agencies.)*
Greater Columbia	
Walla Walla Human Services	Advisory Boards (CD,DDD, MH) once per month PACT Teams (Human Services, Community Agencies, and consumers) as needed Family Support System (Community members, Human Services, CPS, Schools, Juvenile Justice, and Public Health) once per month Community Planning and Assessment Workgroup(Human Services, mental health providers, and community agencies) once per month High Risk Consumer Triage (Human Services, Inland Counseling Network, Children's Home Society, St. Mary Medical Center, Crisis Response Team, therapists, caseworkers, and clinical supervisors) once per week Mental Health Providers Meeting (Human Services, St. Mary Counseling, Children's Home Society, and Inland Counseling Network) once per month Co-Occurring Disorders(Human Services, DOC, CSO, VA, St. Mary Counseling, Inland Counseling Network, Children's Home Society, and caseworkers) once per week
Inland Counseling- Dayton & Walla Walla	Community Team Meeting (Juvenile Justice, DCFS, schools, law enforcement, and CD) once per month Family Support System (Human Services, Children's Home Society, Public Health, and DCFS) once per month Parenting (Children's Home Society, Juvenile Justice, Service Alternatives, and Private Practitioners) monthly Community Connection (20-25 different entities) once per month Family Group Conferencing Community Development (DCFS, Inland Counseling Network, and Private Practitioners) once per month Domestic Violence/Sexual Assault Coalition (Law Enforcement, Prosecutor's Office, Victim Advocate, National Organization for Women, YWCA, Inland Counseling Network, and Court System) once per month Community Planning and Assessment Workgroup (Community Agencies, St. Mary Counseling, Human Services, Inland Counseling Network, and Children's Home Society) once per month
King	Children and Families Oversight Committee plans, initiates, and participates in the child serving system reform of the RSN. It is comprised of representatives from child welfare, juvenile court, education, private agencies, parent organizations, drug and alcohol services, etc.
North Central	Member of six county Gatekeepers Project with Area Agency on Aging. Quarterly six county meetings, twice yearly statewide meetingsInteragency meetings for Adams and Grant Counties Children's Hospitalization Alternative program. This group includes mental health providers, DCFS, schools, child welfare services, county juvenile services, police and administrators. ➢ Participation in the Adams/Grant County Senior Coalition. This group began in late 1998 and includes mental health providers, senior center, Area Agency on Aging, several nursing/assisted living facilities, and other groups oriented toward services for seniors. Monthly. ➢ Financial support of, and participation in, the People 4 People Consortium developing a social services six county Internet web site (http://4people.communityos.org/). Meets as needed. ➢ Participation with Adams/Grant County mental health providers and Prevention and Alcohol Recovery Center in developing detox alternatives. Meets as needed.

Regional Support Network (RSN)	*Cross System Planning Group(s)* *(include frequency of meetings and participating agencies.)*
North Central cont.	➢ Bridgeport schools coordinating care for children in the Bridgeport school system. Chelan-Douglas RSN, juvenile court, and DCFS also represented. Meets as needed. ➢ Participation in Department of Corrections conference coordinated through University of Washington. Focus was on coordination of care and identifying needs and resources, and networking for local DOC and mental health staff. ➢ Home & Community Services meetings with Region 1 administration and local area supervisor for coordination of services and updating our agreement. Meets as needed. ➢ Meeting with regional Juvenile Rehabilitation Administration to develop their quality improvement goals and network with local mental health and JRA staff. Meets as needed. ➢ Statewide RSN Administrators Group. Meets monthly ➢ Eastside RSN Consortium. Includes Eastern State Hospital and Mental Health Division. Has included DDD Region 1 and Sacred Heart Hospital as needed. Meets monthly at Eastern State Hospital. ➢ Colville Tribe. Meetings include Tribal Administration, Tribal Community Counseling Services, Tribal Drug and Alcohol Services, Tribal Social Services, four county mental health providers, North Central and North East RSN's. Meet approximately quarterly.
Northeast Washington	
Stevens County	Kids First - 2X per month- Stevens County Counseling, local law enforcement, DCFS, Rural Resources. C.P.T. - 2 X per month - Stevens County Counseling and DCFS P.A.C.T. - 1X per month - regional interagency meeting for childrens providers.
Pend Oreille County	C.P.T. - Monthly - All area providers to children P.A.C.T. - Monthly - NEWRESN MDT - w/schools when needed/requested Juvenile Diversion - counseling as referred Violence In Schools Committee - Monthly DCFS -- MDT's as requested Diversion Board
NEWRESN	P.A.C.T. Committee - Monthly meeting at NEWRESN offices of local children's services providers. Participants: [illegible] mental health providers, ESD 101, DCFS, juvenile court, Tribal providers, school staff.
Ferry County	DCFS - Monthly Meeting Schools, law enforcement, juvenile probation, public health.

Regional Support Network (RSN)	*Cross System Planning Group(s)* *(include frequency of meetings and participating agencies.)*
NEWRESN	P.A.C.T. Committee – Monthly meeting at NEWRESN offices of local children's services providers. Participants include DDD, mental health providers, ESD 101, DCFS, juvenile court, Tribal providers, school staff
Ferry County	DCFS - Monthly Meeting Schools, law enforcement, juvenile probation, public health.
North Sound	Skagit Co Children's Acute Care Coordination Team Participants - NSRSN, DCFS, DDD, Associated Provider Network Monthly meetings Mental Health/Group Care Providers Coordination Meeting Participants NSRSN, DCFS Associated Provider Network, DCFS group care providers Monthly meetings Associated Provider Network Children's Acute Care Planning Committee Participants Associated Provider Network, NSRSN, DCFS, JRA, ESD 189, DASA, DDD Meetings Monthly Bi-Monthly Title IV-E Planning Meeting Pafrticipants DCFS, NSRSN, JRS, ESD 189, tribal representatives Meetings Monthly Bi Monthly
Peninsula	
Kitsap Mental Health Services	Headstart groups- Monthly (during program year). Project Family on parenting groups for At Risk children youth. Monthly. Partnership for Children's Services Quarterly, enhance communication between all community child serving systems. Kitsap Shared Resources. Monthly, planning and [illegible] strategies for High Needs Children in community. Numerous interagency planning meetings around individualized children [illegible] relationships (DDD, DCFS, schools, juvenile justice, GAL, ancillary community providers)
Peninsula Mental Health Services	Peninsula Partnership- Quarterly, enhance communication between all community child serving systems. Headstart- Quarterly, program planning. First Steps- monthly consultation with Public Health program. Child Protection Team- weekly, round table with professional providers regarding CPS TRS family safety and legal issues. Jefferson School- daily, consultation services.
Jefferson Mental Health Services	Peninsula Partnership- Quarterly, enhance communication between all community child serving systems.
West End Outreach	Peninsula Partnership- Quarterly, enhance communication between all community child serving systems.
PRSN	Quarterly meetings: (DSHS Region [illegible] DDD, DCFS, Kitsap Shared Resources, Peninsula Partnership, & Partnership for Children's Services
Pierce	
SCSC Clinical Team	Weekly. RSN, MH providers, DCFS, DDD, juvenile court, Schoolid, CLIP facilities, parent
SCSC Administrative Team	Bi-monthly. RSN, DCFS, MH providers, DDD, juvenile court, School, CLIP facilities, parent

Regional Support Network (RSN)	*Cross Syaytm Planning Group(s)* *(include frequency of meetings and participating agencies.)*
Healthy Options Oversight Committee	Bi-monthly. MAA, RSN, Healthy Options Providers, Health Department
Interagency Coordinating Council	Monthly. Birth to six providers, including the State Division of Developmental Disabilities, early intervention preschools, Washington PAVE, Pierce County Developmental Disabilities Program, schools, ECEAP and Head start providers.
Coalition for communities, families and schools	Monthly throughout the County, include school district special education directors, MH provider directors/supervisors, A Common Voice parents and RSN staff.
Southwest	
Children's Interagency Support Council (CISC)	CISC is a multi-system group of representatives from schools, juvenile detention, juvenile rehabilitation, children's services (DCFS), [illegible] abuse treatment providers, mental health providers, and advocates. Facilitated by the RSN, this group meets monthly to authorize CLIP applications and actively participate in discharge planning for children who have been hospitalized out of county. CISC members also authorize the use of cross-system flex funds managed by the RSN and oversee certain services that have been designed for children with higher levels of need (e.g. LINK, DASA adolescent case management).
Children's Interagency Board (CIB)	CIB is a group of multi-system administrators (same systems as above) who have met for many years to resolve system issues. Although they no longer meet regularly, they continue to provide an informal network that trouble-shoots barriers to appropriate services for children with special needs.
Planning Around the Customer (PAC) teams	PAC teams are planning teams specific to an individual child or family. PAC teams are formed when a child has multiple needs, when the parent requests one, and when other systems are critically involved in responding to the presenting issues. PAC teams can meet as often as every few d[illegible] or they can be limited to one or two major planning sessions. PAC teams involve the child, family, natural supports, mental health case manager, and other significant professionals in the life of the child.
A Child's Place (ACP)	ACP is a children's assessment center that was spearheaded by CIB. ACP is currently leading the community in early intervention and integrated treatment planning for specifically targeted children. A pilot project this fall will test all kindergardeners and first graders in one school district. An integrated approach to intervention and treatment will target those most likely to be disruptive and/or commit juvenile crimes. Current partners are ACP, SW RSN, Longview School District, DCFS, and Cowlitz County Juvenile Department.
Spokane	
Breakthrough	Meets monthly, parents, all major systems, most child serving non-profits, advocacy agencies.
Breakthrough Steering Committee	Meets as called, directors of DCFS, JRA, JCS, RSN, SCCSD, District 81, VOA, Early Head Start
Transitions	Meets monthly. RSN, UBH, providers (school, outpatient, vocational, residential) serving young people, aged 16-22
CLIP	Meets monthly, RSN, UBH, two child psychiatrists, RSN provider representatives, intersystem representatives
Action for Youth	Meets monthly, RSN, UBH, RSN provider representatives, intersystem representatives serving children, aged 0-17
Family Support Program	Meets biweekly, RSN, UBH, SMH, DCFS, JCS, CHS, Casey Family Partners, CPT teams

Regional Support Network (RSN)	*Cross Syaytm Planning Group(s)* *(include frequency of meetings and participating agencies)*
ITC	Meets monthly, RSN, UBH, SMH, DCFS, JCS, Casey Family Partners, CPT teams
Cross system DD/MH planning	Meets monthly, RSN, UBH, DD county, providers, doctors
Thurston Mason	
CCCT	Meetings 3 time per month and additionally whenever necessary. Co Facilitated by DCFS and TMRSN. Local gate keeping (CLIP), Review Group Care packets, Consultation to Community, help establish ITC teams for severly emotionally disturbed children. Involves local schoold, juvenile Justice, local group homes, child serving agencies, Chemical Dependency, Local hopitals and [illegible] Developmental Disabilities and Publico.
PSPH/CD	Development of a crisis triage system.
DCFS	Meeting once per month.
Mentally Ill Juvenile Offender Project Development	Meet with Juvenile Justice once per month. Establish services for adjudicated and at risk juveniles who are severely mentally ill. Services will include diversion, referral, staff and family support, consultation and training.
Best Practice	Meet once per month with schools and Mental Health Providers regarding childrens services
Behavioral Health Resources	
Timberlands	
Cascade Mental Health Care	Children's Oversight Committee: Meets once a month. Includes CMHC, DCFS, JRA, Representatives from 3 school districts, and public health nurse East End Group (E. Lewis Co.): Meets once a quarter. Includes CMHC, East End school superintendents, hospital, clergy, and DCFS Family Support Center: Meets monthly. Includes CMHC, DCFS, Public Health, DD services, Centralia College, [illegible] Community Ed., Port of Centralia, Human Response Network, Hispanic Community Rep. Parent Trust: Meets monthly. Includes CMHC, Human Response Network, Centralia College ECEAP, DD, DCFS
Willapa Counseling Center	Children's Protection Team meets monthly in both north and south Pacific County (Mental health, DDD, DCFS, & others)
Wahkiakum County Mental Health	Chemical Dependency/Mental Health.... meets weekly. Children's Protective Team meets monthly (CD, Mental Health, DSHS, Prosecutor, Special Education, Health Dept., Foster Care) Law Enforcement/Mental Health meets monthly, includes Wahkiakum Co. Sheriff, WCMH, poss. WSP, Wahkiakum [illegible] ESD multidisciplinary staffing occurs weekly Multidisciplinary emergency response planning for schools, meets every few months.

Revised 7/12/01 Sandra Colegrove
Section III MHD Childrens report 2001.doc

Section G. Complaints, Grievances, and Fair Hearings

1) MCOs/PHPs are required to have an internal grievance procedure approved in writing by the State agency, providing for prompt resolution of issues, and assuring participation of individuals with authority to order corrective action. The procedure allows an enrollee or a provider on behalf of an enrollee to challenge the denial of coverage of, or payment for services as required by 1932(b)(4) of the Act.

2) States are required to provide Medicaid enrollees with access to the State fair hearing process as required under 42 CFR 431 Subpart E, including:

- informing Medicaid enrollees about their fair hearing rights in a manner that assures notice at the time of an action,
- ensuring that enrollees may request continuation of benefits during a course of treatment during an appeal or reinstatement of services if State takes action without the advance notice and as required in accordance with State Policy consistent with fair hearings. The State must also inform enrollees of the procedures by which benefits can be continued for reinstated, and
- other requirements for fair hearings found in Subpart E.

I. Definitions:

Previous Waiver Period

a._____ During the last waiver period, complaints and grievances were defined differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period – Please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.

a. Please provide definitions used by the State for complaint, grievance, or appeal.

WAC 388-865-0255 defines complaints and grievances as: "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."

Appeal: This term applies specifically to an expression of dissatisfaction that involves any authorization or denial of services, which will generally be pursued at the Contractor level and which may be pursued at the RSN or state administrative hearing level.
Per the Grievance template MHD is issuing with its 01-03 contract:

Administrative Hearing means: A hearing conducted through the auspices of the state Office

of Administrative Hearings in accordance with WAC 388-02. The term fair hearing is synonymous with administrative hearing.

Fair hearing is defined in WAC 388-02, which is attached to our last waiver renewal.

b. Please describe any special processes that the State has for persons with special needs.

II. State Requirements and State Monitoring Activities:

Previous Waiver Period

a.___ During the last waiver period, the grievance standards or State monitoring were different than described in the waiver governing that period. The differences were:

b. x [Required for all elements checked in the previous waiver submittal] Please provide results from the State's monitoring efforts, including a summary of any analysis and corrective action taken with respect to complaints, grievances and fair hearings for the previous waiver period [items G.II.a and G.II.b of the 1999 initial preprint; as applicable in 1995 preprint]. Also, please provide summary information on the types of complaints, grievances or fair hearings during the previous two-year period following this addendum. Please note how access and quality of care concerns were addressed in the State's Quality Improvement Strategy.

The monitoring results of complaints, grievance and fair hearings were developed over the last waiver period. There is difficulty in identifying trends as the reporting across RSNs was somewhat different from the beginning under our last waiver renewal request through the first cycle of ongoing reports. The difference was both in the time periods and the way complaints and grievance were identified. That reporting difference was corrected however, there is still not enough information to show trends and anomalies. To date, MHD has understood that RSNs are still in the process of learning to report consistently about complaints, grievance and fair hearings that occur in their part of the state. In the coming six-month period, MHD will more clearly establish a set of definitions of terms commonly used in reporting. Instructions will be re-written for clarity and be re-issued to the RSN following a review and comment period of draft instructions. Individual RSNs will be contacted and asked to understand and comment on anomalies reported, e.g. a significant increase or decrease in a particular reporting category from one time period to another. RSNs will also be asked to assist in the process of establishing a basis of comparison of performance across RSNs and of establishing a method to incorporated the review of complaints, grievances and fair hearings into the local quality management process.

In Attachment GIIb. you will find the summary of complaints, grievances and fair hearings by type. As described above the MHD encourages complaints as a manner in which to

understand changes needed in the system and also as a sign of growing consumer voice and trust in the system. The division will continue to develop trends and benchmarks for when these numbers should concern us.

c. Please mark any of the following that apply:

1.___x ~~A hotline was maintained which handles any type of inquiry, complaint, or problem.~~ *A separate toll free number to the Ombuds is maintained as well as informational brochures to access the Ombuds.*

2.__x Following this section is a list or chart of the number and types of complaints and/or grievances handled during the waiver period.

The MHD continues to believe that it is a sign of growing trust in the system that complaints and grievances exist. As stated early on in this document, a parent of a child receiving services was acting as a panel presenter and made the following comment, "It is good for the system and the providers to receive complaints, if they do not, how will they know what to correct to make the system better. They will listen to us and respond when given the chance." To date the analysis of RSN complaints, grievance and fair hearings shows that it is too soon to clearly define trends. The first report period was a full year. The second report periods were six months long. The gap in reporting periods has been to extended to assure proficiency in reporting or in analyzing date. MHD will review date for apparent errors or lapses in reliability as they are received in the future. When data is considered reliable, MHD will more closely analyze data in cooperation with specific RSNs. Additionally, MHD contacted CMS to be able to compare the numbers with those seen nationally in programs like ours to allow the MHD to have benchmarks and a clear understanding of when these numbers should begin to alarm us. We found that these numbers are not available at CMS or anywhere else we looked.

As part of the special terms and conditions on the existing waiver, the MHD has collected complaint, grievance, fair hearing and disenrollment. The reports on those terms and conditions have been forwarded to CMS per the requirement. This report to the MHD will continue throughout this waiver renewal period.

The MHD did maintain a phone log for the first biennial quarter of the last waiver period to track the number of complaints it received regarding care and access. This number was very small. For the most part they were information/general requests about the public mental health system in general and/or what services could be made available for their children when their private insurance had run out and they did not qualify to CHIP services due to their income level. There were very few calls on specific cases and for those few, the MHD was either able to assist them or refer them to the proper RSN contact.

3.__x__ There is consumer involvement in the grievance process. Please

describe.

Ombuds are, for the most part, consumers or past consumers of the mental health system. Ombuds assist the consumer through the entire process. Please see WAC 388-865-0250.

Upcoming Waiver Period -- For items a. and b. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please check any State requirements and State monitoring activities in effect for MCO/PHP grievance processes.

a. Required Complaints, Grievances, and Fair Hearings Elements:

1._x__ The State requires MCO/PHPs to have a written internal grievance procedure, providing for prompt resolution of issues and assuring participation of individuals in authority.

2.__x__ The MCO/PHP grievance process is approved by the State prior to its implementation.

3.__x__ An MCO/PHP enrollee can request a State fair hearing under the State's Fair Hearing process. Please explain how, under what circumstances (i.e., direct access or exhaustion), and when an enrollee can access the State Fair Hearing process_____

The right to access the fair hearing process is included in the information provided to individuals upon becoming eligible to receive Medicaid services. Enrollees are also notified by the RSNs through brochures that explain their services including their right to a fair hearing and to assistance from the Ombuds. The mental health system is averaging between ten and twelve fair hearing requests per year.

WAC 388-865-0340 describing disenrollment rights requires, if the consumer's request to disenroll is denied, by MHD, the notice will include the consumer's right to request a fair hearing, how to request a fair hearing, and how the consumer may access Ombuds services in his/her area.

4.__X__ Enrollees are informed about their fair hearing rights at the time of Medicaid eligibility determination and at the time of any action as defined in 42 C.F.R. 431 Subpart E.

5.__X__ The State ensures that enrollees may request continuation of benefits or reinstatement of services during a course of treatment during a fair hearing appeal. The State informs enrollees of the procedures by which benefits can be continued or reinstated.

RSNs are required to continue to provide services to an individual during a grievance or fair hearing process both through WAC and contract.

This is also required by the MHD grievance template, Continuation of Benefits with Appeal and Fair Hearing are Pending attached as Attachment CIa. The enrollee is to be advised that they may be required to re-pay the costs of benefits if their appeal is not upheld.

6.__x__ Enrollees are informed about their complaint, grievance, and fair hearing rights at the time of MCO/PHP enrollment and/or on a periodic basis thereafter. Please specify how and through what means enrollees are informed.

Brochures must be available to enrollees that spell out their rights to grievance and fair hearing. These brochures must be available in locations assessable to enrollees. Additionally, consumer rights must be posted and or provided to at first contact to consumers.
When Medicaid eligibly is determined enrollees receive notice at their first visit detailing their right to a fair hearing. Brochures (including marketing brochures) are available in Attachment Ib3 arranged by RSN.

b. Optional Complaints, Grievances, and Fair Hearings Elements:

1.__x__ The internal grievance procedure required by the State is characterized by the following (please check any of the following optional procedures that apply to the State's required grievance procedure):

(a)__x__ The MCO/PHP governing body approves the grievance procedure *before submittal to the MHD for its approval* and is responsible for the effective operation of the grievance process.

(b)__x__ The governing body or its delegated grievance committee reviews and resolves complaints and grievances. If the State has any committee composition requirements please list_____

(c)__x__ Reviews requests for reconsideration of initial decisions not to provide ~~or pay for~~ a service.

(d)__X__ Specifies a time frame from the date of action for the enrollee to request a grievance resolution or fair hearing. Specify the time frame __

WAC 388-865-0255 Consumer grievance process
The regional support network 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 mental health division for written approval and incorporation into

the agreement between the regional support network and the mental health division. The process must:

(1) Be age, culturally and linguistically competent;

(2) 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;

(3) Ensure that grievances are investigated and resolved within thirty days. This timeframe can be extended by mutual written agreement, not to exceed ninety days;

(4) 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;

(5) Encourage resolution of complaints at the lowest level possible;

(6) Include a formal process for dispute resolution;

(7) Include referral of the consumer to the ombuds service for assistance at all levels of the grievance and fair hearing processes;

(8) Allow the participation of other people, at the grievant's choice;

(9) 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;

(10) Ensure that grievances are resolved even if the consumer is no longer receiving services;

(11) Continue to provide mental health services to the grievant during the grievance and fair hearing process;

(12) 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;

(13) Provide for follow-up by the regional support network to assure that there is no retaliation against consumers who have filed a grievance;

(14) Make information about grievances available to the regional support network;

(15) Inform consumers of their right to file an administrative hearing with DSHS without first accessing the contractor's grievance process. Consumers must utilize the regional support network grievance process prior to requesting disenrollment;

(16) 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:

(a) The consumer believes there has been a violation of DSHS rule;

(b) The regional support network did not provide a written response within thirty days from the date a written request was received;

(c) The regional support network, mental health prepaid health plan, the department of social and health services, or a provider denies services.

(e)__X__ Includes time frames for resolution of grievances for MCO/PHP grievances. Specify the time frame set by the State

See above

(f)_____ Establishes and maintains an expedited grievance review process for the following reasons:_____ Specify the time frame set by the State for this process___

(g)__x__ Permits enrollees to appear before MCO/PHP personnel responsible for resolving the grievance.

(h)__x__ Provides that, if the grievance decision is adverse to the enrollee, the grievance decision and any supporting documentation is forwarded to the State within a time frame specified by the State. Specify the time frame

Provide written notification to the MHD on the first day that the contractor receives a grievance that relates to any disenrollment. In accordance with the MHD disenrollment Policy 4.02 attached as Attachment GIII5c, MHD retains the right and responsibility to make disenrollment determinations. Grievances that relate to any disenrollment requests must first be considered by the contractor and completed within 15 calendar days from the date the Contractor receives the grievance. In the event the Medicaid enrollee requests disenrollment after the grievance process is complete, the Contractor shall immediately transmit a copy of the entire record of local disenrollment activities to the MHD.

(i)__x__ The MCO/PHP acknowledges receipt of each complaint and grievance when received and explains to the enrollee the process to be followed in resolving his or her issue. If the State has a time frame for MCOs/PHPs to acknowledge complaints and grievances, please specify:

Please see WAC 388-865-0255

(j)__x__ Gives enrollees assistance completing forms or other assistance necessary in filing complaints or grievances (or as complaints and grievances are being resolved).

(k)__x__ Conducts grievance resolution/hearings using impartial individuals not involved in previous levels of decision making.

(l)_____ If the focus of the grievance is a denial based on lack of medical necessity, one of the reviewers is a physician with appropriate expertise in the field of medicine that encompasses the enrollee's condition or disease.

(m)_____ Bases the MCO/PHP's decision on the record of the case.

(n)__x___ Notifies the enrollee in writing of the grievance decision and further opportunities for appeal, as well as the procedures available to challenge or appeal the decision.

(o)_____ Upon request, provides enrollees and potential enrollees with aggregate information regarding the nature of enrollee complaints and grievances and their resolution.

(p)_____ Sets time frames for the MCO/PHP to authorize or provide a service if decision is overturned or reversed through the grievance or fair hearing process. Specify the time frame____

(q)_____ Informs the enrollee of any applicable mechanism for resolving the issue external to the MCOs/PHPs own processes.

(r)__x__ Determines whether the issue is to be resolved through the grievance process, the process for making initial determinations on coverage ~~and payment~~, or the process for resolution of disputed initial determinations.

(s)_____ Other (please explain):

2.__X__ MCOs/PHPs maintain a log of all complaints and grievances and their resolution.

3.__X_ MCOs/PHPs send the State a summary of complaints and grievances on at least an annual basis.

4.__x__ The State requires MCOs/PHPs to maintain, aggregate, and analyze information on the nature of issues raised by enrollees and on their resolution.

5.__X__ The State requires MCOs/PHPs to conduct in-depth reviews of providers or services identified through summary reports as having undesirable trends in complaints and grievances.

6.__X__ The State and/or MCO/PHP have ombud programs to assist enrollees in the complaint, grievance, and fair hearing process.

7._____ Other (please specify):

Attachment G.11b

Analysis of Exhibit "N" Reports
Report Period—October 1, 2000 through March 31, 2001
July 12, 2001

GENERAL REVIEW

There appears to have been an improvement in the consistency of reporting in the current six-month report period (hereafter referred to as quarter). This perception is supported by the fact that a greater number of RSNs provided complete information on a timely basis for both children and for adults.

A larger number of RSNs completed the forms correctly, which seems to indicate that the advisory memo sent to RSNs following the last reporting period was useful in improving reporting. For example, the total Complaints, Grievances and Fair Hearings reported was equal to the total Complaints Resolved plus Complaints Outstanding.

Additional work remains to be done to assure accuracy and consistency in reporting among RSNs. This is necessary in order to assure reliability of comparisons and establishment of standards for types of complaints and for frequency per 100,000. Relevant recommendations will be made in the Summary section of this report.

Statewide, there are relatively few grievances and virtually no fair hearings reported. The number of fair hearings reported is statistically insignificant, and the number of grievances is not much larger. For that reason, summary statistics, enclosed with this report, are compiled as one total for the three categories, and objective observations of the data will be inclusive of all three as well.

There is still insufficient data on which to establish trends and to begin to reach conclusions about what the data demonstrates. The initial report period for Exhibit N was one year. The subsequent two report periods have been six-month periods. The first report period is considered the most unreliable, as the reporting was sufficiently inconsistent as to render the reliability of the data highly questionable.

The two six-month periods appear to be more consistent in the process of reporting overall. There are two notable exceptions to this. Two large RSN appear to be submitting data inconsistently with their size. One reports higher numbers of complaints that one might expect; the other reports far fewer complaints than one might reasonably project. This will be discussed with key personnel individually. Group communication with RSNs is also planned in order to continue to promote consistency in reporting and reliability in comparisons.

One convention to be used in this report is highlighted here. The term, "significant" has a major connotation statistically. This report does not attempt to report from a statistically pure perspective. It is observational. Thus the term notable will be used to indicate where an observation should be pursued, rather than state than an observation is significant.

Children's Specific Review

There are a smaller number of complaints related to children statewide than might be expected. There were 127 total complaints this quarter for children compared to 763 total for adults. This represents less than 15% of combined complaints, even though children comprise far higher percentages in the general and in the service population. Whatever the explanation for what appears to be an imbalance will need to be examined further.

There was a 19% decrease in the number of children related complaints, which was only a drop of 30 statewide (157 to 127). Six categories of complaints realized an increase; five had a decrease; two remained unchanged. Housing had no complaints reported in both periods; Transportation reported only one.

Only one Category statewide had a notable change. Access produced a 48.7% percentage decrease, but the total numbers fell less than 20 in going from 39 to 20.

Beginning with this report period, MHD will begin to contact individual RSNs directly when notable observations are made. If there is a large change, either an increase or a decrease, in one or more categories, MHD will correspond with the RSN to point to the change. The RSN will be requested to take steps to understand what may need to be done to address the notable observation, informing MHD of the results.

In the current quarter, only five RSNs had variances in an individual category of complaint or in total complaints to be considered. Even so, with the exception of one RSN, the change in numbers from the previous [illegible] the current quarter is quite small. The purpose of contacting those RSNs will be primarily for better understanding between MHD and those RSNs about reporting procedures.

Adult Specific Review

There was a highly notable increase in the total number of complaints statewide in the current quarter from the previous. A total of 763 complaints were reported this reporting period compared to 520 in the last. This represents a total number of 243 more complaints or a 46.7% increase.

One category, Quality/Appropriateness, was responsible for 145 of the 243 additional complaints. That category realized the largest individual category increase for children and for adults. In the previous quarter, no complaints were reported in that category. Five RSNs accounted for 114 of the 145 Quality/Appropriateness complaints.

Across the board, there was an increase in six categories but a decrease in seven. Service Intensity displayed the second most notable gain, going from [illegible]

statewide or 297%. Access realized a 68.4% increase with 38 compared to 64 from the previous to the current quarter. There were almost three times as many complaints about Dignity and Respect, 26 vs. 75. The number of Rights complaints virtually doubled (93% gain), going from 43 to 83 reported. Complaints about Financial and Administrative Services did double, but there were only 19 more complaints in this category statewide. One RSN accounted for 13 of those.

Despite the fact that seven categories of complaints decreased in volume, only two are considered notable. Housing shrunk by 65% or 65 previously compared to 23 currently. Emergency Service complaints reduced almost 60%, from 59 to 25. One RSN was responsible for 49 of that category of complaint.

MHD is also compiling information on frequency of complaints per 100,000 persons. This statistical calculation attempts to provide a basis of comparison among RSNs of the rates of complaints being registered. RSNs will be encouraged to assist in the analysis of the utility of this comparison in the future.

Five RSNs had lower frequency of complaints in this quarter than previously. Four of those RSNs had general populations of 100,000. The fifth was a larger RSN and realized a decrease of 5.1 percentage points.

Four RSNs experienced an increase in the frequency of complaints per 100,000. Two of them have small general populations. Two have medium to large population bases. One of those experienced a surge of almost 20 percentages, the other a gain of 5.1%. Other RSNs realized fewer than 5% percentage point changes.

No conclusions can reasonable be reached, nor is there even sufficient data to begin to plot trends and make reliable comparisons. A foundation is, though, being built which is expected to provide for both to happen.

Summary

To date, only three Exhibit N reports have been submitted by RSNs. One was for a period of twelve months, the other for periods of six months. Initial reviews have focused on promoting increased accuracy in reporting and in establishing a basis for comparisons and future agreements in setting standards.

This report builds on that concept. At the same time it recognizes the need for greater clarity of expectations of reporting and in potential uses of the data reported. In the current quarter (April through September, 2001), MHD will work with RSNs to establish a set of definitions of reporting terms in order to promote consistency in reporting. This will be done through consultation with the Ombuds Quality Review Oversight Committee, which provides policy guidance to MHD, and through communication with

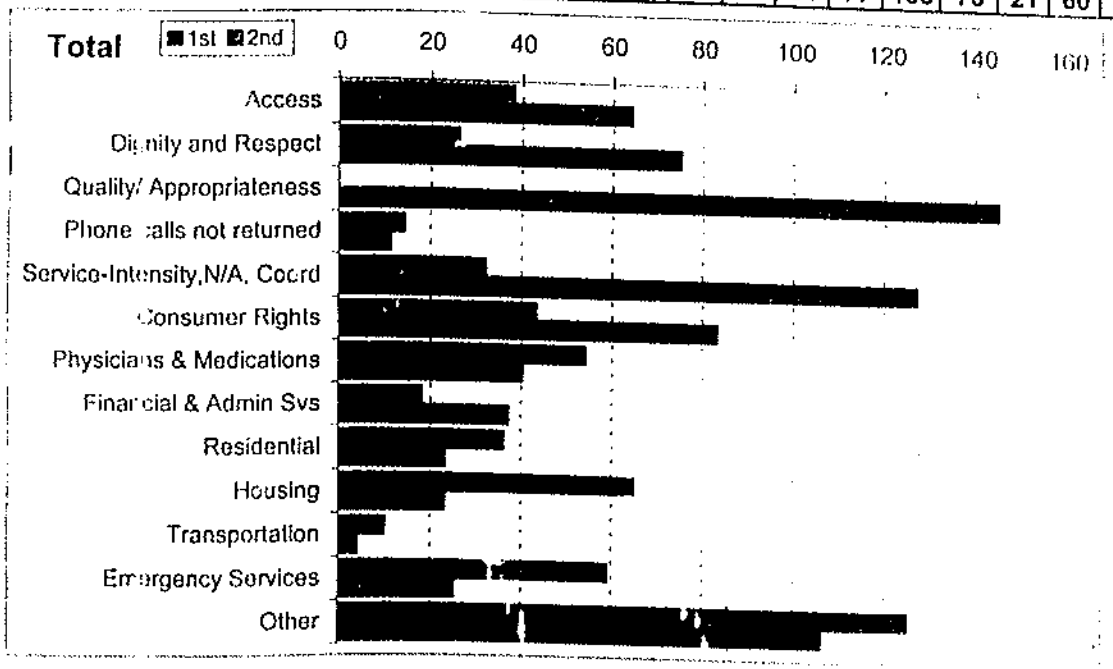
RSN administrators, Ombuds personnel and others responsible for compiling and assuring the data is submitted.

In addition to establishing a set of definitions, MHD will work with the above named stakeholders to compile understandable instructions for reporting procedures. These will be developed in communication with and review by stakeholders. The development process will be conducted with a view toward establishing the bases of comparison among all RSNs. In the future, MHD intends to request RSNs to establish methods to assure that use of the data is incorporated into local quality management processes.

1st is
Apr-Sep 2000 Adults

2nd is
Oct-Mar 2001 Adults

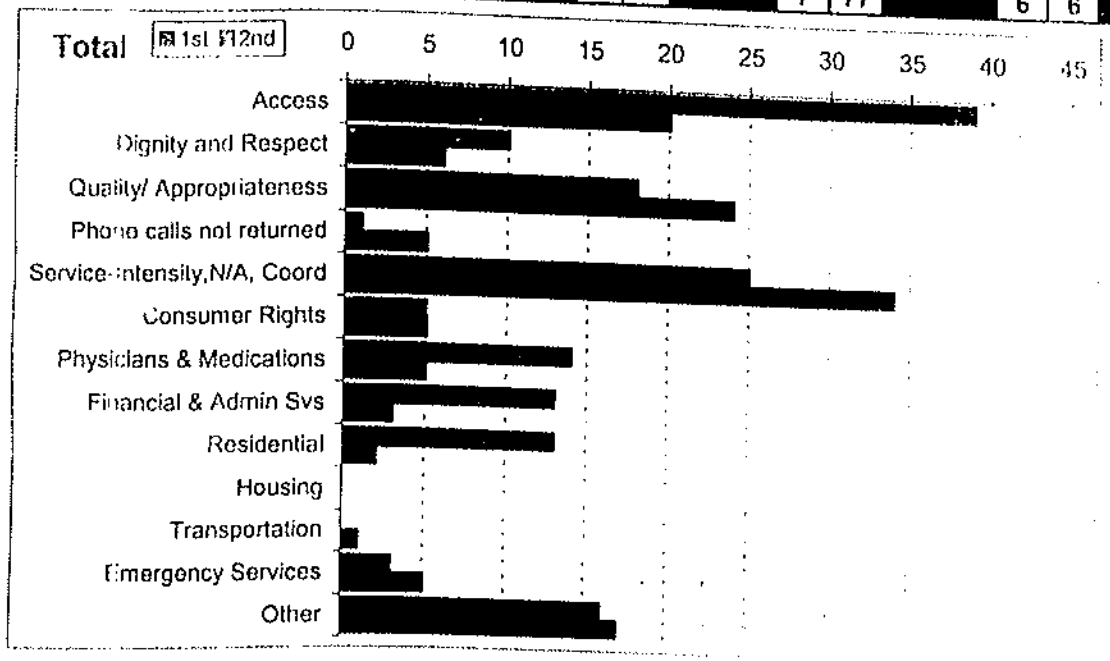
	1st	2nd	CD		CL		GH		GC		KI		NC		NS		NE		PE		PI		SW		ST		TM		U	
Access	38	64			2	1			12	4			2	3			2				2	4			2	8			2	4
Dignity and Respect	26	75			2	5							2	5			2				2	20			2	4			2	4
Quality/ Appropriateness	0	145				10								14				1				26				1				10
Phone calls not returned	14	11			2								0								2	2			5				4	2
Service-Intensity,N/A, Coord	32	127			2	5			6	18			2	11			2	3			2	18			2	17			2	4
Consumer Rights	43	83			3	2			4	10			3	19			3	5			3	10			3	9			3	2
Physicians & Medications	54	40			4	2			2	5			4	1			4	2			4	4			4				4	4
Financial & Admin Svs	18	37			1	3			5	4			1	3			1	1			1	14			1				1	2
Residential	36	23			2				10	7			2				2				2	5			2	4			2	
Housing	65	23			5								5				5				5				5				5	
Transportation	10	4			0								0	1																
Emergency Services	59	25			3	1							0	1				3			1	4							2	
Other	125	106			2	1			25	29			0	2				3			5	4			57	56			4	5
Total	520	763	23	21	28	30	22	5	64	77	109	78	21	60	26	157	21	18	21	29	29	111	21	8	83	99	21	33	31	37



1st is
Apr-Sep 2000 Youth

2nd is
Oct-Mar 2001 Youth

	1st	2nd	CD	CL		GH	GC		KI	NC		NS	NE		PE	PI		SW	SP		TM	U	
Access	39	20		3	2		0	4		3	0		3	0		3	0		3	3		3	1
Dignity and Respect	10	6		1	0		0	0		0	1		0	0		7	4		0	0		1	0
Quality/ Appropriateness	18	24		2	0		0	0		0	3		0	0		7	7		1	0		1	2
Phone calls not returned	1	5		0	0		0	0		0	0		0	0		1	0		0	0		0	0
Service Intensity,N/A, Coord	25	34		1	2		1	18		1	0		0	0		11	8		1	2		0	1
Consumer Rights	5	5		0	1		1	10		0	1		0	0		0	1		0	0		2	0
Physicians & Medications	14	5		2	0		1	5		0	0		1	0		3	1		0	0		4	1
Financial & Admin Svs	13	3		1	0		0	4		1	1		1	0		1	0		1	0		1	0
Residential	13	2		1	0		0	7		1	0		1	0		1	0		1	0		1	0
Housing	0	0		0	0		0	0		0	0		0	0		0	0		0	0		0	0
Transportation	0	1		0	0		0	0		0	0		0	0		0	0		0	0		0	0
Emergency Services	3	5		0	0		0	0		0	0		1	0		0	0		0	1		1	0
Other	16	17		0	1		4	29		0	0		0	0		1	1		1	0		1	0
Total	157	127		11	6		7	77		6	6		7	0		35	22		8	6		15	5



	Frequency per 100,000 RSN Pop				% of Avg Monthly Served				% of State Total			
	April-Sept 2000	Oct-March 2001	April-Sept 2001	Oct-March 2002	April-Sept 2000	Oct-March 2001	April-Sept 2001	Oct-March 2002	April-Sept 2000	Oct-March 2001	April-Sept 2001	Oct-March 2002
CD	33.3	30.4	0.0	0.0	4%	4%	0%	0%	4%	3%	0%	0%
CL	[redacted]											
GH	44.5	10.1	0.0	0.0	4%	1%	0%	0%	4%	1%	0%	0%
GC	[redacted]											
KI	8.6	3.5	0.0	0.0	1%	0%	0%	0%	21%	7%	0%	0%
NC	[redacted]											
NS	3.9	23.1	0.0	0.0	1%	4%	0%	0%	5%	23%	0%	0%
NE	[redacted]											
PE	9.4	11.8	0.0	0.0	1%	1%	0%	0%	4%	4%	0%	0%
PI	[redacted]											
SW	30.3	11.5	0.0	0.0	2%	1%	0%	0%	4%	1%	0%	0%
SP	[redacted]											
TM	11.0	17.3	0.0	0.0	2%	3%	0%	0%	4%	5%	0%	0%
TI	[redacted]											
State Tot	5.3	7.4	0.0	0.0	1%	1%	0%	0%	100%	107%	0%	0%

Section H. Enrollee Information and Rights

This section describes the process for informing enrollees and potential enrollees receive about the waiver program, and protecting their rights once enrolled. The information in this section (e.g., enrollee handbooks, enrollment information, PCP choice materials) is considered to be marketing material because it is sent directly to enrollees. However, the traditional marketing materials (e.g., billboards, direct mail, television and radio advertising) are addressed above in Section A (see A.III.a).

I. Enrollee Information - Understandable to Enrollees:

Previous Waiver Period

a._____ During the last waiver period, the requirements for understandable enrollee information operated differently than described in the waiver governing that period. The differences were:

b.__x__ [Required] Please provide copies of the brochure and informational materials explaining the program and how to enroll.

Upcoming Waiver Period – This section describes how the State ensures information about the waiver program is understandable to enrollees and potential enrollees. Please check all the items which apply to the State or MCO/PHP. For all items in this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Items which are required have "[Required]" in front of them. Checking a required item affirms the State's intent to comply. If the State does not check a required item, please explain why.

a.__X__ [Required] The State will ensure that enrollee materials provided to enrollees by the State, the enrollment broker, and the MCO/PHP are clear and easily understandable.

b.__X__ Enrollee materials will be translated into the languages listed below (If the State does not translate enrollee materials, please explain):

The State has chosen these languages because (check any that apply):
1.__X__ The languages comprise all prevalent languages in the MCO/PHP service area.

2.__X__ The languages comprise all languages in the MCO/PHP service area spoken by approximately 500 people or more of the population.

3._____ Other (please explain):

c.__X__ Program information is available and understandable to non-English speaking enrollees whose language needs are not met through the provision of translated material described above. Please describe.

Please see Section AIII Program Impact #6 on page 23.

d.__X__ [Required] Translation services are available to all enrollees, regardless of languages.

e.__X__ Every new enrollee will have access to a toll-free number to call for questions. Please note if the State requires TTY/TDD for those with hearing/speech impairments.

The state requires each RSN to have access for those who are deaf or hard of hearing. WAC 388-865-0260;-0410;-0415 all contain requirements.

f.__X__ The State requires MCO/PHP enrollee information materials to be translated into alternative formats for those with visual impairments.

II. Enrollee Information - Content:

Previous Waiver Period

a._____ During the last waiver period, the enrollee information requirements operated differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period -- This section describes the types of information given to enrollees and potential enrollees. Please check all that apply. For all items in this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Items which are required have "[Required]" in front of them. Checking a required item affirms the State's intent to comply. If a required item is not check, please explain why.

a. **Information provided by the State and/or its Enrollment Broker.** The State and/or its enrollment broker provides the following information to enrollees and potential enrollees.

1._____ Every new enrollee will be given a brief in-person presentation describing how to appropriately access services under the managed care system and advising them of enrollees' rights and responsibilities.

2.__x__ An initial notification letter

3.__x__ Informational materials describing how to appropriately access services under the managed care system and advising them of enrollees' rights and responsibilities.

4._____ A form for enrollment in the waiver program and selection of a plan

5.__x__ A list of plans serving the enrollee's geographical area

6._____ Comparative information about plans

7._____ Information on how to obtain counseling on choice of MCOs/PHPs

8.__x__ Detailed provider network listings

9._____ A new Medicaid card which includes the plan's name and telephone number or a sticker noting the plan and/or PCP's name and telephone number to be attached to the original Medicaid card (please specify which method);

10.__x__ A ~~health risk assessment~~ *mental health screening* to identify conditions requiring immediate attention.

11._____ Information concerning the availability of special services, expertise, and experience offered by MCO/PHPs and providers

12.__x__ [Required] Information explaining the grievance procedures *at the RSN* and how to exercise due process rights and their fair hearing rights.

13._____ [Required for MCOs with lock-in periods] Information about their right to disenroll without cause the first 90 days of each enrollment period. (See A.III.b.5)

14._____ [Required for MCOs] Information on how to obtain services not covered by the MCO/PHP but covered under the State plan.

15._____ [Required for MCOs] For enrollees in lock-in period, notification 60 days prior to end of enrollment period of right to change MCOs/PHPs (See A.III.b.5)

16._____ Other items (please explain):

b. Information provided by the MCO/PHP The State requires the MCO/PHP to provide, written information on the following items to enrollees and potential enrolles. Unless otherwise noted, required items must be provided upon actual enrollment

into the MCO/PHP (the BBA requires some information be provided only upon request). Please check all that apply.

1.__x__ [MCOs required to provide upon request] Enrollee rights.

2.__x__ [MCOs required to provide upon request] Enrollee responsibilities.

3.__x__ [MCOs required to provide upon request] Names, locations, qualifications and availability of network providers, including information about which providers are accepting new Medicaid enrollees and any restrictions on enrollees' ability to select from among network providers.

4.__x__ [MCOs required to provide upon request] Amount, duration and scope of all benefits (included and excluded).

5._____ [MCOs required to provide upon request] Physician incentive program, including (1) if the MCO has a PIP that covers referral services; (2) the type of incentive arrangement; (3) whether stop-loss protection is provided; and (4) a summary of survey results, if a survey is required.

6.____ [Required for MCOs] The PHP enrollee materials (either through the enrollee handbook, semi-annual or annual open enrollment materials, or by some other means) annually disclose to enrollees their right to adequate and timely information related to physician incentives.

7.__x__ [MCOs and PHPs required to provide upon request *and* upon enrollment] Information explaining the complaints and grievance procedures for resolving enrollee issues, including issues relating to authorization of, coverage of, or payment for services.

8.__x__ [Required for MCOs] Procedures for obtaining services, including authorization requirements.

9.__x__ [Required for MCOs] After-hours and emergency coverage. The State ensures enrollee access to emergency services by requiring the MCO to provide the following information to all enrollees [note: these items are required of MCOs only; however, please fill in if applicable for PHPs]:

i.__x__ the right to use participating and non-participating *mental health* providers

ii.__x__ definition of emergency *mental health* services

iii.__x__ the prudent layperson definition of emergency *mental health* medical

condition

iv._____ the prohibition on retrospective denials for services that meet the prudent layperson definitions (e.g., to treat what appeared to the enrollee to be an emergency medical condition at the time the enrollee presents at an emergency room)

v.__x__ the right to access emergency *mental health* services without prior authorization

10.__x__ [Required for MCOs] Procedures for obtaining non-covered or out-of-area *mental health* services.

11.__x__ [Required for MCOs] Any special conditions or charges that may apply to obtaining *mental health* services.

12._____ [Required for MCOs and PHPs] The right to obtain family planning services from any Medicaid-participating provider

13._____ [Required for MCOs] Policies on referrals for specialty care and other services not furnished by the enrollee's primary care provider.

14._____ [Required for MCOs] Charges to enrollees, if applicable.

15.__x__ [Required for MCOs] Procedures for changing primary care providers.

16._____ Procedures for obtaining mental health, substance abuse, and developmental disability services.

17.__x__ Procedures for recommending changes in *mental health* policies or services.

18.__x__ The covered service area.

19.__x__ Notification of termination or changes in *mental health* benefits, services, service sites, or affiliated providers (if the enrollee is affected). Notices are provided in a timely manner.

20._____ A description of new technology or new technology acceptance policies which are included as covered benefits.

21.__x__ Enrollees' right to obtain information about the MCO/PHP, including information standards, utilization control procedures and the financial condition of the organization.

22._____ Other (please describe):

III. Enrollee Rights:

Previous Waiver Period

a._____ During the last waiver period, the requirements for enrollee rights operated differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period -- For items a. through n. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please check any of the processes and procedures in the following list the State requires to ensure that contracting MCOs/PHPs protect enrollee rights. The State requires MCOs/PHPs to:

a.__x__ Have written policies with respect to enrollee rights.

b.__x__ Communicate policies to enrollees, staff and providers.

c.__x__ Monitor and promote compliance with their policies by staff and providers.

d.__x__ Ensure compliance with Federal and State laws affecting the rights of enrollees such as all Civil rights and anti-discrimination laws.

e.__x_ Implement procedures to ensure the confidentiality of *mental* health and medical records and of other information about enrollees.

f.__x__ Implement procedures to ensure that enrollees are not discriminated against in the delivery of medically necessary services.

g.__x__ Ensure that all services, both clinical and non-clinical, are accessible to all enrollees, including special populations.

h.__x__ Ensure that each enrollee may select his or her primary care provider from among those accepting new Medicaid enrollees.

i.__x__ Ensure that each enrollee has the right to refuse care from specific providers.

j.__x__ Have specific written policies and procedures that allow enrollees to have access to his or her medical records in accordance with applicable Federal and State laws.

k.__x__ Comply with requirements of Federal and State law with respect to advance directives *for psychiatric care.*

l.__x__ Have specific written policies that allow enrollees to receive information on available treatment options or alternative courses of care, regardless of whether or not they are a covered benefit.

m.__x__ Allow direct access to *mental health* specialists for beneficiaries with long-term or chronic care needs (e.g., severely and persistently mentally ill adults or severely emotionally disturbed children)

n._____ Other (please describe):

IV. Monitoring Compliance with Enrollee Information and Enrollee Rights

Previous Waiver Period

a._____ During the last waiver period, the State monitored compliance with enrollee information and rights differently than described in the waiver governing that period. The differences were:

b.__x__ [Required for all elements checked in the previous waiver submittal] Please include the results from monitoring MCO/PHP enrollee information and rights in the previous two year period, including a summary of any analysis and corrective action taken [items H.IV.a-d of 1999 initial preprint; item A.22 of 1995 preprint].

This monitoring takes place at the annual on-site visits of the QA & I team at all levels of monitoring, the RSN administrative level, the medical audit & licensing and certification. Results of this monitoring has been positive in the most part however, there were times when consumers did not receive a copy of their rights especially when services are provided out of the facility. As such, the MHD clarified its expectations in both the WAC and the 01-03 contract.

The QA & I team and other MHD staff is required to sign oaths of confidentiality forms. The QA&I team also positively reports the requests of them to sign confidentiality forms on-site.

Upcoming Waiver Period – For items a. through d. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please check any of the processes and procedures the State uses to monitor compliance with its requirements for enrollee information and rights.

a.__x__ The State tracks disenrollments and reasons for disenrollments or requires MCOs/PHPs to track disenrollments and reasons for disenrollments and to

submit a summary to the State on at least an annual basis.

b.__x__ The State will approve enrollee information prior to its release by the MCO/PHP.

c.__x__ The State will monitor MCO/PHP enrollee materials for compliance in the following manner (please describe):

The MHD looks at materials through contract deliverables and through routine on-site activities.

d.__x__ The State will monitor the MCO/PHPs compliance with the enrollee rights provisions in the following manner (please describe):

The MHD QA & I team look to ensure rights are posted in visible locations and are translated. This is also a reason for complaint or grievance that is tracked by the state. Additionally, the MHD is planning through the use of federal block grant funds to spend time working to compile all sets of rights into one document instead of many and have them translated for use statewide. We will not have the answer to this request from SAMHSA until later in the year.

Section I. Resource Guide

Below are references which provide information related to Medicaid managed care quality assessment and improvement efforts, and rate setting and risk adjustment methodologies:

Actuarial Research Corporation, Report prepared for the Department of Health and Human Services (DHHS)/the Health Care Financing Administration (HCFA), Capitation Rate Setting in Areas with Eroded Fee-For-Service Base Final Report, 1992.

Actuarial Research Corporation, Setting an Upper Payment Limit Where the Fee for Services Base is Inadequate: Final Report, 1992.

Alpha Center, Report produced for the Robert Wood Johnson Foundation, Risk Adjustment: A Special Report, 1997.

Ann Arbor Actuaries, Inc., Report prepared for DHSS/HCFA, A Review of Rate Setting Methods of Selected State Medicaid Agencies for Prepaid Health Plans, 1991.

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*document can be ordered through the National Clearinghouse on Alcohol and Drug Information (NCADI) 800/729-6686 or found on the SAMHSA Web Site at www.samhsa.gov/mc/TAS.htm.

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[1] In the Balanced Budget Act of 1997 (BBA), Congress identified these five groups of children as ones to be excluded from mandatory enrollment in managed care under the BBA's state plan amendment process, although it continued to permit their enrollment through waiver or demonstration authority. States should be aware that the BBA "definition" does not include all children who may have a special health care need. In developing a definition, States should consult with appropriate stakeholders, and may want to consider

the following definition, which has been endorsed by the Health Resources and Services Administration, DHHS; the American Academy of Pediatrics, and the Association of Maternal & Child Health Programs:

"Children with special health care needs are those who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

[2] Children who are eligible for Medicaid under 1902 (e)(3) are an optional Medicaid eligibility group (also known as "Katie Beckett" children) who require a level of care provided in institutions but reside in the community. States that do not include this optional category may cover similar children under a home and community-based waiver. As Congress spoke only to those children eligible through 1902(e)(3) in the BBA, these criteria only apply to such children when the optional eligibility category is used.

[3] The identification of children with special health care needs is an ongoing process and serves many purposes including enrolling children in the appropriate MCO, assessing their health care needs and assigning them to the appropriate primary care provider, and monitoring quality of care. There are efforts underway to develop efficient tools and strategies for identifying and monitoring children with special health care needs. One strategy is the use of □Living with Illness Screening Tool□ which was developed by the Foundation for Accountability (FACCT), Child and Adolescent Health Measurement Initiative (CAHMI) (For additional information, contact www.facct.org). Another tool is the QuICCC (Questionnaire for Identifying Children with Chronic Conditions), which contains 39 questions for the family or care giver (or the 19-question version of this instrument, called QuICCC-R) (For additional information, see R.E. Stein et al, □The Questionnaire for Identifying Children with Chronic Conditions: A Measure Based on a Noncategorical Approach□, Pediatrics, (April 1997) pp 513-521). An additional strategy is using Clinical Risk Groups (CRGs), a classification system developed by the National Association of Children□s Hospital and Related Institutions (NACHRI) in conjunction with 3M (see Muldoon, J; Neff, J; Gay J; (1997) Profiling Health Service Needs of Populations using Diagnosis Based Classification System, Journal of Ambulatory Care Management, 20, 1-18. These strategies can be supplemented by using administrative data bases (e.g. cost and utilization data, ICD-9 and other diagnostic coding) and aid code analysis to identify children with special health care needs

[4] The pediatric standard for care for children with special health care needs is that of a "medical home". A medical home is an approach to providing care that is accessible, family-centered, comprehensive, continuous, coordinated, compassionate and culturally competent. For further information, see the American Academy for Pediatrics, Managed Care and Children with Special Needs: Medical Home Checklist; www.aap.org/advocacy/medhome/resourcesmedhomechecklist.htm). Families and caregivers of children with special health care needs should be allowed to choose as a medical home either a primary care provider or a specialist with the capacity and expertise to provide primary care services to such children.

[5] State officials may want to review the technical assistance document "Optional Purchasing Specifications: Medicaid Managed Care for Children with Special Health Care Needs to develop contract provisions on behalf of these children. These specifications provide illustrative language on covered benefits and delivery of services to children with special health care needs. The specifications were prepared by George Washington University Center for Health Services Research and Policy (CHSRP) with funding from the Health Resources and Services Administration (HRSA) and the March of Dimes Birth

Defects Foundation, in collaboration with the Health Care Financing Administration (HCFA), the Substance Abuse and Mental Health Services Administration (SAMSHA) and the Department of Education (DOE). They were reviewed through a series of vetting meetings involving State Medicaid and public health officials, health care providers, managed care organization representatives, consumers and other outside experts. The specifications can be found at the following website: www.gwu.edu/~chsrp.

[6] Title V agencies can assist in monitoring the quality of care for CSCCN. Therefore, we recommend that the Single State Agency responsible for administering Medicaid contact the Title V agency to coordinate performance measures for children with special health care needs.

Attachment I.b3

Provider Network

Outpatient community mental health services for PHP members of all ages are available in the geographic area of Pierce County in which he/she resides from the following providers:

Comprehensive Mental Health Center
(Tacoma/Peninsula Area)
Adults/Older Adults, 514 S. 13th St. Tacoma
(253) 272-3070
Children/Families, 1201 S. Proctor, Tacoma
(253) 756-9960

Good Samaritan Behavioral Healthcare
(Puyallup/East County Area)
325 Pioneer East, Puyallup 98372
(253) 445-8120
Toll Free 1-888-445-8120

Greater Lakes Mental Healthcare
(Lakewood/Southwest County Area)
9330 59th Ave. S.W., Lakewood 98499-6600
(253) 581-7020

Outpatient community mental health services designed for special population groups are available from the following providers regardless of where a PHP member resides:

Asian Counseling Services
Primary Asian/Pacific Islander speaking individuals & others
4301 S. Pine St., Suite 405, Tacoma, 98409
(253) 471-0141

Sea Mar Community Health Centers
Primary Spanish speaking individuals and others
1112 South Cushman St., Tacoma, 98405
(253) 593-2144

Kwawachee Counseling Center
Native Americans and Alaskan Natives
Puyallup Tribal Health Authority
2209 E. 32nd St., Tacoma, 98404
(253) 593-0247

Catholic Community Services
Intensive home based services for children
5410 N. 44th St., Tacoma 98407
(253) 759-9544

Pierce County
Regional Support Network/Prepaid Health Plan
8811 South Tacoma Way
Lakewood, Washington 98499

Pierce County
Mental Health Services

Judy -
Pu you
email request ty
- Bob ort
(253) 798-6125

Prepaid Health Plan

MENTAL HEALTH BENEFITS

1-800-531-0508
Toll Free Information Number

How to Access Services

- Members of the Pierce County Regional Support Network Prepaid Health Plan (PHP) may call the phone numbers listed in this brochure directly for services or call the toll free number for assistance.
- Crisis services and mental health assessments do not require prior authorization; all other services listed must be authorized for PHP reimbursement

Crisis Services

No prior authorization is required for the crisis services listed below. Crisis services outside of Washington state are covered for a maximum of two hours for each event.

Crisis Line (24-Hour)

Immediate counseling, information, or referral to other resources.
Voice and TDD, (253) 272-9882
Toll Free 1-800-576-7764

Crisis Triage Services (24-hour)

Short-term psychiatric crisis intervention services provided in a safe, medically supervised environment.
(253) 404-3535

Crisis Intervention Teams (24-hour)

Stabilization of emergency or crisis situation in the community.
Tacoma/Peninsula Area, (253) 404-3520
Lakewood/Southwest Pierce County, (253) 584-8933
Puyallup/East Pierce County, (888) 445-8125

Involuntary Commitment Services (24-hour)

Investigation and evaluation of individuals to determine the necessity of commitment to psychiatric treatment facilities.
Voice and TDD, (253) 798-2709

Acute Psychiatric Inpatient Services

Individuals who request acute psychiatric inpatient services must receive prior authorization for this level of care from the Prepaid Health Plan.
(253) 798-2709

Outpatient Community Mental Health Services

Mental Health Assessment

Each individual requesting services will receive a thorough mental health assessment to determine the medical necessity for additional services. No prior authorization is required to receive an assessment. Persons assessed to be in need of *further* mental health services will receive additional services in the intensity and for the duration necessary. Individuals may also be referred for other community resources according to need.

Brief Intervention Services

These are short-term, focused services which may include, but are not limited to:

- Individual, family, or group counseling
- Educational interventions
- Medications

Community Support Services

These are longer-term services for those individuals with more intensive needs which may include, but are not limited to:

- Individual, family, or group counseling
- Case management
- Medication management
- Housing/residential services (adults)
- Pre-vocational/vocational services (adults)

PHP Member Information

Choice of Case Manager

- Prepaid Health Plan (PHP) members may choose a case manager from those available in their assigned provide organization.
- If a PHP member does not choose a case manager, one will be assigned.
- PHP members have the right to change case managers once during a calendar year for any reason, or more frequently for good cause.

Request for a Second Opinion

Prepaid Health Plan (PHP) members have the right to a second opinion by another participating staff in the member's assigned provider organization when:

- the member needs more information as to the medical necessity of treatment recommended by the case manager; or
- the member believes the case manager has not recommended medically necessary out-patient community mental health services.

Ombuds Service

Complaints or grievances concerning the services received or the denial of services may be directed to the Ombuds Service.
(253) 798-6123
Toll Free, Voice and TDD, 1-800-531-0508

Office of Consumer Affairs

Division of Mental Health
Toll Free 1-800-446-0259

Materials available in alternate format upon request.

NON-DISCRIMINATION POLICY
Pierce County RSN/PHP and its contractors do not discriminate on the basis of race, color, religion, creed, national origin, gender, sexual orientation, age or disability in services or employment. In addition, the RSN/PHP and its contractors do not discriminate on the basis of marital status, disabled veteran, and Vietnam Era veterans status in employment practices.

CONSUMER RIGHTS

The provider shall ensure consumers are knowledgeable of and protected by certain rights.

(1) The provider shall ensure consumers, prospective consumers, and/or legally responsible others are verbally informed, in their primary language, of consumer rights at admission to brief intervention and community support services.

(2) The provider shall post a written statement of consumer rights in public areas, with a copy available to consumers on request. Providers of only telephone services (e.g., crisis lines) shall post the statement of consumer rights in a location visible to staff and volunteers during working hours.

(3) The provider shall ensure the statement of consumer rights incorporates the following statement or a variation approved by the department:

"You have the right to:

(a) Be treated with respect and dignity;

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

(c) Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, chapters 71.05 and 71.34 RCW;

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

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

(f) Review your case record;

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

(h) Confidentiality, as described in relevant statutes (chapters 70.02, 71.05 and 71.34 RCW) and regulations (chapters 275-54 and 275-55 WAC and this chapter); and

(i) Lodge a complaint with the ombuds person, RSN or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The ombuds person may, at your request, assist you in filing a grievance. The ombuds person's phone number is 1-800-531-0508."

Washington Administrative Code 275-57-340

1 D 3 P

Don't know where to turn?

OMBUDS SERVICE

CALL

(253)798-6123
Toll Free: 1-800-531-0508
TDD: 1-800-531-0508

PIERCE COUNTY MENTAL HEALTH OMBUDS SERVICE

For consumers or for anyone with complaints or concerns on behalf of someone who applies for or receives mental health services at an agency that receives funds from Pierce County Regional Support Network.

(253)798-6123
Toll Free: 1-800-531-0508
TDD: 1-800-531-0508

Pierce County

WHAT IS THE OMBUDS SERVICE?

Pierce County has established an independent Ombuds service to receive complaints and grievances from publicly funded mental health consumers. Complaints may be made by consumers, their family members, or others.

PURPOSE OF OMBUDS SERVICE

Ombuds Service receives complaints and grievances and assists in resolving them quickly and confidentially.

ELIGIBILITY

Any person receiving services from RSN funded mental health providers may use the Ombuds service for assistance with complaints and grievances. Those who are denied services are also eligible. Family members, friends, and others involved in the consumer's life may make a complaint or express a concern.

Non-discrimination Policy: Pierce County RSN and its contractors do not discriminate on the basis of race, color, religion, creed, national origin, gender, sexual orientation, age or disability in services or employment. In addition, the RSN and its contractors do not discriminate on the basis of marital status, disabled veteran and Vietnam Era veterans status in employment practices.

WHAT CAN THE OMBUDS SERVICE DO?

LISTEN
to the person with the problem.

INVESTIGATE AND RESEARCH
facts, information, policies, procedures, and laws relating to the problem.

MEDIATE
to resolve the problem by informal means if possible.

ASSIST
in the complaint and grievance process and follow through to see that the complaint is resolved.

RECOMMEND
changes to correct a problem or to prevent future occurrences.

WHAT CAN'T THE OMBUDS SERVICE DO?

Provide mental health counseling or case management services.

Enforce a recommendation.

Give legal advice.

HOW TO USE THE OMBUDS SERVICE

Call or write for information or to request services.

Interpreter's services are available.
materials available in alternate formats

There are no fees for Ombuds service.

HOW TO CONTACT THE OMBUDS SERVICE

Call
(253) 798-6123
Toll Free: 1-800-531-0508
(TDD) 1-800-531-0508

Write
MENTAL HEALTH OMBUDS SERVICE
Pierce County Human Services
8811 South Tacoma Way
Lakewood, WA 98499

For more information, write or call the Team at:

Pierce County Regional Support Network
Quality Review Team
8811 South Tacoma Way, Building 2
Lakewood, WA 98499
~~(253) 798-6116~~
Carolyn (253) 798-3810
Val (253) 798-6107

NON-DISCRIMINATION POLICY

Pierce County RSN/PHP and its contractors do not discriminate on the basis of race, color, religion, creed, national origin, gender, sexual orientation, age, or disability in services or employment. In addition, the RSN/PHP and its contractors do not discriminate on the basis of marital status, disabled veteran, and Vietnam Era veterans status in employment practices.

BROCHURE.QRT Revised: May 5, 1998

Quality Review Team
Pierce County Human Services
8811 South Tacoma Way, Building 2
Lakewood, Washington 98499

Mental Health QUALITY REVIEW TEAM

- Listening
- Suggestions
- Asking & Answering Questions
- Quality of Life
- Satisfaction with Services

Pierce County

1 2 3 8

Who We Are:

The **QUALITY REVIEW TEAM** is made up of community members (including consumers) who are interested in and knowledgeable about community mental health services.

Purpose:

To listen to mental health consumers in Pierce County in order to help them obtain quality services from their individual providers.

How:

By providing a listening ear to consumers and by asking consumers for input about services provided for them.

The team then summarizes consumers' views and presents them to administration for possible changes to services.

Why:

To make sure consumers' views and recommendations for changes are regularly heard throughout the system.

What We Do:

- LISTEN to consumers' opinions and comments.
- LISTEN to friends and families of consumers for opinions and comments.
- Sponsor speak-outs -- open meetings for consumers to speak their minds about services.
- LISTEN at consumers' residences.
- Actively support raising quality of life.
- LISTEN to service issues.
- Suggest changes to residential facilities, mental health centers, and Regional Support Network administration.

YOUR CONFIDENTIALITY IS ALWAYS RESPECTED

How Can the Qrt Help You?

- Consumers, friends, and families can give their opinions on quality of services.
- Gathering and sharing information can improve consumer's qualify of life and services.
- Bring a greater awareness of accountability to the system.
- By helping the consumer have a voice in his/her treatment.
- By telling staff what consumers see as strengths and weaknesses of services.

When:

We meet with consumers and family members through open meetings ("speakouts"), visits to residential sites, and other activities.

Mo nisi manatu e mana'omia, tusi pe valaau le vaega a le:

Pierce County Regional Support Network
"Vaega Aiaia Le Atoatoa"
8811 South Tacoma Way, Building 2
Lakewood, WA 98499
(253) 798-6116

TULAFONO I LE LE FAAILOGA TAGATA

Pierce County RSN/PHP ma isi konokarate e le tatau ona faailoga tagata ona o lanu, tagata nu'u, tapuaiga, tupuga, ituaiga, tausaga ma le ma'i i soo se fesoasoani e mana'omia ma galuega. faaopoopo iai le RSN/PHP ma latou konokarate e le faailoga tagata ona latou tulaga faitoalua, tagata laveve i taua ma tulaga o tagata Vietnam ERA ini galuega faataitai.

Brochure.QR2 Revised: December 15, 1997

Vaega Aiaia Le Atoatoa
Pierce County Human Services
8811 South Tacoma Way, Building 2
Lakewood, Washington 98499

SAMOAN

Vaega Aiaia Le Atoatoa

A le Vaega ole Soifua Maloloina I le Mafaufau

- Faalogo
- Filifili
- Fesiligia ma Taliina o Fesili
- Atoatoaga o le olaga
- Faamalieina outou finagalo i le fesoasoani atu

Pierce County

1030

O AI I MATOU:

Le VAEGA AIAIA ATOATOA e mai tagata nuu (ma ē o faaaogāina) oē fiafia iai ma agava'a i le soifua maloloina ile mafaufau i si o tatou nuu.

AUTŪ:

E faalogologo ma fesoasoani iē o auai i le soifua maloloina i le mafaufau i totonu Pierce county ina ia latou mauaina le fesoasoani e tatau ai mai ofisa eseese.

E FA'APEFEA:

E faalogo lelei ma fesiligia ē auai i ni manatu e tusa ma fesoasoani o loo latou maua.

Tuufaatasi laia e le vaega aiaia atoatoa ma avatu i le ofisa mo ni suiga e tatau ai.

AISEA:

Ina ia mautinoa ei latou o auai, o latou manatu ma apoapoaiga ini suiga o lo'o amanaia i latou e le mālō.

OĀ MEA MATOU TE FAIA?

- **FAALOGO i o outou manatu ma apoapoaiga.**
- **FAALOGO foi i manatu ma apaapoaiga a outou uo ma aiga.**
- **Talonoa'ga a ē lagolagoina i latou, fono ma tagata uma aumai ai mea uma io latou mafaufau.**
- **FAALOGO ma avatu i o latou alalafaga.**
- **Mataala e lagolago ma siitia le ola atoatoa.**
- **FAALOGO i fesosoani e avatu.**
- **Apoapoa'i i suiga mo nofoaga tagatanuu, ofisa soifua maloloina i le mafaufau, ma le ofisa o le Regional Support Network.**

"O LE PUIPUIGA O LOU TAGATA E FAALOALOGIA I SOO SE TAIMI"

E FA'APEFEA ONA FESOASOANI LE "QRT" IA TE OE?

- **O ē 'auai, uo ma aiga e avatu o latou manatu i le lelei o le fesoasoani.**
- **Tuufatasi ma fefaasoasoaai o manatu e faaleleia ai lo outou soifua atoatoa.**
- **Faailoa ai le atoaatoa male amanaia tulaga o faigamea.**
- **Fesoasoani i ē auai, ia iai so latou leo i togafitiga.**
- **Faailoa atu i ofisa maea o leo outou vaaia i le malosi ma le vaivaiga o le fesoasoani.**

AFEA:

Fono ma ē auai, ma o latou aiga, tatala i soo se tasi (faaleo atu), asiasi i nofoaga ma isi lava ituaiga faiga.

지세한 정보를 위하여, 서면이나
전화를 아래의 주소로 주십시오.

Pierce County Regional Support
Network
Quality Review Team
8811 South Tacoma Way, Building 2
Lakewood, WA 98499
(253)798-6116

무차별 대우 방침

피얼스 카운터 RSN/PHP와 그 계약자들은 인종, 피부색, 종교, 신조, 출신국, 성별, 나이, 혹은 장애 때문에 서비스 및 고용에 차별대우가 없습니다. 더욱이 RSN/PHP와 그 계약자들은 고용에 결혼여부, 상의군인, 혹은 베트남 전쟁 참전군인 신분으로 인한 차별대우가 없습니다.

December 15 1997

Quality Review Team
Pierce County Human Services
8811 South Tacoma Way, Building 2
Lakewood, Washington 98499

KOREAN

정신건강

이용자 만족도 검토팀

- 경청
- 제안
- 질문 및 응답
- 생활의 질적인 면
- 서비스에 대한 만족

Pierce County

1030

지희에 관하여:

이용자 만족도 검토팀은 지역정신건강 서비스에 관심이 있고 지식이 있는 지역멤버들 (이용자 포함)로 구성되어졌습니다.

목적:

페이스 카운티의 정신건강이용자들로부터 그들 개인의 진료자에게 질적 향상서비스를 받는 데 도움을 주기 위해 이야기를 듣음.

방법:

그들에게 주어진 서비스들에 관한 정보를 이용자들에게 물어보고 경청할 기회를 제공.

그런 다음, 팀이 이용자의 견해를 정리하고 그것을 가능성 있는 서비스에 개선을 위하여 관리자측에게 제출.

이유:

이 시스템을 통하여 이용자들의 견해와 변화를 위한 제안들이 정기적으로 듣게 되는 것을 확실히 하기 위하여.

지희가 하는 일:

- 이용자들의 의견과 제안을 들음
- 이용자들의 친구들과 가족들로부터 의견과 제안을 들음
- 서비스에 관한 그들의 생각을 말하기 위해 이용자를 위한 공개 토의회 후원
- 이용자의 주거지에서 이야기 들음
- 생활의 질적 향상을 위해 적극적으로 후원
- 서비스 문제들에 관하여 이야기 들음
- 주거시설, 정신건강센터 그리고 지역별 연락망 관리에게 변경사항 제시

귀하의 비밀은 항상 보장됩니다.

어떻게 Qrt가 귀하를 도울 수 있습니까?

- 이용자들, 친구들 그리고 가족들이 질적 만족도의 서비스에 관한 그들의 의견을 줄 수 있습니다.
- 수집된 그리고 나누어진 의견들이 이용자의 생활의 질적 향상과 서비스를 개선시킬 수 있습니다.
- 더 나은 책임의식을 시스템에 부여함
- 이용자가 그/그녀의 치료에 의견을 갖도록 도와줌
- 이용자들이 보는 서비스의 장점과 단점이 무엇인지 직원에게 이야기 해줌

언제:

지희는 이용자들과 가족들을 공개 토의하거나 주거지역 그리고 다른 활동 등에서 만납니다.

(TDD)1-800-531-0508

如您需要更详尽的资料，请写信或打电话到：

Pierce County Regional Support Network

Quality Review Team

8811 South Tacoma Way, Building 2
Lakewood, WA 98499

(253) 798-6116

無歧視合約

皮尔斯郡RSN/PHP以及它的合约者在服务和雇用过程中，不对种族、颜色、信仰、教条、血统、性别、性爱方式、年令以及残废进行歧视。另外，RSN/PHP以及它的合约者，在雇用过程中，不对不同军阶的军人、残废军人以及越战老兵进行歧视。

BROCHUREQR2 Revised: December 15, 1997

Quality Review Team
Pierce County Human Services
8811 South Tacoma Way, Building 2
Lakewood, Washington 98499

精神健康服务

质量检查小组

- 聆听
- 建议
- 问答
- 生命素质
- 服务周到

Pierce County

CHINESE

我们是谁？

质量检查小组是由对公共精神健康服务有兴趣而且有认识的社区成员（包括病人）所组成。

目的：

听取皮尔斯郡内精神病人的意见，从而帮助他们获得服务提供者的优质服务。

如何运作？

小组成员听取并询问病人对服务的意见，然后加以综合并提交给行政管理人员使他们能对服务进行可能性的改革。

为什么？

确保各方面都能定期听到病人的看法和改进的建议。

我们做什么工作？

- ▲ 听取病人的意见和建议。
- ▲ 听取病人的朋友及家人的意见和建议。
- ▲ 为病人主办公开会议，让他们表达对服务的看法。
- ▲ 到病人家中听取意见。
- ▲ 积极支持提高生命的素质。
- ▲ 听取对服务的质疑。
- ▲ 将建议提交给保健院、精神健康中心及地区扶助网络的行政管理人员。

您的秘密

总是受到尊重

质量检查小组怎样帮助您？

- ▲ 病人、朋友以及家属可对服务质量提出意见。
- ▲ 收集和分享资料有助于提高病人生命的素质和服务质量。
- ▲ 给整个系统带来更多的责任感。
- ▲ 帮助病人表达他们对治疗的意见。
- ▲ 将病人所见的服务的长处和短处转达给工作人员。

何时：

我们在公开会议中与病人及其家属会面、访问病人住所以及其它的活动。

Para sa karagdagan pang mga impormasyon, tawagan o sulatan ang Team sa:

Pierce County Regional
Support Network
Quality Review Team
8811 South Tacoma Way
Building 2
Lakewood, WA 98499
(253)798-6116

PATAKARAN NG HINDI PAGTATANGI

Ang Pierce County, RSN/PHP at ang mgakontratista nito ay hindi nagtatangi ng taobatay sa lahi, kulay, relihiyon, paniniwala, bansang pinagmulan, kasarian, kagustuhang pang sekswal, edad, o disability sa services o sa employment. Karagdagan dito, ang RSN/PHP at ang mga kontratista at hindi nagtatangi ngg tao batay sa kalagayan kung may asawa, o walang asawa baldadong beterano, at mga Beterano sa Panahon ng Vietnam sa patakaran nila patungkol sa tatangapin nila sa trabaho.

BROCHURE QR2 Revised: December 15, 1997

Quality Review Team
Pierce County Human Services
8811 South Tacoma Way, Building 2
Lakewood, Washington 98499

TAGALOG

Natatanging Grupo na Tagapagsuri ng Kalusugan sa Pagiisip

(Mental Health Quality Review Team)

- Nakikinig
- Nagmumungkahi
- Nagtatanong at Sumasagot sa mga Katanungan
- Kahusayan ng Pamumuhay
- Kasiyahan sa Paglilingkod

Pierce County

1032

Sino Kami:

Ang **QUALITY REVIEW TEAM** ay binubuo ng mga tao sa komunidad (kasamma na rito ang tumatangkilik) na intersado at maalam sa community health services.

Layunin:

Pinakikinggan ang mental health consumers sa Pierce County para sila matulungan na makatamo ng mahusay na paglilingkod mula sa mga taong makatutulong sa kanila.

Sa pamamagitan ng:

Pakinggan na mabuti ang consumers at tingnan kung ano ang masasabi nila patungkol sa services na kanilang natatanggap.

Ang team ang siyang magpa-pahayag ng opinyon ng consumers at ihaharap sa administrasyon ang maaaring maganap na pagbabago sa services.

Bakit:

Para makatiyak na ang mga opinion ng consumers at ang mga pagbabagong inirere-komenda ay palagiang pakikinggan ng mga nakaaalam.

Ano Ang Aming Ginagawa:

- **NAKIKINIG** sa mga opinyon at mga kuru-kuro ng consumers.
- **PINAKIKINGGAN** ang mga opinyon at mga kuru-kuro ng mga kaibigan at ng mga pamilya ng consumers.
- **NAG-I-ISPONSOR ng mga hantaran na pagpupulong** para malayang masabi ng consumers ang mga bagay na nasa isipan nila patungkol sa mga ginagawang paglilingkod.
- **PINAKIKINGGAN** ang mga consumer sa kanilang sariling tinitirahan.
- **MASIGASIG** na tinatangkilik ang pagpabuti ng klase ng pamumuhay.
- **PINAKIKINGGAN** ang mga problema na may kinalaman sa services (paglilinggkod).
- **MAGMUNGKAHI** ng mga pagbabagong magaganap sa mga tinitirahang lugar, mental health centers, at pang Regional Support Network administration.

PALAGIAN NAMING IGINAGALANG ANG INYONG MGA IPINAGLILIHIM

Papaano Makatutulong sa Iyo ang QRT?

- Ang mga consumer, kaibigan, at pamilya ay maaaring magbigay ng kanilang opinyon patungkol sa kahusayan ng mga service.
- Ang pagtitipon at pakikibahagi ng mga impormasyon ay maaaring maging dahilan upang humusay ang kaayusan ng pamumuhay at services ng consumers.
- Magbigay ng mas mahusay na kaalaman ng pananagutan sa kabuuan ng katipunan (system
- Tumulong upang ang consumer ay magkaroon ng saruku butabg boses/opinyon k ing papaano siya dapat na gamutin.
- Sa pamamagitan ng pagsasabi sa mga staff (kawani) sa mga nakikita nilang kalakasan at kahinaan sa larangan ng paglilingkod (services).

Kailan:

Makikipagtagpo kami sa consumers at mga miembro ng pamilya sa pamamagitan ng tuwirang pagpupulong (speakouts), pagdalaw sa mga tinitirahang lugar at iba pang gawain/activities.

Để biết thêm tin tức, xin viết thư hay gọi cho Toán ở:

Pierce County Regional Support Network
Quality Review Team
8811 South Tacoma Way, Building 2
Lakewood, WA 98499
(253) 798-6116

CHÍNH SÁCH KHÔNG KỲ THỊ

RSN/PHP Quận Pierce và các nhà thầu của hệ thống không được kỳ thị trên căn bản chủng tộc, màu da, tôn giáo, tín ngưỡng, nguồn gốc quốc gia, phái tính, tuổi tác,hoặc tật nguyền trong các dịch vụ hay trong việc làm. Ngoài ra, RSN/PHP và các nhà thầu không được kỳ thị trên căn bản tình trạng gia đình, phế binh, hoặc tình trạng cựu chiến binh thời Việt-Nam trong việc làm.

BROCHURE.QR2 Revised: December 15, 1997

Quality Review Team
Pierce County Human Services
8811 South Tacoma Way, Building 2
Lakewood, Washington 98499

VIETNAMESE

Sức khỏe Tâm thần
TOÁN
DUYỆT XÉT
PHẨM CHẤT

- Lắng nghe
- Đề nghị
- Câu hỏi & Trả lời
- Phẩm chất đời sống
- Dịch vụ hài lòng

Pierce County

1637

Chúng Tôi Là Ai:

TOÁN KIỂM PHẨM được thành lập từ những thành viên trong Cộng-đồng (kể cả thân chủ) những người có sự quan tâm và hiểu biết về những dịch-vụ thuộc sức khỏe tâm thần của cộng đồng.

Mục Đích:

Lắng nghe những thân-chủ bệnh tâm thần trong quận hạt Pierce để giúp đỡ họ có được những dịch vụ có phẩm chất từ những người cung cấp dịch vụ cho họ.

Bằng cách nào:

Bằng cách lắng nghe thân chủ và hỏi ý-kiến thân chủ về những dịch vụ mà họ đã được cung cấp.

Sau đó toán kiểm phẩm sẽ tóm tắt ý-kiến của thân chủ và trình bày cho bộ-phận Hành chánh để có thể có những thay đổi trong dịch vụ.

Tại sao:

Để chắc chắn là quan điểm của thân chủ và những khuyến-cáo thay đổi là điều thường được nghe trong khắp hệ-thống.

Chúng Tôi Làm Gì:

LẮNG NGHE ý kiến và những lời phê bình của thân chủ.

- LẮNG NGHE ý kiến và những lời phê bình của bạn bè và gia đình của thân chủ.
- Bảo trợ những cuộc họp bày tỏ ý-kiến mở rộng cho thân chủ để họ nói lên ý-kiến của họ đối với dịch vụ.
- LẮNG NGHE thân chủ ngay tại nhà của họ.
- Tích cực hỗ trợ cho việc gia tăng phẩm chất của đời sống.
- LẮNG NGHE những vấn đề của dịch vụ.

Đề nghị những thay đổi trong tiện nghi nhà ở, trong các trung tâm chăm sóc bệnh tâm thần và việc điều hành trong mạng lưới yểm trợ khu vực.

TƯ MẬT CỦA QUÍ VỊ LUÔN LUÔN ĐƯỢC TÔN TRỌNG.

Làm sao Toán Kiểm Phẩm giúp đỡ quý vị?

- Thân chủ và các bạn bè và gia đình có thể đưa ý kiến của họ về phẩm chất dịch vụ.

Lượm lặt và chia xẻ tin tức có thể cải thiện phẩm chất cho đời sống của thân chủ và cho dịch vụ.

- Đem lại sự tín nhiệm rộng rãi hơn cho hệ thống.
- Bằng cách giúp đỡ cho thân chủ có được tiếng nói trong việc điều trị của họ.
- Bằng cách nói cho nhân viên biết những gì mà thân chủ coi là ưu điểm và khuyết điểm của dịch vụ.

KHI NÀO:

Chúng tôi gặp gỡ thân chủ và những người trong gia đình qua những cuộc họp mặt mở rộng ("nói thẳng"), thăm viếng tại nhà và những hoạt động khác.

TDD: 1-800-531-0508

Para más información escriba o llame a el Equipo al:

Pierce County Regional
Support Network
Quality Review Team
8811 South Tacoma Way, Building 2
Lakewood, WA 98499
(253) 798-6116

NORMA DE NO DESCRINACION

El Condado de Pierce, la Red de Apoyo Regional/PHP y sus contratistas, no discriminan en bases a la raza, color, religión, credo, origen nacional, género, orientación sexual, edad o incapasidad, en los servicios o en los empleos. Además, la Red de Apoyo Regional/PHP y sus contratistas no discriminan en base al estado civil, incapacidad de veterano y situación de veterano de la era de Vietnam que está en práctica de empleo.

BROCHURE QR2 Revisado: Diciembre 15, 1997

SPANISH/CISCO/01,98

Quality Review Team
Pierce County Human Services
8811 South Tacoma Way, Buildin 2
Lakewood, Washington 98499

SPANISH

Salud Mental

EQUIPO DE REVISION DE CALIDAD

- Escuchando
- Sugerencias
- Preguntando y Respondiendo a Preguntas
- Cualidad de Vida
- Satisfacción con el Servicio

Pierce County

1 5 3 P

¿Quiénes somos?:

El **EQUIPO DE REVISION DE CALIDAD** está compuesto por miembros de la comunidad (incluyendo consumidores) que etán interesados y conocen acerca de los servicios a la salud mental en la comunidad.

Propósito:

Escuchar a los consumidores de salud mental en el Condado de Pierce con el fin de ayudarles a obtener servicio de calidad de sus proveedores individuales.

¿Cómo?

Por medio de escuchar a los consumidores, y preguntandoles por la opinión acerca de los servicos que se les proporciona.

Entonces el equipo hace un resumen de los puntos de vista de los consumidores y los presenta a la administración para posibles cambios en los servicios.

¿Por qué?

Para asegurar que los puntos de vista y recomendaciones a cambios que hagan los consumidores se escuchen con regularidad en todo el sistema.

¿Qué hacemos?

- ESCUCHAR a las opiniones y los comentarios de los consumidores.
- ESCUCHAR a las opiniones y los comentarios de los amigos y familias de los consumidores.
- Patrocinar debates y reuniones abiertas para que los consumidores comuniquen sus ideas acerca de los servicios.
- ESCUCHAR en las recidencias de los consumidores.
- Apoyar activamente el mejoramiento a la cualidad de vida.
- Escuchar los asuntos al servicio.
- Sugerir cambios a facilidades recidenciales, centros a la salud mental y administración a la Red de Apoyo Regional.

SIEMPRE SE RESPETA SU CONFIDENCIALIDAD

¿Cómo puede ayudarle el Equipo de Revisión de Calidad?

- Consumidores, amigos y familias pueden dar sus opiniones a la calidad de servicios.
- Recolectando y compartiendo información puede improvisar la cualidad de vida y servicio a los consumidores.
- Obtener un mayor conocimiento de responsabilidad al sistema.
- Ayudando al consumidor a tener expreción de voz en su tratamiento.
- Diciendo al personal cómo es que consumidores ven devilidades y fortalezas al servicio.

¿Cuándo?

Nos reunimos con los consumidores y con sus familias por medio de reuniones abiertas ("debates"), visitas a sitios recidenciales y otras actividades.

TDD: 1-800-531-0508

Ugnayan ng mga Tagapaglaan ng Pangangallangan

Serbisyong Pangkomunidad para sa Kalusugan ng Kaisipan para sa mga Pasyente sa Labas na mga miyembro ng PHP ng anumang gulang ay maaring makuha sa heograpiyang lugar ng Pierce County kung saan siya nakatira sa pamamagitan ng numusunod na tagapagbigay:

Comprehensive Mental Health Center
(Lugar ng Tacoma/Peninsula)
Mga May Sapat na Gulang/Nakakatanda, 514 S. 13th. St. Tacoma
(253)-272-3070
Mga Bata/Mga Pamilya, 1201 S. Proctor, Tacoma
(253)- 756-9980

Good Samaritan Behavioral Healthcare
(Lugar ng Puyallup/East County)
325 Pioneer East, Puyallup 98372
(253) 445-8120
Libreng Bayad 1-888-445-8120

Greater Lakes Mental Healthcare
(Lugar ng Lakewood/Southwest County)
5530- 59th Ave. S.W., Lakewood 98499-6600
(253)-581-7020

Ang Serbisyong Pangkomunidad para sa Kalusugan ng Kaisipan ng mga Pasyente sa Labas para sa mga natatanging grupo ng populasyon ay maaaring makuha sa pamamagitan ng mga numusunod na tagapagbigay kahit saan man nakatira ang miyembro ng PHP:

Asian Counseling Services
Mga nagsasalita ng Primaryang Asyano/ Pasipiko (Pacific Islander) at iba pa
4301 S. Pine St., Suite 405, Tacoma, 98409
(253) 471-0141

Sea Mar Community Health Centers
Primaryang nagsasalita ng Kastila at iba pa
1112 South Cushman St., Tacoma, 98405
(253) 593-2144

Overwached Counseling Center
Mga Katutubong Amerikano at mga Katutubo mula sa Alaska
Awtoridad na Pangkalusugan ng Tribo ng Puyallup
Puyallup Tribal Health Authority
2209 E. 32nd St., Tacoma 98404
(253) 593-0247

Catholic Community Services
Masidhiang serbisyong pambahay para sa mga bata
5410 N. 44th St., Tacoma, 98407
(253) 759-9544

TAGALOG

Pierce County
Pampook na Ugnayang Pang-alalay/
Paunang Bayad na Planong
Pangkalusugan
8811 South Tacoma Way
Lakewood, WA. 98499

Pierce County
Serbisyong Pangkalusugan
ng Kaisipan

Pierce County
Pampook na Ugnayang
Pang-alalay
Paunang Bayad na Planong
Pangkalusugan

MGA PAKINABANG NA PANGKALUSUGAN NG KAISIPAN

1-800-531-0508
Walang Bayad na Numerong Nagbibigay Alam

1 D 3 P

Paano Makakuha ng mga Serbisyo

*Ang mga miyembro ng Pampook na Ugnayang Pang-alalay ng Pierce County ay maaaring tumawag sa mga numero ng telepono na nakalista sa brosyur para sa serbisyo o tumawag sa libreng linya ng telepono para humingi ng tulong.

*Serbisyong pangkrisis at tasasiyon ng kalusugan ng kaisipan ay hindi na kinakailangang mapagkalooban ng paunang pahintulot; ang iba pang serbisyong nakalista rito ay kinakailangang mapahintulutan muna para bayaran ng PHP.

Serbisyong Pangkrisis

Hindi na kailangan na mapagkalooban ng pahintulot ang mga serbisyong nakalista rito. Ang serbisyong pangkrisis sa labas ng Washington ay pinapayagan ng dalawang oras bawat pangyayari.

Linyang Pangkrisis (24 - oras)
Madaliang pagpapayo, pagbibigay-alam, o sanggunian sa ibang mapagkukunan ng serbisyo.
Boses at TDD (253) 272-9882
Libreng Bayad 1-800-576-7764

Crisis Triage Services (24 - oras)
Maikiliang pamamagitan sa krisis ng pag-iisip na isinasagawa sa maingat na pamamaraan at nasusubay-bayang kapaligiran ng panggagamot .
(253) 404-3535

Koponang Tagapamagitang Pangkrisis (Crisis Intervention Teams-24 na oras)
Tagapagpanatag sa Panahon ng mahigpit na pangangailangan o kalagayan ng krisis sa kabayanan
Lugar ng Tacoma/Peninsula (253)404-3520
Lakewood/ Southwest Pierce County (253)584-8933
Puyallup/East Pierce County (888)445-8125

Serbisyong Hindi Kusangloob na Pagpasok (Involuntary Commitment Services-24 na oras)
Pagsisiyasat at pagsusuri ng tao para malaman ang pangangailangan ng pagpasok sa pagamutan ng isip.
Boses at TDD, (253) 798-2709

Serbisyo para sa Malalang Paggamot ng Kaisipan para sa Pasyente sa Loob (Inpatient)

Ang mga taong humihingi ng serbisyo sa loob (inpatient) ng malalang paggamot ng kaisipan ay kailangang makatanggap ng paunang pahintulot para sa kapantayan ng pangangalaga mula sa Paunang Bayad na Planong Pangkalusugan
(253) 798-2709

Serbisyo para sa Kalusugan ng Kaisipan para sa Panlabas na Pasyente ng Komunidad

Tasasiyon ng Kalusugan ng Kaisipan (Mental Health Assessment)
Bawat tao na humihingi ng serbisyo ay makakatanggap ng puspusang pagtatasa (assessment) ng kalusugan ng kaisipan para malaman ang pangangailangan ng karagdagang paggamot. Hindi na kailangan ang paunang pagkakaloob ng pahintulot para makatanggap ng tasasiyon. Ang mga taong natasahan na kailangan ng higit na serbisyo para sa kalusugan ng kaisipan ay makakatanggap ng karagdagang serbisyo sa kasidhian at sa tagal na pangangailangan. Ang mga tao ay maari ring isangguni sa iba pang mapagkukunan ng serbisyo sa komunidad base sa pangangailangan.

Mga Serbisyong Pangmaikliang Tagapamagitan
Ito ay maikling panahon, nakatuon na serbisyo na maaaring kasama, pero hindi limitado lamang sa:
- Tao, pamilya o grupong pagpapayo
- Tagapamagitan para sa Pag-aaral
- Mga gamot

Mga Serbisyong Pantulong sa Komunidad
Ito ay mas mahabang panahon ng serbisyo para sa mga taong may mas masidhing pangangailangan na maaaring kasama, pero hindi limitado sa:
- Tao, pamilya o grupong pagpapayo
- Pangangasiwa ng kaso
- Pangangasiwa ng paggagamot
- Serbisyong Pantahanan/Tirahan (May sapat na gulang)
- Bago sa Bokasyon(Pre-Vocational)/Bokasyong Palingkuran (May sapat na gulang)

Impormasyon para sa mga Miyembro ng PHP

Pagpili ng Tagapangasiwa ng Kaso
•Paunang bayad na Planong Pangkalusugan (PHP) ay maaaring mamili ng tagapangasiwa ng kaso mula doon sa maaring makuha sa nakatakdang organisasyong tagapagbigay ng pangangailangan.
•Kung ang mga miyembro ng PHP ay hindi pumili ng tagapangasiwa ng kaso, ipagtatakda siya ng isa.
•Ang mga miyembro ng PHP ay may karapatan na magpalit ng mga tagapangasiwa ng kaso isang beses sa isang taon sa anumang dahilan o mahigit sa isa kung may mabuting dahilan.

Paghiling para sa Pangalawang Opinyon
Ang mga miyembro ng Paunang Bayad na Planong Pangkalusugan (PHP) ay may karapatan sa pangalawang opinyon mula sa ibang nakasaling tauhan sa nakatakdang organisasyong tagapagbigay ng kailangan ng miyembro kung:
• Ang miyembro ay nangangailangan pa ng mahigit na impormasyon hinggil sa pangangailangan ng paggamot na inirekomenda ng tagapangasiwa ng kaso; o
• Ang miyembro ay naniniwala na ang tagapangasiwa ng kaso ay hindi nagrekomenda ng kinakailangang paggagamot sa kaisipan para sa panlabas na pasyente.

Tagapagbantay(Ombuds) na Serbisyo

Ang mga karaingan o dalamhati tungkol sa serbisyong natanggap o ang hindi pagkatanggap ng paglilingkod ay maaaring ipaalam sa Tagapagbantay(Ombuds) na serbisyo.
(253) 798-6123
Libreng Bayad, Boses at TDD, 1-800-851-6505

Tanggapan ng Kapakanan ng mga Tagagamit (Consumer)

Sangay ng Kalusugang Pangkaisipan
Libreng Bayad 1-800-446-0259

Ang mga kagamitan ay maaaring makuha sa ibang kaanyuan kung hihilingin.

Walang Pagtatanging Pataksan
Pierce County RSN/PHP at ang ibang tagakontrata ay hindi nagtatangi base sa lahi, kulay, relihiyon, pananampalataya, pinagmulang bansa, kasarian, orientasyong pangkasarian, gulang, o kapansanan sa serbisyo o trabaho. Karagdagan pa, ang RSN/PHP ang mga tagakontrata ay hindi magtatangi kung may asawa o hindi beteranong may disabilidad at sa kalagayan sa trabaho ng mga beterano mula sa panahon ng Vietnam.

공급자 네트워크

[illegible] 관계없이 모든 (Prepaid Health Plan)PHP회원을 위한 [illegible] 정신건강 의료 서비스는 피얼스카운티에 거주하거나 지역적 [illegible] 가까운 보건소에서 외래환자 정신건강 의료 서비스를 아래 [illegible]이 제공받으실 수 있다.

[illegible] 정신 건강 센터(Comprehensive Mental Health Center)
[illegible]coma/ Peninsu[illegible] 지역)
[illegible]: 어른, 514 S. 13th St. Tacoma
[illegible]화 (253)272-[illegible]070
[illegible]: 가족들, 1201 S. Proctor, Tacoma
[illegible]화 (253)756-[illegible]960

[illegible] 사마리아 행동 건강(Good Samaritan Behavioral Healthcare)
[illegible]: 동쪽 카운티 지역)
[illegible] Pioneer East, Puyallup 98372
[illegible] (253)445-[illegible]120
[illegible] 1-800-445-0120

[illegible]호수 정신 [illegible](Greater Lakes Mental Healthcare)
[illegible]: 남서쪽 카운티 지역)
[illegible]0 59th Ave. S.W., Lakewood 98499-6600
[illegible]화 (253)581-[illegible]020

[illegible] 인구 집단을 위해 개인의 외래환자 정신건강 의료 서비스는 [illegible]회원들이 거주하는 지역에 개의치 않은 아래의 위치한 보건 [illegible]에서도 제공받을 수 있다:

[illegible]인 상담 서비스(Asian Counseling Services)
[illegible]: 다른 언어를 사용하는 태평양 원주민들
[illegible]1 S. Pine St., Suite 405, Tacoma, 98409
[illegible] (253)471-[illegible]141

[illegible] 건강 센터(Sea Mar Community Health Centers)
[illegible]인 언어를 공통으로 사용하는 민족
[illegible]2 South Cushman St., Tacoma, 98405
[illegible]화 (253)593-[illegible]144

[illegible]치 상담 센터(Kwawachee Counseling Center)
[illegible]메리칸 그리고 아라스카인
[illegible]: 동쪽 건강 당국
[illegible] E. 32nd St., Tacoma, 98404
[illegible] (253) 593-0247

[illegible] 커뮤니티 센터(Catholic Community Services)
[illegible]이들을 위한 [illegible]한 홈 서비스
[illegible]0 N. 44th St., Tacoma 98407
[illegible] (253) 759-9544

주소 : Pierce County
Regional Support Network/Prepaid Health Plan
8811 South Tacoma Way
Lakewood, Washington 98499

피얼스 카운티

정신 건강 서비스

피얼스 카운티지역을
후원하는
네트워크
건강 선물 계획

정신건강
혜택

무료전화

1-800-531-0508

KOREAN

서비스를 이용하는 방법

- 피얼스 카운티 행정 협조 조직인 PHP회원은 이 안내서에 열거된 전화번호를 이용해 하시거나 이해 협조를 구하는 무료 장거리 전화를 거실 수 있다.

- 재난 서비스 또는 정신 건강 서비스는 사전에 허가를 요구하지 않는다. 그 외의 모든 서비스는 아래에 열거된 PHP의 상환을 위해서는 반드시 공인을 받아야 한다.

비상시의 서비스

아래에 열거된 비상시 서비스는 사전에 허가가 필요하지 않지만, 워싱턴주외에서의 비상사태가 발생한 경우 최대 2시간 서비스의 적용을 받을 수 있다.

비상 채널(24시간)

주거의 상담, 이해 또는 다른 병원으로 이송

음성 응답기 전화 (253)272-9882

또는 무료전화 1-800-576-7764

비상 치료 서비스(24시간)

단기적 정신 위험 치료 서비스는

의료 담당자가 안전, 관리, 준비한다.

전화 (253)404-3535

비상 조정 단체(24시간)

경정 비상사태 또는 위험 상황의 단체

[illegible]/페닌슈라 지역(253)404-3520

[illegible]/ 남서쪽 피얼스 카운티 지역(253)584-8933

[illegible]/ 동 피얼스 카운티 지역(888)445-8125

무의식 위탁 서비스(24시간)

조사 그리고 개인적인 평가 결정을 필요로 하는

정신 치료 시설들

음성 응답기(253)798-2709

입원환자를 위한 급성 정신병 치료 서비스

입원환자를 위한 급성 정신병 치료 서비스를 요구하는 개개인은 이와 같은 치료를 받기 위해서 PHP로부터 이전의 허가를 반드시 받아야 한다.

전화 (253)798-2709

외래환자 단체를 위한 정신건강 서비스

정신 치유 평가

정신 치유를 요구하는 모든 개개인은 추가의 서비스를 받기 위한 의학적 요구사항등을 결정하기 위해 철저한 정신 치유 평가를 받게 될 것이다. 이러한 정신 치유 평가를 받기 전에 이전의 허가는 필요치 않다. 추가 정신 치유 서비스의 요구 사항에 의해 평가를 받게 되는 사람은 철저함과 지속적인 요구와 추가적인 서비스를 받게 될 것이다. 개개인들은 필요에 따라 다른 공공단체의 지원을 위한 조회를 얻을 수도 있다.

간단한 조정 서비스

이 조정들은 단기 서비스로 한계를 두지 않는다 :

- 개인, 가정, 또는 그룹 상담
- 교육 조정
- 약물 치료

커뮤니티 후원 서비스

이 조정들은 장기적으로 개인 또는 좀더 집중적인 서비스로 한계를 두지 않는다 :

- 개인, 가정 또는 그룹 상담
- 병상 담당자
- 약물치료 담당자
- 주택/주거 서비스(성인들)
- 직업학교/직업교육 서비스(성인들)

PHP 회원을 위한 정보

- 미리 지불한 건강 계획(PHP)회원들은 그러한 유[illegible] 정신 치유 기구 단체로부터 병상 담당자를 선택하[illegible] 수 있다.
- 만일 PHP회원이 병상 담당자를 선택하지 않으면 [illegible]상 담당자가 선임하게 될 것이다.
- PHP회원들은 어떠한 이유에서든지 1년에 한번이상 [illegible]는 정당한 이유가 있을 시 자주, 병상 담당자를 [illegible] 하실 수 있다.

다른 의사의 의견 진단을 위한 요구

PHP회원들이 속해 있는 조직 [illegible] 서비스 제공자 단[illegible]에 참여중인 다른 의사에 의한 의견이나 진단을 얻을 있는 자격은 언제인가 :

- 그 회원이 치료를 위한 의학적인 요구로써 더욱 [illegible] 정보가 병상 담당자에 의해서 제공되었을 때
- 또는, 그 회원이 그 병상 담당자가 의학적으로 필요[illegible] 외래환자 기구 단체인 정신 치유 서비스를 제공하지 않았다고 믿어 질 때

민원 봉사

이에 대한 서비스에 부적절한 대우나 관심을 받았을 저의 민원봉사에 아래에 있는 전화번호로 연락을 꼭 해[illegible] 시기 바랍니다.

전화 (253)798-6123

또는 무료전화 1-800-531-[illegible]

소비자 업무 사무소

정신 건강구역

무료전화 1-800-446-0259

반 차별대우 정책

피얼스 카운티 RSN(Regional Support Network)/PHP와 이의 계약자, [illegible]자들은 서비스와 종업원 채용에 있어서 인증, 피부색, 종교, (종교상의[illegible]의, 태어난 국가, 성별, 개인 성적 생활, 나이 또는 장애정도에 의해서 개[illegible]인을 차별 대우 하지 않을 것이며, 나아가서, RSN/PHP와 이의 계약자, [illegible]사자들은 종업원 채용에 있어서 결혼상태, 전쟁 상해증사, 그리고 베트[illegible] 전쟁 용사 신분 정도에 의해서 개개인을 차별 대우 하지 않을 것이다

Red de Proporcionadores

Servicios comunitarios de salud mental para pacientes no internados para los miembros de todas edades del PHP estan disponibles de los siguientes proporcionadores en el area geográfica del Condado Pierce en el cual el/ella reside:

Comprehensive Mental Health Center
(Centro de Salud Mental Comprensivo)
(Area de Tacoma/Peninsula)
Adultos/Ancianos, 514 S. 13th St., Tacoma
(253) 272-3070
Niños/Familias, 1201 S. Proctor, Tacoma
(253) 756-9960
Good Samaritan Behavioral Healthcare
(Salud de Comportamiento del Buen Samaritano)
(Area de Puyallup/Este del Condado)
325 Pioneer East, Puyallup 98372
(253) 445-8120
Llamada Gratuita 1-888-445-8120
Greater Lakes Mental Healthcare
(Cuidado de Salud Mental de Greater Lakes)
(Area de Lakewood/Sudoeste del Condado)
9330 59th Ave. S.W., Lakewood 98499-6600
(253) 581-7020

Servicios comunitarios de salud mental para pacientes no internados para grupos especiales de la población estan disponibles de los siguientes proporcionadores a pesar de donde resida el miembro del PHP:

Asian Counseling Services
(Servicios de Consejería Para Asiáticos)
Para individuos u otros que hablen principalmente idiomas Asiáticas/Islas del Pacífico
4301 S. Pine St., Suite 405, Tacoma 98409
(253) 471-0141
Sea Mar Community Health Centers
(Centros Comunitarios de Salud Sea Mar)
Para individuos u otros que hablen principalmente Español
1112 South Cushman St., Tacoma 98405
(253) 593-2144
Kwawachee Counseling Center
(Centro de Consejería Kwawachee)
Americanos Nativos y Nativos de Alaska
Puyallup Tribal Health Authority
2209 E. 32nd St., Tacoma 98404
(253) 593-0247
Catholic Community Services
(Servicios Comunitarios Católicos)
Servicios intensivos para niños en el hogar
5410 N. 44th St., Tacoma 98407
(253) 759-9544

SPANISH

Pierce County
Regional Support Network/Prepaid Health Plan
8811 South Tacoma Way
Lakewood, Washington 98499

Pierce County
Mental Health Services

Plan De Salud Prepagado De La Red De Apoyo Regional Del Condado Pierce

BENEFICIOS DE SALUD MENTAL

1-800-531-0508
Número de Llamada Gratuita Para Información

1 b 3 1

Como Obtener Servicios

- Miembros con el Plan de Salud Prepagado de la Red de Apoyo Regional del Condado Pierce (PHP) pueden llamar directamente a los números inscritos en este folleto para obtener servicios o pueden llamar al número de llamadas gratuitas para asistencia.

- Servicios de crisis y evaluaciones de salud mental no requieren preautorización; todos los otros servicios enlistados deben ser autorizados para reembolso del PHP.

Servicios de Crisis

No se requiere preautorización para los servicios de crisis enlistados en seguida. Servicios de crisis fuera del estado de Washington estan cubiertos por un máximo de dos horas por cada acontecimiento.

Línea de Crisis (24-Horas)
Consejo inmediato, información, o referencia a otros servicios.
Audible y TDD (253) 272-9882
Llamada Gratis 1-800-576-7764

Servicios de Priorización de Crisis (24-Horas)
Servicios de intervención de crisis psiquiatra de término corto proporcionados en un ambiente seguro con supervisión médica.
(253) 404-3535

Servicios de Intervención de Crisis (24-Horas)
Estabilización de emergencias o situaciones de crisis en la comunidad.
Area de Tacoma/Peninsula (253) 404-3520
Lakewood/Sudoeste del Condado Pierce (253) 584-8933
Puyallup/ Este del Condado Pierce (888) 445-8125

Servicios de Internamiento Involuntario (24-Horas)
Investigación y evaluación de individuos para determinar la necesidad de internamiento para las facilidades de tratamiento psiquiatrico.
Audible y TDD (253) 798-2709

Servicios Psiquiatricos Intensivos Para Pacientes Internados

Los individuos que soliciten servicios psiquiatricos intensivos para paciente internado deberan recibir preautorización del Plan de Salud Prepagado para este nivel de cuidado.
(253) 798-2709

Servicios Comunitarios de Salud Mental Para Pacientes No Internados

Evaluación de Salud Mental

Cada individuo que solicite servicios recibirá una evaluación de salud mental minuciosa con el fin de determinar la necesidad médica de servicios adicionales. No se requiere preautorización para recibir una evaluación. Las personas que hayan sido evaluadas con necesidad de más servicios de salud mental recibirán servicios adicionales con la intensidad y de la duración necesaria. Los individuos tambien pueden ser referidos a otros recursos comunitarios de acuerdo a la necesidad.

Servicios de Intervención Breve

Estos son de corto plazo y enfocados, cuales pueden incluir pero no son limitados a:
- Consejería individual, familiar ó en grupo
- Intervención educacional
- Medicamentos

Servicios de Apoyo Comunitario

Estos son servicios de largo plazo para aquellos individuos con necesidades mas intensivas cuales pueden incluir pero no son limitados a:
- Consejería individual, familiar ó en grupo
- Supervisón de caso
- Supervisión de medicamentos
- Servicios de vivienda/residenciales (adultos)
- Servicios pre-vocacionales/vocacionales (adultos)

Información Para el Miembro de PHP

Elección de Administrador de Caso

- Los miembros del Plan de Salud Prepagado pueden escoger al supervisor de caso de los que estan disponibles en la organización de proporcionadores a la cual sean asignados.
- Si el miembro del PHP no escoje a un supervisor de su caso, se le asignará uno.
- Los miembros del PHP tienen el derecho de cambiar al supervisor de su caso una vez al año sin ninguna razón, o mas frecuentemente con buenas razones.

Solicitación de Segunda Opinión

Los miembros del Plan de Salud Prepagado (PHP) tienen el derecho a una segunda opinion por un miembro del personal participante de la organización al cual ha sido asignado cuando:
- El miembro necesite mas información sobre la necesidad médica del tratamiento recomendado por el supervisor del caso; ó
- El miembro crée que el supervisor del caso no ha recomendado servicios de salud mental comunitarios de pacientes no internados que sean medicamente necesarios.

Servicios de Mediador en Asuntos de Interes Público

Quejas o reclamaciones concernientes a los servicios recibidos o a la negación de servicios pueden ser dirigidas a Servicios de Mediador en Asuntos de Interes Público (Ombuds Service).
(253) 798-6123
Llamada Gratuita, Audible y TDD 1-800-[illegible]

Oficina de Asuntos del Consumidor

División de Salud Mental
Llamada Gratuita 1-800-446-0359

Materiales disponibles en formato alternativo al solicitarlo.

POLIZA DE AUSENCIA DE DISCRIMINACION
El Condado de Pierce RSN/PHP y sus contratistas no discriminan en servicios o en empleo a base de raza, color, religión, credo, origen nacional, sexo, orientación sexual, edad o desabilidad. Además, el RSN/PHP y sus contratistas no discriminan en prácticas de empleo a base de estado matrimonial, veterano desabilitado y veteranos de la era de Vietnam.

その他の情報に関しましては下記の
クオリティ管理チームにお問い合わせ
ください。

Pierce County Regional Support
Network
Quality Review Team
8811 South Tacoma Way
Building 2
Lakewood, WA 98499
(253)798-6166

反差別方針：ピアース郡地方援助ネットワーク
(RSN)、プリペイド・ヘルス・プラン（PHP）
とその契約者は人種、肌の色、宗教、宗教の信条、
出身国、性、性嗜好、年齢、身体障害を理由に
サービス又は雇用の差別は致しません。又、配偶者
の有無、身体障害退役軍人、そしてベトナム戦争
退役軍人（身分）を理由に雇用差別は致しません。

Quality Review Team（クオリティ管理チーム）
Pierce County Human Services（ピアース郡ヒューマンサービス）
8811 South Tacoma Way, Building 2
Lakewood, Washington 98499

JAPANESE

精神的健康ケア

クオリティ

管理チーム

意見を聴く

質問を受け、又答えます。

より良い生活の為に。

満足のいくサービスを。

Pierce County

1430

私達クオリティ管理チームは精神的
健康疾患者ケアに感心のある　又は
良く理解している疾患者を含めた
地域の人々で構成されています。

目的：

ピアース郡在住の精神的健康疾患者
ケアサービスを利用する方々が
選りよいサービスをカウンセラーより
受けられる様皆さんの意見を聴きます。

どの様に：

疾患者に聴く耳を提供し　又どの様に
サービスが行われているのか　感想を
集めます。

その上でクオリティ管理チームは
疾患者の要望を要約しサービスの変更が
可能であるか行政部に提出します。

なぜ：

サービスを受ける方々の見解や忠告、
又その変更された事などが制度全体に
聞き入れられているか確認する為です。

皆さんにできることとは：

ケアを受ける方々の意見や批評を
聴く。

ケアを受ける方々の家族や友人など
から意見や批評を聴く。

当チームが主催する意見発表会－－
ケアを受ける方々がこの制度について
自由に意見を述べる事のできる
ミーティング。

ケアを受ける方の自宅にて意見を聴く。

生活向上の為に活動的に援助。

ケアの問題点について聴く。

ご意見は養護施設、精神的健康ケア
センター、または地方援助ネット
ワーク行政局にお申し出下さい。

あなたの秘密は
必ず厳守されます

クオリティ管理チームは
どの様にお手伝いを
するのでしょう？

ケアを受ける方々、友人、家族に
サービス向上の為意見を出して
頂きます。

情報を集め分かち合う事により
ケアを受ける方々の生活とケア向上
を目指します。

制度へのより大きな認識をもたらします。

ケアを受ける方々が治療について
意見が言える様助けます。

ケアを受ける方々がどこがケアの
長所であり短所なのか職員に伝えます。

いつ：

ケアを受ける方々と家族の方々には
オープンミーティング（意見発表会）、
養護施設訪問やその他の行事を通して
触れ合います。

ក្រុមសើរើ គុណភាព នៃសុខភាពខាងផ្លូវចិត្ត

- ការស្តាប់
- បញ្ហេញយោបល់
- សំណួរនិងចម្លើយ
- គុណភាពនៃជីវិត
- សេចក្តីពេញចិត្ត ចំពោះកិច្ច បំរើ

Pierce County

1 to 3 p

Quality Review Team
Pierce County Human Service
8811 South Tacoma Way
Lakewood, Washington 98499

CAMBODIAN

សំរាប់ពត៌មានបន្ថែម, សូមសរសេរ ឬទូរស័ព្ទទៅក្រុម QRT តាម:

Pierce County Regional

Support Network

Quality Review Team
8811 South Tacoma Way
Lakewood, WA 98499
(253) 798-6116

ព្យាប់មិនប្រកាន់

បណ្ណាញទបញ្ជ ឬប្រចាំកំបន់ភ្ជៀសវាងនឹ RSN/PHP ហើយនិងអ្នកកុងត្រាមិនមានការប្រកាន់ទៅលើលោក អ្នកណោយសារឆ្នាត់សាសន៍, ពណ៌សម្បុរ, សាសនា, កំនៀ, សញ្ជាតិដើម, គេទ, វាយុ, ឬក៏ពិការភាពនៅក្នុងសម្ព្រាមឬក្នុងការងារឡើយ។ លើសពីនេះទៅទៀត, RSN/PHP ហើយនិងអ្នកកុងត្រាបស់គេក៏មិនមានការប្រកាន់ណោយសារលក្ខណៈរាងកាយ៉ាពិពាហ៍, ទាហ៉ានពិការ, ឬទាហ៉ានកំនាន់ជ្ឿតណាមនៅក្នុងលក្ខណៈការងារនេះដែរ។

ថ្ងៃទៅត្ថទ៉ឧ ឆ្នាំ ១៩៩៧

យើងជាអ្នកណា

ក្រុមត្រួតពិនិត្យគុណភាព (QUALITY REVIEW TEAM) គឺជាក្រុមតូចមួយដែលមានសមាជិកមកពីវិជ្ជាជីវៈផ្សេងៗ (ដោយមានការចូលរួមពីអ្នកជំងឺ) ដែលត្រូវបានតែងតាំងដោយមន្ទីរពេទ្យ ដើម្បីធានាថាអ្នកជំងឺទទួលបានការថែទាំដ៏ប្រសើរបំផុត ក្នុងអំឡុងពេលស្នាក់នៅមន្ទីរពេទ្យ។

គោលបំណង:

ដើម្បីក្រុមត្រួតពិនិត្យ អ្នកជំងឺត្រូវចំណាយពេលជាមួយនឹងអ្នកជំងឺ ដើម្បីជួយពួកគេឲ្យយល់ពីគុណភាពនៃការថែទាំ ដែលពួកគេទទួលបានពីសំណាក់ក្រុមគ្រូពេទ្យ។

របៀប:

ដោយផ្តល់នូវការត្រួតពិនិត្យលើការប្រើប្រាស់ថ្នាំមិនត្រឹមត្រូវ ដោយការស្នើសុំឲ្យអ្នកជំងឺផ្តល់ការណែនាំ ស្តីពីកិច្ចការដែលគួរធ្វើ ដូចជាការផ្តល់ឱ្យនូវការណែនាំ ដូចជាការចាក់ថ្នាំ ជាដើម។

ក្រុមការងារនឹងធ្វើការសិក្សាលើនូវមុខងារ ដែលមានសារៈសំខាន់ ដូចជាការកត់ត្រាទិន្នន័យ ជាដើម ដើម្បីធានានូវការកែលម្អ ជូនអ្នកជំងឺ។

ហេតុអ្វី:

ដើម្បីធ្វើឲ្យប្រាកដនូវមុខងារ ដែលមានសារៈសំខាន់ ដូចជាការកត់ត្រាទិន្នន័យ ជាដើម ដើម្បីធានានូវការកែលម្អ ជូនអ្នកជំងឺ ដោយមានការចូលរួមពីសំណាក់ក្រុមគ្រូពេទ្យ ដែលមានជំនាញ ជាដើម។

តើយើងត្រូវធ្វើដូចម្តេច?

- *យកចិត្តទុកដាក់ស្តាប់មតិយោបល់ ដែលមានពីសំណាក់ក្រុមគ្រូពេទ្យ ជាដើម។*
- *យកចិត្តទុកដាក់ស្តាប់មតិ ដែលមានពីសំណាក់ក្រុមគ្រូ ដែលមានការងារ ជាដើម ដើម្បីធានានូវ ការកែលម្អ ជូនអ្នកជំងឺ ជាដើម។*
- *ចូលរួមជាមួយ ការប្រជុំ ជាមួយនឹងការ ដែលមានការ ចូលរួមពីសំណាក់ ក្រុមគ្រូពេទ្យ ជាដើម ដើម្បីជជែកពីបញ្ហា ដែលមានការ ជាដើម ។*
- *យកចិត្តទុកដាក់ស្តាប់ ទៅកាន់ការ ណែនាំ ដែលមានពីសំណាក់ ក្រុមគ្រូពេទ្យ ជាដើម ។*
- *ជួយការពារ ការលួចលាក់ ដែលមានការ ជាដើម ។*
- *យកចិត្តទុកដាក់ស្តាប់ ទៅកាន់ការ ណែនាំ ដែលមានពីសំណាក់ ក្រុមគ្រូពេទ្យ ជាដើម ។*
- *ស្នើសុំ ឲ្យមានការ ផ្តល់ជូនការ ណែនាំ ដែលមានសារៈ ដូចជាការ ចាក់ថ្នាំ ជាដើម ។*

យើងតែងតែ ការពារ ភាពលាក់ការណ៍ របស់អ្នក

តើ QRT ជួយលោកអ្នក ដោយវិធីណា?

- *អ្នកប្រើប្រាស់ ដែលមានសិទ្ធិ ទទួលបានការ ណែនាំ ដែលមានការ ចាប់ផ្តើ ដោយ ការកត់ត្រា ទិន្នន័យ ជាដើម ។*
- *ការប្រមូលនូវ ការចាប់ យកមតិ ដោយ ការកត់ត្រា ទិន្នន័យ ជាដើម ។*
- *ការកែលម្អ ជូនអ្នកជំងឺ ដោយ ការកត់ត្រា ទិន្នន័យ ជាដើម ។*
- *ការកាត់ បន្ថយ ការ ចាប់ យកមតិ ដោយ ការ ណែនាំ ជាដើម ។*
- *ការ ជួយ ដោយ ការ ណែនាំ ដ៏ សមស្រប ជូនអ្នកជំងឺ ។*

តើនៅពេលណា:

យើងអាចជួយ ដោយ ការ ណែនាំ ដ៏ សមស្រប ជូនអ្នកជំងឺ ។

TTD: 1-800-531-0508

服务提供者网络

所有年龄的预付健康计划的成员如他或她住在皮尔斯郡地理范围内可获得以下服务提供者的公共精神健康门诊服务：

Comprehensive Mental Health Center
(Tacoma/Peninsula Area)
（塔可马/半岛郡地区）
成人和老人：514 S. 13th St. Tacoma
电话：(253) 272-3070
儿童和青少年：1201 S. Proctor, Tacoma
电话：(253) 756-9960

Good Samaritan Behavioral Healthcare
(Puyallup/East County Area)
皮亚鲁普/东郡地区
325 Pioneer East, Puyallup 98372
电话：(253) 445-8120
免费长途：1-888-445-8120

Greater Lakes Mental Healthcare
(Lakewood/Southwest County Area)
莱克伍德/西南郡地区
9330 59th Ave, S.W., Lakewood 98499-6600
电话：(253) 581-7020

预付健康计划成员还可就他们的居住地区到以下地点获得为特殊人口群体而设的公共精神健康门诊服务：

Asian Counseling Services
主要为亚裔及太平洋群岛语系的人士而设
4301 S. Pine St., Suite 405, Tacoma, 98409
电话：(253) 471-0141

Seamar Community Health Centers
主要为西班牙语系的人士而设
1112 South Cushman St., Tacoma, 98405
电话：(253) 593-2144

Kwawachee Counseling Center
为土著美国人及阿拉斯加土著人而设
Puyallup Tribal Health Authority
2209 E. 32nd St., Tacoma, 98404
电话：(253) 593-0247

Catholic Community Services
为儿童而设的以住家为基地的特别服务
5410 N. 44th St. Tacoma, 98407
电话：(253) 759-9544

Pierce County
Regional Support Network/Prepaid Health Plan
3811 South Tacoma Way
Lakewood, Washington 98499

CHINESE

皮尔斯郡

精神健康服务

皮尔斯郡
地区扶助网络
预付健康计划

精神健康方面的福利

1-800-531-0508
免费咨询电话

如何联络寻求服务

- 皮尔斯郡地区扶助网络预付健康计划的成员可直接打电话到本小册子所列的机构联络服务或打咨询电话寻求协助。
- 紧急服务与精神健康状态之评估无需预先批准。所有其它所列的服务必须等候预付健康计划的批准。

紧急服务

以下所列的紧急服务无需预先批准。华盛顿州外的紧急服务，每次服务只限俩个小时。

紧急服务热线（24小时）
即时提供资料、咨询服务或转交别处。
聋哑人电话：（253）272-9882
免费长途：1-800-576-7764

紧急服务（24小时）
在安全和医疗监察环境下给予短期精神病紧急服务。
电话：（253）404-3535

紧急服务队（24小时）
如需紧急镇静或在公共场所出现紧急状况请电：
Tacoma/Peninsula Area: (253) 404-3520
（塔可玛和平理索那地区）
Lakewood/Southwest Pierce County: (253) 584-8933
（蕾芜及西南郡地区）
Puyallup/East Pierce County: (888) 445-8125
（皮雅鲁及东郡地区）

受托服务（24小时）
对病情进行调查研究评估后，决定是否应送病人到精神病治疗所受托。
聋哑人电话：(253) 798-2709

急性精神病住院病人服务

任何人如要求急性精神病住院病人服务都必须获得预付健康计划的预先批准。
电话：(253) 798-2709

公共精神健康门诊服务

精神健康状态评估

任何一个要求服务的人都会获得一个充分的精神健康状态的评估，从而决定在医学上他们是否需要额外的服务。如需这项评估不必等候预先批准。评估认为需要进一步精神健康服务的人将会获得额外加强的长期的服务。根据病情的需要，病人还会被转到其它公共机构。

简短调停服务

这些是短期的针对性服务。主要包括但不限制于以下的服务：

- 个人、家庭或团体咨询
- 教育方面的调停
- 医疗

公共扶助服务

这些是为更迫切需要的病人而设的长期服务，它们包括但不限制于：

- 个人、家庭或团体咨询
- 病案管理
- 医疗管理
- 房屋居处服务（成人）
- 准假期和假期服务（成人）

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预付健康计划成员须知

病案经理人的选择

- 预付健康计划的成员可从指定的服务提供机构中选择病案经理人。
- 假如预付健康计划的成员不提出选择的话，他们会得到一位被委派的病案经理人。
- 预付健康计划的成员可就任何理由每年更改病案经理员一次。假如有充足的理由则可作更多的更改。

第二见解的要求

在以下情形中，预付健康计划的成员有权提出由其他在指定的服务提供机构中工作的雇员作出第二见解的要求。

- 当成员需要更多有关治疗上医学必要性的资料时。
- 当成员相信病案经理人没有推荐医疗需要的公共精神健康门诊服务时。

投诉服务

对所得服务不满或有成见或对服务持有否定意见，请直接与投诉服务联络
电话：(253) 798-6123
免费长途、聋哑人电话：1-800-531-0508

消费者事务办公室

精神健康部
免费长途：1-800-446-0159

Materials available in alternate format upon request.

無歧視合約

皮尔斯郡RSN/PHP以及它的合约者在服务和雇用过程中，不对种族、颜色、信仰、教条、血统、性别、性爱方式、年令以及残废进行歧视。另外，RSN/PHP以及它的合约者，在雇用过程中，不对不同军阶的军人、残废军人以及越战老兵进行歧视。

ケア・プロバイダー（提供者）

ネットワーク

出自の方々の住む地域がどこであろうとも下記のどの施設でも利用する事ができます。

コンプリヘンシブ・メンタル・ヘルス・センター
(Comprehensive Mental Health Center)
（タコマ/半島地域）
成人/壮年 514 S.13th St., Tacoma
(253)272-[illegible]70
小児/家族単位 1201 S. Proctor, Tacoma
(253)756-[illegible]60

グッド・サマリタン・ビヘイビオラル・ヘルスケア
(Good Samaritan Behavioral Healthcare)
（ピュアラップ・郡東部）
325 Pioneer East, Puyallup 98372
(253)446-[illegible]20 無料電話：1-800-445-8120

グレーター・レイクス・メンタル・ヘルスケア
(Greater Lakes Mental Healthcare)
（レイクウッド/郡南西部）
[illegible]30 59th Ave.,SW.,Lakewood,98499-6600
(253)581-[illegible]20

下記の施設は母国語での受診等特別なサービスを受けようとする方のための施設です。いずれの施設もＰＨＰメンバーの方ならどの地域に居住されていても利用する事が出来ます

アジアン・カウンセリング・サービス
(Asian Counseling Service)
主にアジア 太平洋諸島を母国語とされる方の為の施設。
4301 S. [illegible]ine St., Suite 405, Tacoma, 98409
(253)471-[illegible]41

シー・マー・コミュニティ・ヘルス・センター
(Sea Mar Community Health Center)
主にスポイン語を母国語とされる方の為の施設。
1112 South Cushman St., Tacoma, 98405
(253)593-2[illegible]44

クワワチー・カウンセリング・センター
(Kwarachee Counseling Center)
アメリカン・インディアンとアラスカ原住の方の為の施設。 ピュアラップ・トライバル・ヘルス局
[illegible]09 E. 2nd St., Tacoma, 98404
(253)593-0247

カソリック・コミュニティ・サービス
(Catholic Community Services)
小児の為の住宅医療専門サービス。
5410 N. 44th St., Tacoma, 98407
(253)759-9[illegible]44

Pierce County
Regional Support Network/Prepaid Health Plan
8811 South Tacoma Way
Lakewood, Washington 98499

JAPANESE

ピアース郡
精神的健康医療
サービス

ピアース郡
地域援助
ネットワーク
プリペイド・
ヘルス・プラン

精神的健康医療
のための
社会保障制度

問い合わせ用無料電話

1－800－531－0508

1 ね 3 ア

どの様にしたら援助が受けられるのでしょうか。

ピアース郡地方援助ネットワークのプリペイド・ヘルス・プランにご加入の方は当リーフレットに掲載された電話番号に直接電話して援助を受けることが出来ます。又は無料電話にて助言を得る事も選択出来ます。危機対応サービスと精神的健康アセスメントの場合は前もって許可を得る必要はありません。他に上げたサービスでプリペイド・ヘルス・プランの援助を受けるには事前に許可が必要です。

危機対応サービス

下記の危機対応サービスは前もって許可を得る事はありません。ワシントン州外で危機対応サービスを受ける場合には２時間まで無償で対応致します。

危機ライン（２４時間）

即座のカウンセリング、必要な情報提供、又は他の手段の紹介。
耳の不自由な方の電話：（２５３）２７２－９８８２
無料電話：１－８００－５７６－７７６４

危機応急手当（２４時間）

医療管理下での短期間精神的健康危機対応。
(253)404-3535

危機対応チーム

地域内での緊急又は危機事態への対応。
タコマ/半島地域　（２５３）４０４－３５２８
レイクウッド/郡南西部　（２５３）５８４－８９３３
ピュアラップ/郡東部（８８８）４４５－８１２５

強制収容治療

現有の診断と検査、そして精神収容施設収容の必要性決定。
聴覚障害者用電話：（２５３）７９８－２７００

入院患者の急性精神疾患者治療

入院患者が急性精神疾患治療を受けるには プリペイド・ヘルス・プランからの許可が必要です。
（２５３）７９８－２７３６

外来患者精神的健康医療サービス

精神的健康アセスメント

（評価、診断）

精神的健康医療サービスを要請する患者がそれ以上の医療サービスを受ける為には完全な精神的健康アセスメントを受けなければなりません。
アセスメントを受けるのに事前の許可は不要です。
さらに精神的健康医療サービスを必要と診断された患者の場合、個人の症状と必要期間により追加医療サービスを受ける事ができます。又必要に応じて地域内の他の手段を紹介する事も可能です。

短期対応サービス

下記の項目が短期集中治療の一部ですがこの項目以外にも対応致します。
- 個人、家族、又はグループ・カウンセリング
- 協書的対応
- 薬品

地域援助サービス

もっと綿密な長期治療を必要とする方の為のサービスで下記に上げたのは一部です。
- 個人、家族、又はグループ・カウンセリング
- 個別場者診断
- 投薬管理
- 住宅、居住ガイダンス
- 就職の為のガイダンス

プリペイド・ヘルス・プラン加入者権利

ケース・マネージャー

（個別カウンセラー）選択の権利

プリペイド・ヘルス・プラン加入者は指定団体からケース・マネージャーを選択することが可能です。
加入者が自主的にケース・マネージャーを選択しない場合こちらで決めさせて頂きます。
加入者は一年に一回何らかの理由で　又は特別な理由がある場合にはそれ以上、ケース・マネージャーを変える事が可能です。

第二の意見を求める

プリペイド・ヘルス・プラン（PHP）加入者は下記の様な場合指定団体内の他のスタッフからその他の意見を出してもらう事が可能です。
ケース・マネージャーが勧める治療法の医学的必要性についてもっと説明の説明が欲しい場合
ケース・マネージャーが医学上必要な外来患者地域精神的健康医療サービスを勧めていないと思った場合。

オンブズ（監視）サービス

個々のサービスについて不満や苦情がある場合、又はサービスの拒否をされた場合、オンブズ・サービスに相談する事が出来ます。
電話：　（２５３）７９８－６１２２
無料電話（声、又は耳の不自由な方の電話）：
１－８００－５３１－０５０７

消費者窓口

精神的健康医療部門

無料電話：１－８００－４４８－０２９

反差別方針：　ピアース郡地方援助ネットワーク（RSN）、プリペイド・ヘルス・プラン（PHP）とその契約者は人種、肌の色、宗教、宗教の信条、出身国、性、性嗜好、年齢、身体障害を理由にサービス又は雇用の差別は致しません。又、郡民者の資産、身体障害選挙権、そしてベテラン選挙権（身分）を理由に差別致しません。

Fesoòtaiga A E Oloo Fáatinoina Nei Fesoasoani

O Talavai a le aai mo le soifua maloloina i le mafaufau mo tagata a le PHP i soo se tagata i totonu Pierce County i nofoaga esese o alala ai o loo lisi i lalo:

Comprehensive Mental Health Center
(Tacoma/Peninsula Area)
Tagata Matu ua ma e ua matu
[illegible] S. 13th St., Tacoma (253)272-3070
Mo Tamaiti/Aiga
1201 S. Procter, Tacoma **(253)756-9960**

Good Samaritan Behavioral Healthcare
(Puyallup/East County Area)
325 Pioneer East, Puyallup 98372
(253)445-8120
Ole numera eta valáau ai ae le totogiína
1-888-445-8120

Greater Lakes Mental Healthcare
(Lakewood/Southwest County Area)
9430 59th Ave. SW, Lakewood 98499-6600
(253)581-7073

O Talavai a le aai mo le soifua maloloina i le mafaufau ua fuafuaina mo vaega faapitoa, o lóo maua i le lisi i lalo, poo fea lava e alala ai le tagata o le PHP:

Asian Counseling Services
Mo Asia/Tagata Pasefika e èséese a latou gagana isi
4301 S. Pine St., suite 405, Tacoma 98409
(253)471-0141

Sea Mar Community Health Centers
No i latou o e e tataula ile gagana sepaniolo (Spanish) ma isi.
1112 South Cushman St., Tacoma 98405
(253)593-2144

Kwawachee Counseling Center
Tagata Núu o Amerika, ma Alaska
Puyallup Tribal Health Authority
2209 E. 32nd St., Tacoma 98404
(253)593-0247

Catholic Community Services
Oldo fesoasoani poó le tausiga o tamaiti
5410 N. 44th St., Tacoma 98407
(253)759-9544

Pierce County
Regional Support Network/Prepaid Health Plan
8811 South Tacoma Way, Building 2
Lakewood, Washington 98499

SAMOAN

Pierce County
Auauna at a le Soifua maloloina i le mafaufau

Pierce County Regional Support Network Ma Fuafuaga O Le Soifua Maloloina Ua

PENEFITI A LE SOIFUA MALOLOINA I LE MAFAFAU

1-800-531-0508
Ole Numera Eta Valaàu Ai Ae Le

Faapefea ona maua le Fesoasoani

- O Tagata uma o le Pierce County Regional Support Network Prepaid Health Plan (PHP) e valaau sao i le telfoni o loo tusi ile nei pepa mo se fesoasoani poo le telefoni fua lena o loo i luma o le pepa.
- Fesoasoani i mafatiaga matautia ma le suesueina o le soifua maloloina i le mafaufau e le manaomia se faatagana muamua, ao isi fesoasoani e manaomia e tatau ona faataga muamua mo le toe totogiina o le PHP.

Fesosoani i Mafatiaga Matautia

E le manaomia se faataga muamua mo le vaega fesoasoani o loo i lalo. Soo se fesoasoani i fafo atu o le setete o Uasinitone e fafai ona fai i le lua itula i le vaega.

Ole Laina Lenei E Tatala Ile (24 Itula) (Crisis Line)
Talanoaga faavavevave, faailoa atu, poo le liliu atu i nisi vaega fesoasoani.
E Naò Se Leo Ete Faàlogo Ai (253)272-9822
Ole Numera Ete Valaàu Ai Ea Le Totogiína 1-800-576-7764

Vaega Suesueina Mafatiaga Mamafa (24 Itula)
E fesoasoani ma auai le Fomai o le mafaufau i le taimi puupuu puipuia ma le vaavaaiga a le falemai (253)404-3535

Vaega Fautua mo Mafatiaga Mamafa (24 Itula)
Faamuatuina mea faafuasei poo nisi mafatiaga i le aai (nuu).
Tacoma Peninsula Area (253)404-3520
Lakewood/Southwest Pierce County (253)584-8933
Puyallup/East Pierce County (888)445-8125

Ose Fesoasoani Mo Òe 24 Itula E Tatala Ai, Ae Ia E Alu I Lou Lava Loto Malie
Suesueina ma sailiili i latou e tatu ma manaomia ona tuuina atu lea i le nofoaga o togafitiga faalemafaufau.
E Naò Se Leo Ete Faàlogo A (253)798-2709

Vaega Fesoasoani Mo E Matua Afaina Mafaau

O i latou uma lava i a e tatau ona iai se faatagaina muamua mai le Prepaid Health Plan (PHP). **(253)798-2709**

Talavi A Le Nuu I Le Soifua Maloloina I Le Mafaufau

Ose Suè Atili Ole Ua Afaina Le Mafaufau
E tatau ona iai suesuega muamua o le tagata ma'i poo le a tonu le togafiti e tatau ona fai poo se tasi fesoasoani faapitoa. E le manaomia se faatagana mo lea suesuega. O lea tagata a uma ona suesue ae manaomia nisi fesoasoani e faia lava poo le a foi lava le u mi. E mafai foi ona avatu i se fesoasoani o avanoa i le aai.

Onai Fesoasoani Laiti Poó Le Pupúu Foi Ete Maua Ai
O nisi ne fesoasoani pupuu o loo iai, e avanoa foi:
- Tagata taitoatasi, aiga, poo ni talanoaga aofia faatasi
- Fautuaga faaleaoaoga
- Vailaau (Talavai)

Ose Fesoasoani E Lagolagoina E Tagata Lautele
O fesoasoani mo se taimi umi mo e manaomia le fesoasoani tele atu, e avanoa foi:
- Tagata taitoatasi, aiga, talanoaga aofia faatasi
- Mataupu fuafuaina
- Fuafuaina o Vailaáu
- Nofoaga/Maota (Tagata Matutua)
- Galuega amata/Galuega eseese (Tagata matutua)

Fáaaliga A E Oloò I Totonu Ole Faàla Potopotoga Ale PHP

Filifiliga O O Le Pulea Lau Talosaga
- E filifili e le Prepaid Health Plan (PHP) i o le pulea lau talosaga mai e o avanoa i a latou vaega ua fuafuaina.
- Afai e le filifilia e le vaega PHP le o le pulea lau talosaga ona tfia atu lea.
- E iai le aia ale tagata o le PHP e sui ai lana o le pulea lau talosaga faa tasi i le tausaga, pe tele ai i foi pe a iai se mafuaaga lelei.

Faatagi Mo Se Manatu Lua
E iai le aia o le tagata o le PHP mo se isi manatu e ese atu mai se tasi o le vaega o loo galulue mo oe pe a:
- manaomia e le tagato nisi manatu i toga fitiga o loo faia e tatau ai mai lena o le pulea lau talosaga; poo
- le manatu ifo le tagata e le tatau toga fitiga e tusa ai ma le fesoasoani i lona soifua maloloina i le mafaufau.

Ose Fesoasoani Mai I Le Ose Nate Ave Atuin Sou Manatu Póo soo Manaòga (Ombuds)

Faitoga ma le le fiafia i le fesoasoani ma le tele atu e avatu uma i le Ombuds Service. (253)798-612[illegible]
Ete Valaàu Fue, Ele Totogiina, Ma Tuù Ai Foi se Manatu Oe Manaò Ai Pea Tautala Mai Le [illegible]
1-800-5[illegible]-0508

Office of Consumer Affairs
Division of Mental Health
Ole Numera Eta Valaàu Ai Ae Le Totogiína 1-800-446-0259

TULAFONA I LE LE FAAILOGA TAGATA

Pierce County RSN/PHP ma isi kono karate e le tatau ona faailoga tagata ona o lanu, tagata nu'u, tapuaiga, tupuga, [illegible] tausaga ma le ma'i i soo se fesoasoani e mana'o mai ma galuega. Faaopoopo iai le RSN/PHP ma latou konokarate e le faailoga tagata ona latou tulaga faitoalua, tagata lavevea i [illegible] ma tulaga o tagata Vietnam ERA ini galuega fa[illegible]

Mạng Lưới Người Cung Cấp

Dịch vụ dành cho cộng đồng người mắc bệnh tâm trí ngoại trú trong mọi lứa tuổi là thành viên của chương trình PHP trong các địa bàn thuộc Quận Hạt Pierce, mà bệnh nhân đang sống có thể có từ các cơ sở cung cấp dịch vụ dưới đây:

Comprehensive Mental Health Center
(Tacoma/Peninsula Area)
Người Lớn/Người Già, 514 S. 13th St. Tacoma
(253) 272-3070
Trẻ em/Gia Đình, 1201 S. Proctor, Tacoma
(253) 756-7960

Good Samaritan Behavioral Healthcare
(Puyallup East County Area)
325 Pioneer East, Puyallup 98372
(253) 445-8120
Toll Free 1-888-445-8120

Greater Lakes Mental Healthcare
(Lakewood/Southwest County Area)
9330 59th Ave. S.W., Lakewood 98499-6600
(253) 581-7020

Dịch vụ cho bệnh nhân tâm trí ngoại trú dành cho các nhóm dân cư đặc biệt có thể có được từ các cơ sở cung cấp dưới đây bất kể là người tham gia chương trình PHP cư ngụ ở đâu:

Asian Counseling Services
Những người có ngôn ngữ chính là Á Châu/Thái Bình Dương và những người khác
4301 S. Pine St., Suite 405, Tacoma, 98409
(253) 471-4141

Sea Mar Community Health Centers
Những người có ngôn ngữ chính là Tây Ban Nha
1112 South Cushman St., Tacoma, 98405
(253) 593-2144

Kwawachee Counseling Center
Thổ dân Mỹ và thổ dân Alaskan
Puyallup Tribal Health Authority
2209 E. 32nd St., Tacoma, 98404
(253) 593-7247

Catholic Community Services
Dịch vụ tại gia cho trẻ con
5410 N. 44th St., Tacoma 98407
(253) 759-0544

Pierce County
Regional Support Network/Prepaid Health Plan
8811 South Tacoma Way
Lakewood, Washington 98499

VIETNAMESE

PIERCE COUNTY
Dịch vụ sức khoẻ Tâm Thần

Mạng Lưới Yểm trợ Khu Vực Quận Pierce Chương Trình Y-Tế Trả Tiền Trước

Những Quyền Lợi Của Người Mắc Chứng Tâm Trí

1-800-531-0508

Xin gọi số chỉ dẫn miễn phí

1 b 3 p

Làm sao để có được dịch vụ

- Các thân chủ của Chương Trình Y-Tế Trả Tiền Trước (PHP) trong Mạng Lưới Yểm-Trợ khu vực Quận Hạt Pierce có thể gọi điện thoại trực tiếp đến các số ghi trong phiếu hướng dẫn này để yêu cầu cung cấp dịch vụ hoặc gọi số miễn phí để xin giúp đỡ.
- Những dịch vụ dành cho những vụ khủng hoảng và những lượng gia về bệnh tâm thần không đòi hỏi phải có phép trước, tất cả những dịch vụ khác được liệt kê phải có sự cho phép trước để chương trình PHP bồi hoàn phí tổn.

Dịch vụ dành cho trường hợp Khủng Hoảng

- Không cần có sự cho phép trước đối với những dịch vụ khẩn cấp liệt kê dưới đây,dịch vụ khẩn cấp ngoài Washington trả tối đa hai tiếng cho mỗi sự kiện.

Đường dây khủng hoảng (24 giờ)

- Khi cần tham khảo ý-kiến ngay lập tức, cần biết tin tức, hoặc chuyển đến cơ sở chữa trị khác.
- Voice và TDD (253) 272-9882
- Điện thoại miễn phí 1-800-576-7764

Dịch vụ Khẩn Cấp Triage (24 giờ)

- Dịch vụ can thiệp trường hợp có khủng hoảng tâm trí ngắn hạn được cung cấp trong môi trường an toàn và được giám sát hợp với tiêu chuẩn y-tế.
- (253) 404-3535

Các Toán Can-Thiệp Khủng Hoảng (24 giờ)

- Ổn định tình trạng khẩn cấp hoặc khủng hoảng trong cộng đồng.
- Tacoma/Khu Bán Đảo (253) 404-3520
- Lakewood/Tây-Nam Pierce (253) 584-8933
- Puyallup/Đông Pierce (888) 445-8125

Dịch vụ cần thiết để Uỷ Thác đến Cơ Sở Chữa Trị (24 giờ)

- Điều tra và lượng giá cá nhân để quyết định sự cần thiết uỷ thác đến các cơ sở chữa trị bệnh tâm trí.
- Voice và TDD (253) 798-2709

Dịch Vụ dành cho Bệnh Nhân Nội Trú mắc Bệnh Tâm Trí Nặng

Người yêu cầu cung cấp dịch vụ cho bệnh nhân mắc bệnh tâm trí nặng ở nội-trú cần phải có sự cho phép trước của chương trình Y-tế Trả Tiền Trước (PHP) dành cho mức chăm sóc này
(253) 798-2709

Dịch vụ dành cho Cộng Đồng những Bệnh Nhân Tâm Trí Ngoại Trú

Lượng Định Tình Trạng Bệnh
Người yêu cầu cung cấp dịch vụ sẽ nhận được sự lượng định bệnh tình đầy đủ để quyết định nhu cầu y-tế cho những dịch vụ bổ túc. Sự lượng định này không cần có sự cho phép trước. Những người được lượng định là cần có thêm những dịch vụ dành cho bệnh nhân tâm trí sẽ nhận được những dịch vụ đó trong mức độ và thời gian cần thiết. Họ cũng có thể được chuyển tiếp đến một cơ sở cộng đồng khác tuỳ theo nhu cầu.

Dịch vụ can-thiệp Ngắn-Hạn

Đây là những dịch-vụ đoản-kỳ nhằm chú ý đặc biệt đến các vấn đề dưới đây nhưng không chỉ giới hạn riêng cho các vấn đề đó:

- Hướng dẫn cá nhân, gia-đình, nhóm người
- Can thiệp bằng cách giáo dục
- Thuốc men

Dịch vụ yểm-Trợ cho Cộng Đồng

Đây là những dịch-vụ dài hạn dành cho những người có mức độ nhu cầu nhiều hơn, có thể bao gồm, nhưng không giới hạn riêng cho các vấn đề này:

- Hướng dẫn cá nhân, gia-đình, nhóm người
- Theo dõi, quản trị vụ bệnh
- Điều quản việc sử dụng thuốc men
- Dịch vụ nhà ở/nơi cư ngụ (người lớn)
- Dịch vụ chuẩn bị hướng nghiệp/hướng nghiệp (người lớn)

Tin Tức cho Thân Chủ Chương Trình PHP

Chọn Người Điều Quản Vụ Bệnh

- Những người tham gia Chương Trình Y-tế Trả Tiền Trước (PHP) có thể chọn một người điều quản vụ bệnh của mình trong tổ chức những người cung cấp dịch vụ đã chỉ định cho họ.
- Nếu người tham gia chương trình không chọn người điều quản vụ bệnh của mình thì một người cung cấp dịch vụ nào đó sẽ được chỉ định cho họ.
- Người tham gia chương trình PHP có quyền thay đổi người điều quản vụ bệnh của mình một lần trong một niên lịch bất cứ vì một lý do gì hoặc thường xuyên hơn nếu có lý do chính đáng.

Yêu Cầu có Một Ý-Kiến Thứ Hai

Những người tham gia Chương Trình Y-Tế Trả Tiền Trước (PHP) có quyền được một ý-kiến thứ hai của các nhân viên khác có tham gia vào tổ chức những nhà cung cấp đã được chỉ định cho người đó khi:

- thành viên đó cần biết thêm tin tức về những nhu cầu y-tế cần cho việc chữa trị được người điều quản vụ bệnh của thành viên ấy giới thiệu, hoặc
- thành viên đó tin rằng người điều quản vụ bệnh của họ đã không khuyên bảo về những nhu cầu y-tế của dịch vụ cộng đồng dành cho những bệnh nhân tâm trí ngoại trú.

DỊCH VỤ OMBUDS

Mọi khiếu nại hoặc trách cứ liên quan đến những dịch vụ đã nhận hoặc từ chối dịch vụ có thể thông báo cho
Ombuds Services (253) 798-6123
Hoặc Điện thoại miễn phí 1-800-[illegible]-0505

Phòng Dịch Vụ Thân Chủ

Phân sở Y-tế Tâm-trí
Điện thoại miễn phí 1-800-446-[illegible]
Những tài liệu với hình thức khác có thể có nếu được yêu cầu.

CHÍNH SÁCH KHÔNG KỲ THỊ

RSN/PHP Quận Pierce và các nhà thầu của hệ thống không được kỳ thị trên căn bản chủng tộc, màu da, tôn giáo, tín ngưỡng, nguồn gốc quốc gia, phái tính, khuynh hướng tình dục, tuổi tác, hoặc tật nguyền trong các dịch vụ hay trong việc làm. Ngoài ra, RSN/PHP và các nhà thầu không được kỳ thị trên căn bản tình trạng gia đình, phế binh, hoặc tình trạng cựu chiến binh thời Việt Nam trong việc làm.

[illegible]

អ្នកជម្លៃក្នុងសហគមន៍ផ្តែកកិច្ចការបំរើខាងជម្លីសតិអារបូលាស់សម្រាប់សមាជិក
[illegible] ត្រូវការ [illegible] ទានទៅក្នុងពាក់ព័ន្ធកូមិសាស្ត្រតំបន់ភៀសខ្មោចធ៍ សំរាប់លោក
[illegible] ដែលស្ថិត [illegible] ទៅក្នុងពាក់ព័ន្ធ [illegible] ទានខាងក្រោមនេះ :

[illegible]
(តំបន់ភាគខ្លាំ [illegible] / ជែនទ្រីន [illegible]ក្យ)
[illegible] / [illegible]ចាស់ជ [illegible] 514 So. 13th St. Tacoma
([illegible]) [illegible]-[illegible]
[illegible] / [illegible] [illegible] 1301 So. Proctor, Tacoma
([illegible]) ៧[illegible]-[illegible]
[illegible]
(តំបន់ [illegible] / ទិសខាងកើតនៃស្រុក)
[illegible] East, [illegible]yallup 98372
([illegible]) [illegible]-[illegible]
[illegible] ([illegible]) [illegible]-[illegible]
[illegible]
(តំបន់ [illegible] / [illegible]ខាងលិច)
[illegible] Lakewood 98499-6600
([illegible]) [illegible]-[illegible]

[illegible]
[illegible] PHP [illegible]
[illegible]
[illegible] / [illegible] [illegible] 405, Tacoma, 98409
([illegible]) [illegible]-[illegible]
[illegible]
[illegible] ([illegible]) [illegible]
[illegible] 1112 So. Cushman St., Tacoma, 98405
([illegible]) [illegible]-[illegible]
[illegible]
[illegible] ([illegible]) [illegible]
2209 E. 32nd St., Tacoma, 98404
(២[illegible]) [illegible]-[illegible]
[illegible]
[illegible] 5410 N. 44th St., Tacoma 98407
(២[illegible]) [illegible]-[illegible]

CAMBODIAN

[illegible]
2811 South Tacoma Way
Lakewood, Washington 98499

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

១-៨០០-៥៣១-០៥០៨

លេខទូរស័ព្ទដែលឥតបង់ថ្លៃសំរាប់ពត៌មានផ្សេងៗ

1 1 3 0

របៀបចូលទៅដល់ផ្នែកកិច្ចការបំភើ

- សមាជិកនៃបណ្តាញឧបត្ថម្ភតំបន់ភៀសខ្មែរធីគម្រោងសុខភាពបង់ថ្លៃជាមុន (PHP) អាចទូរស័ព្ទទៅកាន់លេខទូរស័ព្ទដែលបានចុះបញ្ជីនៅក្នុងសៀវភៅស្នើសុំនេះភ្លាមៗសម្រាប់កិច្ចការបំភើ ឬក៏ទូរស័ព្ទទៅកាន់លេខមិនបង់ថ្លៃសម្រាប់ការជំនួយ។

- កិច្ចការបំភើផ្នែកវិបត្តិផ្លូវចិត្ត នឹងការស្តារសុខភាពផ្នែកខួរក្បាលមិនពិបាកតម្រូវសេចក្តីអនុញ្ញាតជាមុនទេ កិច្ចការបំភើផ្សេងៗទៀតដែលបានចុះបញ្ជីត្រូវតែមានការអនុញ្ញាតជាមុនសិនសម្រាប់ (PHP) សំណង។

កិច្ចការបំភើខាងវិបត្តិផ្លូវចិត្ត

មិនចាំបាច់តម្រូវការអនុញ្ញាតជាមុនទេសម្រាប់កិច្ចការបំភើទៅលើការរ៉ះទង្គិចផ្នែកផ្លូវចិត្តយ៉ាងខ្លាំងដែលបានចុះបញ្ជីខាងក្រោម។ កិច្ចការបំភើផ្នែកវិបត្តិផ្លូវចិត្តយ៉ាងខ្លាំងខាងក្រៅផ្លូវការ ដោនគឺចេញផ្លែអោយខ្ពស់បំផុត (រតិបរិមា) ចំនួនពីរម៉ោងសម្រាប់ប្រ្តិត្តិការណ៍កើតឡើងម្តងៗ។

ជំនួយសង្គមសាធារណៈ (២៤ម៉ោង)
អោយបានយល់ដឹងបន្ថែម ពត៌មានឬបញ្ជូនទៅកន្លែងផ្សេងៗ។
ហ៊ីស៊ីនឌីតសម្លេង និង TDD (២៤ម) ២៧២-៥៨៥២
លេខមិនបង់ថ្លៃ ១ (៨០០) ៨៧៦-៧៧៦៤

ជំនួយព្យាបាលផ្នែកវិបត្តិផ្លូវចិត្ត (២៤ម៉ោង)
កន្លែងអន្តរាគមន៍បណ្តោះអាសន្នខាងផ្នែកវិបត្តិសរសៃប្រសាទ ដោយផ្តល់សន្តិសុខ បរិយាកាស ចាត់ចែងខាងផ្នែកពេទ្យ។
(២៤ម) ៤០៤-៣៤៣៤

ក្រុមផ្ទៃមគ្គុទ្ទេសន៍ផ្នែកវិបត្តិសរសៃប្រសាទ (២៤ម៉ោង)
ការផ្តល់អោយបានស្ថេរភាពនៃភាពអាសន្ន ឬសភាពធ្ងន់ធ្ងរក្នុងសហគមន៍។
ភ្នំពេញ / ផ្នែនទីនស៊ីលឡា (២៤ម) ៤០៤-៣៤២០
លេខទូរស័ព្ទ / សៀវភៅសៀវភៅខ្មែរធី (២៤ម) ៥៤៤-៥៥៣៣
ព្យាបាលាប់ / អ៊ីសភៀសខ្មែរធី (៨៨ម) ៤៤៤-៨១២៤

កិច្ចការបំភើខាងការបន្ទាបផ្នែកមិនស្ម័គ្រចិត្ត (២៤ម៉ោង)
ការស្តាប់ អង្កេត និងការវាយតម្លៃនៃបុគ្គលណាម្នាក់ដើម្បីកំណត់ភាពចាំបាច់នៃការអង្ហាងទៅកន្លែងព្យាបាលផ្នែកជម្ងឺសរសៃប្រសាទ។
ហ៊ីស៊ីនឌីតសម្លេង និង TDD (២៤ម) ៧៥៨-២៧០៥

កិច្ចការបំភើដល់អ្នកជម្ងឺផ្នែកជម្ងឺសរសៃប្រសាទកំរិតធ្ងន់

បុគ្គលណាម្នាក់ស្នើរកិច្ចការបំភើដល់អ្នកជម្ងឺសរសៃប្រសាទជាចម្ងន់ ត្រូវទទួលការអនុញ្ញាតជាមុនសិនសម្រាប់ការកំរិតនៃការព្យាបាលពីគម្រោងសុខភាពផ្នែកបង់ថ្លៃជាមុន។
(២៤ម) ៧៥៨-២៧០៥

កិច្ចការបំភើខាងជម្ងឺសរសៃប្រសាទដល់អ្នកជម្ងឺផ្នែកជម្ងឺចង្កេតសាវ៉ាភ្ជាប់សរសៃ

បុគ្គលម្នាក់ៗស្នើសុំកិច្ចការបំភើនឹងទទួលការចាន់ស្មានផ្នែកសរសៃប្រសាទយ៉ាងល្អត់ចត់ដើម្បីកំណត់ការចាំបាច់ផ្នែកសុខភាពសម្រាប់កិច្ចការបំភើបន្ថែម។ ពុំចាំបាច់មានការអនុញ្ញាតជាមុនដើម្បីទទួលនូវការចាន់ប្រមាណ។ជនណាម្នាក់ចាន់ផ្ទៃការចាន់ស្មានរួច ហើយតម្រូវកិច្ចការបំភើបន្ថែមទៀតខាងផ្នែកសរសៃប្រសាទ នឹងទទួលកិច្ចការបំភើបន្ថែមទៀតក្នុងប្រពន្ធភាពនឹងសម្រាប់ជីនវៈយោងចាំបាច់។ បុគ្គលម្នាក់ៗប្រហែលជាត្រូវបញ្ជូនសម្រាប់ប្រភាពនៃសហគមន៍ផ្សេងៗទៀត យោងទៅតាមសេចក្តីត្រូវការ។

កិច្ចការអន្ទរាគមន៍យ៉ាងខ្លីៗ

- បុគ្គលម្នាក់ៗ គ្រួសារ ឬការផ្តល់យោបល់ជាក្រុម
- ផ្នែកសិក្សាបោងអន្ទរគមន៍
- ផ្នាំពេទ្យ

កិច្ចការមធ្យមផ្លូវចិត្តផ្ទៃកម្សាន្តសន្ធឹ

កិច្ចការឧបត្ថម្ភផ្នែកសហគមន៍គឺជាកិច្ចការបំភើសម្រាប់រយៈពេលវែងដល់បុគ្គលណាម្នាក់ដែលត្រូវការការជួយច្រើនអាចរាប់បញ្ចូល ប៉ុន្តែមិនកំណត់ដូចជា :

- បុគ្គលម្នាក់ៗ គ្រួសារ ឬការផ្តល់យោបល់ជាក្រុម
- ការចាត់ចែងផ្សេងៗ
- ការចាត់ចែងខាងផ្នាំពេទ្យ
- លំនៅស្ថាន / កិច្ចការបំភើខាងគេហដ្ឋាន (បុគ្គលពេញវ័យ)
- ផ្តល់ការចេះដឹងដំបូងផ្នែកវិជ្ជាជីវៈ / កិច្ចការបំភើខាងវិជ្ជាជីវៈ (បុគ្គលពេញវ័យ)

ពត៌មានដល់សមាជិក PHP

ការជ្រើសរើសនៃអ្នកកាន់សុំណុំរឿង

- សមាជិកគម្រោងសុខភាពបង់ថ្លៃជាមុន PHP អាចជ្រើសរើសអ្នកកាន់សំណុំរឿងពីអង្គការដែលបានចាត់តាំងស្រាប់ ។
- ប្រសិនបើសមាជិក PHP មិនបានជ្រើសរើសអ្នកកាន់សំណុំរឿង អ្នកកាន់សំណុំរឿងណាម្នាក់នឹងត្រូវបានចាត់តាំង។
- សមាជិក PHP មានសិទ្ធិផ្លាស់ប្តូរអ្នកកាន់សំណុំ[illegible]ម្តងក្នុងកំឡុងពេលមួយឆ្នាំសំរាប់មូលហេតុណាមួ[illegible] ឬជាញឹកញ[illegible]ម ដើម្បីសំរាប់ប្រយោជន៍ល្អ។

សមាជិកគម្រោងសុខភាពបង់ថ្លៃជាមុន PHP មាន[illegible]ទ្ធិសំរាប់យោបល់ទី២ដោយមានបុគ្គលិកផ្សេងទៀ[illegible]ចូលរួ[illegible] ដែលបានចាត់តាំងរបស់អង្គការជាមួ[illegible]

លក្ខណៈសម្បត្តិ[illegible]

- សមាជិកត្រូវការពត៌មានបន្ថែមផ្នែ[illegible]ចាំបាច់ [illegible] ព្យាបាលដែលបានផ្តល់គំនិតតាម[illegible] អ្នកកាន់សំ[illegible]
- សមាជិកមានជំនឿទៅលើ[illegible]កាន់សំណុំរឿងមិនបានផ្តល់គំនុ[illegible]នៃការចាំបាច់ផ្នែកខាងពេទ្យសំរាប់ម្ចាស់ជម្ងឺក្នុ[illegible]ខាងកិច្ចការបំភើខាងជម្ងឺសរសៃប្រសាទ។

ការ[illegible]

[illegible]
ប្ដ[illegible]
ប្ដ[illegible]
[illegible]
[illegible]

[illegible]

ផ្នែ[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

[illegible]

[illegible] phải [illegible] hoặc bảo vệ hồi sinh với quyền hạn.

[illegible] cấp phép bao dầm những người tiêu thụ, nhiều [illegible] thụ cấp [illegible], và/hoặc những người có trách [illegible] pháp khác được thông báo bằng lời nói. Với ngôn ngữ chính yếu của họ, về các quyền hạn của họ khi được thu nhận, chỉ dẫn can thiệp các dịch vụ yểm trợ của [illegible].

[illegible] phải niêm yết tờ quyền hạn của [illegible] dịch vụ công cộng, với một bản sao [illegible] cho người tiêu thụ khi được yêu cầu. Những [illegible] dưỡng [illegible] của người [illegible] một cặp [illegible] nhân viên cùng các người [illegible] thấy được trong giờ làm việc, [illegible] đến tại nơi thị về quyền hạn [illegible] điều sau đây hoặc [illegible] đã được hấp thuận bởi Sở:

(a) [illegible] trọng;

(b) [illegible] còn trong và có phẩm cách;

(c) Nhận [illegible] và phục vụ, đáp [illegible] nhu cầu hay nhất của quí vị;

(d) [illegible] trị nào, phù hợp với [illegible] Không tự Nguyện Chữa [illegible] 71.05 và 71.34 RCW;

(e) Nhận [illegible] không có kỳ thị đối với quí vị, và [illegible] thị đối với phái tính, chủng tộc, nguồn gốc [illegible], ngôn ngữ, [illegible] tôn giáo, và xu hướng tính dục [illegible] quí vị;

(f) [illegible] bị sách nhiễu về tình dục;

(g) [illegible] của quí vị;

(h) [illegible] bảo vệ tất cả các loại thuốc [illegible] phải [illegible] dự trù về các biến [illegible] thể [illegible] liệu,

(i) [illegible] kín đáo [illegible] các quan hệ [illegible] thích hợp [illegible] chương 70.02, 71.05 và 71.34 RCW [illegible] chương 275-[illegible] và 275-55 WAC [illegible] đương nhiên, và

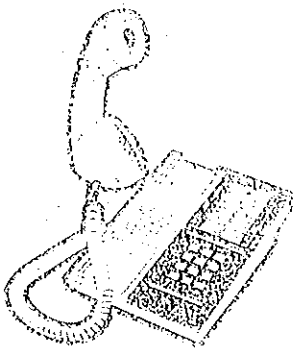
(j) [illegible] khiếu nại với nghiệp đoàn RSN [illegible] người [illegible] quí vị tin rằng các quyền của quí vị [illegible] bị vi phạm. Nếu quí vị độc đáo khiếu nại hay [illegible] phiền, quí vị [illegible] bất cứ một hình [illegible] thể thực hiện [illegible] có thể, theo [illegible] yêu cầu của quí vị, nhằm giúp quí vị diễn dịch [illegible] phiền. Số điện thoại của người kiểm tra là 1-800-531-0508.

Luật Hành Chánh Washington 275-57-349

Tháng 12/1997

Không biết quay về đâu?

DỊCH VỤ KIỂM TRA



GỌI

(253) 798-6123

ĐT miễn phí 1-800-531-0508

TDD: 1-800-531-0508

VIETNAMESE

DỊCH VỤ KIỂM TRA SỨC-KHỎE TÂM-THẦN QUẬN HẠT PIERCE

Cho người tiêu thụ hoặc bất cứ người nào có sự than-phiền hay có sự lo-lắng dùm cho một người nào đó đang xin hay đang nhận các dịch-vụ sức-khỏe tâm-thần tại một cơ quan nhận ngân khoản từ Quận Hạt Pierce RSN.

(253) 798-6123

ĐT miễn phí 1-800-531-0508

TDD: 1-800-531-0508

Pierce County

1 12 3 0 2

DỊCH VỤ KIỂM TRA LÀ GÌ?

Quận Hạt Pierce đã thiết lập một dịch vụ Kiểm Tra độc lập để nhận được các sự khiếu nại và than phiền từ những người tiêu thụ dịch vụ sức khỏe tâm-thần do công quỹ đài thọ. Những sự khiếu nại có thể thực hiện bởi người trong gia-đình, hoặc bởi người khác.

MỤC ĐÍCH CỦA DỊCH VỤ KIỂM TRA

Dịch Vụ Kiểm Tra nhận các sự khiếu nại và than phiền và phụ giúp giải quyết các điều này một cách nhanh chóng và kín-đáo.

ĐIỀU KIỆN HỢP LỆ

Bất cứ người nào đang nhận dịch-vụ từ các người cung cấp dịch-vụ sức-khỏe tâm-thần tài trợ bởi RSN đều có thể sử dụng dịch-vụ kiểm tra trong việc trợ giúp đơn khiếu nại và than-phiền. Những người nào bị từ chối dịch-vụ cũng đều được hợp lệ. Những người trong gia-đình, bạn bè và người nào khác có dính líu đến cuộc sống của người tiêu thụ đều có thể làm đơn xin khiếu nại hoặc bày tỏ mối quan-tâm của mình.

Chánh Sách Không Kỳ Thị: RSN Quận Pierce và các nhà-thầu của chương trình này không kỳ-thị trên căn bản chủng tộc, màu da, tôn-giáo, tín ngưỡng, nguồn gốc quốc gia, giới tính, khuynh hướng tình dục, tuổi tác,tật nguyền trong các dịch vụ hay việc làm. Ngoài ra RSN và các nhà thầu không phân biệt trên căn bản tình trạng hôn nhân, cựu chiến binh tật nguyền, và địa vị cựu chiến binh thời Việt-nam trong việc làm.

DỊCH VỤ KIỂM TRA CÓ THỂ LÀM GÌ?

LẮNG NGHE
người gặp trở ngại

ĐIỀU TRA VÀ NGHIÊN CỨU
các sự kiện, tin tức, chánh sách, thủ tục, và luật lệ liên quan đến trở ngại.

ĐỨNG TRUNG GIAN
để giải quyết trở ngại bằng những phương cách không chính thức nếu có thể.

TRỢ GIÚP
trong thủ tục khiếu nại và than phiền và theo dõi để nhìn thấy sự than phiền đã được giải quyết.

ĐỀ NGHỊ
các thay đổi để sửa đổi trở ngại hoặc để ngăn ngừa việc xảy ra trong tương lai.

DỊCH VỤ KIỂM TRA KHÔNG THỂ LÀM GÌ?

Cung cấp các dịch vụ về [illegible] hoặc [illegible] sở bệnh tâm-thần.

Bắt tuân theo một lời [illegible]

Đưa ra sự [illegible]

CÁCH THỨC SỬ DỤNG DỊCH VỤ KIỂM TRA

Gọi hay viết thư để [illegible] hoặc để yêu cầu dịch vụ.

Có sẵn dịch vụ về [illegible]
Có những [illegible]

Không có lệ phí [illegible]

CÁCH THỨC LIÊN [illegible] DỊCH VỤ KIỂM TRA

Gọi:
1-800-591-0[illegible]
Người bị điếc hoặc [illegible]
có thể gọi số nào [illegible]
TDD: 1-800-5[illegible]

Thư Về:
MENTAL HEALTH OMBUDS SERVICE
Pierce County Human Services
8811 South Tacoma Way
Lakewood, WA [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

(a) [illegible]

(b) [illegible]

(c) [illegible] 71.05장과 71.34에 [illegible]

(d) [illegible] 치료를 받으며 [illegible], 언어, 나이, 장애, [illegible] 신중을 요한다.

(e) [illegible] 이용자의 [illegible]의 자유.

(f) [illegible] 검토한다.

(g) [illegible] 부적절으로 나타날 수 있는 [illegible] 사법의의 심판을 받는다.

(h) [illegible] 법령에 명시된 것 같이 [illegible] 71.34RCW 그리고 [illegible] (275 [illegible]장과 275-55WAC와 이 외).

(i) [illegible] 의사소 직원, HSN에서 [illegible] 권리의 관리가 원해 명백하고 [illegible] 제기한다. 만일 권리의 [illegible] 제기하면 권리의 요청에 따라 [illegible] 수집하는데 도와줄 수 있다.

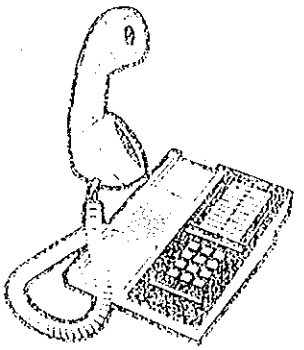
[illegible] 1-800 531 0508."

의 [illegible] 275 57-340

DECEMBER 1997

이러를 참조해야할지 모르십니까

암버스 서비스



전화

(253)798-6123

무료전화: 1-800-531-0508

청각장애자용 위한 전화번호: 1-800-531-0508

KOREAN

피어스 카운티 정신건강 암버스 서비스

이용자들 혹은 피어스 카운티로부터 기금 원조 받는 에이전시에서 정신건강 치료서비스를 받거나 적용하는 사람을 대신하여 불만이나 고민을 갖고 있는 분들을 위하여.

(253)798-6123

무료전화: 1-800-531-0508

청각장애자용 위한 전화번호: 1-800-531-0508

Pierce County

암비스 서비스란 무엇인가

피어스 카운티는 공적으로 기금원조를 받는 정신건강 이용자로부터 불만이나 고충을 접수하는 독자적인 암비스 서비스를 설립했습니다. 이 불만들은 이용자들, 그들의 가족, 혹은 다른 사람들에 의해 이루어질 수도 있습니다.

암비스 서비스의 목적

암비스 서비스는 불만과 고충을 접수한 후 신속하고 그리고 가밀리에 그 점을 해결하는 것을 ...와드립니다.

자격

RSN기금원조를 받는 정신건강제공자들로부터 서비스를 받는 누구든지 불만과 고충을 해결하기 위한 암비스 서비스를 이용할 수 있습니다. 서비스를 거절당한 어느 누구라도 또한 자격이 있습니다.

무차별 대우 방침: 피얼스 카운티 RSN과 그 계약자들은 인종, 피부색, 종교, 신조, 출신국, 성별, 나이, 혹은 장애 때문에 서비스 및 고용에 차별대우가 없습니다. 더욱이 RSN과 그 계약자들은 고용에 결혼여부, 신역군인, 혹은 베트남 군인 등의 신분에 차별대우가 없습니다.

암비스 서비스가 할 수 있는 것은 무엇인가?

감정
문제점이 있는 사람으로부터

조사 및 연구
문제점에 관한 진상, 정보, 방침, 과정, 그리고 관련된 법들.

중재
가능한한 비공식적인 방향으로 문제점을 해결

도움
불만과 고충의 진행과정에 그리고 그 불만이 해결되어지도록 철저하게 추적하고 조치를 취함

추천
문제점을 수정하도록 바꾸거나 장래에 발생될 것을 방지.

암비스 서비스가 할 수 있는 것은 무엇인가

정신건강 전담이나 사용관리 서비스를 제공하는 것

추천을 강요하는 것

법률상 조언을 주는 것

어떻게 암비스 서비스를 이용하는가

정보나 서비스 신청을 위해 전화나 서신을 [illegible]

동역원의 서비스에 [illegible]

암비스 서비스 이용 [illegible]

암비스 서비스에 [illegible]

전화
(253)798-[illegible]
무료전화: 1-800-531-[illegible]
(TDD/청각장애자를 위한 [illegible]
1-800-531-[illegible]

서신
MENTAL HEALTH OMBUDS SERVICE
Pierce County [illegible]
8811 South [illegible]
[illegible]

[illegible] NG PARA
[illegible] TANGKILIK
[illegible] RIGHTS

[illegible] provider (kalalaan ng paglilingkod) na ang [illegible] ay [illegible] ay protektado sa nakatakdang [illegible]:

[illegible] mga consumer na, mga [illegible] ay may responsibilidad [illegible] kung [illegible], ang [illegible] consumer sa pinakamaraming [illegible] [illegible] pagtugon sa [illegible] [illegible] [illegible] [illegible] pagtawag ng [illegible] [illegible] [illegible] panamblico [illegible] kung hiniling ang consumer.

[illegible] pangagamit lanang ng telepono sa [illegible] [illegible] ng crisis linat ay kau.

[illegible] kung patungkol sa karapatan [illegible] kung [illegible] makita ng mga staff at [illegible] [illegible] pasok sa opisina.

[illegible] ang pagsiyag patungkol sa [illegible] nalalalo ang sumusunod na [illegible] [illegible] na [illegible] ng departamento:

(a) [illegible] ng [illegible] pagtalang at dangal;

(b) Pag[illegible] ang [illegible] ng mga palaga at services [illegible] kaisagpuk [illegible] ng iyong nakatanggang pangangailangan [illegible] Tang[illegible] ang [illegible] ang [illegible] kinuenungkahi, paraan ng [illegible] kinakailangan sa involuntary [illegible] Code, kapitulo 71.05 at 71.34 RCW;

(c) [illegible] ang pagaalaga na hindi magtatangi sa iyo, [illegible] ang [illegible] iyong seks, lahi, pinanggalingang bansa, paniniwalang relasi, disabilidad, itinituring na seks;

(d) Hindi [illegible] ang gang [illegible] o pagiisterbo;

(e) [illegible] ang [illegible] ng mga record;

(f) [illegible] ang [illegible] na nakasaklang mga gamot, [illegible] na ang [illegible] ipekto nito at posibleng ipekto;

(g) Pagi[illegible], kagayan ng naisalarawan sa may kaughayan [illegible] ng [illegible] (chapter 70.2, 71.05 at 71.34 RCW) at [illegible] (chapter 275-54 at 275-55 WAC at sa [illegible] ang [illegible]

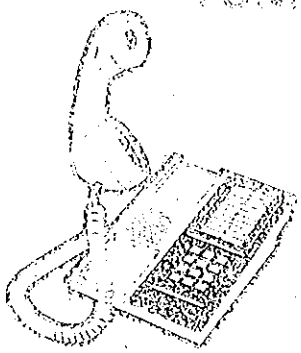
(h) Hindi [illegible] sa [illegible], DSHS o provider kung [illegible] ang [illegible] ang [illegible] karapatan. Kapag [illegible] o binawalan hindi ka maaaring [illegible] [illegible] ang [illegible] ng [illegible] sa [illegible] para makapagfile [illegible] iyong sama ng loob. Ang telepono ng Ombuds ay [illegible]-531-0508."

Washington Administrative Code 275-57-340
Effective December 1997

Hindi Alam Kung Saan Babaling?

PALINGKURAN TANODBAYAN

TUMAWAG SA



(253)798-6123
Toll Free: 1-800-531-0508
TDD: 1-800-531-0508

TAGALOG

PALINGKURANG TANODBAYAN PARA SA KALUSUGANG PANGKAISIPAN NG PIERCE COUNTY

Para sa mga tumatangkilik (consumers) o para kaninuman na may reklamo o pagaaalala patungkol sa isang tao na nag-apply para makatanggap ng mental health services sa isang ahensiya na tumatanggap ng pondo mula sa Pierce County Regional Support Network.

(253)798-6123
Toll Free: 1-800-531-0508
TDD: 1-800-531-0508

Pierce County

1 2 3 5

ANO ANG OMBUDS SERVICE?

Ang Pierce County ay nagtatag ng independyenteng Ombuds service para tanggapin ang mga reklamo at mga hinanakit mula sa may pondong pampubliko na mental health consumers. Ang reklamo ay maaaring gawin ng consumers, kanilang pamilya, at iba pa.

DAHILAN NG OMBUDS SERVICE

Ang Ombuds Service ay tumatanggap ng mga reklamo at mga hinanakit at uma-asiste sa madaliang paglutas ng mga suliraning ito at ang mga ito ay ipaglilihim.

ANG MMGA NARARAPAT (ELIGIBILITY)

Ang sinumang tao na tumatanggap ng services mula sa RSN na may pondong galing sa mental health providers ay maaaring gumammit ng services ng Ombuds at magfile ng reklamo at ng sama ng loob. Ang mga natanggihan ng services ay puede ring makisali sa pagrereklamo. Ang mga miembro ng pamilya, mga kaibigan, at iba pa na may knalaman sa buhay ng consumer ay maaari ring magreklamo o magpahayag ng pag-aalala.

Patakaran ng walang pagtangi: Ang Pierce County RSN at ang mga kontratista nito ay hindi nagtatangi ng tao batay sa lahi, kulay relihiyon, paniniwala, pinaggalingang bansa, kasarian, kagustuhang pang-sekswal, edad, o disability sa services o sa employment. Karag-dagan dito, and RSN at ang mga kontratista nito ay hindi nagtatangi ng tao batay sa kalagayan kung may asawa, o walang asawa, baldadong beteran, at mga Beterana sa Panahon sa Vietnam sa patakaran nila. patungkol sa tatangapin nilang magtatrabaho.

ANONG SERVICE ANG MAGAGAWA NG OMBUDS?

MAKINIG
sa taong may problema.

MAGIMBESTIGA AT MAGSALIKSIK
mga katotohanan, impormasyon mga patakaran, kaparaanan, at mga batas, na may kinalaman sa problema.

MAMAGITAN
upang malutas ang problema sa informal na kaparaanan kung maaari.

TUMULONG
sa pagrereklamo ng sama ng loob subaybayan at tingnan kung nalutas na ang problema.

MAGREKOMENDA
ng mga pagbabago para lutasin ang mga problema o baglabanan sa hinaharap na maulit pang muli ang mga pangyayari.

ANONG SERVICE ANG HINDI PUEDENG GAWIN NG OMBUDS?

Magpayo patunggkol sa mental health o kung papaanong aasikasuhin ang mga kaso sa paglilingkod (services).

Ipatupad ang rekomendasyon.

Magpayo sa mga bagay na panglegal.

SA PAPAANONG PARAAN GAGAMITIN ANG OMBUDS SERVICE

Tumawag o sumulat sa impormasyon para humiling ng services

May tagapagsalin na makapaglilingkod.
May materyales na makuhuha sa ibang pomo

Walang bayad ang pagtuli ng ng Ombuds.

PAPAANO KOKONTAKIN ANG OMBUDS SERVICE

TUMAWAG SA:
(253)798-6123
TOLL FREE: 1-800-531-0508
(TDD) 1-800-531-0508

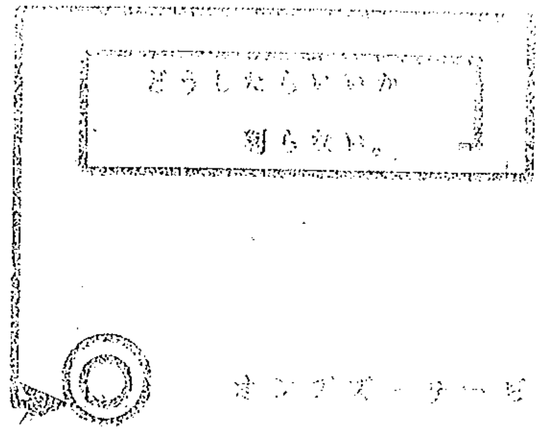
SUMULAT SA

MENTAL HEALTH OMBUDS SERVICE
Pierce County Human Services

[illegible]

[illegible] 苦情 [illegible]

[illegible] 電話番号は1 800 531 0508 [illegible]



オンブズ・サービス

電話一本

(253) 798-6123

無料電話：

1-800-531-0508

耳の不自由なかた：

1-800-531-0508

JAPANESE

ピアース郡
精神的健康ケア
オンブズ（監視）
サービス

ピアース郡地方援助ネットワークから資金を得る施設より精神的健康ケアサービスを既に受けられている方、申請をされる方、又はその様な方に成り代わり苦情や質問がある方の為のサービスです。

電話番号：

(253) 798-6123

無料電話：

1-800-531-0508

耳の不自由な方：

1-800-531-0508

Pierce County

1/13P

[illegible]

ピアース郡は公費による精神的健康
疾患者ケアを受ける方の不平や苦情を
受けるオンブズ（監視）機関を設立
いたしました。

オンブズ・サービスの目的とは：

オンブズ・サービスは不平や苦情を
素早く、又内密に受付け、処理する
事を目的としています。

利用資格

ピアース郡地域援助ネットワーク
（RSN）出資の精神的健康ケア
ワーカバイグーより保護を受ける方なら
どなたでもこのオンブズ・サービス
を利用する事が出来ます。又、ケア
サービス申請をして拒否された方
にも利用資格があります。家族、友人、
その他本人の生活に関与した方も
不平や心配点などを申し出る事が
できます。

[illegible]：　ピアース郡地方援助ネットワーク（RSN）、
グラバイド・ヘルス・プラン（PHP）とその契約者は人種、
[illegible]、宗教、宗教の信条、出身国、[illegible]、[illegible]、年齢、
[illegible]を理由にサービス、又[illegible]の差別は致しません。
[illegible]、身体[illegible]、そしてベトナム戦争
[illegible]を理由に[illegible]差別は致しません。

オンブズ・サービスは
何が出来るの？

問題を抱えている人の話を聴く。

問題に関係のある事実、情報、方策、
手続き、法律の調査、研究。

もし可能なら　問題の非公式解決達成。

不平、苦情処理中、及び苦情が処理
されるまで見届け、援助する。

将来問題が起きるのを防ぐ為に問題を
是正する[illegible]。

出来ないこととは？

精神的健康疾患者に[illegible]
又は個別診断を与える。
忠告を押しつける。
法的な助言をする。

オンブズ・サービスの利用法

電話又は郵便にてイン[illegible]
又はサービスを要求する
通訳の利用も可能です。
オンブズ・サービスは[illegible]

オンブズ・サービスの[illegible]

電話：　（253）7[illegible]
無料電話：1－800－[illegible]
耳の不自由な方：
　　1－800－[illegible]
郵便：
MENTAL HEALTH [illegible] SERVICE
Pierce County Human Services
8811 South Tacoma Way
Lakewood, WA [illegible]

[illegible]

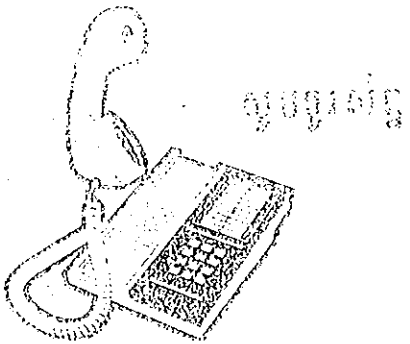
[illegible]

Washington Administrative Code 275-57-340

[illegible] 9/2/01

ជំនួយពីការ

OMBUDS SERVICE



ជួយជួនដ

(253)798-6123
Toll Free: 1-800-531-0508
TDD: 1-800-531-0508

CAMBODIAN

PIERCE COUNTY MENTAL HEALTH OMBUDS SERVICE

ចំពោះអ្នកនូវការលំបាក, អ្នក
ចាប្តូមពីរយៈចំណាយ ក្នុងការ
ការប្តូមពីក្នុងការនៃអ្នកណាម្នាក់
ដែលការចាត់ការលុះអ្នកជាន្ធមានដ
ចម្លើយចំណេះដឹងក្នុងការជួយដ
ទទួលត្រាប់ជំនួយពីជាតិសាសន៍ពី
Pierce County BSN.

(253)798-6123
Toll Free: 1-800-531-0508
TDD: 1-800-531-0508

Pierce County

1 B 3 P

តើអ្វីទៅជា OMBUDS SERVICE?

[illegible]

គោលបំណងរបស់ OMBUDS SERVICE

[illegible]

សេចក្តីសម្ងាត់

[illegible]

[illegible]

តើ OMBUDS SERVICE អាចធ្វើអ្វីបានខ្លះ?

យកចិត្តទុកដាក់ស្តាប់

[illegible]

ស៊ើបអង្កេតនិងស្រាវជ្រាវ

[illegible]

រៀបចំ

[illegible]

ជួយ

[illegible]

បញ្ចេញយោបល់

[illegible]

តើមានអ្នកណាខ្លះអាច [illegible] SERVICE បានដោយឥតគិតថ្លៃ?

[illegible]

របៀបប្រើ OMBUDS SERVICE

[illegible]

[illegible] Ombuds [illegible]

របៀបទាក់ទង OMBUDS SERVICE

[illegible]
(253) 798-6123
Toll Free: 1-800-531-0508
(TDD) 1-800-531-[illegible]

[illegible]
MENTAL HEALTH OMBUDS SERVICE
Pierce County Human Services
8811 South Tacoma Way
Lakewood, WA 98499

[illegible] TAGATA E FAAAOGAINA

[illegible] le ofisa ole [illegible] o malamalama ia tagata i [illegible] ai i latou.

[illegible] ia [illegible] aiai i tagata esese i la [illegible] i le taimi e taia ai i totonu o le potokiama, [illegible] esese e aoga mo [illegible].

[illegible] i le [illegible] e le fanoapa [illegible], [illegible] mo le manaomia e [illegible]. E [illegible] le telefoni (Saoisi, [illegible] o tagata faigaluega [illegible] i faaluega e [illegible].

[illegible] tasi e sia e tagata e malilie [illegible] ia [illegible] ua uma ona pasia e le ofisa.

[illegible]

[illegible] faaleale:

[illegible] fesoasoani, ma [illegible]

[illegible] e poi ona fasia i le tulafono [illegible] "manaomia" (le [illegible] Tenancies Act) Chapters 71.05 and [illegible].34 RCW;

[illegible] afaina ai oe ona o lou [illegible] tagata, [illegible], tagata na'u, gagana, tausaga, ma isi.

Su'ioloto mai i lau faasese ona o lmanaoga o le tuo, ala so'ona fai;

Vaai iai ma faamalamalama ou pepa:

Faamalamalama ona au vailaau e ayato ma lona afaina e tupu mai iai;

[illegible] ma se tasi e ilea. [illegible] tulafono [illegible] lalau 70.02, 71.05, ma 71.34 RCW; [illegible] nofiga (lalau 275-56 ma 275-55 WAC ma le lalau lenei); ma

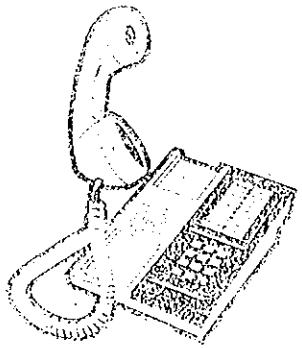
[illegible] i le faaoga i tagata o le ombuds. RSN [illegible] na faaleaogaina lou aia. Afai [illegible] e tasi e faalavelave. E fesoasoani le [illegible] ombuds ile failaina o lau [illegible]. [illegible] tagata e le ombuds 1-800-531-0508.

Washington Administrative Code 275-57-340

[illegible] December 1997

Leiloa le mea e aia iai?

OMBUDS SERVICE



VALAAU

(253) 798-6123
Toll Free: 1-800-531-0508
TDD: 1-800-531-0508

SAMOAN

GALUEGA E FAIA E OMBUDS I LE "SOIFUA MALOLOINA ILE MAFAUFAU" I PIERCE COUNTY

Mo e faaogaina, poo soo se tasi e faifio, ma soo se tasi e manao uia poo loo manaina le fesoasoani a le soifua maloloina ile mafaufau mai nisi vaega o lou mauaina le vaega tupe mai Pierce County Regional Support Network.

(253) 798-6123
Toll Free: 1-800-531-0508
TDD: 1-800-531-0508

Pierce County

1 12 3 4

O LE Ā LE MEA E TA'U OLE OMBUDS?

Ua faia e Peirce County se vaega tutoatasi e ta'ua ole OMBUDS e taunuu iai faitioga ma le le fiafia o tagata e aunoa ma se totogiina. O Faitioga a ē faaaogaina lenei polokalame, ma o latou aiga poo soo se tasi lava.

AUTŪ O LE OMBUDS

Taunuu uma iai faitioga ma le le fiafia o tagata, ona latou fesoasoani lea ina ia maua se tali faavavevave e aunoa ma se tasi nate iloa.

OĒ 'AUAI

Soo se tasi o lo'o maua le fesoasoani mai le soifua maloloina i le mafaufau faatupeina e le RSN e faaaogaina le OMBUDS mo latou faitioga ma le le fiafia. E faapea foi e na te'ena e le polokalame. Aiga, uo ma e uma e faaaogaina le polokalame, e fai foi a latou faitioga, pe fa'aalia foi o latou manatu.

Tulafono i le le faailoga tagata: Pierce County RSN/PHP ma isi Konokarate e le tatau ona faailoga tagata ona a lanu, tagata nu'u, tapuaiga, tupuga, ituaiga, tausaga ma le ma'i i soo se fesoasoani e mana'omia ma galuega. Faaopoopo iai le RSN/PHP ma latou konokarate e le faailoga tagata ona latou tulaga faitoalua, tagata lavevea i taua ma tulaga o tagata Vietnam ERA ini galuega [illegible]

O Ā MEA E FAIA E OMBUDS?

FA'ALOGOLOGO
i le tagata ma le mea o faaletonu.

SU'ESU'E MA SAILIILI
mea moni, faamatalaga, tulafono, faiga sao, tulafono e tusa ma le mea o faaletonu.

MAFAUFAU
taumafai e fesosoani i le mea o faaletonu i nisi auala pe a tatau ai.

FESOASOANI
i faaletonu ma faitioga ma toe tagai poo ua maua se tali.

FAUTUA
i suiga e lelei ai le faaletonu ma paipuia nisi mea e tupu mai i le lumanai

O Ā MEA E LĒFAIA E OMBUDS?

E le faatonuina oe i le soifua maloloina i le mafaufau, pe fuafuaina ma vaevaeina lou manaoga.

Faamalosia se manaoga

Avatu se fesoasoani faale-tulafono.

FAAPEPEA ONA FAAAOGA LE OMBUDS

Valaau, tusi mo ni faasalalauga pe faatagi mo se fesoasoani.

O lo'o iai foi e faamatalaina i lau gagana.

O lenei foi fesoasoani e le totogiina.

E FA'APEFEA ONA FA'AFESO'OTA'I LE OMBUDS

Valaau
(253) 798-61[illegible]
Toll Free: 1-800-531-0508
(TDD) 1-800-531-0508

Tusi
MENTAL HEALTH OMBUDS SERVICE
Pierce County Human Services
8811 South Tacoma Way
Lakewood, WA 9[illegible]

[illegible]的权利

[illegible]

(a) [illegible]

(b) [illegible]

(c) [illegible]

(d) 您有权只接受不歧视您但尊重您的性别、种族、血统、语言、年令、残废和性爱方式的需要；

(e) 您有权拒绝任何性干扰和性侵犯；

(f) 查阅您的[illegible]记录；

(g) [illegible]

(h) [illegible]

(i) [illegible]（第 70.02, [illegible] 章 RCW）以及修正案（第 275-[illegible] 和 275-55WAC 和这章节）；

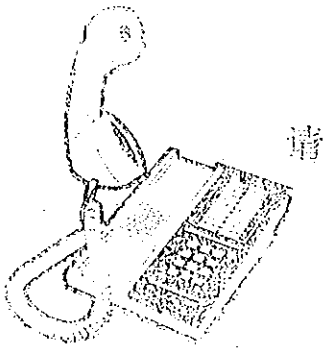
(j) [illegible]

Washington Administrative Code [illegible]

November, 1997

不知向哪
投诉？

投诉
服务



请电：

(253)798-6123
Toll Free:1-800-531-0508
TDD: 1-800-531-0508

CHINESE

皮尔斯郡
精神健康
投诉服务

为病人或每一个为在接受皮尔斯郡地区扶助网络基金的机构中申请或接受精神健康服务的人有顾虑或抱怨的人投诉。

(253)798-6123

Toll free: 1-800-531-0508

TDD: 1-800-531-0508

Pierce County

1-3-10 1/23/10

投诉服务是什么？

皮尔斯郡建立了一个独立的投诉服务机构，专门收集接受公共基金资助的精神健康服务机构服务的病人的投诉。除了接受病人的投诉外，还接受他们的家属或其他人的投诉。

投诉服务的目的：

投诉服务通过接受投诉从而帮助他们尽快并且确切地解决有关问题。

谁有资格接受这个服务？

任何一个接受RSN基金资助的精神健康服务机构服务的人可通过投诉服务来协助投诉。被拒绝服务的人也可使用此项服务。另外，家属、朋友及其它与病人生命有关的人均可提出投诉或表白他们的顾虑。

無歧視合約

皮尔斯郡RSN/PHP以及它的合约者在服务和雇用过程中，不对种族、颜色、信仰、教条、血统、性别、性爱方式、年令以及残废进行歧视。另外，RSN/PHP以及它的合约者，在雇用过程中，不对不同军阶的军人、残废军人以及退役老兵进行歧视。

投诉服务做些什么工作？

聆听
与问题有关的人员投诉。

调查研究
与问题有关的事实、资料、合同、经过以及法律。

居间促成
问题尽可能通过和解方式来解决。

协助
追踪，确保投诉得以解决。

提出
解决问题的建议，避免再犯。

投诉服务不能做什么？

不能提供精神健康咨询和诉讼处理服务。

不能强制实行建议。

不能提供法律上的建议。

如何使用投诉服务？

打电话或写信索取资料或提出服务要求。

可提供翻译服务。

投诉服务是免费的。

如何与投诉服务联系？

请电：
(253) 798-6111
Toll Free: 1-800-531-0508
(TDD) 1-800-531-0508

或写信到：
MENTAL HEALTH OMBUDS SERVICE
Pierce County Human Services

8811 South Tacoma Way
Lakewood, WA 98499

DERECHOS DEL CONSUMIDOR

[illegible] asegurará de que los consumidores [illegible] legalmente [illegible] sobre los derechos del consumidor, en la [illegible] y servicios de apoyo a [illegible]

El proveedor colocará un letrero en un lugar visible en areas públicas, con una declaración escrita sobre los derechos del consumidor, poniendo copias a disposicion para los consumidores que las soliciten. Los proveedores de solamente servicios telefónicos (por ejemplo lineas de crisis) colocaran la declaración de los derechos del consumidor en un lugar que séa visible para el personal y para los voluntarios, en horas de trabajo.

El proveedor se asegurará de que la declaración de los derechos del consumidor incorpore la siguiente declaración o una variacion aprobada por el departamento:

Usted tiene el derecho a:

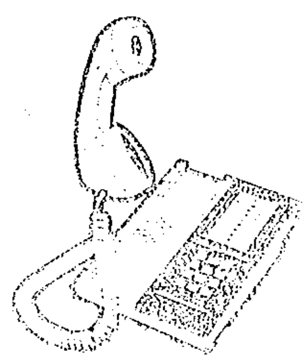
(a) Ser tratado con respeto y dignidad;
(b) Desarrollar un plan de atención y servicio que cumpla con sus necesidades individuale
(c) Rechazar cualquier tratamiento, en concordancia con los requerimientos de las Actas de Tratamiento Involuntario capitulo 71.05 y 71.34, Código Revisado de Washington;
(d) Recibir atención que no descrimine en contra de usted, y que tome en cuenta su sexo, raza, nacionalidad, idioma, edad, incapacidad u orientación sexual;
(e) Estar libre de explotación sexual o acoso sexual;
(f) Revisar su registro de caso.
(g) Recibir una explicación de todos los medicamentos prescritos, incluyendo el efecto esperado y posibles efectos colaterales;
(h) Confidencialidad, según lo prescrito en los estatutos [illegible] 71.02, 71.05 y 71.34, Código Revisado de Washington) y reglamentos (capítulos [illegible] Código Administrativo de Washington y este capitulo); y
(i) Presentar una queja al mediador (Ombuds person); Red de Apoyo Regional o al proveedor, si cree que sus derechos han sido violados. Si presenta una queja o reclamo, no sufrirá ningún acto de represalia. A su solisitud, el Mediador puede ayudarle a registrar un reclamo. El numero de teléfono del Mediador es el 1-800-531-0508

Código Administrativo de Washington [illegible]

Revisado Diciembre 1997

¿No sabe a dónde dirigirse?

OMBUDS SERVICE
SERVICIO DE MEDIADOR



LLAME AL:

(253)798-6123
1-800-531-0508
TDT:1-800-351-0508

SPANISH

SERVICIO DE MEDIACION PARA SALUD MENTAL DEL CONDADO DE PIERCE

Para consumidores o para cualquier persona que tenga quejas o inquietudes, a nombre de otra persona que solicite o reciba servicios de salud mental en una dependencia que recibe fondos de la Red de Apoyo Regional del Condado de Pierce.

(253) 798-6123
1-800-531-0508
TDD: 1-800-531-0508

Pierce County

1035

¿QUE ES EL SERVICIO DE MEDIACION?

El Condado de Pierce ha establecido un servicio independiente de Mediación (Ombuds Service) para recibir quejas y reclamos de consumidores de salud mental con financiamiento público. Las quejas pueden ser presentadas por los consumidores, sus familias u otros

PROPOSITO DEL SERVICIO DE MEDIACION

El Servicio de Mediación recibe quejas y reclamos y ayuda a resolverlos rápidamente y en forma confidencial.

ELEGIBILIDAD

Cualquier persona que reciba servicios de los proveedores de salud mental con financiamiento de la Red de Apoyo Regional puede usar el servicio de Mediación para solicitar ayuda con sus quejas y reclamos.
También son elegibles aquellas personas a las que se les ha negado servicios. Los familiares, amigos y otras personas involucradas en la vida del consumidor pueden presentar una queja o expresar sus preocupaciones.

Norma de No Descriminación: El Condado de Pierce, la Red de Apoyo Regional/PHP y sus contratistas, no discriminan en bases a la raza, color, religión, credo, origen nacional, género, orientación sexual, edad o incapasidad, en los servicios o en los empleos. Además, la Red de Apoyo Regional/PHP y sus contratistas no discriminan en base al estado civil, incapacidad de veterano y situación de veterano de la era de Vietnam [illegible] de empleo.

¿QUE PUEDE HACER EL SERVICIO DE MEDIACION?

ESCUCHAR
a la persona que tiene un problema.

INVESTIGAR Y BUSCAR
hechos, información, normas, procedimientos y leyes relacionadas al problema.

MEDIAR
para resolver el problema por medios informales, si es posible.

AYUDAR
en el proceso de queja y reclamo y hacer el seguimiento respectivo para acegurarse de que se ha resuelto la queja.

RECOMENDAR
cambios para corregir un problema o para evitar futuros problemas.

¿QUE ES LO QUE NO PUEDE HACER EL SERVICIO DE MEDIACION?

Proporcionar asesoría de salud mental o servicios de administración de casos.

Ejecutar una recomendación.

Proporcinar asesoría legal

COMO USAR EL SERVICIO DE MEDIACION

Llame o escriba para obtener información
o para solicitar servicios.

Se dispone de servicios de interpretación.

No se cobra tarifa alguna por los servicios de Mediación.

COMO CUMUNICARSE CON EL SERVICIO DE OMBUDS

Llame al
1-800-531-0508
Las personas sordas o con dificultad para oír pueden llamar a este número v. tty.
TDD: 1-800-531-0508

Escriba a
Mental Health Ombuds Service
Pierce County Human Services
8811 South Tacoma Way
Lakewood, WA 98499

Materiales disponibles en [illegible]
[illegible]

How do I get services?

Call one of the community mental health centers listed in the insert to this brochure or call the UBH Client Services Coordinator for help with finding the mental health center closest to you.

In most cases, the mental health center will give you an appointment to come in and meet with an intake specialist or case manager to assess your eligibility and medical need for care. This meeting is confidential.

If you qualify for services you will receive an individualized treatment plan as part of the assessment. *Clients and their family members are encouraged to participate in treatment planning and goal setting.*

Translation Services Are Available

Language translation services are available upon request at no charge to the client. The Crisis Clinic, Crisis and Commitment Services, and referral and advocacy services also have access to translation services. If you need an interpreter, please ask.

Respect for cultural differences is a value of the King County Prepaid Health Plan.

Need help?
The UBH Client Services Coordinator can help you with questions and referrals to services.
1-800-790-8049

KING COUNTY PREPAID HEALTH PLAN

United Behavioral Health
Client Services
1-800-790-8049
TDD 205-5458

Ombuds Services of King County
1-800-790-8049

24-HOUR CRISIS LINE

(206) 461-3222
TDD (206) 461-3219

King County Mental Health Division
Administrative Offices
700 Fifth Avenue, Suite 3800
Seattle, WA 98104
(206) 296-5213

Visit our web site:
www.metrokc.gov/dchs/mhd

Mental Health Benefit Brochure

A guide to public mental health services in King County

What are mental health services?

Mental health has to do with how you feel about yourself, how you feel about others, and how you are able to get along in the community. Mental health services are designed to assist you to cope with life's challenges. Each person receives different services. Treatment may be very brief or may be long-term.

What do I do if I feel there is a mental health crisis?

The Crisis Clinic provides 24-hour telephone crisis response and referral services for all King County residents.

Anyone in a mental health crisis can call any time day or night.

People at the Crisis Clinic listen to you when you call. They might make suggestions or offer a name or phone number of someone who can help you. They can also help you get an appointment the next day at a mental health center. Family members can call the Crisis Line too.

Crisis Clinic
24-hour Crisis Line

(206) 461-3222
Or
1-800-244-5757

TDD (206) 461-3219

1D3K

Who is eligible for services?

The Prepaid Health Plan authorizes mental health care for people with Medicaid insurance. People without health insurance can also apply for services although resources are limited. Mental health centers will determine your eligibility and medical need for services. If you need care and have been told you are not eligible, you may call the UBH Client Services Coordinator at 1-800 790-8049 for help.

What services are covered?

Community mental health centers provide a range of services. Some centers subcontract with other agencies to offer a wider variety of programs. Depending on individual need, the health plan offers:

- *Individual or group therapy*
- *Family counseling*
- *Case management*
- *Medication management*
- *Emergency/crisis assistance*
- *Residential care*
- *Vocational/ school based services*

Some agencies also provide specialized services such as:

- *Services to deaf/hearing impaired*
- *Services to ethnic/cultural minorities*
- *Children's services*
- *Outreach to homeless persons*
- *Mental Illness and Chemical Abuse (MICA) treatment*

Psychiatric hospitalization at local hospitals is also covered by the plan.

King County
Mental Health Division

United Behavioral Health

What is the Prepaid Health Plan?

The PHP is the state funded managed care system of mental health services and supports.

King County Mental Health System

King County Mental Health (KCMHD) is a division of the Department of Community and Human Services. KCMHD manages the mental health system in King County. It is responsible for policy setting, financial management and the quality of services. United Behavioral Health (UBH) works with King County to oversee mental health services. UBH authorizes and coordinates client care. Community mental health centers contract with UBH to provide a wide variety of mental health treatment and residential services.

What is managed care?

Managed care is a system of care where access, quality of care and costs are carefully managed.

Managed care within the King County Prepaid Health Plan provides:

- An individualized assessment by a mental health professional to ensure a treatment plan that meets **your** needs;
- Opportunity for active participation by clients and families in treatment planning, selection goals;
- Culturally appropriate services;
- Service coordination with other agencies or systems as necessary;
- Timely access to services;
- Quality of care review.

***Our Mission*:**

To ensure that persons with mental illness have access to a quality, coordinated, comprehensive, and culturally sensitive system of care within the community.

What if I have a problem?

All community mental health centers are required to inform clients of their rights and to post complaint and grievance procedures.

You have two options for assistance, available to you at no charge:

UBH Client Services Coordinator

Available to answer questions and respond to concerns about mental health services.

1-800 790-8049

Ombuds Service of King County

An independent agency staffed by former or current clients or family members available to listen, inform you of your rights and help resolve problems.

1-800 790-8049

The Ombuds Service is available to help you with all grievance procedures including, if necessary, preparation for the State Fair Hearing process.

Complaint and grievance services are completely confidential.

This brochure is available in alternate formats on request. It is also available in several languages. Call (206) 296-5213 for information.

...Investigation
...Research
...Negotiation
...Advocacy

The Mental Health Ombuds-Service exists to serve primary and secondary mental health consumers (adults and parents or guardians of children) within the publicly funded mental health system of King County. The service provides a way for you to do something about concerns related to your mental health care.

Upon complaint, an Ombudsman will research and investigate your situation, advocate for your expressed interest, and facilitate a resolution.

The Ombuds-Service will attempt to resolve complaints at the lowest possible level in the chain of command of a mental health provider. Some complaints will turn into formal grievances if they cannot be resolved. Ombuds-Service will assist you with the grievance procedure including preparation for State of Washington Fair Hearing process.

This information is available in accessible formats upon request at (206) 205-5329 V/TDD

What Ombuds-Service Can Do for You...

Listen and Record
Ombuds-Service staff will listen to your side of the story and take notes.

Research and Investigate
Ombuds-Service staff will research your particular problem and conduct an investigation to find additional information.

Represent and Advocate
Ombuds-Service staff will serve as an advocate for you with the mental health care provider, United Behavioral Health, or King County Regional Support Network.

Resolve and Recommend
Ombuds-Service staff will do everything possible to resolve your complaint or grievance and recommend changes in the mental health system, if warranted.

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Mental Health

Ombuds-Service

of King County

...Serving adults and children with mental illness

Advocating for the Expressed Interest of the Consumer

Exchange Building, 5th Floor
821 Second Ave.
Seattle, WA 98104
Phone: 206-205-5329
or 800-790-8049
Fax: 206-296-1438

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Mental Health
Ombuds-Service
of King County

Consumer Contact or Complaint Form

Exchange Bldg., 5th Floor
821 Second Ave.
Seattle, WA 98104
(206) 205-5329 or 1-800-790-8049

The Mental Health Ombuds-Service of King County can investigate, research, negotiate and advocate for me regarding my Complaint or Grievance. This release will expire 90 days from date of signature.

My concern or complaint is:

Use additional paper if more room is needed.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____ Birthday: _____

Fax: (206) 296-1458 Email: MHOmbudsKC@aol.com
Visit our site at http://www.mentalhealth

...Nghiên Cứu
...Thương Lượng
...Binh Vực

Dịch Vụ Trung Gian Y Tế Bệnh Tâm Thần ược thành lập để phục vụ những người xử lụng dịch vụ y tế bệnh tâm thần chính và phụ người lớn và cha mẹ hoặc giám hộ của trẻ em) trong phạm vi tài trợ công cộng thuộc hệ hống chương trình y tế bệnh tâm thần thuộc Quận King. Dịch vụ này cung cấp một phương tiện cho quý vị giải quyết các quan âm liên quan đến các sự săn sóc y tế cung cấp cho bệnh tâm thần của qúy vị.

Khi nhận được sự khiếu nại, một Người Trung Gian sẽ nghiên cứu và điều tra trường hợp của quý vị, binh vực cho quyền lợi riêng của quý vị, và giúp cho phương pháp giải quyết được dễ dàng hơn.

Dịch vụ Trung Gian sẽ cố gắng giải quyết các khiếu nại tại cấp thấp nhất trong hệ thống quản trị của cơ quan cung cấp y tế bệnh tâm thần. Một số các khiếu nại sẽ được chuyển hành đơn kiện chính thức nếu không được giải quyết thỏa đáng. *Dịch vụ Trung Gian* sẽ giúp đỡ quý vị với thủ tục kiện bao gồm luôn sự chuẩn bị cho thủ tục điều trần của Tiểu Bang Washington.

206 205-5329

Dịch vụ Trung Gian Có Thể Làm Gì Cho Quý Vị ...

Lắng Nghe và Ghi nhận
Nhân viên *Dịch vụ Trung Gian* sẽ lắng nghe về phía câu chuyện của quý vị và ghi nhận.

Nghiên Cứu và Điều Tra
Nhân viên *Dịch vụ Trung Gian* sẽ nghiên cứu trở ngại riêng của quý vị và tiến hành cuộc điều tra để tìm hiểu thêm các dữ kiện.

Đại Diện và Binh Vực
Nhân viên *Dịch vụ Trung Gian* sẽ phục vụ như một người binh vực cho quý vị với cơ quan cung cấp dịch vụ y tế bệnh tâm thần, cơ quan Y-Tế Tâm Tính Hoa Kỳ, hoặc các cơ quan Yểm Trợ Địa Phương thuộc Quận King

Giải Quyết và Đề Nghị
Nhân viên *Dịch vụ Trung Gian* sẽ làm đủ mọi cách để giải quyết khiếu nại hoặc đơn kiện của quý vị và đề nghị các thay đổi trong hệ thống y tế bệnh tâm thần, nếu được bảo đảm.

...phục vụ
người lớn
và
trẻ em
với
các bệnh
tâm thần

700 5th Ave.
Key Tower, Suite 3800
Seattle, Washington 98104
206 205-5329
1-800-790-8049
TDD 205-5329

Vietnamese

Gửi về:
Ombuds-Service
700 5th Ave.
Key Tower, Suite 3800
Seatle, Washington 98104
206 206-5329

Khiếu Nại

Dịch vụ Người Trung Gian Y Tế Bệnh Tâm Thần thuộc Quận King được sự cho phép của tôi để nghiên cứu, điều tra, thương lượng, và binh vực cho tôi trong điều khiếu nại dưới đây Tôi hiểu rằng tôi có thể hủy bỏ sự cho phép này bất cứ lúc nào. Tôi cũng hiểu rằng tôi phải tiết lộ cho Người Trung Gian biết nếu một ai toan đe dọa tôi hoặc đối xử với tôi một cách khác thường vì tôi đã đệ trình bản khiếu nại này. Sự cho phép này sẽ hết hạn 120 ngày kể từ ngày ký tên.

Khiếu nại của tôi là: _____

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Mental Health

Ombuds-Service

of King County

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Exchange Building, 5th Floor
821 Second Ave.
Seattle, WA 98104
ስልክ ጽ/ቤ፡ 206-205-5329
ወይም 800-790-8049
ፋክስ፡ 206-296-1438

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Ombuds-Service ለእርስዎ ሊያቀርግልዎት የጠ ተል ጎገ ሙ ች...

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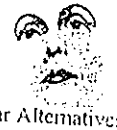

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የ Ombuds-Service ሕ ክ ም ና አ ገ ል ግ ት (The Mental Health Ombuds-Service)፣ በ ኋ ን ግ ቸ ው ን ተ መ ንግ ስ ት የ ጢ ዩ ስ ተ ፖ ድ ጸ ቸ ው የ አ እ ሙ ጭ የ ሕ ክ ም ና ተ ቋ ቸ ች ው ስ ጥ የ ጢ ዩ ገ ለ ግ ሉ የ አ ን ፒ ኛ ዳ ሁ ለ ተ ኛ የ አ እ ሙ ጭ ሕ ክ ም ና ተ ሓ ፋ ጢ ፒ ም ቶ ኛ ት ን (ኣ ኃ ዎ ች፣ ወ ላ ያ ጣ ች ወ ይ ም የ ል ያ ጣ ቸ ቸ ግ ሮ ት)፣ ዩ ገ ለ ግ ላ ል። ይ ህ አ ገ ል ግ ት ለ ጢ ዩ ስ ጃ ን ቅ ዎ የ አ እ ሙ ጭ ዎ የ ሓ ጋ ዳ እ ን ክ ብ ቸ በ ጋ ሁ ኃ ጋ ፅ መ ፍ ት ሮ ጋ ይ ቹ ል።

ቅ ጻ ፅ ቸ ሮ ጐ ረ ቡ፣ የ Ombuds ቶ ል ፒ ረ ቶ ሁ ኃ ጋ ፅ ዎ ን ኃ ተ መ ጸ መ ረ ዳ ም ር ም ር ቸ ቸ ሄ ፒ በ ዘ ላ፣ ለ ፍ ላ ሐ ት ዎ በ ሓ በ ፋ ጎ ት ይ ጨ ብ ል፣ መ ፍ ት ሮ ጋ ዉ ን ም ዩ ጐ ላ ጥ ጎ ል።

የ Ombuds-Service፣ የ አ እ ሙ ጭ ሕ ክ ም ና አ ገ ል ግ ት ቹ ሸ ው ተ ቋ ም አ ፒ ረ ከ ቸ ው ተ ብ ለ ው የ ጢ ቹ ጎ ኖ ጸ ቅ ጻ ፅ ዎ ች ን ወ ፒ በ ላ ይ አ ቸ ል ጌ ዩ ጌ ል ፍ፣ መ ፍ ት ሮ ጋ ለ መ ስ ሓ ት ይ ቸ ክ ጸ ል። Ombuds-Service ለ አ በ ጋ ቱ ፅ ስ ጎ ስ ር አ ት ሂ ፒ ት ዳ ለ ነ ሩ ን ግ ተ ን ስ ቴ ይ ት የ ፍ ጥ ጾ ዊ ይ ግ ቶ ኝ ሂ ፒ ት (State of Washington Fair Hearing)አ ን ፒ ኖ ከ ሪ ቶ ይ ረ ፖ ዎ ፅ ል።

ይ ህ መ ረ ሪ እ ር ስ ዎ ሊ ዩ ገ ኙ ቶ ት በ ጢ ች ሉ የ ተ ለ ዩ ይ ሞ ች ተ ቆ ጻ ድ ተ ነ ል። በ ኖ ህ ጅ ጥ ር ፒ ው ለ ው መ ሓ የ ት ይ ትላ ሉ።(206) 205-5329 V/TDD

Mental Health
Ombuds-Service
of King County

የደምበኛ መገናኛ ወይም የቅሬታ ማሰሚያ ቅጽ

Exchange Bldg., 5th Floor
821 Second Ave.
Seattle, WA 98104
(206) 205-5329 or 1-800-790-8049

የኪንግ ካውንቲ የOmbuds-Service ሕክምና አገልግሎት(The Mental Health Ombuds-Service) ለቅሬታዬ ወይም አቤቱታዬ እኔን ወክሎ መረምር፣ ምርምር ሊያካሄድ፣ ሊወያይና በጠበቃነት ሊቆም ይችላል። ይሄ ፈቃድ ከተፈረመበት ቀን ጀምሮ ከ90 ቀናት በኋላ አያገለግልም።

ይህ ነው ሃሳቤ ወይም ቅሬታዬ፣

ተጨማሪ ቦታ ከፈለጉ፣ ተጨማሪ ወረቀት ይጠቀሙ።

ፊርም፣ _____ ቀን፣ _____

ስም፣ _____

አድራሻ፣ _____

ከተማ፣ _____ ስቴይት፣ _____ ዚፕ ኮድ፣ _____

ስልክ ቁጥር፣ _____ የሶሻል ሰኩሪቲ ቁጥር፣ _____ የተወለዱበት ቀን፣ _____

...Imbestigasyon
...Pananaliksik
...Pakikipagkasunduan
...Pagtataguyod

Ang Serbisyo-Ombuds Para sa Kalusugang Pangkaisipan ay umiiral upang magbigay ng pangunahin at pumapangalawang serbisyo para sa mga mamimili ng kalusugang pangkaisipan (kasama dito ang matatanda, magulang o tagapag-alaga sa mga bata) na sakop ng sistemang pangkalusugang pangkaisipan mula sa pondong pampubliko ng King County. Ang serbisyo ay isang paraan para sa iyo upang gumawa ng mga bagay hinggil sa mga alalahanin na may kinalaman sa pangangalaga ng iyong kalusugang pangkaisipan.

Pagkahain ng reklamo o hinaing, ang Ombudsman o tagapangalaga ay gagawa ng pananaliksik at iimbestigahin ang iyong kalagayan, upang itaguyod ang iyong nasabing kapakanan at padaliin ang isang resolusyon.

Ang Serbisyo-Ombuds ay sisikaping mabigyan ng lunas ang iyong hinaing o reklamo sa pinakamababang antas mula sa antasan ng kapangyarihan ng isang nagbibigay ng serbisyo sa kalusugang pangkaisipan. Ang ibang reklamo o hinaing ay mauuwi sa paghahain ng pormalang reklamo kung hindi ito malulunasan. Ang Serbisyo-Ombuds ay makakatulong sa iyo sa mga paraan ng paghahain ng reklamo kasama na ang paghahanda para sa paraang tapat na paglilitis sa Estado ng Washington.

Ang impormasyong ito ay maaring hingin sa iba'i ibang porma at maaring humingi sa (206) 205-5359 V/TDD

Ang ang maaring magawa ng Serbisyo Ombuds Para Sa Iyo...

Makinig At Magtala
Ang mga empleyado ng Serbisyo-Ombuds ay makikinig at itatala ang iyong bahaging hinaing.

Pananaliksik at Pag-iimbestiga
Ang mga empleyado ng Serbisyo-Ombuds ay gagawa ng pananaliksik hinggil sa iyong bukod-tanging suliraninat magsasagawa ng imbestigasyon upang humanap ng dagdag pang mga impormasyon.

Maging Kinatawan at Magtaguyod
Ang mga empleyado ng Serbisyo-Ombuds ay magsisilbing siyang tagapagtaguyod para sa iyo kasama na ang tagapagbibigay ng serbisyong kalusugang pangkaisipan, ang United Behavioral Health, o kaya'y ang King County Regional Support Network.

Magbigay-Lunas at Magrekomenda
Gagawin ng mga empleyado ng Serbisyo-Ombuds ang lahat ng mga posibleng paraan upang malunasan ang iyong reklamo o hinaing at kanilang irerekomenda ang mga pagbabago sa sistemang pangkaisipang kalusugan, kung kinakailangan.

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Ang Star Alternatives ay nagbibigay na pantay na pagkakataong mag-empleyo, tapat sa gawaing afirmatibo at lugal-gawaanlibre mula sa diskriminasyon ayonsa edad,ninuno, paniwala, kulay, mga may kapansanan o mga kalagayan ng mga beterano sa Vietnam, pinagmulan, kasarian, kalagayang marital, kapansanang pisikal or pangkaisipan, pananampalataya, rasa, o kaangkopang.

Tagalog

Mental Health
Ombuds-Service
of King County

...Nagsisilbi sa mga Matatanda At mga Bata na may Kapansanang Pangkaisipan

Ang Itaguyod Para Sa Nasabing Kapakanan ng

Exchange Building, 5th Floor
821 Second Ave.
Seattle, WA 98104
Telepono: 206-205-5329
o 800-790-8049
Fax: 206-296-1438

Mental Health Ombuds-Service of King County

Ugnayan ng Mamimili o Pormas ng Reklamo

Exchange Bldg., 5th Floor
821 Second Ave.
Seattle, WA 98104
(206) 205-5329 or 1-800-790-8049

Ang Mental Health Ombuds-Service ng King County ay maaring mag-imbestiga, makakapagsaliksik, makipagkasunduan at makipag-ugnayan para sa akin tungkol sa aking Reklamo o Hinaing. Itong pamamahintulot na ito ay magtatapos siyamnapung (90) araw mula sa petsa ng paglagda.

Ang aking reklamo o hinaing ay ang mga sumusunod:

Maaring gumamit ng karagdagang papel kung kinakailangan.

Lagda: _____ Petsa: _____

Ilimbag ang Pangalan: _____

Tirahan: _____

Lunsod: _____ Estado: _____ Zip: _____

Telepone: _____ Numero ng Social Security: _____ Kaarawan: _____

Fax: (206) 296-1438 Email: MHOmbudsKC@aol.com
Bisitahin ang aming site http://www.mentalhealthombudsman.net

...Investigación
...Averiguación
...Negociación
...Defensa civil

El Mental Health Ombuds-Service existe para servir a pacientes de salud mental primarios y secundarios (adultos y padres o tutores de niños) dentro del sistema de salud mental del condado King financiado públicamente. El servicio le ofrece una forma de hacer algo sobre los problemas relacionados con su asistencia de salud mental.

Tras enviar una demanda, un Ombudsman o defensor civil investigará su situación, defenderá el interés que usted haya expresado y facilitará una resolución.

El Ombuds-Service intentará resolver quejas en el nivel más bajo posible de la jerarquía de un proveedor de salud mental. Algunas quejas se convertirán en querellas formales si no pueden ser resueltas. El Ombuds-Service le ayudará con el procedimiento de querellas, incluyendo la preparación para el proceso de Audiencia Imparcial del Estado de Washington.

[illegible]

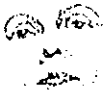
Lo que Ombuds-Service puede hacer por usted...

Escuchar y anotar
El personal de *Ombuds-Service* escuchará su versión de la historia y tomará notas.

Investigar
El personal de *Ombuds-Service* investigará su problema en particular a fin de encontrar información adicional.

Representar y defender
El personal de *Ombuds-Service* actuará de mediador o defensor por usted ante el proveedor de asistencia de salud mental, United Behavioral Health, o el Grupo de apoyo regional del condado King.

Solucionar y recomendar
El personal de *Ombuds-Service* hará todo lo posible por resolver su queja o querella y recomendará cambios en el



Star Alternatives

Star Alternatives [illegible]

Spanish

Mental Health Ombuds-Service of King County

...Servimos a adultos y niños con enfermedad mental

Defendemos el Interés Expresado por el Paciente

Exchange Building, 5th Floor
821 Second Ave.
Seattle, WA 98104
Teléfono: 206-205-5329
ó 800-790-8049
Fax: 206-296-1438

Mental Health Ombuds-Service of King County

Formulario de contacto del paciente o de queja

Exchange Bldg., 5th Floor
821 Second Ave.
Seattle, WA 98104
(206) 205-5329 or 1-800-790-8049

El Mental Health Ombuds-Service del condado King puede investigar, negociar y defender en mi nombre en lo relativo a mi Queja o Querella. Este descargo caducará a los 90 días de la fecha de firma.

Mi problema o queja es la siguiente:

Si necesita más espacio, use una hoja de papel adicional.

Firma: _____ Fecha: _____

Nombre con letra clara: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código postal: _____

Teléfono: _____ N° de Seguro Social: _____ Fecha de nacimiento: _____

Fax: (206) 296-1438 Correo electrónico: mhombudskc@aol.com

...Расследования
...Изучения
...Переговоры
...Защита

Услуги-омбудс психического здравоохранения существуют для того, чтобы служить интересам первичных и вторичных потребителей психического обслуживания (взрослых и родителей или опекунов детей) в сфере спонсируемого общественностью психического здравоохранительного обслуживания в округе Кинь. Обслуживание позволяет вам предпринять конкретные шаги в области вашего психического обслуживания в случае наличия озабоченности.

По *получению жалобы*, представитель программы изучит и расследует вашу ситуацию, выступит в вами выраженных интересах и будет стремиться к нахождению решения.

Услуги-омбудс попытаются разрешить жалобы на самом низшем уровне порядка лечащего врача психического здоровья. Некоторые жалобы перейдут в категорию формальных запросов, в случае, если они не будут разрешены. Услуги-омбудс помогут вам в подготовке запросов, включая подготовку в процессе справедливого слушания штата Вашингтон.

Данная информация предлагается, по требованию, в альтернативных форматах по телефону (206) 205-5329 V/TDD

Чем Услуги-Омбудс могут помочь вам...

Выслушать и записать
Представители *Услуг-омбудс* выслушают и запишут вашу сторону.

Изучить и расследовать
Услуги-омбудс изучат вашу конкретную проблему и проведут расследование для нахождения дополнительной информации.

Представить и защитить
Представители *Услуг-омбудс* будут защищать ваши интересы у врача психического обслуживания, United Behavioral Health или King County Regional Support Network.

Разрешить и рекомендовать
Представители *Услуг-омбудс* сделают все возможное для разрешение вашей жалобы или запроса, и порекомендуют изменения в системе психического обслуживания, если потребуется.

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Star Alternatives является работодателем равных возможностей, проводящим в жизнь утвердительную акцию и условия работы без дискриминации на основе возраста, происхождения, убеждений, цвета кожи, статуса ветерана-инвалида или ветерана Вьетнамской войны, этнического/национального происхождения, пола, семейного положения, умственной или физической инвалидности, религии, расы или половой ориентации.

Russian

Mental Health Ombuds-Service of King County

...Обслуживает взрослых и детей с психическими расстройствами

Защищает выраженный интересы потребителя

Exchange Building, 5th Floor
821 Second Ave.
Seattle, WA 98104
Телефон: 206-205-5329
или 800-790-8049
Факс: 206-296-1498

Mental Health Ombuds-Service of King County

Контакт с потребителем или форма жалобы

Exchange Bldg., 5th Floor
821 Second Ave.
Seattle, WA 98104
(206) 205-5329 or 1-800-790-8049

Услуги-омбудс психического здравоохранения в округе King могут расследовать, изучить, вести от моего лица переговоры и проводить защиту относительно моей жалобы или запроса. Срок данного разрешения истечет после 90 дней от даты подписания.

Моя озабоченность или жалоба:

Используйте дополнительные листы бумаги, если необходимо.

Подпись: _____ Дата: _____

Имя печатными буквами: _____

Адрес: _____

Город: _____ Штат: _____ Почтовый Индекс: _____

Телефон: _____ Номер социального обеспечения: _____

Дата рождения: _____

Факс: (206) 296-1438, электронная почта: MHOmbudsKC@aol.com
Посетите нашу страницу интернета по адресу http://www.mentalhealthombudsman.net

…調查
…研究
…協商
…呼籲

*精神健康調查服務部*為由公共資金資助的King縣精神健康系統內的原發和繼發性精神健康消費者（成人和兒童的父母或監護人）服務 。這項服務為您提供一條途徑，解決您在精神健康保健方面的問題。

收到您的投訴之後，調查員將調查、研究您的情況，為您的權益呼籲，並促成解決。

*精神健康調查服務部*將盡可能在精神保健提供者的行政管理系統內從最低的級別解決投訴。如果不能解決投訴，將會轉成上訴。精神健康調查服務部將在上訴程序中幫助您，包括為華盛頓州公平聽證會的訴訟程序作準備。

可根據需要以不同版本格式提供這份資料，請撥聾啞人士 V/TDD 專線：(206) 205-5329

精神健康調查服務部能為您做些甚麼…

傾聽和記錄

*精神健康調查服務部*的工作人員將傾聽您的申訴並且作記錄。

研究和調查

*精神健康調查服務部*的工作人員將研究您的特定問題並且進行調查，以便找到更多的資訊。

代表和呼籲

*精神健康調查服務部*的工作人員將作為您的代言人，為您向精神健康保健提供者、行為健康聯合體或 King 縣地區的支援網發出呼籲。

解決和建議

*精神健康調查服務部*的工作人員將盡一切努力來解決您的投訴或上訴，並且在獲得授權的情形下，對精神保健系統提出改進性建議。

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Star Alternatives 是一個提供均等機會的機構，致力於贊助平等權益的行動，並致力於提供無歧視性的工作環境，禁止因年齡、祖籍、信仰、膚色、殘障或越戰退伍軍人身份、精神或身體上的殘障、宗教、種族或性傾向等原因而進行歧視。

Chinese

Mental Health
Ombuds-Service
of King County

…為患有
精神病的
成人
和
[illegible]

Exchange Building, 5th Floor
821 Second Ave.
Seattle, WA 98104
電話：206-205-5329
或 800-790-8049
傳真：206-296-1438

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Mental Health Ombuds-Service of King County

消費者聯繫或投訴表格

Exchange Bldg.. 5th Floor
821 Second Ave.
Seattle, WA 98104
(206) 205-5329 or 1-800-790-8049

King 縣精神健康調查服務部 (Ombuds-Service) 可以為我的投訴或上訴進行調查、研究、協商和呼籲。此聲明將於簽名日期起 90 天後過期。

我的意見或投訴如下：

如果此表格地方不夠填寫，請附加頁。

簽名：_____ 日期：_____

正楷填寫姓名：_____

地址：_____

城市：_____ 州：_____ 郵遞區號：_____

電話號碼：_____ 社會安全卡號碼：_____ 出生日期：_____

...조사
...협의
...대변

정신 건강 옴버즈 서비스는 일반이 기부한 기금으로 설립된 킹 카운티 정신 건강 시스템 안에서 당사자와 그와 관계된 가족을 포함한 정신 건강 소비자 (성인과 부모 혹은 보호자)에게 봉사하기 위해 존재 합니다.

불만이 접수되면 옴버즈 종사자가 당신이 표명한 관심사를 대변하며 해결책을 얻기 위해 당신의 상황을 연구 및 조사 할 것 입니다.

옴버즈 서비스는 정신 건강 보험 제공자의 가능한 말단 서열에서 불만들을 해결 하기 위해 노력 할 것 입니다. 만약 해결 안되는 불만들은 정식 항의서를 작성 할 것 입니다. 옴버즈 서비스는 워싱톤 주 청문회 준비를 포함한 항의서 를 작성 하는 과정을 도와 줄 것 입니다.

206 205 5329

옴버즈 서비스가 당신을 위해 할 수 있는 것은...

청취 및 기록
옴버즈 서비스 종사자는 당신의 이야기를 듣고 기록할 것 입니다.

연구 및 조사
옴버즈 서비스 종사자는 당신의 특정한 문제를 연구 하고 더 많은 정보를 얻기 위해 조사를 할 것 입니다.

이익을 대변
옴버즈 서비스 종사자는 당신의 이익을 대변해 정신 건강 보험 제공자와 협의 할 것 입니다.

해결과 제안
옴버즈 서비스 종사자는 불만을 해결 하기 위해 가능한 모든 것을 할 것 이며 보장 된다면 정신 건강 시스템의 변경을 제안 할 것입니다.

정신 건강에 문제를 가진 성인과 아동을 위해 봉사하는...

Korean

1 b 3 K

소비자 불만

킹 카운티 정신 건강 옴버즈 서비스 기관은 본인을 위해 다음의 불만 사항을 연구, 조사, 협의 및 대변할 수 있음을 허락 합니다. 본인은 언제든지 이 허락을 취소 할 수 있다는 것을 이해 합니다. 또한 본인이 이 같은 불만을 토로 했다고 해서 누군가 본인을 위협하든지 다르게 대할 경우 옴버즈 종사자에게 애기 할 수 있다는 것을 이해 합니다. 이 같은 허락은 싸인 한 날로 부터 120일 이후에 자동 말소 할 것 입니다.

본인의 불만 사항은:_____

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싸인 날짜

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이름

_____
주소

_____
전화 번호

Korean

Paano ako makakukuha ng serbisyo?

Tumawag sa isa sa mga 'mental health centers' sa inyong komunidad na makikitang nakalista sa pamplet na ito. Maaari niyo ring tawagan ang UBH Client Services Coordinator (Tagapangasiwa sa Pangangailangan ng pasyente sa UBH) upang alamin ang pinakamalapit na pagamutan na maaari niyong puntahan.

Karaniwan, ang 'mental health center' na inyong lalapitan ay magbibigay ng payo kung kailan kayo maaaring makipagtagpo sa isa sa mga espesyalistang makatutulong sa inyong kalagayan. Ang pagtatagpong ito ay libim.

Kung napag-alaman na kayo ay karapat-dapat mabigyan ng serbisyo, kayo ay makakatanggap ng patnubay ayon sa inyong pansariling pangangalaga. Ang pasyente at ang kanilang pamilya ay inaanyayahang sumali sa iba't-ibang palatuntunan na makatutulong sa madaliang pag-galing ng pasyente.

Pagsalin sa Sariling Wika ay Libre

Ang pagsalin sa inyong sariling wika ng mga alituntunin at serbisyong ito ay ipinauubaya sa pasyente ng walang bayad. Ito rin ay iniaalok sa ibang sangay ng kagawarang ito tulad ng Crisis Clinic at Crisis & Commitment Services. Kung nangangailangan ng tagapagsalin sa inyong sariling wika, magsabi o ipaalam kaagad.

Ang paggalang sa nalibang kultura ay isa sa mga mahalagang patakaran ng King County Prepaid Health Plan.

Nangangailangan ng Tulong?
Ang tagapangasiwa ng UBH Client Services ay makatutulong sa inyong mga katanungan.
Tumawag sa **1-800-790-8049.**

KING COUNTY PREPAID HEALTH PLAN

United Behavioral Health
Client Services
1-800-790-8049
TDD 205-5458

Ombuds Services of King County
1-800-790-8049

24-ORAS KRISIS LINYA

(206) 461-3222
TDD (206) 461-3219

King County Mental Health Division
Administrative Offices
700 Fifth Avenue, Suite 3800
Seattle, WA 98104
(206) 296-5213

Dalawin ang aming 'web site' sa:
www.metrokc.gov/dchs/mhd

Pamplet ng mga Serbisyo para sa Mental na Pangkalusugan

Patnubay sa Palingkurang Pangmadla Ukol sa Mental na Pangkalusugan sa King County

Ano ang Mental na Pangkalusugang Serbisyo?

Ang mental na pangkalusugan ay tumutukoy sa mental o pangsikolohiyang kalusugan ng bawa't tao. Ito ay maaaring tungkol sa pansariling karamdaman, ang pakikisama sa komunidad o ang kabuuang pakikipagtunguhan sa lipunan. Ang Mental na Pangkalusugang Serbisyo o 'Mental Health Services' ay mga serbisyong may hangad na makatulong sa bawa't isa upang magaang harapin ang pang-araw-araw na suliranin sa buhay na nakaaapekto sa ating mental na kalagayan. Ang bawa't isa ay may iba't-ibang pangangailangan kung saan tayo ay makatatanggap ng sari-saring serbisyo. Ang paggamot ay maaaring pang-maiklian o pang-mahabaang panahon depende sa bawa't sitwasyon.

Ano ang kinakailangan kong gawin sa panahon ng matinding pangangailangan?

Tumawag sa Krisis Klinika (Crisis Clinic) kung saan 24-oras na nagbibigay tulong sa lahat ng naninirahan sa loob ng komunidad ng King County.

Sino man ang may matinding pangangailangan ay maaaring tumawag anumang oras, umaga o gabi.

Ang mga empleyado ng Krisis Klinika ay handang makinig sa inyo. Maaari silang magbigay ng mungkahi o ipaalam ang pangalan o telepono ng sinumang makatutulong sa inyong kalagayan. Maaari rin silang tumulong upang magtakda ng pagbisita kinabukasan sa klinikang pinakamalapit sa inyong tirahan. Hindi lamang ang pasyente ang maaaring tumawag sa 24-oras na Krisis Linya na ito kung hindi pati na rin ang kani-kanilang pamilya.

Krisis Klinika
24-Oras Krisis Linya
(206) 461-3222 o 1-800-244-5757
TDD (206) 461-3219

1 D 3 K

Sino ang maaaring tumanggap ng serbisyong ito?

Ang Prepaid Health Plan ay nagbibigay-tulong sa mga pasyenteng may Medicaid Insurance. Maaaring humiling ng tulong ang mga pasyenteng walang 'insurance' subalit limitado ang mga tulong na maibibigay sa inyo. Ang mga 'mental health centers' sa inyong komunidad ang magpapasya kung kayo ay karapat-dapat makatanggap ng serbisyong ito. Kung nangangailangan ng tulong at napagpasyahang hindi nararapat mabigyan ng serbisyo, tumawag sa UBH Client Services Coordinator sa telepono **1-800-790-8049** at doon humingi ng tulong o payo ukol sa inyong sitwasyon.

Ano ang mga tulong o serbisyo na maibibigay?

Marami ang mga tulong o serbisyong iniaalok ng iba't-ibang 'mental health centers.' Depende sa pansariling pangangailangan, ang mga serbisyong ito ay ang:

- Pansarili o Pangkat na Terapi
- Pagbibigay-payo sa buong Pamilya
- Pagpapatnubay sa Pansariling Kaso
- Pagpapangasiwa ng Medisina o Gamot
- Tulong sa Panahon ng Matinding Pangangailangan
- Pagpapangalaga sa Pansariling Tahanan
- Tulong sa Kinahihiligang-Aralin o Bokasyon

Ang ibang samahan ay makapagbibigay ng sadya at tanging tulong o serbisyo tulad ng:

- Serbisyo para sa mga Bingi at Pipi
- Serbisyo sa iba't-ibang Kultura
- Serbisyo sa Kabataan
- Pagtulong sa mga walang sariling tahanan
- Pagpapagamot sa mga nasiraan ng bait at umabuso ng medisina (MICA - Mental Illnesses and Chemical Abuse treatment)

Ang pagpapa-ospital sa mga pasyenteng may mental na karamdaman o sakit ay kasama rin sa mga serbisyong iniaalok ng Prepaid Health Plan.

King County Mental Health Division

Ano ang 'Prepaid Health Plan'?

Ang PHP ay binibigyang-puhunan ng estado o pamahalaan upang tumulong sa mga nangangailangan ng mental na pangangalaga.

King County Mental Health System

Ang King County Mental Health System (KCMHD) ay isa sa mga sangay ng Departamento ng Pangkomunidad at Pangkatauhang Serbisyo (Dept. of Community & Human Services). Ang KCMHD ang siyang tagapamahala ng mga mental na pangkalusugan sa King County. Ito ang naglatakda ng mga palakad ng opisina, namamahala ng mga pinansyal na bagay-bagay at ang namamahala ng maayos at magaling na pagpapalakad ng mga serbisyo sa komunidad. Ang United Behavioral Health (UBH) ay nakikipag-tulungan sa King County upang mangulo sa pagbigay ng iba't-ibang serbisyo. Ang UBH ang siyang may kapangyarihan ukol sa pangangalaga ng bawa't pasyente. Ang bawa't isa sa mga 'mental health center' sa inyong komunidad ay may kasunduan sa UBH upang magbigay ito ng sari-saring paggamot at serbisyo sa mga may sakit

United Behavioral Health

Ano ang 'Managed Care' o Pinamamahalaang Pangangalaga?

Ang 'managed care' ay sistema ng pangangalaga kung saan ang pamamaraan, uri ng pangangalaga at halaga ng pangangalaga ay maingat na pinamamahalaan.

Ang pinamamahalaang pangangalaga sa loob ng King County Prepaid Health Plan ay makapagbibigay ng:

- Pansariling Pamamatnubay ng isang dalubhasa upang matiyak na ang pagpapagamot ay siyang kinakailangan ng pasyente;
- Pagkakataon sa bawa't pasyente at kani-kanilang pamilya upang masiglang makibahagi sa pagpapagamot, maingat na pagpili ng tunguhin at makatulong sa madaliang pag-galing ng pasyente;
- Serbisyo na nakikibagay sa iba't-ibang kultura;
- Serbisyo upang makatulong ang ibang kagawaran o sangay ng pamahalaan kung kinakailangan;
- Madaliang pagsasagawa ng serbisyo;
- Maingat na pagpapaliwanag ng pangangalaga.

Ang Aming Misyon:

Tiyakin na ang mga taong may mental na karamdaman ay mabigyan ng magaling, matulungin at maunawain na paraan ng pagpapagamot na may pag-galang sa iba't-ibang kultura sa loob ng komunidad.

Paano kung ako ay magka-problema?

Lahat ng 'mental health centers' sa bawa't komunidad ay hinihilingan na ipaalam sa bawa't pasyente ang kanilang karapatang mag-reklamo sa tagapangasiwa kung may suliranin o hindi pagkaka-intindihan.

Dalawa ang mapag-pipiliang libreng tulong ng pasyente. Ito ay ang:

UBH Client Services Coordinator

Maaaring makatulong sa pagsagot ng anumang kalanungan ukol sa mental na serbisyo. Tumawag lamang sa:

1-800-790-8049

Ombuds Service of King County

Pinamumunuan ng mga dati at kasalukuyang pasyente kasama na ang kani-kanilang pamilya na handang makinig at tumulong sa anumang suliranin o problemang hinaharap. Tumawag lamang sa:

1-800-790-8049

Ang 'Ombuds Service' ay handang tumulong sa lahat ng paraan kasama na, kung kinakailangan, ang paghahanda ng kaso para sa makatarungang paglilitis ng estado o pamahalaan (State Fair Hearing).

Ang mga tulong na ito ay tinitiyak na lihim at walang makaaalam.

Ang pamplet na ito ay maaaring basahin sa iba't-ibang wika. Tumawag sa (206) 296-5213 para sa karagdagang impormasyon.

サービスを受ける方法を教えてください。

添付の用紙に記載されている地域の公共精神衛生医療センターにお電話いただくか、あるいはUBH顧客サービス・コーディネーター (UBH Client Services Coordinator) に最寄りのセンターをお尋ねください。

多くの場合、お客様に は精神衛生医療センターのインテイク・スペシャリストまたはケースマネージャーと予約を取っていただき、患者としての資格の有無と最も適した治療法を評定します。このミーティングの内容は機密事項として扱われ、来訪された方のプライバシーを厳守いたします。

サービスを受ける資格を得た方は、評定の一部として個人的な治療プランを組みます。治療プランとゴールを決める際は、お客様とご家族の方が一緒に相談されることをお勧めします。

通訳サービス

ご要望の方には、通訳サービスを無料でご利用いただけます。クライシスクリニック (Crisis Clinic)、コミットメントサービス (Commitment Services)、推薦・擁護サービスなどの緊急相談所でも、同様の通訳サービスをご利用いただけます。通訳をご希望の方は、お気軽にご相談ください。

キングカウンティ給付医療プランは、互いの文化を大切にしています。

ご相談・ご質問は…
UBH顧客サービス・コーディネーターが、お客様のご質問にお答えするとともに、適したサービスをご紹介いたします。
1-800-790-8049

キングカウンティ給付 医療プラン

ユナイテッド行動医療顧客サービス
(United Behavioral HealthClient Services)
1-800-790-8049
TDD 205-5458

キングカウンティ擁護サービス
(Ombuds Services of King County)
1-800-790-8049

電話緊急相談所 (年中無休)
(206) 461-3222
TDD (206) 461-3219

キングカウンティ精神衛生医療部門
管理事務所
King County Mental Health Division
Administrative Office
700 Fifth Avenue, Suite 300
Seattle, WA 98104
電話 (206) 296-5213
ホームページもご覧ください。
www.metrokc.gov/dchs/mhd

~~Chinese~~? Japanese

King County
Prepaid Health Plan

キングカウンティ 給付 医療プラン

精神衛生医療給付パンフレット

キングカウンティで利用できる公共精神衛生医療サービスの手引き

精神衛生医療サービスとは何でしょうか？

精神衛生は、自身及び他人に対する感じ方や価値観、社会における自身の在り方を考えます。精神衛生医療サービスは、人生における困難な問題に直面した方が、自力で問題を克服していくための支援サービスとしてデザインされたものです。その方にとって最も適した医療サービスを提供するため、各人にそれぞれ異なるプランを組みます。医療期間は非常に短期のものから長期にわたるものまで、プランによって異なります。

緊急相談が必要だと感じたときは、どうすればいいのでしょうか？

キングカウンティの住人の方には、電話による緊急相談を年中無休でお受けしています。

緊急相談が必要だと思われる方は、日夜を問わず電話緊急相談所へお電話ください。

電話緊急相談所の所員が、懇切丁寧に応対いたします。お電話の内容によって、所員によるアドバイス、あるいは相談相手として適切な人もしくは電話番号をご紹介することがあります。さらに、公共精神衛生医療センターに、翌日の予約を入れるお手伝いをいたします。ご家族の方が一緒に電話緊急相談所にお電話くださってもけっこうです。

クライシスクリニック
電話緊急相談所 (年中無休)
(206) 461-3222
または
1-800-244-5757
TDD (206) 461-3219

サービスを受けるための資格について教えてください。

給付医療プランは、Medicaid (低所得者用医療扶助保険) をお持ちの方に対して、精神衛生医療サービスを承認しています。保険に加入されていない方でも、資源が限定されていますが、医療サービスの申し込みはできます。精神衛生医療センターは、サービスを申し込まれた方の資格の有無と医療サービスの必要性について検討します。サービスを必要だと感じていらっしゃる方で、資格を有していないと判断された方は、UBH 顧客サービスコーディネーター (電話 1-800-790-8049) にご相談ください。

サービスの内容を教えてください。

公共の精神衛生医療センターは、幅広いサービスを提供しています。センターによっては、他のサービス機関と提携して、さらに豊富なサービスやプログラムを用意している所もあります。各人の必要とするサービスの内容に応じて、次のすべてまたはいずれかのサービスをご利用いただくことになります。

- 個人療法またはグループ療法
- 家族を対象としたカウンセリング
- ケース管理
- 医薬管理
- 緊急相談
- 居住看護
- 職業・教育におけるサービス

機関によっては、以下の専門的なサービスを用意している所もあります。

- 聴覚障害者のためのサービス
- 少数民族・文化のためのサービス
- 青少年のためのサービス
- ホームレスのためのサービス
- 精神病・薬品中毒者 (MICA) のための治療

地域の病院 (精神科) への入院もサービスに含まれています。

キングカウンティ精神衛生医療部門

給付医療プラン (PHP) について教えてください。

PHPは州によって財源・管理された精神衛生治療サービスと支援を目的とした医療システムです。

キングカウンティ精神衛生医療システム

キングカウンティ精神衛生医療部 (KCMHD) は、保健福祉省の一部門です。KCMHDは、キングカウンティの精神衛生医療システムを管理し、ポリシーの設定、財務管理、そしてサービスの内容における品質管理の責務を負っています。ユナイテッド行動医療顧客サービス (UBH) は、キングカウンティと協力し、共に精神衛生医療サービスを管理しています。UBHは顧客の療法を承認・コーディネートします。地域の公共精神衛生医療センターはUBHと連絡を取りながら、豊富な精神衛生治療及び居住サービスを提供しています。

ユナイテッド行動医療顧客サービス (UBH)

管理ケアの内容を教えてください。

管理ケアとは、医療に対する利用、品質管理、コストの面で慎重に管理された医療システムです。

キングカウンティの管理療法である医療プランは、以下のサービスを提供しています。

- 精神衛生の専門家が個人的に評定を行い、各人に最も適した医療プランを組みます。
- 顧客とその家族は、医療プランの内容、選択、ゴールの設定に積極的に参加できます。
- 顧客の拠り所とする文化を尊重します。
- 必要に応じて、他のサービス機関やシステムも併用します。
- サービスの適時利用ができます。
- 医療の品質内容を評価します。

任務：
精神衛生医療を必要とする地域社会の人々に対して、高品質・統合的・総括的、そして各人の文化を尊重した医療ケアを提供します。

問題が生じた場合の対処について教えてください。

地域の公共精神衛生医療センターは、お客様の有する権利を知らせ、苦情の内容と苦情を訴える手続きの公表が義務付けられています。

お客様は、次の2種類の支援機関を無償でご利用いただけます。

UBH 顧客サービス・コーディネーター (UBH Client Services Coordinator)

精神衛生医療サービスについての質問にお答えいたします。
1-800-790-8049

キングカウンティ擁護サービス (Ombuds Services of Kin County)

現在の顧客または以前顧客だった人々またはその家族によって運営されている独自のサービス機関です。お客様のご意見、ご質問の相談、顧客の有する権利の通知など、お客様の抱える問題を解決するために援助いたします。
1-800-790-8049

擁護サービスは、必要に応じて州の聴聞会手続きの準備を含めた、苦情の手続きをお手伝いいたします。

苦情及び苦情のための手続きは、すべて極秘に扱われ、顧客のプライバシーを守ります。

このパンフレットは、ご要望に応じて、別の形式でお届けいたします。さらに、他国語で印刷されたものもございます。詳しくは、(206) 296-5213 までご連絡ください。

Как я могу получить обслуживание?

Позвоните в один из общественных центров психического здоровья, отмеченный во вкладыше к этой брошюре, или позвоните Координатору по Обслуживанию Клиентов UBH, чтобы вам помогли найти ближайший от вас центр психического здоровья.

В большинстве случаев центр психического здоровья назначит вам время, что и вы пришли и встретились со специалистом или менеджером по работе с больными, для определения ваших прав и потребности в обслуживании по состоянию здоровья. Эта встреча будет конфиденциальной.

Если вы будете квалифицированы на получение обслуживания, то вы получите индивидуальный план лечения, который является частью работы. Мы поощряем клиентов и их семьи участвовать в планировании лечения и в определении целей лечения.

Услуги переводчиков предоставляются

Переводческие услуги также предоставляются в Кризисной клинике, во время кризиса, необходимого обслуживания, направления к другим специалистам, оказания юридической помощи. Если вам нужен переводчик, пожалуйста, попросите.

Уважение к различным культурам - важная черта Предоплаченного Страхового Плана Кинг Каунти.

Нуждаетесь в помощи?
Координатор по Обслуживанию Клиентов UBH может ответить на ваши вопросы и направить на обслуживание.
1-800-790-8049

KING COUNTY PREPAID HEALTH PLAN

United Behavioral Health
Обслуживание клиентов
1-800-790-8049
TDD 205-5458

Ombuds Services of King County
1-800-790-8049

24-часовая кризисная линия
(206) 461-3222
TDD (206) 461-3219

Отделение Психического Здоровья Кинг Каунти
Административные офисы
700 Fifth Avenue, Suite 3800
Seattle, Wa 98104
(206) 296-5213

Посетите наш web.
site:www.metrokc.gov/dchs/mhd

Брошюра о привилегиях при Психических Заболеваниях

Руководство к общественному обслуживанию лиц с психическими заболеваниями в Кинг Каунти

Что такое обслуживание психических заболеваний?

Психическое здоровье имеет отношение к тому, как вы себя чувствуете, как вы себя ведете по отношению к другим людям, и как вы живете в обществе. Обслуживание психического здоровья создано для того, чтобы помочь вам справиться с изменениями в жизни. Каждый человек обслуживается по-разному. Лечение может быть очень непродолжительным или длительным.

Что я должен делать, когда я чувствую, что у меня кризисное психическое состояние?
Кризисная клиника в течение 24 часов предоставляет кризисную помощь по телефону и направляет на обслуживание всех жителей Кинг Каунти.

Любой человек, у которого кризисное психическое состояние, может позвонить в любое время дня и ночи.
Люди в Кризисной Клинике слушают вас, когда вы звоните. Они могут предложить вам имя и номер телефона кого-либо, кто может вам помочь. Они также могут вам помочь и назначить встречу на следующий день в центре психического здоровья. Члены семьи могут также звонить на Кризисную линию.

Кризисная клиника
24-часовая Кризисная Линия

(206) 461-3222
Или
1-800-244-5757
TDD (206) 461-3219

1 b 3 к

Кто имеет право на обслуживание?

Предоплаченный медицинский план дает возможность получения медицинской помощи со страховкой Медикейд. Люди, у которых нет медицинской страховки, могут также рассчитывать на обслуживание, хотя наши ресурсы - лимитированы. Центры психического здоровья определят, имеете ли вы право или нуждаетесь ли вы в обслуживании. Если вы нуждаетесь в обслуживании, и вам было сказано, что вы не имеете на него права, вы можете позвонить координатору UBH по обслуживанию клиентов по тел. 1-800-790-8049, и обратиться за помощью.

Какое обслуживание предоставляется?

Общественные центры психического здоровья предоставляют широкий спектр услуг. Некоторые центры работают по договору с другими агенствами и предлагают большой выбор программ. В зависимости от индивидуальных нужд, страховой план предлагает:

*Индивидуальную или групповую терапию;
*Консультирование семьи;
*Контроль уровня заболеваний;
*Контроль приема лекарств;
*Неотложную помощь/ помощь в кризисных ситуациях;
*Уход по месту проживания;
*Профессиональные/на основе школы услуги.

Некоторые агенства также предоставляют специализированные услуги такие, как:

*Обслуживание глухих/слабослышащих;
*Обслуживание этнических/культурных меньшинств;
*Обслуживание детей;
*Установление контакта с бездомными;
*Лечение психических заболеваний и химической зависимости (MICA).

Госпитализация психиатрических больных также покрывается планом.

King County
Mental Health Division

Что такое предоплаченный страховой план? (PHP)

PHP - система контроля за обслуживанием психических больных и их поддержкой, финансируемая из фондов штата.

Система Психического здоровья Кинг Каунти

Система психического здоровья Кинг Каунти (KCMHD) - отделение Департамента Общественных Услуг и Обслуживания Населения. KCMHD контролирует систему психического здоровья в Кинг Каунти. Она несет ответственность за оформлением полиса, финансовый контроль и за качеством обслуживания. Объединение Норм Поведения и Здоровья (UBH) работает с Кинг Каунти с целью наблюдения за обслуживанием психических больных.UBH разрешает и координирует уход за клиентами. Общественные центры психического здоровья заключают договор с UBH с целью предоставления большого выбора лечения психических заболеваний и обслуживания по месту жительства.

UBH

United Behavioral Health

Что такое контролируемый уход?

Контролируемый уход - это система ухода, при которой доступность, качество обслуживания и его стоимость тщательно контролируются.

Контролируемый уход по Предоплаченному Страховому Плану Кинг Каунти предоставляет:

* Индивидуальное определение профессионалом психического состояния клиентов с целью обеспечения плана лечения, который отвечает вашим нуждам;

* Возможность активного участия клиентов и их семей в планировании лечения, выборе целей лечения;

* Услуги, соответствующие вашей культуре;

*Координирование обслуживания с другими агенствами или системами по мере необходимости;

*Доступность (по времени) обслуживания;

*Обзор за качеством обслуживания.

Наша цель:
Гарантировать лицам с психическими заболеваниями доступ к качественной, координированной,
всеобъемлющей и реагирующей на культуры, системе обслуживания в обществе.

психического здоровья должны информировать клиентов об их правах и помещать их жалобы и претензии. Есть две возможности для получения помощи, которая предоставляется бесплатно:

Координатор по обслуживанию клиентов UBH

Ответит на вопросы и решит проблемы по поводу услуг, связанных с психическим здоровьем.

1 - 800 790-8049

Услуги Ombuds Кинг Каунти

Независимое агенство, в котором работают бывшие или настоящие клиенты или члены их семей, которые вас выслушают, проинформируют вас о ваших правах и помогут решить проблемы.

1-800 790-8049

Ombuds поможет вам со всеми процедурами, связанными с вашими претензиями, включающими, если это необходимо, подготовку к процессу справедливого Слушания Штатом.

Жалобы и услуги по выяснению претензий - совершенно конфиденциальны.

Эта брошюра существует в других форматах и предоставляется по вашей просьбе. Она также есть на нескольких языках. По вопросам информации звоните: (206) 296-5213.

Wie beziehe ich Leistungen?

Sie können eine der "Community Health" Stellen anrufen die auf der Einlage zu dieser Broschüre aufgelistet sind oder den "UBH Client Services" Koordinator und ihn bitten Ihnen bei der Suche nach einer psychologischen Beratungsstelle in Ihrer Gegend behilflich zu sein.

In den meißten Fällen, wird die psychologische Beratungsstelle einen Termin mit Ihnen vereinbaren, an dem der/die Aufnahmespezialist/in oder der/die Fürsorger/in Ihre gesundheitlichen Bedürnisse und Ihren Anspruch feststellt. Diese Besprechung ist vertraulich.

Falls Sie anspruchsberechtigt sind, erhalten Sie einen für Sie entwickelten Behandlungsplan als Teil Ihrer Bewertung. *Patienten und deren Familienangehörige werden aufgefordert, gemeinsam an der Planerstellung zur Behandlung und Zielsetzung teilzunehmen.*

Ein Übersetzungsdienst steht zur Verfügung.

Ein Übersetzungsdienst steht Ihnen auf Anfrage kostenlos zur Verfügung. Die Krisen-Klinik (Crisis Clinic), der Krisen und unfreiwillige psychiatrische Behandlungsdienst (Crisis and Commitment Services), sowie der Überweisungs- (referral services) und Fürsprachedienst (advocacy services) haben auch Zugang zu Übersetzungsdienst-leistungen. Falls Sie einen/e Dolmetscher/in benötigen, fragen Sie bitte einen von uns.

King County Prepaid Health Plan schätzt kulturelle Unterschiede.

Brauchen Sie Hilfe?
Der "UBH Client Services" Koordinator kann Ihnen bei Fragen und mit Überweisungen helfen.
Tel: 1-800-790-8049

KING COUNTY PREPAID HEALTH PLAN
(KING COUNTY KRANKENVERSICHERUNG, GETRAGEN DURCH ÖFFENTLICHE MITTEL)

United Behavioral Health Client Services
(Vereinte Verhaltensgesundheit, Patientendienst)
Tel: 1-800-790-8049
TDD 205-5458

Ombuds Services of King County
(King County Ombudsmannsdienst)
Tel: 1-800-790-8049

24-STUNDEN KRISENTELEFON
TEL: (206) 461-3222
TDD (206) 461-3219

King County Mental Health Division
(King County Abteilung für die Vorbeugung und Behandlung von Geisteskrankheiten)
Verwaltungsbehörde
700 Fifth Avenue, Suite 3800
Seattle, WA 98104
Tel: (206) 296-5213

Besuchen Sie unsere Website:
www.metrokc.gov/dchs/mhd

Broschüre für die Dienstleistungen für die Vorbeugung und Behandlung von Geisteskrankheiten (DVBG)

Ein Wegweiser zu den öffentlichen Dienstleistungen in King County für die Vorbeugung und Behandlung von Geisteskrankheiten

Was sind Dienstleistungen für die Vorbeugung und Behandlung von Geisteskrankheiten ?

Geistige und emotionale Gesundheit besteht aus einem guten Selbstgefühl und einer positiven Umgangsweise mit anderen Mitmenschen in unserer Gesellschaft. Die DVBG sehen ihre Aufgabe darin Ihnen im Umgang mit den Anforderungen im Leben zur Seite zu stehen. Die Dienstleistungen fallen Patientspezifisch anders aus. Die Behandlungszeit kann sehr kurz oder langfristig sein.

Was mache ich wenn ich denke, daß ich mich in einer emotionalen Krise befinde?

Die Krisen Klinik (Crisis Clinic) stellt Ihnen eine 24-Stunden telefonische Krisenhilfe zur Verfügung und Überweisungensdienste für alle Bewohner von King County.

Jeder der sich in einer emotionalen Krise befindet kann hier zu jeder Tages- oder Nachtzeit anrufen.

Die Berater in der Krisen Klinik (Crisis Clinic) sind immer für Sie da. Sie können Ihnen sofortige Hilfe leisten, eine Empfehlung machen und Sie an die richtige Stelle weiterleiten. Sie können Ihnen auch helfen einen Termin mit einer Stelle der DVBG für den nächsten Tag zu machen. Familienangehörigen können hier auch anrufen.

Krisenklinik (Crisis Clinic)
24-Stunden Krisentelefon
Tel: (206) 461-3222
oder
1-800 244-5757
TDD (206) 461-3219

1 0 3 K

Wer hat Anspruch auf diese Leistungen?
"The Prepaid Health Plan" (die mit öffentlichen Mitteln getragen Krankenversicherung) berechtigt "Medicaid" Krankenversicherten den Anspruch auf DVBG. Diejenigen die ohne Krankenversicherung sind, können sich auch um diese Leistungen bewerben, jedoch sind die Mittel begrenzt. Die Stellen der DVGB können Ihre Bedürfnisse und/oder Ansprüche feststellen. Falls Sie Hilfe brauchen und Ihnen mitgeteilt wurde, daß Sie keinen Anspruch haben, können Sie den "UBH Client Services" Koordinator um weitere Hilfeleistungen unter der folgenden Nummer erreichen: 1-800-790-8049.

Welche Leistungen sind inbegriffen?
Die "community mental health centers" stellen eine weite Auswahl von Leistungen zur Verfügung. Einige Stellen haben Unterverträge mit anderen Agenturen und können somit eine größere Auswahl von Leistungen anbieten. Je nach individuellen Bedürfnissen, bietet unsere Krankenversicherung folgendes an:

- Individuelle- oder Gruppentherapie
- Familientherapie
- Fallbearbeitung
- Medikationsmitteldosierung
- Notfall-/Krisenhilfe
- Versorgung zu Hause
- Leistungen an Berufs-/Allgemeinbildendenschulen

Einige Agenturen stellen auch folgende spezialisierte Leistungen zur Verfügung:

- Leistungen für Gehörgeschädigte
- Leistungen für ethnische/kulturelle Minderheiten
- Leistungen für Kinder
- Hilfe für Obdachlose
- Geisteskrankheiten und Drogenabhängigkeit Behandlung (MICA)

Psychiatrische Einweisung in Ortskrankenhäuser ist auch inbegriffen.

King County
Mental Health Division

(King County Abteilung für die Vorbeugung und Behandlung von Geisteskrankheiten)

Was ist "The Prepaid Health Plan?"
Der PHP ist ein mit Mitteln vom Staat getragenes und verwaltetes Versorgungssystem. Dieses System besteht aus Dienstleistungs- und Unterstützungagenturen die der Vorbeugung und Behandlung von Geisteskrankheiten dienen.

King County Mental Health System
(King County System für die Vorbeugung und Behandlung von Geisteskrankheiten)

King County Mental Health (KCMHD) ist eine Abteilung des "Department of Community and Human Services" (Ministerium für Gemeinde und Humane Anliegen). KCMHD verwaltet das System für die Vorbeugung und Behandlung von Geisteskrankheiten in King County. Diese Abteilung is verantwortlich für die Festsetzung von Richtlinien, die finanzielle Verwaltung und für die Qualität der Dienstleistungen. In Zusammenarbeit mit United Behavioral Health (UBH) [Vereinte Verhaltensgesundheit] arbeitet King County an der Verwaltung der Dienstleistungen für die Vorbeugung und Behandlung von Geisteskrankheiten. UBH bewilligt und koordiniert die Behandlung von Patienten. Die Gemeindestellen für die Vorbeugung und Behandlung von Geisteskrankheiten schließen Unterverträge mit UBH um eine große Auswahl an Leistungen und Versorgung zu Hause anbieten zu können.

Unsere Mission:
Sicherzustellen, daß diejenigen Personen in Problemen, Zugang zu einem qualitativen, angepassten Versorgungssystem haben.

United Behavioral Health

(Vereinte Verhaltensgesendheit)

Was ist "managed care?"
"Managed Care" (Verwaltete Versorgung) ist ein Versorgungssystem indem der Zugang, die Qualität der Betreuung und die Kosten vorsichtig abgewogen verwaltet werden.

Die "Verwaltete Versorgung" innerhalb King Countys "Prepaid Health Plan" bietet folgendes an:

- Eine individuelle Bewertung um einen Ihren Bedürfnissen entsprechenden Behandlungsplan zu entwickeln, die von einem/r Fachberater/in der DVBG vorgenommen wird.
- Die Gelegenheit für Patienten und Familienangehörige aktiv an der Planung der Behandlung und Zielsetzung teilzunehmen.
- Kulturspezifische Dienstleistungen
- Versorgungskoordinierung mit anderen Agenturen oder Systemen, falls erforderlich
- Zeitgemäßer Zugang zu Dienstleistungen
- Prüfung der Versorgungsqualität

unserer Gesellschaft mit emotionalen koordinierten, umfassenden und kulturell

Was mache ich wenn ich eine Beschwerde habe?

Alle Gemeindestellen für die Vorbeugung und Behandlung von Geisteskrankheiten sind dazu verpflichtet ihre Patienten auf deren Rechte aufmerksam zu machen und Beschwerden weiterzuleiten.

Es stehen Ihnen zwei Hilfsmöglichkeiten kostenlos zur Verfügung:

Ein UBH Patientendienst Koordinator

steht zur Verfügung, um auf Fragen und Beschwerden zu antworten, in Bezug auf Dienstleistungen für die Vorbeugung und Behandlung von Geisteskrankheiten.

Tel: 1-800-790-8049

Der Ombudsmannsdienst von King County

ist eine unabhängige Agentur besetzt mit Personal bestehend aus früheren oder gegenwärtigen Patienten oder Familienangehörigen die bereit sind zu zuhören, sie über Ihre Rechte zu informieren und Ihnen zuhelfen Ihre Beschwerden zu bearbeiten und eventuell zu lösen.

Tel: 1-800-790-8049

Der Ombudsmannsdienst steht Ihnen zur Verfügung für alle Beschwerdengänge inklusive, falls notwendig, der Vorbereitung für den "State Fair Hearing process" (Staatlichen Anhörungsprozeß)

Beschwerden werden strengst vertraulich behandelt. Auf Wunsch ist diese Broschüre auch in anderen Formated und Sprachen erhältlich. Für weitere Informationen, rufen Sie bitte die folgende Nummer an: Tel: (206) 296-5213.

如何我才能得到有關這種醫療服務的資料？

在手冊內附有精神健康中心的電話，你可以打電話給任何一個社區的精神健康服務中心，或者是打電話給聯合行爲健康中心的病患接洽者，求問最靠近你的精神健康中心。

在通常的情況下，精神健康醫療中心會安排一個時間來和引近專員，或是專案經紀人，來詳談你的情況。他們會依據你的情況來評估你是需要那一類的醫療照顧。所有的會談將會是絕對保密。

如果你合格可申請此種醫療服務，你將會得到個別的治療計劃。治療計劃方式將會依據你的狀況來治療。非常鼓勵病患及其家屬一起來討論治療的計劃，和訂定治療的目標。

提供語言翻譯的服務：

在你有必要需求的時候，語言的翻譯是免費提供給病患。急診室，急救和健康委託服務，提議轉診，及辯護服務，同樣的享有翻譯的服務。當你需要翻譯員時，請通知我們。

尊敬各種不同的文化，是景郡預付健康計劃的基本道德規範。

需要幫助嗎？

聯合行爲健康中心的病患接洽者，可以幫助你解決疑難，及提議轉診，和其它服務。

1-800-790-8049

KING COUNTY
PREPAID HEALTH PLAN

Need help?
The United Behavioral Health Client Services Coordinator can help you with questions and referrals to services.
1-800-790-8049

24-HOUR CRISIS LINE

(206) 461-3222
TDD (206) 461-3219

Ombuds Services of King County
1-800-790-8049

King County Mental Health Division
Administrative Offices
700 Fifth Avenue, Suite 3800
Seattle, WA 98104
(206) 296-5213

Visit our web site:
www.metrokc.gov/dchs/mhd

Chinese

Mental Health Benefit Brochure

中文版手冊

從英文手冊原版翻譯

甚麼是精神健康醫療的服務？

精神上的健康狀況，是與你如何對你自己及別人的感覺或是想法，及你能不能在一個社區裏與人順利的相處與其有習習相關。精神的健康醫療服務是特別爲你設計，來幫助你克服生活上的難題。依據每人不同的狀況，來決定特種醫療服務的方式。所以有時只需要短時間的治療，但有時卻需要長期治療。

我該如何面對或處理，如果我發現到有緊急突發的精神病狀況？

急診室提供給所有住在景郡的居民全面二十四小時的緊急電話服務。

在任何時間裏（無論日間或夜間），任何人如果有精神病症突發緊急狀況，都可以打電話來。

當你打電話到急診部門時，部門人員會耐心的聽你說明你的情況。他們有時也可能會給你提供一些建議，或是提供一些可幫助你的人的姓名及電話，有時甚至可以幫你預約隔日精神病醫療中心的門診。病患的家屬也歡迎打這個緊急專線。

急診室
二十四小時急救專線
（206）461-3222
或
1-800-244-5757
耳聾殘障者請打（206）461-3219

1 of K

誰才是具有資格來接受這種服務？

預付健康計劃已認可精神健康醫療的照顧，所以具有健康保險者可享有此種福利。如果你沒有健康保險，依然地可以申請這種福利，雖然資源有限。精神健康醫療中心會依據你的資格，及醫療需求，來決定你是否需要這種服務，如果你極需要此種照顧，但卻不符合資格，你可以打電話給聯合行爲病患服務的接洽者求助，號碼是：1-800 790-8049

那些醫療服務是包括在健康保險計劃內？

社區的精神健康醫療中心提供一系列的醫療服務。有些中心承辦給其它的代理中心來提供各種不同的項目。依照個人的需要，健康醫療計劃提供：

- 個人或團體的療養
- 家屬輔導
- 專案經營執導
- 醫療經營計劃
- 緊急救護援助
- 居民醫療的照顧
- 職業上及學校的基本醫療服務

有些代理中心也提供專業的醫療服務像：

- 醫療服務給耳聾及重聽者
- 醫療服務到少數民族及文化
- 兒童的醫療服務
- 醫療服務延伸到無家可歸者
- 精神病及化學毒品虐待治療

健康保險也包括在當地醫院精神病的入院治療。

King County
Prepaid Health Plan

景郡
精神健康區

甚麼是預付健康計劃？

預付健康計劃是州立的精神健康服務及支持的專款保險經營照顧機構。

景郡精神健康系統

景郡精神健康機構是社區和入類服務部門的一區。景郡精神健康機構是經營管理景郡的精神健康系統。而其責任是負責訂定計劃方針，財務方面的經營，及品質的服務。聯合行爲健康中心聯合景郡來督導精神健康的服務。聯合行爲健康中心授權及安排病患的醫療照顧。社區的精神健康中心與聯合行爲健康中心聯系，來提供一系列廣大不同種類的精神病治療及居民的醫療服務。

United Behavioral Health

聯合行爲健康中心

甚麼是保險的經營照顧？

保險的經營照顧是一種高品質的照顧及費用上細心的支配。

在景郡預付健康計劃中的保險經營照顧提供：

- 個別的評估；是由一個精神康的專業，來保障治療計劃符合你的需求。
- 病患及家屬有機會參與有關定治療計劃，及目標的選擇。
- 文化上適當的服務。
- 在必要時，安排與其它醫療理中心或機構連結合作。
- 無時無刻提供服務。
- 品質上照顧的觀察及回顧。

如果我遇到一個困難？

所有社區的精神健康醫療中心，都務必要讓病患瞭解他們的權利，及公佈抱怨訴訟的程序。

你有二種免費援助服務的選擇：

聯合行爲健康病患服務接洽者

隨時提供回答疑問，及回覆有關精神健康治療的問題。

1-800 790-8049

景郡案件控告服務

是由一群以前或現在的客戶及其家屬成立的獨立經紀團體。他們能夠聽你陳訴，並告訴你有關屬於你的權力並幫助你解決所有的困難。

1-800 790-8049

案件控告服務能提供有效的服務，來幫助你所有抱怨訴訟的程序；包括，如果必需的話，州立的公正審訊進行準備。

所有抱怨和訴訟的服務絕對完全保密。

手冊供應於三種不同的版式，相對的也提供七種不同的語言。資料洽尋請來電至：（206）296-5213

我們的使命：

保障在這個社區裏的精神病患者，可以得到一個品質的，同等的，豐富的，及關心文化上的不同的醫療照顧系統。

어떻게 치료를 받을 수 있나요?

본 책자에 삽입된 지역사회 정신 위생 센터 기관에 전화를 하거나 귀하가 거주하고 있는 곳에서 가장 편리한 정신 건강 센터를 찾고자 하실 경우 UBH 환자 업무 담당 조정관에게 전화를 하십시오.

대부분의 경우 정신 건강 센터는 본인이 직접 사무실에 오셔서 해당 유무와 치료의 필요성을 평가하기 위한 Intake 전문가나 케이스관리자와 면담을 하도록 예약해 드립니다. 이 면담은 비밀이 보장됩니다.

귀하께서 서비스를 받을 자격이 있다고 판명된 경우에는 개인에 적절한 정신 건강 치료를 받을 수 있습니다. *환자와 환자 가족들은 치료계획과 치료 목표 선정에 적극적으로 참여하도록 권장하고 있습니다.*

통역 서비스 이용이 가능합니다.

통역이 필요한 경우에는 무료로 통역 서비스를 이용할 수 있습니다. 긴급 대책 상담소, 긴급 대책 및 위임 서비스, 의뢰 및 옹호서비스 또한 번역 서비스를 이용할 수 있습니다. 통역이 필요하시면 요청하십시오.

킹 카운티 "프리페이드 헬스 플랜"은 개인의 문화적 차이를 존중하고 있습니다.

도움이 필요하십니까?
UBH 환자 업무 담당 조정관은 귀하의 질문에 해답을 드리며, 서비스를 받을 수 있는 기관에 연결해 드립니다.
1-800-790-8049

KING COUNTY
PREPAID HEALTH PLAN

United Behavioral Health
Client Services
1-800-790-8094
TDD 205-5458

Ombuds Services of King County
1-800-790-8094

24-HOUR CRISIS LINE

(206) 461-3222
TDD (206) 461-3219

King County Mental Health Division
Administrative Offices
700 Fifth Avenue, Suite 3800
Seattle, WA 98104
(206) 296-5213

Visit our web site:
www.metrokc.gov/dchs/mhd

King County
Prepaid
Health Plan

Mental Health Benefit Brochure

한국어 번역
한국어 번역

정신 건강 치료 서비스는 무엇입니까?

정신 건강은 귀하가 자기자신과 타인에 대하여 어떻게 느끼며 지역 사회 안에서 어떻게 지내느냐와 관련이 있습니다.
정신 건강 서비스는 개인이 살아가면서 부딪치는 문제를 해결할 수 있도록 도와 드리고 있습니다. 각 개인마다 다른 서비스를 받으며 치료 기간은 짧을 수도 있고 장기간이 될 수도 있습니다.

본인이 정신적인 위기에 처해 있을 경우에는 어떻게 하면 되나요?

위기 대책 상담소는 24 시간 전화로 위급 사태에 처한 상담을 하며 킹 카운티 거주민에게의뢰 서비스 (referral service) 를 제공하고 있습니다.

정신적 위기에 처한 분은 언제든지 전화를 할 수 있습니다.

위기 대책소 상담인은 개인의 문제를 상담해 드리며 도움을 줄 수 있는 기관의 이름과 전화번호를 제공해 드립니다. 또한 다음날 정신 건강 기관에 예약을 할 수 있도록 도와 드릴 수 있습니다. 가족들 역시 위기대책 통화선에 전화를 할 수 있습니다.

위기 대책 클리닉
24 시간 위기 대책 긴급 통화선
(206) 461-3222 나
1-800-244-5757
TDD (206) 461-3219

어떠한 자격을 가진 사람이 서비스를 받을 수 있습니까?

"프리페이드 헬스플랜"은 메디케이드 보험을 갖고 있는 분들에게 정신 건강 진료를 받도록 허가하고 있습니다. 한정된 재원하에 의료보험이 없는 분들도 서비스를 받기 위해 신청할 수 있습니다. 정신 건강 센터는 귀하의 해당성 유무와 의과적 치료의 필요성을 결정할 것입니다. 만일 귀하께서 치료가 필요하지만 해당이 되지 않는 경우에는 UBH 환자 업무담당 조정관에게 1-800-790-8049 로 연락하십시오.
UBH (United Behavioral Health)

어떠한 서비스를 받을 수 있습니까?

지역 사회 정신 건강 센터는 여러 가지 서비스를 제공하고 있습니다. 프로그램을 더욱 폭 넓고 다양하게 제공하기 위하여 정신건강 센터는 다른 기관과 하청 계약을 맺고 있습니다.
각개인의 필요에 따라 헬스플랜은

- 개인 또는 단체치료 요법
- 가족 카운슬링
- 케이스 관리
- 처방약 복용관리
- 응급 / 위급시 보조
- 거주지에서의 치료
- 직장 / 학교에서의 서비스를 제공하고 있습니다.

일부 전문 기관에서 다음과 같은 전문화된 서비스도 제공하고 있습니다.

- 귀머거리 / 청각장애자에 대한 서비스
- 인종 / 문화적 소수 민족에 대한 서비스
- 아동에 대한 서비스
- 무주택자에 대한 구제활동
- 정신 질환 및 약물 남용에 대한 치료

킹 카운티 정신 건강과

"프리페이드 헬스플랜"이란 무엇입니까?

"프리페이드 헬스플랜 (PHP)"은 주정부 기금으로 관리되는 정신 건강 치료 시스템입니다.

킹 카운티 정신 건강 구조체계

킹 카운티 정신 건강과 (KCMHD)는 지역 사회 및 봉사 업무부의 한 부서입니다. 킹 카운티 정신 건강과는 킹 카운티 정신 건강과는 정책을 세우며 재정적 관리와 서비스의 질에 책임을 지니고 있습니다.
UBH는 정신 건강 서비스를 감독하기 위하여 킹 카운티와 함께 일을 하고 있습니다. UBH는 환자의 치료를 허가하며 규율하고 있습니다. 지역사회의 정신 건강 기관들은 정신 건강 치료와 거주지에서 받는 서비스를 다양하게 제공하기 위하여 UBH와 계약을 맺고 있습니다.

유나이티드 행위 건강 (UBH)

관리치료란 무엇입니까?

"관리치료"란 치료의 선택, 치료의 질과 비용을 주의 깊게 관리하는 치료 체계를 의미합니다.

킹 카운티 안에서 "프리페이드 헬스플랜"이 제공하는 "관리치료"에는 다음과 같은 것이 있습니다.

- 개인에게 적합한 치료계획을 위한 정신과 전문가에 의한 개별적 평가 제공
- 개인의 치료계획, 치료목표 선정에 대한 환자와 가족의 적극적인 참여 기회를 제공
- 개인의 문화에 적절한 서비스 제공
- 전문치료를 제공하는 기관과의 연결
- 신속한 서비스 제공
- 치료의 품질에 관한 검토

저희의 사명은
정신 질환을 가진 개인들이 지역사회 내에서 잘 연결되고 포괄적이며 양질의 정신 건강 치료를 개인의 문화에 맞게 받을 수 있는 치료 구조를 개발, 보장하는 것을 사명으로 하고 있습니다.

불만이 있는 경우에는 어떻게 해결할 수 있습니까?

모든 지역사회 정신건강 센터는 환자들에게 그들의 권리를 알려주게 되어 있습니다.

도움을 받기 위해 무료로 이용할 수 있는 두 가지 방법이 있습니다.

UBH 환자업무 조정관으로부터

문제에 대한 대답을 얻을 수 있으며 정신 건강 서비스에 관해 문제에 대한 대답을 얻습니다.

1-800-790-8049

킹 카운티의 인권옹호실

예전, 혹은 근래 환자나 가족으로 구성된 기관으로서 귀하의 문제를 해결하도록 도와줍니다.

1-800-790-8049

필요한 경우에는 워싱턴주 공청회 과정을 위한 준비등 모든 불만절차를 진행하는데 인권 옹호실을 이용할 수 있습니다.

불평과 불만에 관한 서비스는 완전 비밀이 유지됩니다.

본 책자는 다른 형식으로 된 책자로도 나와 있으며 다른 언어로 번역된 책자도 이용하실 수 있습니다. (206) 296-5213으로 문의 전화를 해주십시오.

¿Como puedo obtener servicios?

Llame usted a uno de los Centros mencionados en este panfleto que ofrecen servicios de Salud Mental, o llame a la persona que coordina los servicios para el público, de UBH. Esta persona le ayudara a encontrar el Centro de Salud Mental mas cercano a usted.

En la mayoría de los casos, le daran a usted una cita para ver a un especialista que evaluara la nescesidad de recibir atención medica asi como su elegibilidad para recibir estos servicios. Esta entrevista es confidencial.

Si usted cualifica para los servicios y como parte de su evaluacion, recibira un plan de tratamiento especialmente en el que se decriben las metas de su tratamiento. Cuando sea conveniente se recomienda que la familia participe en el proceso.

Servicios de Interpretacion

Para servicios de emergencia, la Línea de Crisis, hospitalización involuntaria, quejas , para reportar abusos y para otras nescesidades en general, los servicios de interpretes son gratuitos.

El plan de Servicios Prepagados del Condado De King valora y respeta las diferencias culturales.

¿Necesita usted ayuda?

Si tiene usted preguntas sobre estos servicios , puede llamar al Coordinador de los Servicios al Público(clientes). Llame al número
1-800-780-8049

El Plan de salud Prepagado del Condado de King.

Servicios al publico
United Behavioral Health
1-800-790-8049

LINEA DE CRISIS
24 HORAS AL DIA

(206) 461-3222
TDD (206) 461-3219

Division de Salud Mental del Condado de King
Oficinas Administrativas
700 Fifth Avenue, Suite 3800
Seattle, Wa 98104
(206) 296-5213

Visite nuestra "website":
www.metrokc.gov/dchsmhd

Panfleto de los beneficios de Salud Mental

Una guía para los servicios públicos de la salud mental del Condado de King

¿Que son los servicios de salud mental?

Los servicios de salud mental son aquellos que se refieren a como se siente usted con usted mismo y con respecto a los demás, y a como funciona en la comunidad. Los servicios de salud mental están diseñados para ayudarle a enfrentarse a las dificultades de la vida. Cada pesona recibe diferentes servicios. El tratamiento puede ser a corto o a largo plazo.

¿Qué puedo hacer si siento que estoy experimentando una crisis de salud mental?

Usted puede llamar a la Línea de Crisis, la cual provee servicios de apoyo y referencia (recomendación) durante las 24 horas del día, a las personas que residen en el Condado De King.

Cualquier persona que este experimentando una crisis de salud mental puede llamar a cualquier hora del día y de la noche.

Las personas en la Línea de Crisis, le escuhan, le dan sugerencias, le dan nombres y teléfonos de personas que pueden ayudarle. También le pueden ayudar a obtener una cita para el dia siguiente, para ir a uno de los Centros de Salud Mental. Los familiares de las personas en crisis también pueden llamar a la Línea de Crisis

CRISI CLINIC
24-HOUR CRISIS LINE
(206) 461-3222
or
1-800-244-5757
TDD (206)461-3219

1 D 3 K

¿Quien tiene derecho a estos servicios?

El Plan de "Salud Prepagado" authoriza ayuda psiquiatrica para individuos que tienen el seguro de "Medicaid". Las personas que no tienen este u otro seguro medico tambien pueden solicitar estos servicios, aunque los recursos disponibles para ayudar son limitados. Los centros que proveen servicios psiquiátricos determinaran la necesidad y su elegibilidad para recibir estos servicios. Si usted nescesita atención psiquiátrica y le han dicho que no es elegible, usted puede pedir ayuda al Coordinador de los Servicios para Clientes de U.B.H.(United Behavioral Health). Al 1-800-790-8049.

¿Cuales servicios están cubiertos por este plan?

Los centros de servicios de psiquiatria de la comunidad ofrecen una variedad de servicios. Algunos centros subcontratan a otras agencias para ofrecer una variedad de servicios más amplia. Segun la necesidad de cada individuo, este seguro de salud mental ofrece:

Terapia individual o de grupo
Terapia familiar
Sevicios de trabajo social
Adminitración de medicamentos
Servicios a domicilio
Acceso a servicios escolares y vocacionales

Algunos de estos centros también ofrecen otros servicios especializados como:

Servicios para sordomudos
Servicios especializados para pesonas de diferentes culturas
Servicios para niños
Ayuda para las pesonas sin hogar
Terapia para enfermedades psiquiátricas y el abuso del alcohol y substancias químicas (drogas)(MICA)

Este seguro tambien cubre las enfermedades psiquiatricas.

Division De Salud Mental del Condado de King.

¿Qué es un Plan de Salud Prepagado?

Es un sistema estatal para la administración de los servicios de Salud Mental.

Sistema de Salud Mental del Estado de Washington

Este Sistema de Salud Mental del Condado de King, pertenece al Departamento de Servicios Humanos. KMHD es la organizacion responsable por la adinistración de salud mental y del mantenimiento de la calidad de los servicios en el condado. UBH autoriza, coordina y supervisa la calidad de estos servicios. UBH tambien coordina la atención que los clientes reciben. Los Centros de Salud Mental de la comunidad hacen un contrato con UBH para proveer una amplia variedad de servicios de tratamiento de salud mental, incluyendo servicios residenciales.

United Behavioral Health

¿Cual es la funcion de un Sistema de Administracion de Servicios? (Managed Care)

Este sistema se enfoca en el acceso, la calidad, y la administración del costo de sus servicios.

¿Que ofrecen los servicios administrados por el Plan de Salud Prepagada?

Estos servicios ofrecen:

Un estudio individualizado echo por profesionales en el area de Salud Mental asegurando asi un plan de tratamiento que llene sus nescesidades.

Este plan ofrece la oportunidad de que los clientes y sus familias paticipen en el tratamiento y en la seleccion de las metas a obtener.

Servicios de Salud Mental que tienen en consideracion la cultura del cliente.

Coordinacion de servicios con otras organizaciones cuando sea nescesario.

Facilitar el acceso a diferentes servicios.

Evaluacion constante de la calidad de los servicios.

Nuestra Mision

Es asegurar que el individo que sufre problemas mentales tenga acceso a un sistema de sevicios de alta calidad que sean tambien sensibles a su cultura y que esten bien organizados.

Preguntas más frequentemente formuladas por los clientes.

¿Que pasa si tengo un problema?

En todos los centros de la comunidad que ofrecen servicios de salud mental, se requiere que se de información a los clientes a cerca de sus derechos, asi como del procedimiento para presentar quejas y agravios.

Usted tiene dos opciones gratuitas para obtener asistencia:

- El coordinador de los servicios para los clientes de UBH.

Esta persona estará disponible para contestar a sus preguntas acerca de los servicios de salud mental. Llame al 1800-790-8449

- Servicios de "Ombudsman' del Condado de King

Esta es una organizacion independiente atendida por personas o familiares de personas que son o han sido participantes en los servicios de Salud Mental. Ellos estan disponibles para escucharle y para informarle a cerca de sus derechos, y le podrán ayudar a responder a sus preguntas asi como a resolver problemas. Llame al 1800-790-8449.

El servicio de "Ombudsman" está disponible para ayudarle con todos los problemas de quejas, preparación de procedimientos legales, incluyendo el Juicio Estatal Imparcial.

Los servicios de quejas y agravios son absolutamente confidenciales.

Este panfleto se puede pedir en esta y otra presentación y en varios idomas. Para mayor información llame al (206) 298-5213.

តើខ្ញុំត្រូវប្រើសេវានេះបែបណា?

សូមទូរស័ព្ទមជ្ឈមណ្ឌលសុខភាពផ្លូវចិត្តដែលមានក្នុងប្រកាសបណ្ណនេះ ឬក៏ទូរស័ព្ទទៅអ្នកទំនាក់ទំនងសេវាអតិថិជនរបស់ UBH ដើម្បីជួយរកមជ្ឈមណ្ឌលសុខភាពផ្លូវចិត្តជិតនៅជិតតំបន់រស់នៅលោក ។
សឹងតែគ្រប់ករណីទាំងអស់, មជ្ឈមណ្ឌលសុខភាពផ្លូវចិត្តមានអ្នកឯកទេសនឹងណាត់ពេលឲ្យទៅជួបដើម្បីជួយពិភាក្សាថាតើលោកអ្នកមានលទ្ធភាពទទួលសេវានិងសេចក្តីត្រូវការពេទ្យថែរក្សាដែរឬទេ។ ការណាត់ជួបនេះរក្សាជាការសម្ងាត់ ។
បើលោកអ្នកមានលទ្ធភាពទទួលសេវាបាន លោកអ្នកនឹងទទួលបណ្ណគម្រោងព្យាបាលមួយដែលជាភាគកម្មវិធីនេះ។ អតិថិជននិងគ្រួសារពន្យល់ឲ្យទទួលយកតាមគម្រោងព្យាបាលនិងតាមគោលការណ៍ដែលសើត ។

សេវាបកប្រែភាសាមានសម្រាប់លោក

សេវាបកប្រែភាសាមាននៅពេលណាដែលត្រូវការដោយឥតគិតថ្លៃ ។ ក្លីនិកភាពអាសន្ន, សេវាភាពអាសន្ននិងពន្យារ, ការបញ្ជូលទៅកន្លែងផ្សេងនិងសេវាស្រាវជ្រាវក៏មាននៅក្នុងសេវាបកប្រែភាសានេះដែរ ។ បើលោកអ្នកត្រូវការអ្នកបកប្រែភាសាសូមសាកសួរ។

ការពិពណ៌នាផ្សេងៗជាភាសាខ្មែរនៃKCPHP

ត្រូវការជំនួយ?

អ្នកទំនាក់ទំនងសេវាអតិថិជន UBH អាចជួយឆ្លើយសំណួរនិងបញ្ជូនទៅកន្លែងផ្សេងៗសម្រាប់សេវាបាន

1-800-780-8049

KING COUNTY PREPAID HEALTH PLAN

United Behavioral Health
Client Services
1-800-790-8094
TDD 205-5458

Ombuds Services of King County
1-800-790-8094

24-HOUR CRISIS LINE

(206) 461-3222
TDD (206) 461-3219

King County Mental Health Division
Administrative Offices
700 Fifth Avenue, Suite 3800
Seattle, WA 98104
(206) 296-5213

Visit our web site:
www.metrokc.gov/dchs/mhd

King County
Prepaid
Health Plan

Mental Health Benefit Brochure

Cambodian

អ្វីជាសេវាសុខភាពផ្លូវចិត្ត?

សុខភាពផ្លូវចិត្តគឺដែលទាក់ទងការគិតខ្លួនឯង, របៀបទាក់ទងការគិតចំពោះអ្នកដទៃ និងរបៀបទទួលចំណោមក្នុងសង្គម ។សេវាសុខភាពផ្លូវចិត្តបង្កើតឡើងដើម្បីជួយលោកអ្នកឲ្យមានសម្បែបក្នុងជីវិត ។ បុគ្គលម្នាក់ទទួលសេវាផ្សេងៗគ្នា។ ការព្យាបាលអាចមានរយៈពេលខ្លីឬក៏រយៈពេលវែង ។

តើលោកអ្នកត្រូវធ្វើយ៉ាងណា បើលោកអ្នកយល់ថាមានភាពអាសន្នផ្លូវចិត្ត?

ក្លីនិកភាពអាសន្នបើកទូរស័ព្ទ២៤ម៉ោងចាំទទួលនិងបញ្ជូនទៅសេវាផ្សេងៗដល់លោកអ្នកដែលរស់នៅក្នុងតំបន់យើងនោះបាន។

អ្នកដែលមានភាពអាសន្នផ្លូវចិត្តអាចទូរស័ព្ទបានពេញមួយថ្ងៃមួយយប់

អ្នកធ្វើការនៅក្លីនិកភាពអាសន្នយកចិត្តទុកដាក់ស្តាប់លោកអ្នកកាលណាលោកអ្នកទូរស័ព្ទទៅ។ គេអាចឲ្យយោបល់ឬក៏ផ្តល់ឈ្មោះឬទូរស័ព្ទអ្នកដែលអាចជួយលោកអ្នកបាន ។ គេអាចជួយណាត់ពេលជួបនៅថ្ងៃបន្ទាប់ជាមួយមជ្ឈមណ្ឌលសុខភាពផ្លូវចិត្តបាន ។ សមាជិកគ្រួសារក៏អាចទូរស័ព្ទមកទូរស័ព្ទភាពអាសន្ននេះបានដែរ ។

ក្លីនិកភាពអាសន្ន
ទូរស័ព្ទភាពអាសន្ន២៤ម៉ោង
(206)461-3222
ឬ
1-800-244-5757
TDD(206)461-3219

អ្នកណាមានលទ្ធភាពទទួលសេវានេះបាន?

ការបង់ថ្លៃមុនចំពោះគម្រោងសុខភាពអនុញ្ញាតឲ្យថែរក្សាសុខភាពជម្ងឺផ្លូវចិត្តបានដល់អ្នកដែលមានបណ្ណមេឌីខេដ ។ អ្នកដែលគ្មានការធានារ៉ាប់រងសុខភាពអាចដាក់ពាក្យសុំសេវានេះបានតែប្រភពនេះមានកម្រិត ។ មជ្ឈមណ្ឌលសុខភាពជម្ងឺផ្លូវចិត្តនឹងសម្រេចលទ្ធភាពរបស់លោកនិងសេចក្តីត្រូវការពេទ្យដើម្បីសេវានេះ ។ បើលោកអ្នកត្រូវការ តែគេប្រាប់ថាអ្នកមិនមានលទ្ធភាពទទួលទេ លោកអ្នកអាចទូរស័ព្ទទៅអ្នកទំនាក់ទំនងសេវា UBH លេខ 1-800-790-8049 ឲ្យជួយលោកអ្នកបាន។

តើសេវាអ្វីខ្លះដែលអាចទទួលបាន ?

មជ្ឈមណ្ឌលសហគមសុខភាពជម្ងឺផ្លូវចិត្តផ្តល់សេវាកម្មនេះតាមចំណាត់ថ្នាក់ ។មជ្ឈមណ្ឌលខ្លះកុងត្រាជាមួយភ្នាក់ងារនានាដើម្បីផ្តល់ឲ្យគ្រាមច្រើនបែបយ៉ាងយោលទៅតាមសេចក្តីត្រូវការបុគ្គលម្នាក់ៗ ។ គម្រោងសុខភាពផ្តល់សេវាដូចតទៅ:

- ព្យាបាលរោគបុគ្គលម្នាក់ៗឬក្រុម
- ណែនាំក្រុមគ្រួសារ
- ករណីថែរក្សា
- ថែរក្សាថ្នាំពេទ្យ
- ជំនួយការពេលអាសន្នឬវិបត្តិបន្ទាន់
- ថែរក្សាតាមផ្ទះសម្បែង
- សេវាសាលាបណ្តុះទេសឬសាលារៀន

ភ្នាក់ងារខ្លះផ្តល់សេវាពិសេសដូចជា:

- សេវាថ្លង់ឬប្រដាប់ឮ
- សេវាជនជាតិភាគតិចឬទំនាក់ទំនងប្រពៃណី
- សេវាកូនក្មេង
- ស្រាវជ្រាវរកអ្នកអត់ទីលំនៅ
- ជម្ងឺខួរក្បាលនិងព្យាបាលអ្នកញៀនថ្នាំ (MICA)

មន្ទីរពេទ្យព្យាបាលផ្លូវចិត្តតាមមន្ទីរពេទ្យតំបន់អាចទទួលព្យាបាលតាមគម្រោងនេះដែរ ។

King County

អ្វីជាគម្រោងសុខភាពបង់ថ្លៃមុន PHP?

PHP គឺជាប្រព័ន្ធព្យាបាលគ្រប់គ្រងដោយថវិការួសម្រាប់សេវាសុខភាពជម្ងឺផ្លូវចិត្តនិងឧបត្ថម្ភ ។

ប្រព័ន្ធសុខភាពជម្ងឺផ្លូវចិត្តឃីងខោនធី

សុខភាពជម្ងឺផ្លូវចិត្តឃីងខោនធី (KCMHD) គឺជាផ្នែកមួយនៃក្រសួងសង្គមនិងប្រជាជន ។

ឯ KCMHD គ្រប់គ្រងថែរក្សាដោយប្រព័ន្ធសុខភាព - ជម្ងឺផ្លូវចិត្តឃីងខោនធីដែលជាអ្នកមានភារកិច្ច - ទទួលខុសត្រូវសិតច្បាប់.ថវិកានិងគុណភាពសេវា ឯ UBH ធ្វើការជាមួយឃីងខោនធីដើម្បីទទួលខុសត្រូវសេវាសុខភាពជម្ងឺផ្លូវចិត្ត។ អនុញ្ញាតនិងទាក់ទងថែរក្សាអតិថិជន ។ មជ្ឈមណ្ឌលសង្គមសុខភាពជម្ងឺផ្លូវចិត្តកុងត្រាជាមួយ UBH ដើម្បីផ្តល់ការព្យាបាលសុខភាពជម្ងឺផ្លូវចិត្តផ្សេងៗនិងសេវាតាមផ្ទះ ។

United Behavioral Health

អ្វីហៅថាការគ្រប់គ្រងថែរក្សា?

ការគ្រប់គ្រងថែរក្សាគឺជាប្រព័ន្ធថែរក្សាដែលទៅដល់. គុណភាពថែរក្សានិងតម្លៃ ហើយគ្រប់គ្រងដោយប្រុងប្រយ័ត្ន ។

ការគ្រប់គ្រងថែរក្សានៅក្នុងតំបន់ឃីងខោនធីតាម - គម្រោងសុខភាពបង់ថ្លៃមុនមានដូចតទៅ:

- ការវាយតម្លៃនីមួយៗដោយឯកទេសសុខភាពជម្ងឺផ្លូវចិត្តដើម្បីបញ្ជាក់ពីគម្រោងព្យាបាលឲ្យត្រូវទៅតាមសេចក្តីត្រូវការរបស់អស់លោក ។
- មានលទ្ធភាពសម្រាប់អ្នកចូលរួមសកម្មចំពោះអតិថិជននិងគ្រួសារក្នុងគម្រោងព្យាបាលនិងតាមបំណង,
- សេវាតាមលក្ខណៈប្រពៃណី,
- ទំនាក់ទំនងជាមួយភ្នាក់ងារនានាឬក៏ប្រព័ន្ធផ្សេងៗជាចាំបាច់,
- ទៀងតាមពេលវេលាដើម្បីសេវា,
- សើរើឡើងវិញនូវគុណភាពថែរក្សា។

<u>បេសកកម្មរបស់យើង</u>

ដើម្បីបញ្ជាក់បុគ្គលដែលមានជម្ងឺផ្លូវចិត្តឲ្យត្រូវទៅតាមគុណភាព, ទំនាក់ទំនង, យល់ដឹង ហើយនិងទៅតាមប្រព័ន្ធប្រពៃណីបំណងនៃការថែរក្សាក្នុងសហគមយើងនេះ ។

អ្វីជាបញ្ហាដែលខ្ញុំត្រូវមាន?

មជ្ឈមណ្ឌលសង្គមសុខភាពជម្ងឺផ្លូវចិត្តទាំងអស់គឺតម្រូវឲ្យប្រាប់អតិថិជនអំពីច្បាប់របស់ខ្លួន ហើយអនុញ្ញាតឲ្យនិយាយនិងមិនសុខចិត្តបាន ។

លោកអ្នកមានជំនួយពីរបែបដើម្បីជួយលោកអ្នកដោយឥតគិតថ្លៃ :

អ្នកទំនាក់ទំនងសេវាអតិថិជនរបស់ UBH

រង់ចាំទទួលឆ្លើយសំនួរផ្សេងៗនិងតបវិញចំពោះការបារម្ភអំពីសេវាសុខភាពជម្ងឺផ្លូវចិត្ត ។

1-800-790-8049

សេវា Ombuds របស់ឃីងខោនធី

ភ្នាក់ងារឯករាជធ្វើការដោយអតិថិជនចាស់ឬថ្មី ឬក៏សមាជិកគ្រួសាររង់ចាំស្តាប់, ប្រាប់អំពីច្បាប់របស់លោកអ្នក ហើយនឹងជួយដោះស្រាយបញ្ហាផ្សេងៗ

1-800-790-8049

សេវា Ombuds រង់ចាំជួយលោកអ្នកអំពីការកើតទុក្ខមិនសុខចិត្ត ហើយបើមានករណីចាំបាច់ជួយរៀបចំដើម្បីធ្វើ States Fair Hearing ផង ។

ការមិនៀននិងមិនសុខចិត្តគឺរក្សាជាការសម្ងាត់

ប្រកាសបញ្ញនេះមានបែបបទតាមការចង់បាន មានច្រើនភាសា សូមទូរស័ព្ទលេខ (206) 296-5213 ដើម្បីជាពត៌មាន ។

如何我才能得到有關這種醫療服務的資料？

在手冊內附有精神健康中心的電話，你可以打電話給任何一個社區的精神健康服務中心，或者是打電話給聯合行爲健康中心的病患接洽者，求問最靠近你的精神健康中心。

在通常的情況下，精神健康醫療中心會安排一個時間來和引近專員，或是專案經紀人，來詳談你的情況。他們會依據你的情況來評估你是需要那一類的醫療照顧。所有的會談將會是絕對保密。

如果你合格可申請此種醫療服務，你將會得到個別的治療計劃。治療計劃方式將會依據你的狀況來治療。非常鼓勵病患及其家屬一起來討論治療的計劃，和訂定治療的目標。

提供語言翻譯的服務：

在你有必要需求的時候，語言的翻譯是免費提供給病患。急診室，急救和健康委託服務，提議轉診，及辯護服務，同樣的享有翻譯的服務。當你需要翻譯員時，請通知我們。

尊敬各種不同的文化，是景郡預付健康計劃的基本道德規範。

需要幫助嗎？

聯合行爲健康中心的病患接洽者，可以幫助你解決疑難，及提議轉診，和其它服務。

1-800-790-8049

KING COUNTY
PREPAID HEALTH PLAN

Need help?
The United Behavioral Health Client Services Coordinator can help you with questions and referrals to services.
1-800-790-8049

24-HOUR CRISIS LINE

(206) 461-3222
TDD (206) 461-3219

Ombuds Services of King County
1-800-790-8049

King County Mental Health Division
Administrative Offices
700 Fifth Avenue, Suite 3800
Seattle, WA 98104
(206) 296-5213

Visit our web site:
www.metrokc.gov/dchs/mhd

King County

Prepaid Health Plan

Mental Health Benefit Brochure

中文版手冊

從英文手冊原版翻譯

甚麼是精神健康醫療的服務？

精神上的健康狀況，是與你如何對你自己及別人的感覺或是想法，及你能不能在一個社區裏與人順利的相處與其有習習相關。精神的健康醫療服務是特別爲你設計，來幫助你克服生活上的難題。依據每人不同的狀況，來決定特種醫療服務的方式。所以有時只需要短時間的治療，但有時卻需要長期治療。

我該如何面對或處理，如果我發現到有緊急突發的精神病狀況？

急診室提供給所有住在景郡的居民全面二十四小時的緊急電話服務。

在任何時間裏（無論日間或夜間），任何人如果有精神病症突發緊急狀況，都可以打電話來。

當你打電話到急診部門時，部門人員會耐心的聽你說明你的情況。他們有時也可能會給你提供一些建議，或是提供一些可幫助你的人的姓名及電話，有時甚至可以幫你預約隔日精神病醫療中心的門診。病患的家屬也歡迎打這個緊急專線。

急診室
二十四小時急救專線
（206）461-3222
或
1-800-244-5757
耳聾殘障者請打（206）461-3219

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誰才是具有資格來接受這種服務？

預付健康計劃已認可精神健康醫療的照顧，所以具有健康保險者可享有此種福利。如果你沒有健康保險，依然地可以申請這種福利，雖然資源有限。精神健康醫療中心會依據你的資格，及醫療需求，來決定你是否需要這種服務。如果你極需要此種照顧，但卻不符合資格，你可以打電話給聯合行爲病患服務的接洽者求助，號碼是：1-800 790-8049.

那些醫療服務是包括在健康保險計劃內？

社區的精神健康醫療中心提供一系列的醫療服務。有些中心承辦給其它的代理中心來提供各種不同的項目。依照個人的需要，健康醫療計劃提供：

- 個人或團體的療養
- 家屬輔導
- 專案經營執導
- 醫療經營計劃
- 緊急救護援助
- 居民醫療的照顧
- 職業上及學校的基本醫療服務

有些代理中心也提供專業的醫療服務像：

- 醫療服務給耳聾及重聽者
- 醫療服務到少數民族及文化
- 兒童的醫療服務
- 醫療服務延伸到無家可歸者
- 精神病及化學毒品虐待治療

健康保險也包括在當地醫院精神病的入院治療。

King County
Prepaid Health Plan

景郡
精神健康區

甚麼是預付健康計劃？

預付健康計劃是州立的精神健康服務及支持的專款保險經營照顧機構。

景郡精神健康系統

景郡精神健康機構是社區和人類服務部門的一區。景郡精神健康機構是經營管理景郡的精神健康系統。而其責任是負責訂定計劃方針，財務方面的經營，及品質的服務。聯合行爲健康中心聯合景郡來督導精神健康的服務。聯合行爲健康中心授權及安排病患的醫療照顧。社區的精神健康中心與聯合行爲健康中心聯系，來提供一系列廣大不同種類的精神病治療及居民的醫療服務。

United Behavioral Health

聯合行爲健康中心

甚麼是保險的經營照顧？

保險的經營照顧是一種高品質的照顧及費用上細心的支配。

在景郡預付健康計劃中的保險經營照顧提供：

- 個別的評價；是由一個精神康的專業，來保障治療計劃符合你的需求。
- 病患及家屬有機會參與有關治療計劃，及目標的選擇。
- 文化上適當的服務。
- 在必要時，安排與其它醫療理中心或機構連結合作。
- 無時無刻提供服務。
- 品質上照顧的觀察及回顧。

如果我遇到一個困難？

所有社區的精神健康醫療中心，都務必要讓病患瞭解他們的權利，及公佈抱怨訴訟的程序。

你有二種免費援助服務的選擇：

聯合行爲健康病患服務接洽者

隨時提供回答疑問，及回覆有關精神健康治療的問題。

1-800 790-8049

景郡案件控告服務

是由一群以前或現在的客戶及其家屬成立的獨立經紀團體。他們能夠聽你陳訴，並告訴你有關關於你的權力並幫助你解決所有的困難。

1-800 790-8049

案件控告服務能提供有效的服務，來幫助你所有抱怨訴訟的程序；包括，如果必需的話，州立的公正審訊進行準備。

所有抱怨和訴訟的服務絕對完全保密。

手冊供應於三種不同的版式，相對的也提供七種不同的語言。資料洽尋請來電至：　(206) 296-5213

我們的使命：

保障在這個社區裏的精神病患者，可以得到一個品質的，同等的，豐富的，及關心文化上的不同的醫療照顧系統。

ຂ້າພະເຈົ້າຈະໄດ້ຮັບບໍລິການແນວໃດ?

ການຮຸນາໂທຣມາທີ່ສູນຊຸມຊົນສຸຂະພາບທາງຈິດທີ່ໄດ້ບົ່ງມາໃນ ໃບພັບນີ້ ຫລື ໂທຣໄປຫາຜູ້ກຳກັບການທີ່ຫອງບໍລິການຄົນໄຂ້ ຂອງ UBH ເພື່ອສອກຫາສູນຊຸມຊົນສຸຂະພາບທາງຈິດທີ່ຢູ່ໃກ້ ເຮືອນຂອງທ່ານ.

ສ່ວນຫລາຍແລ້ວ,ສູນຊຸມຊົນສຸຂະພາບທາງຈິດຈະນັດເວລາໃຫ້ ທ່ານແລະພົບກັບພນັກງານບັນທຶກເອກສານໂດຍສະເພາະຫຼື ຜູ້ ດູແລພິເສດເພື່ອປະເມີນຄວາມຕ້ອງການແລະການພຍາ ບານຂອງທ່ານ. ການໃຫ້ຄວາມນີ້ເປັນການປິດລັບ.

ຖ້າທ່ານຄວນຈະໄດ້ຮັບບໍລິການ, ທ່ານຈະໄດ້ຮັບແຜນພຍາ ບານອັນເປັນສ່ວນຕົວຂອງທ່ານຊຶ່ງຈະບົ່ງໄວ້ໃນສ່ວນປະເມີນ ການຂອງທ່ານ. *ຄົນໄຂ້ແລະຄອບຄົວຄວນຈະໃຫ້ການຮ່ວມມື ຕາມແຜນການແລະຈຸດມຸ່ງໝາຍທີ່ຕັ້ງໄວ້.*

ເຮົາມີນາຍພາສາໄວ້ບໍລິການ

ເຮົາມີບໍລິການດ້ານພາສາໄວ້ຮັບໃຊ້ຕາມຄວາມຮຽກຮ້ອງຂອງ ທ່ານໂດຍປາສະຈາກຄ່າໃຊ້ຈ່າຍຈາກຄົນໄຂ້. ໂຮງໝໍສຸກເສີນ, ຫອງສຸກເສີນແລະຫອງການບໍລິການຄຳໝັ້ນສັນຍາ, ແລະບໍລິ ການນຳພາແລະ ສນັບສນູນຂອງເຮົາກໍມີແຜນບໍລິການດ້ານ ນາຍພາສາຄືກັນ. <u>ຖ້າຫາກว่าท่านต้องการ, ການຮຸນາສອບ ຖາມໄດ້.</u>

ການເຄົາຣົບນັບຖືຂນົບທັນນຽມທີ່ແຕກຕ່າງກັນນັ້ນເປັນມູນຄ່າ ອັນລ້ຳເລີດຕໍ່ແຜນການຈ່າຍລ່ວງໜ້າພຍາບານຂອງຄົງຄ້າວຕີ.

ຕອງການຊ່ວຍບໍ່?
ທາງຜູ້ກຳກັບການທີ່ ຫອງບໍລິການຄົນໄຂ້ຂອງ UBH ສາມາດຊ່ວຍຕອບຄຳຖາມຫລືແນະນຳທ່ານໄດ້.
1-800-790-8049

KING COUNTY PREPAID HEALTH PLAN

United Behavioral Health
Client Services
1-800-790-8094
TDD 205-5458

Ombuds Services of King County
1-800-790-8049

24-HOUR CRISIS LINE

(206) 461-3222
TTD (206) 461-3219

King County Mental Health Division
Administration Offices
700 Fift Avenue, Suit 3800
Seattle, WA. 98104
(206) 296-5213

Visit our web site:
<u>www.metrokc.gov/dchs/mhd</u>

King County
Prepaid
Health Plan

<u>Mental Health Benefit Brochure</u>

A guide to public mental health services in King County

ບໍລິການສຸຂະພາບທາງຈິດແມ່ນຫຍັງ?

ສຸຂະພາບທາງຈິດມີສ່ວນກ່ຽວກັບການທີ່ທ່ານມີຄວາມຮູ້ສຶກໃນ ຕົນເອງ, ມີຄວາມຮູ້ສຶກກ່ຽວກັບຜູ້ຄົນ, ແລະຄວາມສຳພັນປອງ ດອງໃນຊຸມຊົນຕ່າງໆ. ແຜນບໍລິການສຸຂະພາບທາງຈິດນີ້ໄດ້ຈັດ ຂຶ້ນມາເພື່ອຊ່ວຍໃຫ້ທ່ານຮູ້ຈັກປັບຕົນເອງຕໍ່ຄວາມກົດດັນໃນ ຊີວິດ. ແຕ່ລະຄົນຈະໄດ້ຮັບບໍລິການແຕກຕ່າງກັນໄປ. ການບົວລະບັດຮັກສານັ້ນອາດເປັນລະຍະສັ້ນ ຫຼື ລະຍະຍາວ.

ຂ້າພະເຈົ້າຈະຄວນເຮັດແນວໃດຖ້າຫາກว่าผเຊີນຕໍ່ກຸການ ສຸກເສີນ?

ທາງໂຮງໝໍສຸກເສີນມີພນັກງານຮັບສາຍໃນເຫດສຸກເສີນແລະ ແນະນຳຕໍ່ບໍລິການຕ່າງໆໃຫ້ແກ່ປະຊາກອນໃນເຂດຄົງຄ້າວຕີ ຕະລອດ 24 ຊົ່ວໂມງ.

ຜູ້ໃດກໍຕາມທີ່ມີສຸຂະພາບທາງຈິດທີ່ສຸກເສີນ ສາມາດໂທຣໄດ້ທັງກາງເວັນແລະກາງຄືນ

ພນັກງານທີ່ຫອງພຍາບານສຸກເສີນຮັບຟັງທຸກໆຄັ້ງທີ່ທ່ານໂທຣ ມາ. ພນັກງານເຫຼົ່ານັ້ນອາດຈະໃຫ້ການແນະນຳ ຫຼື ບົ່ງຊີ້ຂອງຜູ້ ໃດຜູ້ໜຶ່ງທີ່ຈະສາມາດຊ່ວຍທ່ານ. ພວກເຂົາກໍຍັງສາມາດທີ່ຈະ ເຮັດນັດໃຫ້ທ່ານເຂົ້າພົບສູນຊຸມຊົນສຸຂະພາບທາງຈິດໃນມື້ຕໍ່ ໄປ. ສມາຊິກຄອບຄົວກໍຍັງສາມາດໂທຣມາຫາສາຍສຸກເສີນ ໄດ້ຄືກັນ.

ຫອງພຍາບານສຸກເສີນ
ສາຍສຸກເສີນ ຕລອດ 24 ຊົ່ວໂມງ
(206) 461-3222
ຫຼື
1-800-244-5757
TTD (206) 461-3219

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ແມ່ນໃຜທີ່ຄວນຈະໄດ້ຮັບບໍຣິການ?

ແຜນຈ່າຍລ່ວງໜ້າເພື່ອການພຍາບາລອອກອານຸມັດໃຫ້ພວກຄົນໄຂ້ໄດ້ຮັບແຜນສົງເຄາະຄ່າພຍາບາລ. ພວກທີ່ບໍ່ມີແຜນຊ່ວຍຈ່າຍຄ່າພຍາບາລກໍສາມາດເຮັດໃບຍື່ນຂໍແຜນບໍຣິການນີ້ໄດ້ເໝືອນກັນເຖິງແມ່ນວ່າແຜນສົງເຄາະຄ່າພຍາບາລນີ້ຈະຈຳກັດ. ສູນການສຸຂພາບທາງຈິດຈະພິຈາຣນາຕາມຄຳຍື່ນວ່າທ່ານຈະຄວນໄດ້ຮັບຫຼືບໍ່ແລະນັ້ນກໍອີງຕາມຄວາມຕອ້ງການຂອງທ່ານ. ຖ້າຫາກວ່າທ່ານຕອ້ງການຄວາມຊ່ວຍພຍາບາລແຕ່ໄດ້ຮັບຂໍ້ອ້າງວ່າທ່ານຈະບໍ່ໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ, ການຸນາໂທຣໄປຫາທາງ UBH ຜູ້ກຳກັບ ພແນກບໍຣິການຄົນໄຂ້ທີ່ 1-800-790-8049 ເພື່ອຄວາມຊ່ວຍເຫຼືອ.

ບໍຣິການແນວໃດແດ່ທີ່ຢູ່ໃນແຜນຄູ້ມກັນ?

ສູນການຊຸມຊົນສຸຂພາບທາງຈິດຕ່າງໆບໍຣິການແຕ່ບ່າງຢ່າງ. ບາງສູນການອາດຈະຮັບວຽກຕໍ່ຈາກໂຮງການອື່ນໆທີ່ອາດຈະມີແຜນບໍຣິການຫຼາຍຢ່າງຫຼາຍແນວ. ແຜນສົງເຄາະພຍາບາລຈັດບໍຣິການອີງຕາມຄວາມຕອ້ງການຂອງແຕ່ລະບຸກຄົນ:

- ການປິ່ນປົວແຕ່ລະບຸກຄົນຫຼືເປັນກຸ່ມ
- ການອົບຣົມທັງຄອບຄົວ
- ການຊ່ວຍເບົ່ງແຍງເປັນພິເສດ
- ການຊ່ວຍເບົ່ງແຍງ ານພຍາບາລ
- ການຊ່ວຍໃນເຫດກະທັນຫັນ/ສຸກເສີນ
- ການປິ່ນປົວໃນເຄຫາສຖານ
- ບໍຣິການດ້ານການຮຽນອາຊີບແລະການສຶກສາສູງ

ບາງໂຮງການອາດຈະມີແຜນບໍຣິການເປັນພິເສດຢ່າງເຊັ່ນ:

- ບໍຣິການແກ່ຄົນພິການຫູນວກ
- ບໍຣິການແກ່ຊົນເຜົ່າ/ເຜົ່າສ່ວນນອ້ຍ
- ບໍຣິການແກ່ເດັກນອ້ຍ
- ຍັຽມຍາມຄົນທີ່ບໍ່ມີເຮືອນຊານທີ່ຈະອາໃສ
- ຄົນໄຂ້ດ້ານໂຣຄຈິດແລະພວກຕິດຢາເສພຕິດ(MICA)

ການພຍາບາລດ້ານໂຣຄຈິດໃນໂຮງໝໍຕາມທ້ອງຖິ່ນກໍຄູ້ມກັນໃນແຜນອັນນີ້ຄືກັນ.

ອົງການພແນກສຸຂພາບທາງຈິດ ຂອງຄິງຄົາວຕີ

ແຜນຈ່າຍຄ່າພຍາບາລລ່ວງໜ້າແມ່ນຫຍັງ?

ທາງ PHP ແມ່ນແຜນສົງເຄາະບໍຣິການດ້ານສຸຂພາບທາງຈິດທີ່ໄດ້ຮັບທຶນຈາກທາງຮັຖ.

ຣະບອບແຜນສຸຂພາບທາງຈິດຂອງເຂດຄິງຄົາວຕີ

ໂຄງການສຸຂພາບທາງຈິດຂອງເຂດຄິງຄົາວຕີ (KCMHD) ແມ່ນໂຄງການຈາກກົມການຊຸມຊົນແລະປະຊາບໍຣິຫານ. KCMHD ແມ່ນຣະບອບແຜນທີ່ຄວບຄຸມພາຍໃນເຂດຄິງທີ່ມີໜ້າທີ່ຮັບຜິດຊອບດ້ານການອອກແບບແຜນ, ຄວບຄຸມການເງິນ, ແລະຄຸນນະພາບຂອງຜົລງານ. ສູນຊຸມນຸມສຸຂພາບດ້ານປະຕິຈິດ (UBH) ຮ່ວມປະສານງານກັບທາງຄິງຄົາວຕີເພື່ອເບົ່ງແຍງການບໍຣິຫານງານຝ່າຍສຸຂພາບທາງຈິດ. UBH ຮັບອານຸມັດແລະກຳກັບການປິ່ນປົວຄົນໄຂ້. ສູນຊຸມຊົນສຸຂພາບທາງຈິດສັນຍາມອບໝາຍວຽກກັບທາງ UBH ເພື່ອເຮົາຈະມີບໍຣິການຫຼາຍຢ່າງໃນການຮັບໃຊ້ແລະປິ່ນປົວຄົນໄຂ້ໂຣຄຈິດທັງພາຍໃນແລະພາຍນອກເຄຫາສຖານ.

ສູນຮວບຮ່ວມສຸຂພາບດ້ານປະຕິຈິດ

ແຜນຄວບຄຸມແຜນພຍາບາລແມ່ນຫຍັງ?

ການຄວບຄຸມແຜນພຍາບາລແມ່ນແບບແຜນທີ່ຈະດູແລຄຸນນະພາບ, ຣາຄາແລະໃຫ້ໂອກາດໃນການຮັບພຍາບາລຢ່າງລະອຽດ.

ການຄວບຄຸມແຜນພຍາບາລພາຍໃນແຜນການຈ່າຍລ່ວງໜ້າເພື່ອການຮັກສາພຍາບາລຂອງທາງຄິງຄົາວຕີນີ້ປະກອບດ້ວຍ:

- ການປະເມີນອີງຕາມຄວາມຕອ້ງການຂອງແຕ່ລະບຸກຄົນໂດຍພນັກງານທີ່ຊຼ່ຽວຊານດ້ານການຮັກສາ ສຸຂພາບທາງຈິດ;
- ການໃຫ້ໂອກາດແກ່ຄົນໄຂ້ແລະຄອບຄົວໄດ້ມີສ່ວນຮ່ວມໃນການເລືອກເອົາແຜນພຍາບາລແລະວາງຈຸດເປົ້າໝາຍ;
- ບໍຣິການທີ່ເມາະສົມຕາມຮີດຄອງປະເພນີ;
- ຮ່ວມບໍຣິຫານງານກັບໂຮງການຫຼືຣະບອບຕ່າງໆທີ່ເຫັນສົມຄວນ;
- ໂອກາດໃນການໄດ້ຮັບບໍຣິການຕາມກຳນົດເວລາ;
- ສຳຣວດກວດຂັນໃນຄຸນນະພາບຂອງການພຍາບາລ.

> ***ຈຸດໝາຍຂອງພວກເຮົາ***
> *ເພື່ອຄວາມໝັ້ນຄົງວ່າຄົນທີ່ເປັນໂຣຄຈິດມີໂອກາດໄດ້ຮັບການພຍາບາລທີ່ມີຄຸນນະພາບ, ຮັບການຄວບຄຸມ, ເຂົ້າໃຈຊຶ່ງກັນແລະກັນ, ແລະຂນົບທັມນຽມໃນການບົວຣະບັດສຸຂພາບພາຍໃນຊຸມຊົນ*

ໃນເມື່ອຂ້າພະເຈົ້າມີບັນຫາເດ່?

ສູນຊຸມຊົນສຸຂພາບທາງຈິດທຸກໆແຫ່ງຈະຕອ້ງໄດ້ອະທິບາຍສິດທິຂອງຄົນໄຂ້ແລະສເນີວິທີກຽວກັບການຮອ້ງທຸກຂອງຄົນໄຂ້ຕາມລຳດັບທີ່ຄວນ.

ສອງແຫ່ງທີ່ທ່ານຈະໄດ້ຮັບບໍຣິການໂດຍທີ່ທ່ານຈະບໍ່ໄດ້ເສັຽຄ່າໃຊ້ຈ່າຍ:

ຜູ້ກຳກັບບໍຣິການໃຫ້ແກ່ຄົນໄຂ້ທາງ UBH
ມີບໍຣິການໄວ້ຕອບຄຳຖາມແລະໃຫ້ການແນະນຳ
ກຽ່ຽວກັບສຸຂພາບທາງຈິດ.
1-800-790-8049

ບໍຣິການຂອງໂຮງການໂອມບັດສ້ ໃນເຂດຄິງຄົາວຕີ
ເປັນໂຮງການຂອງເອກຊົນຊຶ່ງມີພນັກງານທີ່ເຄີຍເປັນສມາຊິກຫຼືໃນປັດຈຸບັນເປັນສມາຊິກຫຼືແມ່ນສມາຊິກຄອບຄົວຂອງຄົນໄຂ້ທີ່ພອັມຈະຮັບຟັງ, ແນະນຳສິດທິຂອງທ່ານ, ແລະຊ່ວຍທ່ານແກ້ບັນຫາສເມີ.

1-800-790-8049

ທາງໂຮງການໂອມບັດສ້ພອັມທີ່ຈະຮັບໃຊ້ທ່ານກຽ່ຽວກັບການຮອ້ງທຸກພອັມທັງເຮັດໃບຍື່ນຮອ້ງທຸກສົ່ງໃຫ້ທາງຮັຖເພື່ອຮຽກຫາຄວາມເປັນທັມຖ້າຫາກຈຳເປັນ.

ແຜນບຣິການໃນການຕິຕຽນແລະການຮັອງທຸກນັ້ນເປັນການປົດລັບໄວ້ໝົດ.

ໜັງສືອະທິບາຍເຫລັ້ມນອ້ຍນີ້ມີໄວ້ບໍຣິການທຸກໆຂນາດຕາມທີ່ທ່ານຕອ້ງການ. ພອັມກັນນີ້, ເຮົາກໍຍັງມີບໍຣິການໃນຫລາຍໆພາສາອີກດ້ວຍ. ຖ້າຫາກຕອ້ງການລາຍລະອຽດ, ໃຫ້ຕິດຕໍ່ ທີ່ (206) 296-5213.

MEDICATIONS AND ADAPTIVE DEVICES

- To obtain financial assistance with the costs of medication, medical equipment or medical services, ask to apply for **Medicaid** at your nearest DSHS office:

  Orchards **(360) 260-6400**
  Vancouver **(360) 696-6791**
  Mill Plain **(360) 992-7945**

- If you don't qualify for Medicaid and have no way to pay for medication, ask your physician about programs to obtain free medications from drug companies.

- The **Minor Home Modification Program** can provide financial assistance and volunteers to install adaptive devices such as bath rails or wheelchair ramps. For more information contact the **Human Services Council** at **694-8144.**

- Resources for other types of adaptive equipment, such as eyeglasses and hearing aides, can be accessed by contacting **Information and Referral** (694-8899).

MENTAL HEALTH

If you or someone you know suffers from depression, anxiety, or other emotional distress, counseling or medication may provide relief of symptoms.

- **Columbia River Mental Health** (CRMH) offers agency and home-based services for older adults. Call **737-3555** for information about **Psychiatric Medications**, **Case Management**, **Counseling**, and **Adult Day Health** programs. Call **737-1399** for **Crisis Services**.

- Listings of other non-profit counseling agencies and local support groups are maintained by **Information and Referral (694-8899)**. Some offer services on a sliding fee scale.

- Psychiatric nursing services such as medication and symptom monitoring may be available in your home when prescribed by a physician.

- Contact your insurance company or HMO for additional referrals. If you are a veteran, you may also be eligible for services from the VA.

MONEY MANAGEMENT

Trained **Bill Payor** volunteers assist with organizing and paying bills. Call Senior Assistance at **694-8144** for a referral.

NUTRITION

- Home delivered meals are available to persons who are home-bound. To apply, call the **Senior Assistance Screener** at **694-8144**.

- **Seniors Nutritional and Activities Program** (SNAP at **696-8158**) offers congregate meals, social activities, and informational programs. Sites are located throughout the County.

- Emergency food supplies, clothing and financial assistance are available from a number of sources in Clark County. Contact **Information and Referral** at **694-8899**.

TRANSPORTATION

- **C-Van** (**695-8918**) provides door-to-door transportation to persons who are unable to access other public transit due to disability.

- Volunteers may also be available to help meet shopping and other transportation needs. Contact **Senior Assistance** at **694-8144**.

- For eligible Medicaid recipients, transportation to and from medical appointments may be arranged, with advance notice, by calling "**Medicaid Transportation**" at **694-9997**.

GUIDE TO COMMUNITY RESOURCES FOR SENIOR CITIZENS

Clark County, Washington

A project of the Older Adult Coalition, an inter-agency group committed to improving access to services.

ADULT DAY HEALTH & RESPITE SERVICES

- The CRMH **Adult Day Center** is a structured program that provides participants with socialization, group activities, and health monitoring. Licensed professional staff provide physical and cognitive, rehabilitative and restorative activities. Hours are 10am-3pm M-F. The **Extended Care Program** fits the schedule of the employed caregiver. Hours are 7:30 am to 5:30 pm M-F. Call **699-2311** for information.

- Veterans can contact the **V.A. Adult Day Health Care** program at **690-1829**.

- Senior Assistance (**694-8144**) can help obtain funding for in-home **Respite Care** and **Adult Day Care.**

ADVOCACY

- To report abuse, neglect or exploitation of older adults contact **Adult Protective Services** at **992-7945**.

- For free or low-cost **Legal Assistance** call **1-800-260-6260.**

- To voice concerns about nursing homes or other licensed residential facilities, call the **Long-Term Care Ombudsman** at **694-6577**.

HOUSING

- **Vancouver Housing Authority** (**694-2501**) administers the Section 8 housing program, which provides a number of low cost housing options to eligible persons (though some have lengthy waiting periods).

- Licensed **Assisted Living** facilities consist of individual apartments that allow residents to maintain their independence while meeting their personal care, nutritional and and health monitoring needs.

- **Adult Family Homes** are private residences licensed to provide individualized care for a maximum of 6 persons.

- For information on and assistance obtaining/financing assisted living, adult family home, and nursing home placements, contact DSHS **Home and Community Services** at **992-7945**.

IN-HOME SERVICES

In order to maintain maximum independence at home, older adults may benefit from in-home rehabilitative, personal care, and home-maker services.

- Medicare, Medicaid or private insurance may pay for skilled nursing or for occupational therapy or physical therapy ordered by your physician.

- A bath aide may be provided in conjunction with such skilled services. Agencies which provide these services may also provide private pay services such as housekeeping, shopping, and transportation to medical appointments.

- **Senior Personal Care Program** can help pay for bathing assistance on a sliding fee scale. Contact Human Services Council (**694-8144**) for more information.

- **Medicaid Personal Care** and **COPES** can provide in-home personal care and medication monitoring for people who need substantial assistance and have limited income and resources. For those who qualify for these programs, housekeeping, shopping, transportation, and related services may also be available.

- To apply for Medicaid coverage of these services and to request an assessment to see if you qualify, contact **Home and Community Services (992-7945)**.

- **Are You OK?** is a service that provides free, computerized telephone check-ins to persons in their home. If they don't get a response to their call, an emergency contact person is notified. Contact **694-8144** for more information.

INFORMATION AND ASSISTANCE SERVICES

Specific questions about services for older adults can be directed to Senior Assistance Screener, **Human Services Council (694-8144)**.

The Human Services Council also provides case management services that assist older adults and family members or caregivers to access programs such as:

- **Meals on Wheels**
- **Respite care**
- **Senior Personal Care**
- reduced medical and dental fees
- ongoing case management for **Medicaid Personal Care** and **COPES**.

Clark

HOW DO I FILE A COMPLAINT OR GRIEVANCE?

Complaints or grievance can be submitted to any person within an agency. However, each agency has a designated complaint/grievance coordinator. You can also file a complaint/grievance with the Ombudsman, the Regional Support Network or United Behavioral Health.

A complaint is an informal, verbal or written statement about your concern. A grievance is a formal, written statement about your concern. If you need help writing out or processing your complaint/grievance, agency staff or the Ombudsman can help you.

Every effort will be made to resolve the problem within 10 calendar days.

If the complaint/grievance cannot be resolved within that time, you will be advised in writing of the status of the complaint/grievance. You have the right to pursue the issue with the Clark County Regional Support Network, United Behavioral Health, or request a fair hearing with DSHS.

The Mental Health Ombudsman can assist you with all or part of these complaint processes.

The Mental Health Ombudsman Program is a unit of the Southwest Washington Agency on Aging under the private, non-profit organization of the Human Services Council.

Nonprofit Organization
US Postage Paid
Permit # 169
Vancouver, WA

Human Services Council
P.O. Box 425
Vancouver, WA 98666

MENTAL HEALTH OMBUDSMAN PROGRAM

Complaint Resolution and Rights Protection for Consumers of Community Mental Health Services in Clark County.

Human Services Council
P.O. Box 425
Vancouver, WA 98666
(360) 694-6577 - V/TTY
Monday - Friday 8:00 a.m. to 5:00 p.m.

163 c

WHAT IS A MENTAL HEALTH OMBUDSMAN?

A Mental Health Ombudsman is a trained staff advocating for the rights of people receiving medicaid mental health services in Clark County.

WHAT DO THEY DO?

Listen to and follow-up on complaints concerning quality of mental health services and consumer satisfaction.

Research and clarify concerns raised by a mental health consumer, family member, or community member.

Help resolve conflicts between consumers or family members and providers at the lowest level possible.

Work together with mental health consumers, providers & policy makers to assure satisfactory, quality services.

Assist mental health consumers of all ages: Children, adults and seniors.

WHAT CAN AN OMBUDSMAN DO FOR ME?

LISTEN to your issues & investigate your concerns.

HELP you determine an appropriate solution.

HELP you pursue any complaint, grievance or fair hearing.

FOLLOW THROUGH to see that the matter is resolved without retaliation and that resolution ideas are implemented.

RECOMMEND CHANGES to avoid future problems.

PROVIDE INFORMATION on community resources and mental health consumer rights.

WORK WITH someone you designate to represent your concerns.

The Mental Health Ombudsman Program is a unit of the Southwest Washington Agency on Aging under the private, non-profit organization of the Human Services Council

CONSUMER RIGHTS:

YOU HAVE THE RIGHT TO:

Be treated with respect and dignity.

Help develop a plan of care and services which meets your unique needs.

Refuse any proposed treatment.

Receive care which does not discriminate against you and is sensitive to your sex, race, national origin, language, age, disability, and sexual orientation.

Be free of any sexual exploitations or harassment.

Receive an explanation of all medications prescribed, including expected effect and possible side effects.

Confidentiality.

Access to your records for review or photocopying.

Change provider or staff once a calendar year for any reason.

Review the Agency's Grievance policy.

Lodge a complaint with the Regional Support Network, Ombudsman, or Provider if you believe that your rights have been violated or your needs are not being met by services offered.

If you lodge a complaint, you have the right to be free from any retaliation.

MAKING YOUR DREAMS A REALITY

Clark County wants to support you in getting a job and maintaining your benefits.

Work not only provides a paycheck but can give a person a greater sense of accomplishment and independence. People who work, even only part-time, report feeling better about themselves, have more friends and are better able to deal with the symptoms of their illness.

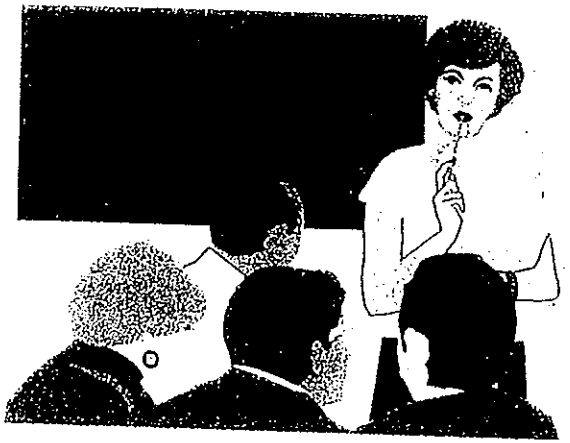
So what is holding you back?

- Concerned about losing your benefits?
- Need help getting a job?
- Do you have a fear of failing?
- Need help making connections?

This brochure is intended to help you answer those questions and let you know where you can go to learn more about working or how to get the assistance you need.

READ ON

GETTING A JOB



WHAT HELP CAN I GET?

You can expect to receive help specific to your situation that will build upon your talents and assist you in reaching your goals. Some of the kinds of help available are assistance in:

- Maintaining your benefits.
- Identifying your strengths and where you might need assistance.
- Identifying the type of work you are interested in doing.
- Developing a plan to find a job.
- Assistance in completing applications and learning how to interview.
- Helping you learn the job at your place of work.
- Support in changing jobs or keeping the one you have.
- On-the-job support for as long as you need it.

PeaceHealth

SUMMIT NORTHWEST VOCATIONAL SERVICES

Offering a full range of employment services, PeaceHealth can help you obtain the job of your choice. Services include career planning, employment preparation, job development, assistance in maintaining benefits, job training and ongoing post-employment support. You decide which services to use and how fast you want to move towards your goal. PeaceHealth is located at:

1601 East Fourth Plain Blvd., Building A-8
Vancouver, WA 98661-3753
(360) 695-1297

CLEARVIEW EMPLOYMENT SERVICES

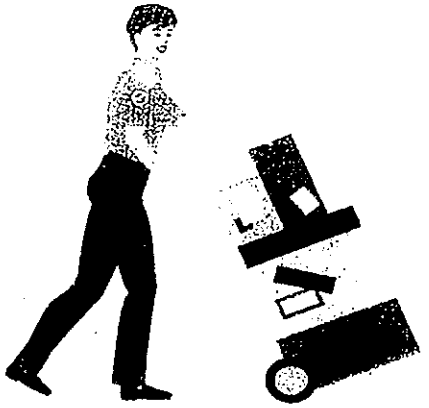
Clearview can help you find a job that is just right for you. We can prepare you for employment, assist you with individualized job placement and training, as well as help you maintain the job of your choice. Our staff is committed to helping you with your employment and educational goals. Clearview offices are located at:

7409 NE Hazel Dell Avenue
Vancouver, WA 98665-8310
(360) 750-7000

DEPARTMENT OF VOCATIONAL REHABILITATION

The Division of Vocational Rehabilitation (part of the Department of Social and Health Services) is here to help persons with a disability obtain and retain employment. For information about eligibility and the services provided, please contact the office identified below.

5411 Mill Plain, Suite #16
Town Plaza
Vancouver, WA 98661
(360) 696-6611



WHAT ABOUT MY BENEFITS?

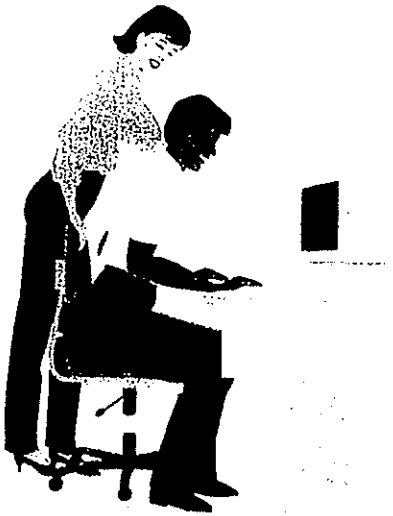
You may be receiving SSI, GAU, TANF, SSDI and have Medicaid coupons or receive Medicare. Are you wondering what will happen with these benefits if you start working and earning additional income?

The good news is that many people do not lose their benefits when they become employed.

There are programs designed to help you get back to work while continuing to remain eligible for your benefits. DSHS has similar programs. In most cases you will be able to work and earn additional income to supplement your benefit check and remain on Medicaid and Medicare.

WHAT CAN I DO NEXT?

More good news! Vocational Counselors from the programs described in this brochure can help you get started. They can help you identify what your vocational goals are and how to put a plan into action. They can also describe many of the work incentive programs and help you learn how your benefits will be affected by employment. Employment is an important part of your recovery. Vocational counselors will assist you one step at a time. Call today and talk to someone who can turn your dreams into reality.



Making Your Dreams A Reality

WHAT YOU NEED TO KNOW AND QUESTIONS TO ASK

Clark County
Regional Support Network

Notice Of Consumer Rights

You have these rights under state law. These include:

* To be treated with respect, dignity and privacy;

* To develop a plan of care and services, which meets your unique needs;

* 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;

* To refuse any proposed treatment ;

* To receive care which does not discriminate against you and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;

* To be free of any sexual exploitation or harassment

* To review your clinical record and be given an opportunity to make amendments or corrections;

* To receive an explanation of all medicines prescribed, including expected effects and possible side effects;

* To confidentiality ;

* To make an advance directive, stating your choices and preferences regarding your physical and mental health treatment if you are unable to make informed decisions;

* To 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;

* If you are Medicaid eligible, receive all service 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 a provider within the regional support network about what services are medically necessary;

* To 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.

What Is The Cost Of Services?

If you have Medicaid, there is no charge to your for the services you receive. If you do not have Medicaid, you may need to pay for the services on a sliding fee basis. If you have private insurance, it may also cover the cost of your services.

Clark County will not turn away anyone who needs a mental health service but is unable to pay. For those cases, other arrangements can be made with the agency. The agency you choose will be able to assist you in understanding the sliding fee scale and will make sure you are able to receive the services you need.

Clark County Crisis Line: 360-696-9560

360-696-1925 TDD

Clark County Regional Support Network:

360-397-2130

397-6065 TDD

Participating Providers:

Columbia River Mental Health Services
360-993-3000; 360-737-6927 TDD

Children's Center
360-699-2244; 360-699-1900 TDD

Children's Home Society of Washington
360-695-1325; 360-699-1482 TDD; 800-500-8873

Family Solutions
360-695-0115

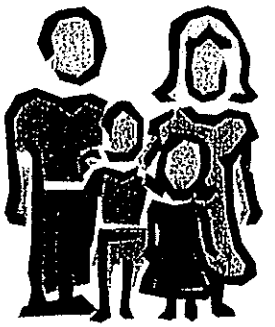
Institute for Family Development
360-737-9792

Catholic Community Services
360-260-6373; 800-316-6454

Southwest WA Medical Center
360-696-5041

Peace Health Behavioral Health
360-695-1297

Clark County
Regional Support
Network



Clark County Prepaid Mental Health Plan

Tel: 360-397-2500
800-896-5943

Clark County coordinates public mental health services. Those services are provided at local community mental health centers. This allows you to select a provider who best meets your individual needs. This service network represents your mental health coverage.

What Services Are Covered?

The community mental health centers you select from our list of providers may provide you with, or refer you to, one or more of the following services based on your specific needs:

- Individual Therapy
- Group Therapy
- Family Counseling
- Inpatient Treatment
- Hospital Diversion Services
- Case Management
- Language Interpretive Services
- Residential Services
- Medication Management
- Emergency/Crisis Intervention
- Vocational/Education Services

If the mental health center you select does not provide a specific service you need, you may be referred to another agency that does provide the service. The service network has agencies whose staff specialize in working with children, minority populations, older adults, as well as individuals with special needs.

How Do You Get The Services You Need?

If you need mental health services and want to see a therapist or case manager, you may:

- Call the mental health agency of your choice
- Call the toll-free number at Clark County RSN to receive a referral to one of agencies. The Care Management staff can help determine which agency provides the best service for your specific needs. The numbers are 360-397-2500 or 800-410-1910.

Your initial appointment with one of the mental health agencies will help identify your mental health service needs and begin to develop specific goals and types of services that would be most beneficial. This process could result in referrals to other agencies in the community to address additional service needs.

Who Is Eligible?

The Prepaid Health Plan is available to all Medicaid recipients who require mental health services. If you do not have Medicaid, you may still be eligible for services based on your need and income level. Your first meeting with a counselor will help determine if you are eligible. If you are denied services but still feel that you are eligible, you may ask to have your case reviewed with the Customer Service Representatives at the agency, the staff at Clark County RSN, or the Mental Health Ombuds.

Out Of Area Emergencies

We understand that you may travel or visit other parts of the country. In those instances, Clark County will cover only emergency psychiatric services. Anytime you receive emergency psychiatric services out of Clark County, the person or hospital providing the emergency services should contact Clark County RSN at 800-410-1910 as soon as possible to discuss your circumstances and service needs.

Unauthorized Care

Clark County RSN will not be responsible for any public mental health services that are not authorized.

Non-Covered Services

Clark County RSN staff continually work with experts to assure that the highest clinical standards are followed in providing your mental health services. These methods are those which research supports as being the best to take care of your specific mental health condition.

If you feel strongly that a certain method is best for your care and it is not part of the services that are covered, you or your counselor may contact Clark County RSN to request an exception. Care Management staff will review your situation and inform you of their decision.

Who Do You Call With A Problem?

Each agency has a Customer Service Representative who can assist you if you have a question, concern, complaint or grievance about the service you have received.

The Clark County Ombuds 360-694-6577 can assist you with any problems. They can also provide you with information about your rights, how to file a complaint or grievance, and other resources available to you.

You may file a complaint or grievance with Clark County RSN 360-397-2130.

CRISIS RESPONSE SERVICES
ການບໍ່ຣິການເວລາສຸກເສີນ
(360) 737-1399
TDD (360) 737-6297
ເຂດເມືອງຄລາກ
ສາຍສຸກເສີນ
(360) 696-9560
TDD (360) 696-1925

CLARK COUNTY REGIONAL SUPPORT NETWORK
ຫນ່ວຍປະສານງານຊ່ວຍເຫຼືອ
ເຂດເມືອງຄລາກ
(360) 699-2130
TDD (360) 737-6065

US BEHAVIORAL HEALTH CARE COORDINATORS
ຜູ້ປະສານງານການປິ່ນປົວຣັກສາ
(360) 735-7010
TDD (360) 735-7020

ຜູ້ໃຫ້ການຊ່ວຍເຫຼືອເຂດເມືອງຄລາກ

ທ່ານສາມາດຮັບການບໍ່ຣິການຊ່ວຍເຫຼືອໂດຍກົງ
ຈາກອົງການຕ່າງໆດັ່ງໄປນີ້:

Children's Center
ສູນກາງຊ່ວຍເຫຼືອເດັກນ້ອຍ
415 W. 11th
Vancouver, WA 98660
(360) 699-2244
TDD (360) 699-1900

Children's Home Society
ສະມາຄົມເຮືອນຊານບ້ານຊ່ອງຂອງເດັກນ້ອຍ
309 W. 12th
Vancouver, WA 98660
(360) 695-1325
TDD (360) 699-1482 ຫຼື
(800) 500-8873

Columbia River Mental Health
ແຜນກຊ່ວຍເຫຼືອສຸຂະພາບທາງຈິດ
1950 Fort Vancouver Way
Vancouver, WA 986634
(360) 737-3555 ຫຼື 737-1399 ຍາມສຸກເສີນ
TDD (360) 737-6297

Behavioral Health Services
SW Washington Medical Center
ແຜນກບໍ່ຣິການ **Behavioral Health**
ສູນກາງການແພດ**ຂອງ SW Washington**
Memorial Campus - 3400 Main St.
Vancouver, WA 98663
(360) 696-5225 TDD (360) 735-7020

LAOTIAN

CLARK COUNTY PREPAID

MENTAL HEALTH PLAN

ຂໍ້ມູນ

ແຜນສຸຂະພາບທາງຈິດ
ຈ່າຍລ່ວງໜ້າ
ຂອງເຂດເມືອງຄລາກ

ປຶ້ມນີ້ມີຂຽນພາສາຕ່າງໆ ແລະຫຼາຍແບບ
ກະຣຸນາໂທຫາ (360) 735-7000

1630

ແຜນສຸຂະພາບທາງຈິດ ຈ່ເບລ່ວງໜ້າ ຂອງເຂດເມືອງຄລາກ

ຜູ້ຮ່ວມມືກັນຮັກວຽກ ເພື່ອບົດຄຸນະພາບຂອງ ການຟື້ນຟູບົວລັກສາໃຫ້ດີຂຶ້ນ

ເຂດເມືອງຄລາກໄດ້ຮັບເອົາຣະບົບການຟື້ນຟູບົວລັກສາ ພາຍໃນ ແຜນສຳຫຼັບການບໍຣິການຊ່ວຍເຫຼືອສຸຂະພາບທາງຈິດ ແຜນ ສຸຂະພາບທາງຈິດຈ່ານລ່ວງໜ້າ ເຂດເມືອງຄລາກ (PHP) ໃຫ້ການບໍຣິການຊ່ວຍເຫຼືອສຸຂະພາບທາງຈິດ ຊຶ່ງປະກອບ ປະສານງານຂອງວິງການຕ່າງໆ ເຂົ້າກັນ. PHP ຈະສະໜອງ ໃຫ້ພວກເຮົາໄດ້ການຊ່ວຍເຫຼືອ ຄວາມຕ້ອງການດ້ານການຟື້ນຟູ ບົວລັກສາສະເພາະຂອງທ່ານ ແລະຮັບປະກັນຄຸນະພາບຂອງການ ຟື້ນຟູບົວລັກສາ ໂດຍການເປີດໂອກາດ ແລະ ຄວາມສາມາດ ໃນ ການ ບໍຣິການ ຊ່ວ ຍ ເ ຫ ຼືອ.

ແຜນສຸຂະພາບທາງຈິດ ຈ່ານ ລ່ວ ງ ໜ້ າ ຂ ອ ງ ເ ຂ ດ ເ ມ ືອ ງ ຄ ລ າ ກ ແ ມ່ນ ການ ຮ ່ວ ມ ມ 	s ລ ະ ຫ ວ່ າ ງ ຫ ່ ວ ມ ວ ຍ ປ ະ ສ ານ ງ ານ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ຂ ອ ງ ເ ຂ ດ ເ ມ ືອ ງ ຄ ລ າ ກ ແ ລ ະ ສ າ ທ າ ຣ ະ ນ ະ ສ ຸ ກ ຂ ອ ງ US Behavioral Health ຊຶ່ງ ແ ມ່ ນ ບ ໍ ຣ ິ ສ ັ ດ ການ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ລ ັ ກ ສ າ ພ າ ຍ ໃ ນ ແ ຜ ນ ທ ີ່ ຮ ັ ດ ວ ຽ ກ ກ ັ ບ ວ ິ ງ ການ ຂ ອ ງ ຣ ັ ຖ ະ ບ າ ນ ແ ລ ະ ນ ະ ນ າ ບ ຈ ້ າ ງ ເ ອ ກ ະ ຊ ົ ນ ທ ົ ດ ປ ະ ຫ ຍ ັ ດ ເ ພ ື່ ອ ບ ໍ ຣ ິ ຫ ານ ການ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ສ ຸ ຂ ະ ພ າ ບ ທ າ ງ ຈ ິ ດ.

ມີການໃຫ້ການບໍຣິການຊ່ວຍເຫຼືອປະເພດໃດແດ່?

ວິ ງ ການ ໃ ຫ້ ການ ບ ໍ ຣ ິ ການ ເ ຂ ດ ເ ມ ືອ ງ ຄ ລ າ ກ ໃ ຫ້ ທ່ ານ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ທ່ ານ ການ ບ ໍ ຣ ິ ການ ຕ່ ວ ງ ໄ ສ ນ ີ້ ວ ິ ງ ໃ ສ ຄ ວ າ ມ ຕ ້ ອ ງ ການ ສ ະ ເ ພ າ ະ ຂ ອ ງ ທ່ ານ.

- *ການ ຮ ັ ກ ສ າ ສ ະ ເ ພ າ ະ ແ ຕ່ ລ ະ ບ ຸ ກ ຄ ົ ນ*
- *ການ ໃ ຫ້ ຄ ຳ ແ ນ ະ ນ ຳ ແ ກ່ ຄ ອ ບ ຄ ົ ວ*
- *ການ ຮ ັ ກ ສ າ ສ ະ ເ ພ າ ະ ບ ັ ນ ຫ ວ ກ ໝ ູ່*
- *ການ ບ ໍ ຣ ິ ຫ ານ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ*
- *ການ ບ ໍ ຣ ິ ຫ ານ ການ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ລ ັ ກ ສ າ*
- *ການ ຂ ້ ຳ ໄ ປ ຊ ່ ວ ຍ ວ ຽ ກ ລ າ ສ ຸ ດ ສ ິ ນ*
- *ການ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ດ ້ ານ ພ າ ສ າ*
- *ການ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ລ ັ ກ ສ າ ທ າ ງ ວ ັ ນ*
- *ການ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ແ ທ ນ ຢ ູ່ ໂ ຮ ງ ໝ ໍ*

ບ ັ ງ ບ ິ ການ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ອ ື່ ນ ໆ ອ ີ ກ ທ ີ່ ສ ອ ດ ຄ ລ ້ ອ ງ ຄ ວ າ ມ ຕ ້ ອ ງ ການ ຂ ອ ງ ທ່ ານ.

ທ່ານໄດ້ຮັບການບໍຣິການຊ່ວຍເຫຼືອທີ່ທ່ານຕ້ອງການ ແບບໃດ?

ຖ້ າ ທ່ ານ ຕ ້ ອ ງ ການ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ສ ຸ ຂ ະ ພ າ ບ ທ າ ງ ຈ ິ ດ ແ ລ ະ ຕ ້ ອ ງ ການ ພ ົ ບ ຜ ູ ້ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ລ ັ ກ ສ າ ພ ະ ຍ າ ດ ຫ ຼ ື ຜ ູ ້ ຈ ັ ດ ການ ການ ກ ່ ານ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ. ທ່ ານ ອ າ ດ:

- ໂ ທ ຣ ະ ສ ັ ບ ຫ ຼ ື ໄ ປ ຫ າ ວ ິ ງ ການ ໃ ຫ້ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ເ ຂ ດ ເ ມ ືອ ງ ຄ ລ າ ກ ຕ າ ມ ໃ ຈ ຊ ອ ບ ຂ ອ ງ ທ່ ານ. ໃ ຫ້ ເ ບ ິ່ ງ ຫ ນ້ າ ຂ ້ ອ ນ ຊ ີ ປ ຢ ູ່ ໃ ນ ປ ື້ ມ ນ ີ້ ວ ິ ງ ການ ຕ່ າ ງ ໆ ທ ີ່ ມ ີ.
- ໂ ທ ຣ ະ ສ ັ ບ ຫ ຼ ື ໄ ປ ຫ າ ວ ິ ງ ການ ທ ີ່ ບ ໍ່ ໄ ດ ້ ຈ ່ າ ຍ ຂ ອ ງ ພ ວ ກ ເ ຮ ົ າ ສ ຳ ຫ ຼ ັ ບ ຄ ຳ ຖ າ ມ. ຂ້ ຂ ອ ງ ໃ ຈ ຫ ຼ ື ຮ ັ ບ ການ ສ ະ ນ ັ ບ ໄ ປ ຫ າ ວ ິ ງ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ຂ ອ ງ ພ ວ ກ ເ ຮ ົ າ ເ ລ ກ (360) 735-7010 ຫ ຼ ື (800) 896-5943.

ການ ສ ຳ ຮ ວ ດ ວ ິ ໃ ຈ ພ ະ ຍ າ ດ ກ ັ ບ ວ ິ ງ ການ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ຂ ອ ງ ພ ວ ກ ເ ຮ ົ າ ຈ ະ ບ ອ ກ ໃ ຫ້ ຮ ູ້ ວ່ າ ທ່ ານ ມ ີ ສ ິ ດ ຈ ະ ຂ້ ຳ ຮ ່ ວ ມ ກ ັ ບ ຜ ູ ້ ໃ ຫ້ ການ ບ ໍ ຣ ິ ການ ໃ ນ ການ ຮ ັ ດ ແ ຜ ນ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ລ ັ ກ ສ າ.

ເມື່ອມີບັນຫາທ່ານໂທຫາໃຜ?

ເ ຂ ດ ເ ມ ືອ ງ ຄ ລ າ ກ ໄ ດ ້ ຕ ັ ້ ງ ພ ະ ແ ນ ກ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ເ ປ ັ ນ ປ າ ກ ເ ປ ັ ນ ສ ຽ ງ ທ ີ່ ເ ປ ັ ນ ເ ອ ກ ະ ຣ າ ຊ ຂ ຶ ້ ນ ເ ພ ື່ ອ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ທ່ ານ ກ ່ ຽ ວ ກ ັ ບ ບ ັ ນ ຫ າ ແ ລ ະ ການ ຕ ້ ອ ງ ການ ຂ ອ ງ ທ່ ານ. ການ ບ ໍ ຣ ິ ການ ນ ີ້ ຈ ະ ໃ ຫ້ ທ່ ານ ຂ ໍ້ ມ ູ ນ ກ ່ ຽ ວ ກ ັ ບ ສ ິ ດ ຂ ອ ງ ທ່ ານ ແ ລ ະ ຊ ັ ບ ພ ະ ຍ າ ກ ອ ນ ທ ີ່ ມ ີ ໃ ຫ້ ທ່ ານ. ນ ຳ ຂ ໍ ້ ມ ູ ນ ຂ ອ ງ ພ ວ ກ ຂ ະ ຈ ້ າ ແ ມ່ ນ (360) 694-6577. Clark Alliance for the Mentally Ill (ສ ຳ ຫ ຼ ັ ບ ຜ ູ ້ ເ ປ ັ ນ ໂ ຣ ກ ຈ ິ ດ) ແ ມ່ ນ ຄ ະ ນ ະ ທ ີ່ ເ ປ ັ ນ ປ າ ກ ເ ປ ັ ນ ສ ຽ ງ ຊ ຶ່ ງ ໃ ຫ້ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ເ ປ ັ ນ ໝ ູ່ ສ ຳ ຫ ຼ ັ ບ ຄ ອ ບ ຄ ົ ວ. ຕ ິ ດ ໃ ຫ້ ຂ ອ ງ ພ ວ ກ ຂ ະ ຈ ້ າ ແ ມ່ ນ (360) 695-2823. ບ ່ ອ ນ ເ ປ ັ ນ ປ າ ກ ສ ຽ ງ ຫ ນ ຶ່ ງ ທ ່ ານ ບ ່ ອ ນ ອ ື່ ນ ອ ີ ກ ແ ມ່ ນ Mental Health Division Office of Consumer Affairs. ໂ ທ ຫ າ ຂ ອ ງ ພ ວ ກ ຂ ະ ຈ ້ າ ແ ມ່ ນ (800) 446-0259.

ກ່ານການບໍຣິການຊ່ວຍເຫຼືອຈະເປັນເທົ່າໃດ?

ທ່ ານ ອ າ ດ ຈ ຳ ເ ປ ັ ນ ຕ ້ ອ ງ ຈ ່ າ ຍ ຄ ່ າ ການ ບ ໍ ຣ ິ ການ ວ ິ ງ ໃ ສ ຖ ານ ະ ການ ເ ງ ິ ນ ຂ ອ ງ ທ່ ານ ແ ລ ະ ເ ງ ື່ ອ ນ ໄ ຂ ຂ ອ ງ ປ ະ ກ ັ ນ ໄ ພ. ວ ິ ງ ການ ໃ ຫ້ ການ ບ ໍ ຣ ິ ການ ຈ ະ ສ າ ມ າ ດ ຊ ່ ວ ຍ ທ່ ານ ໃ ຫ້ ຂ້ ຳ ໃ ຈ ຄ ວ າ ມ ຮ ັ ບ ຜ ິ ດ ຊ ອ ບ ດ ້ ານ ການ ການ ເ ງ ິ ນ ຂ ອ ງ ທ່ ານ.

ໃ ຜ ມ ີ ສ ິ ດ ຮ ັ ບ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ?

- PHP ມ ີ ແ ນ ວ ກ ຜ ູ ້ ຮ ັ ບ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ເ ມ ດ ິ ຄ ລ ກ ຜ ູ ້ ຕ ້ ອ ງ ຮ ັ ບ ການ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ດ ້ ານ ໂ ຣ ກ ຈ ິ ດ ແ ລ ະ ພ ວ ກ ທ ີ່ ປ າ ສ ະ ຈ າ ກ ການ ເ ປ ັ ນ ຜ ູ ້ ມ ີ ສ ິ ດ ຮ ັ ບ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ເ ມ ດ ິ ຄ ລ ກ ຜ ູ ້ ຕ ້ ອ ງ ມ ີ ຫ ຼ ັ ກ ການ ທ ີ່ ຮ ັ ດ ກ ຳ ນ ົ ດ ສ ຳ ຫ ຼ ັ ບ ຄ ວ າ ມ ຕ ້ ອ ງ ການ ດ ້ ານ ໂ ຣ ກ ຈ ິ ດ ຕ າ ມ ລ ະ ດ ັ ບ ຄ ວ າ ມ ສ ຳ ຄ ັ ນ.

ປ ະ ກ າ ດ ສ ິ ດ ຂ ອ ງ ຜ ູ ້ ຮ ັ ບ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ:

ໃ ນ ຖ າ ນ ະ ເ ປ ັ ນ ຜ ູ ້ ຮ ັ ບ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ຫ ຼ ື ຜ ູ ້ ຮ ັ ບ ການ ບ ໍ ຣ ິ ການ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ຈ າ ກ PHP, ທ່ ານ ມ ີ ສ ິ ດ ຕ າ ມ ທ ີ່ ບ ັ ນ ຈ ຸ ໄ ວ ້ ໃ ນ ກ ົ ດ ໝ າ ຍ. ຕ າ ມ ກ ົ ດ ໝ າ ຍ ປ ົ ກ ຄ ອ ງ ຂ ອ ງ ຣ ັ ດ ວ ໍ ຊ ິ ງ ຕັ ນ 275-57, ທ່ ານ ມ ີ ສ ິ ດ ເ ຫ ຼ ົ າ ນ ີ້:

ກ) ໄ ດ ້ ຮ ັ ບ ການ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ລ ັ ກ ສ າ ດ ້ ວ ຍ ຄ ວ າ ມ ເ ຄ າ ຣ ົ ບ ແ ລ ະ ກ ຽ ດ ສ ັ ກ ສ ີ;

ຂ) ຮ ັ ດ ແ ຜ ນ ການ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ແ ລ ະ ການ ຮ ັ ບ ການ ບ ໍ ຣ ິ ການ ທ ີ່ ຕ ອ ບ ສ ະ ໜ ອ ງ ຄ ວ າ ມ ຕ ້ ອ ງ ການ ຂ ອ ງ ທ່ ານ;

ຄ) ປ ະ ກ ິ ດ ສ ະ ຫ ລ ັ ກ ການ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ລ ັ ກ ສ າ ທ ີ່ ສ ະ ເ ນ ີ ຊ ຶ່ ງ ບ ໍ່ ຖ ືກ ຕ ້ ອ ງ ກ ັ ບ ມ າ ຕ ຖ າ 71.05 ແ ລ ະ 71.34 RCW;

ງ) ຮ ັ ບ ການ ຟ ື ້ ນ ຟ ູ ບ ົ ວ ລ ັ ກ ສ າ ຊ ຶ່ ງ ບ ໍ່ ມ ີ ການ ຈ ຳ ແ ນ ກ ຊ ົ ນ ວ ັ ນ ນ ະ ແ ລ ະ ຮ ັ ບ ຮ ູ ້ ການ ແ ຕ ກ ຕ່ າ ງ ຂ ອ ງ ຊ ົ ນ ຊ າ ດ. ວ ັ ທ ນ ະ ທ ັ ນ. ພ າ ສ າ. ເ ພ ດ. ໄ ວ. ກ ຳ ລ ະ ນ ິ ດ ສ ັ ນ ຊ າ ດ. ການ ເ ສ ຍ ການ. ການ ຊ ື ້ ອ ຖ ື. ຖ າ ນ ະ ດ ້ ານ ສ ັ ງ ຄ ົ ມ ແ ລ ະ ເ ສ ດ ຖ ະ ກ ິ ດ. ແ ລ ະ ຄ ວ າ ມ ສ າ ມ າ ດ ຈ ່ າ ຍ;

ຈ) ປ າ ສ ະ ຈ າ ກ ການ ທ ຳ ລ າ ຍ ຫ ຼ ື ຮ ັ ບ ກ ວ ່ ເ ສ ີ ຍ ທ າ ງ ເ ພ ດ.

ສ) ທ ິ ບ ທ ວ ນ ບ ັ ນ ທ ຶ ກ ສ ຳ ນ ວ ນ ຂ ອ ງ ທ່ ານ ຕ າ ມ ເ ງ ື່ ອ ນ ໄ ຂ ທ ີ່ ກ ່ າ ວ ໄ ວ ້ ໃ ນ WAC 275-57-350 ແ ລ ະ Uniform Health Care Information Act (RCW 70.02).

ຊ) ຄ ວ າ ມ ລ ັ ບ ຕ າ ມ ກ ົ ດ ໝ າ ຍ (ມ າ ຕ ຖ າ 70.02, 71.05, 71.34 RCW) ແ ລ ະ ກ ົ ດ ລ ະ ບ ຽ ບ (ມ າ ຕ ຖ າ WAC 275-55, 275-54 ແ ລ ະ WAC 27-57-360);

ຍ) ຮ ັ ບ ຄ ຳ ອ ະ ທ ິ ບ າ ຍ ການ ໃ ຊ້ ທ ັ ງ ໝ ົ ດ ຮ ວ ມ ທ ັ ງ ຄ ວ າ ມ ຫ ວ ັ ງ ແ ລ ະ ຜ ົ ນ ຂ ອ ງ ຂ ະ ຈ ້ າ.

CAMOSOD ...

គំរោង
សុខភាពខាងខ្លួនក្បាល
ដែលបង្ការថ្ងៃដាមុន
នៃក្នុងខេត្ត

ពត៌មាន

ក្រុមសៀវភៅនេះមានជាភាសាវៀតណាម ជ្រុងខ្មែរ
សូមទូរស្ពាន់លេខ (360) 735-7000

អ្នកផ្តល់សេវាកម្មក្បាលនៃក្នុងខេត្ត
ដែលចូលរួមជាមួយ

អ្នកអាចទៅទទួលសេវាកម្ម ដោយផ្ទាល់ក្នុងការងារ ដូចតទៅនេះ:

មណ្ឌលកុមារ
Children's Center
415 W. 11th
Vancouver, WA 98660
(360) 699-2244
TDD (360) 699-1900

សង្គមមន្ទីរនៃកុមារ
Children's Home Society
309 W. 12th
Vancouver, WA 98660
(360) 695-1325
TDD (360) 699-1482 or
(800) 500-8873

សេវាកម្មជំនាញសុខភាពខ្លួនក្បាល ទន្លេកូឡុំប៊ីយ៉ា
Columbia River Mental Health Services
1980 Fort Vancouver Way
Vancouver, WA 98663
(360) 737-3555 or 737-1399 Crisis
TDD (360) 737-6297

សេវាកម្មជំនាញសុខភាពនៃឥរិយាបថ
មណ្ឌលពេទ្យអ្នកជំងឺ
Behavioral Health Services
SW Washington Medical Center
Memorial Campus - 3400 Main St.
Vancouver, WA 98663
(360) 696-5225 TDD (360) 735-7020

សេវាកម្ម
CRISIS RESPONSE SERVICES
(360) 737-1399
TDD (360)737-6297
ទូរស័ព្ទខាងក្នុងនៃក្នុងខេត្ត
CLARK COUNTY
CRISIS LINE
(360) 696-9560
TDD(360) 696-1925

បណ្តាញខាងតាមតំបន់ភាគ
នៃក្នុងខេត្ត
CLARK COUNTY REGIONAL
SUPPORT NETWORK
(360) 699-2130
TDD (360) 737-6065

អ្នកសម្រេចសេចក្តីខាងកាត់ជួរការសុខភាព
នៃឥរិយាបថ
US BEHAVIORAL HEALTH
CARE COORDINATORS
(360) 735-7010
(TDD (360) 735-720

គំរោងសុខភាពខាងខួរក្បាល
ដែលចេញថ្លៃទុកជាមុននៃក្លាកខោនធី

ដៃគូដែលធ្វើការដើម្បីលើកតម្កើងគុណភាពនៃកិច្ចរក្សាព្យាបាល

ក្លាកខោនធីបានបង្កើតនូវប្រព័ន្ធកិច្ចរក្សាព្យាបាលមួយសំរាប់កិច្ចបំរើខាងផ្នែករក្សាសុខភាពខួរក្បាលជាសាធារណៈ ។ គំរោងសុខភាពខាងខួរក្បាលដែលចេញថ្លៃទុកជាមុននៃក្លាកខោនធី (PHP) មានផ្តល់ជូននូវកិច្ចបំរើខាងផ្នែករក្សាសុខភាពខួរក្បាលតាមរយៈបណ្តាញមួយនៃភ្នាក់ងារសហគមន៍ ។ ភីអេចភី(PHP)នេះនឹងអនុញ្ញាតឲ្យយើងមានសមត្ថភាពត្រូវតាមសេចក្តីត្រូវការខាងកិច្ចរក្សាព្យាបាលផ្ទាល់ខ្លួនរបស់អ្នក និងធានានូវគុណភាពនៃកិច្ចរក្សាព្យាបាលដែលមានទំនាក់ទំនងគ្នាតាមរយៈប្រព័ន្ធចែកចាយនោះ ។

គំរោងសុខភាពខាងខួរក្បាលដែលចេញថ្លៃទុកជាមុននៃក្លាកខោនធី (PHP) គឺជាដៃគូរវាងបណ្តាញគាំទ្រភ្ជាប់ភាគនៃក្លាកខោនធីនិងសុខភាពខាងចិត្តយ៉ាមាយ៉ាមនៃសហរដ្ឋអាមេរិក ដែលជាក្រុមហ៊ុនផ្តល់កិច្ចរក្សាព្យាបាលដែលមានការចាត់ចែង ដែលបានធ្វើការជាមួយភ្នាក់ងារសាធារណៈនិងឯកជនទាំងនៅពាសពេញប្រទេស ដើម្បីចាត់ចែងកិច្ចបំរើខាងសុខភាពខួរក្បាល ។

តើកិច្ចបំរើអ្វីដែលមានការរ៉ាប់រង?

ភ្នាក់ងារផ្តល់ការរក្សាព្យាបាលនៃក្លាកខោនធីអាចផ្តល់ជូនអ្នកនូវកិច្ចបំរើដូចតទៅនេះ ដោយយោងទៅតាមសេចក្តីត្រូវការពិសេសរបស់អ្នក ។

- *ការហាត់តែម្នាក់ឯងដើម្បីព្យាបាល*
- *ការឲ្យដំបូន្មានដល់គ្រួសារ*
- *ការហាត់ជាក្រុមដើម្បីព្យាបាល*
- *កិច្ចរក្សាព្យាបាលដែលមានគេចាត់ចែង*
- *ការធ្វើអន្តរាគមន៍ក្នុងពេលមានគ្រាអាសន្ន/មានវិបត្តិ*
- *កិច្ចបំរើខាងផ្តល់អ្នកបកប្រែ*
- *កិច្ចព្យាបាលប្រចាំរាល់ថ្ងៃ*
- *កិច្ចបំរើជំនួសគ្នានៅក្នុងមន្ទីរពេទ្យ*

កិច្ចបំរើឯទៀតអាចមានផ្តល់ជូនដើម្បីតម្រូវទៅតាមសេចក្តីត្រូវការរបស់អ្នក ។

តើអ្នកទទួលកិច្ចបំរើដែលអ្នកត្រូវការដោយរបៀបណា?

បើអ្នកត្រូវការកិច្ចបំរើខាងសុខភាពខួរក្បាល ហើយចង់ទៅជួបអ្នកបង្ហាត់ឬអ្នកចាត់ចែងកិច្ចព្យាបាល អ្នកអាចៈ

- ទូរស័ព្ទឬទៅជួបភ្នាក់ងារខាងផ្តល់កិច្ចព្យាបាលនៃក្លាកខោនធីតាមចំណូលចិត្តរបស់អ្នក ។ សូមមើលបញ្ជីរាយឈ្មោះនៅក្នុងកូនសៀវភៅស្តើងនេះដើម្បីរកភ្នាក់ងារដែលមាន ។
- ទូរស័ព្ទតាមលេខមិនអស់លុយរបស់យើងបើមានសំនួរអ្វី បញ្ហាអ្វី ឬដើម្បីទទួលសេចក្តីបញ្ជូនទៅជួបភ្នាក់ងារផ្តល់កិច្ចព្យាបាលមួយរបស់យើងតាមលេខ **(360)735-7010** ឬ**(800) 896-5943** ។

ការស្ទង់មើលសុខភាពនៅហ្វើទកជាមួយភ្នាក់ងារផ្តល់កិច្ចព្យាបាលមួយរបស់យើងនឹងកំណត់ឲ្យដឹងថាតើអ្នកមានលក្ខណៈដើម្បីទទួលកិច្ចបំរើខាងសុខភាពខួរក្បាលឬទេ ។ អ្នកដែលមានលក្ខណៈទទួលនឹងចូលរួមជាមួយអ្នកផ្តល់កិច្ចព្យាបាលក្នុងការបង្កើតនូវគំរោងការណ៍ព្យាបាលមួយ ។

នរណាដែលអ្នកទូរស័ព្ទហៅទៅពេលមានបញ្ហាមួយ?

ក្លាកខោនធីបានបង្កើតកិច្ចបំរើខាងអ្នកស៊ើបអង្កេតដោយឡែកមួយដើម្បីជួយអ្នកដោះស្រាយបញ្ហានិងបណ្តឹងនានា ។ កិច្ចបំរើនេះនឹងផ្តល់ជូនអ្នកនូវពត៌មានស្តីពីសិទ្ធិរបស់អ្នកនិងប្រភពកិច្ចបំរើដែលមានសំរាប់អ្នក ។ លេខរបស់គេគឺ **(360)694-6577** ។ ក្លាកអាលើយ៉ង់សំរាប់ជម្ងឺខួរក្បាលជាក្រុមគាំទ្រមួយដែលផ្តល់ការគាំទ្រជាក្រុមសំរាប់គ្រួសារ លេខរបស់គេគឺ **(360)695-2823** ។ ប្រភពការគាំទ្រមួយទៀតគឺការិយាល័យផ្នែកសុខភាពខួរក្បាលនៃបញ្ហាខាងការទទួលកិច្ចព្យាបាល ។ លេខរបស់គេគឺ **(800)446-0259** ។

តើកិច្ចបំរើមានតម្លៃប៉ុន្មាន?

គេអាចតម្រូវឲ្យអ្នកបង់ថ្លៃកិច្ចបំរើដោយយោងទៅលើស្ថានភាពលុយកាក់របស់អ្នក និងការតម្រូវការធានា ។ ភ្នាក់ងារផ្តល់កិច្ចព្យាបាលនឹងអាចជួយអ្នកឲ្យយល់ពីការទទួលខុសត្រូវខាងលុយកាក់របស់អ្នកបាន។

តើនរណាមានលក្ខណៈនឹងទទួល?

គំរោងសុខភាពដែលបង់ថ្លៃទុកជាមុនមានសំរាប់អ្នកទទួលជំនួយថ្លៃពេទ្យដែលតម្រូវឲ្យមានកិច្ចបំរើខាងខួរក្បាលនិង អ្នកដែលគ្មានលក្ខណៈទទួលជំនួយថ្លៃពេទ្យដែលមានលក្ខណៈគ្រប់គ្រាន់តាមកំរិតដែលរដ្ឋកំណត់សំរាប់សេចក្តីត្រូវការខាងសុខភាពខួរក្បាលមុនគេ ។

សំបុត្រប្រកាសជំរាបពីសិទ្ធិរបស់អ្នករួមៈ

ក្នុងឋានៈជាសមាជិកឬអ្នកប្រើប្រាស់ដែលទទួលកិច្ចបំរើពីគំរោងសុខភាពបង់ថ្លៃទុកជាមុន អ្នកមានសិទ្ធិដែលមានចែងនៅក្នុងច្បាប់ ។ យោងទៅតាមលេខកូដក្រសួងគ្រប់គ្រងរដ្ឋវ៉ាស៊ីងតុន 275-57 អ្នកមានសិទ្ធិទាំងនេះៈ

ក) ត្រូវគេគិតគូរដោយគោរពនិងថ្លៃថ្នូរ

ខ) បង្កើតផែនការកិច្ចរក្សាព្យាបាលនិងកិច្ចបំរើដែលត្រូវតាមសេចក្តីត្រូវការតែមួយរបស់អ្នក

គ) បដិសេធកិច្ចព្យាបាលដែលគេស្នើណាមួយដែលមិនស្របតាមជំពូក 71.05 និង 71.34 RCW ។

ឃ) ដើម្បីទទួលកិច្ចរក្សាព្យាបាលដែលមិនមានការប្រកាន់ពូជសាសន៍និងប៉ះពាល់ដល់ជាតិសាសន៍ វប្បធម៌ ភាសា ភេទ អាយុ ជាតិកំណើតដើម ពិការភាព គោលជំនឿ ស្ថានភាពធនធាននៅក្នុងសង្គម ស្ថានភាពរៀបការ ទិសដៅនៃការរួមភេទ និងលទ្ធភាពក្នុងការបង់ថ្លៃឈ្នួល ។

ង) គ្មានការកេងប្រវ័ញ្ចឬធ្វើអាស្រូវខាងការរួមភេទ

ច) ពិនិត្យមើលឯកសារសំណុំរឿងរបស់អ្នកឡើងវិញនៅក្រោមលក្ខខណ្ឌដែលបានបញ្ជាក់នៅក្នុង WAC 275-57-350 និងមាត្រាពត៌មានស្តីពី កិច្ចព្យាបាលសុខភាពដែលមានភាពដូចគ្នា (RCW 72.02)

ឆ) ភាពលាក់ការដូចនៅក្នុងស្ថានភាពដែលមានជាប់ទាក់ទងគ្នា(ជំពូកលេខ 72.02 លេខ 71.05 លេខ 71.34 RCW) និងច្បាប់ (ជំពូកលេខ WAC 275-55 លេខ 275-54 និង WAC 275-57-360)

ជ) ទទួលការពន្យល់ពីថ្នាំលេបរាល់ថ្ងៃដែលពេទ្យចេញសំបុត្រឲ្យទិញ ដោយរួមទាំងការពិពណ៌នាដែលអាចកើតឡើង និងការធ្វើទុក្ខដែលមាន

ញ) អ្នកមានសិទ្ធិជ្រើសរើសគ្រូពេទ្យរបស់អ្នក ឬប្តូរគ្រូពេទ្យមួយឆ្នាំម្តង

ដ) បើអ្នកមានហេតុផលបញ្ជាក់ថាគេរំលោភលើសិទ្ធិរបស់អ្នក អ្នកអាចដាក់ពាក្យប្តឹងជាមួយអ្នកផ្តល់កិច្ចបំរើ អ្នកស៊ើបអង្កេតពីកិច្ចបំរើសាធារណៈ ឬ អាវែសមិន ។ បើអ្នកដាក់ពាក្យប្តឹងឬប្តឹងសារទុក្ខ អ្នកនឹងគ្មានបារម្ភពីការសងសឹកណាមួយឡើយ ។ អ្នកអាចទាក់ទងជាមួយអ្នកស៊ើបអង្កេតពីកិច្ចបំរើសាធារណៈដោយផ្ទាល់តាមលេខ **(360) 694-6577** ។

Помощь в случае кризиса
(360)737-1399
ТДД (360)737-6297
Линия связи вслучае кризиса Графства Кларк
(360)696-9560
ТДД (360)696-1925

Структуры поддержки Графства Кларк
(360)699-2130
ТДД (360) 737-6065

Координаторы US Behavioral Health Care
(360)735-7010
ТДД (360)735-7020

Предоставители услуг Графства Кларк
Вы можете получить помощь непосредственно у следующих предоставителей услуг:

Детский Центр
415 W 11th
Vancouver, WA 98660
(360)699-2244 ТДД (360)699-1900

Общество "Дом для ребёнка"
309 W 12th
Vancouver, Wa 98660
(360)695-1325 ТДД (360)699-1482
или 1-800-500-8873

Центр Психического Здоровья Колумбия Ривер
1950 Fort Vancouver Way
Vancouver, WA 98663
(360) 737-3555
или в нетложных случаях
(360)737-1399
ТДД (360) 737-6297

Служба поведенческого здоровья Медицинский центр югозапада штата Вашингтон
Memorial Campus - 3400 Main St.
Vancouver, WA 98663
(360)696-5225 ТДД (360)735-7020

ГАРФСТВО КЛАРК

Предоплаченная программа

ВАШЕ ПСИХИЧЕСКОЕ ЗДОРОВЬЕ

Информация

Эта брошюра переведена на другие языки. Звоните (360) 735-7000

ПРЕДОПЛАЧЕННАЯ ПРОГРАММА ГРАФСТВА КЛАРК "ВАШЕ ПСИХИЧЕСКОЕ ЗДОРОВЬЕ"

Участники работают над повышением качества услуг

Графство Кларк приняло программу оказания психиатрических медицинских услуг населению. Предоплаченная программа графства Кларк "Ваше психическое здоровье" предлагает психиатрическое обслуживание через систему местных учреждений.

Программа "Ваше психическое здоровье" позволяет удовлетворить Ваши индивидуальные нужды и обеспечить постоянное высококачественное обслуживание во всех звеньях системы психиатрической помощи.

В программе"Ваше психическое здоровье" участвуют: Структуры поддержки графства Кларк и "US Behavioral Health" - компания имеющая опыт работы в масштабах страны с государственными агенствами и частными предпринимателями по оказанию психиатрических медицинских услуг населению.

Какие расходы покрываются программой?

Предоставитель услуг графства Кларк в зависимости от Ваших специфических нужд, может обеспечивать:

- индивидуализированное лечение
- семейные консультации
- групповую терапию
- ведение дела
- ведение медикаментозного лечения
- неотложную помощь в критических ситуациях
- услуги переводчика
- дневное лечение
- альтернативное больничное лечение

В соответствии с особенностями Вашего конкретного случая, могут быть предоставлены и другие услуги.

Как получить нужные услуги?

Если Вам требуется психиатрическое лечение и Вы хотите встретиться с врачом или ведущим Вашего дела. Вы можете:

- Позвонить или прийти к выбранному Вами предоставителю услуг графства Кларк. Их список напечатан в настоящей брошюре.
- Для того чтобы задать вопросы, расскасать о Вашей нужде, или получить направление к одному из предоставителей услуг Вы можете позвонить по нашему бесплатному телефону (360) 735-7010 или 1-800-896-5943

Медицинская оценка Вашего состояния, сделанная одним из предоставителей услуг, покажет нуждаетесь ли Вы в психиатрическом лечении. Будущие пациенты совместно с предоставителем услуг вырабатывают план лечения.

Кому и куда звонить с жалобами и вопросами?

Для помощи населению в случае жалоб в графстве Кларк имеется служба независимых омбудсманов. Там Вам разъяснят Ваши права и подскажут куда обратиться. Телефон службы (360) 694-6577. Ассоциация графства Кларк для помощи нуждающимся в психиатрическом лечении - это ассоциация созданная для защиты интересов людей с умственными заболеваниями. У них также имеются группы поддержки для семей больных. Тел. (360)695-2823. Ещё одна организация защищающая интересы лиц с умственными заболеваниями, это "Подразделение психического здоровья Отдела потребительских запросов" тел. 1-800-446-0259.

Сколько стоят услуги?

Оплата за услуги производится на основании вашего финансового положения и условий страхового договора. Предоставитель услуг может Вам понять Ваши финансовые обязательства.

Кто может пользоваться программой?

Предоплаченной программой "Ваше психическое здоровье" могут пользоваться нуждающиеся в психиатрической помощи пациенты Медикайда, а также лица, которые по соответствующим стандартам штата нуждаются в неотложной психиатрической помощи.

О правах потребителя:

Ваши права потребителя, получающего услуги по программе "Ваше психическое здоровье", обеспечены законом. В соответствии с административным кодексом штата Вашингтон, 275-57, Вы имеете следующие права:

Право на уважительное и достойное обращение.

Право на медицинские услуги в соответствии с планом, отвечающим Вашим специфическим нуждам.

В) Право отказа от предлагаемого лечения, если оно противоречит разделам 71.05 и 71.34 Свода пересмотренных законов штата Вашингтон (RCW).

Г) Право на недискриминационное получение медицинских услуг вне зависимости от расы, культуры, языка, пола, возраста, национальности, наличия инвалидности, вероисповедания, социально-экономического статуса, семейного положения, сексуальной ориентации и платёжеспособности, но с учётом данных различий.

Д) Право не подвергаться сексуальным домогательствам и эксплуатации.

Е) Право на пересмотр Вашего дела в соответствии с условиями, оговоренными в Административном кодексе штата Вашингтон, 257-57-350, и законе о единообразии медицинской информации (RCW 70.02).

Ж) Право на конфиденциальность, в соответствии со следующими статьями кодексов и законодательных актов (70.02, 71.05, 71.34RCW) (WAC 275-55, 275-54 и WAC 275-57-360)

З) Право на получение разъяснений относительно всех прописанных Вам лекарств, включая информацию об их ожидаемых и побочных действиях.

И) Право на выбор врача и смену врача раз в год.

К) Если у Вас есть основания полагать, что Ваши права были нарушены, Вы можете подать жалобу предоставителю услуг, омбудсману или в офис "Структур поддержки графства Кларк". Если Вы подали жалобу Вас не имеют права подвергать за это каким-либо мерам возмездия. Вы можете прямо обратиться к Омбудсману графства по телефону (360)694-6577.

SERVICIOS DE RESPUESTA A LAS CRISIS
(360) 737-1399
TDD (360) 737-6297
LINEA DE CRISIS DEL CONDADO DE CLARK
(360) 696-9560
TDD (360) 696-1925

RED DE APOYO REGIONAL DEL CONDADO DE CLARK
(360) 699-2130
TDD (360) 737-6065

COORDINADORES DE ATENCION DE US BEHAVIORAL HEALTH
(360) 735-7010
TDD (360) 735-7020

Prestadores Participantes del Condado de Clark
Usted puede lograr acceso a los servicios en forma directa a través de los organismos siguientes:

Centro de Niños
415 W. 11th
Vancouver, WA 98660
(360) 699-2244
TDD (360) 699-1900

Sociedad de Hogares para Niños
309 W. 12th
Vancouver, WA 98660
(360) 695-1325
TDD (360) 699-1482 ú
(800) 500-8873

Servicios de Salud Mental de Columbia River
1950 Fort Vancouver Way
Vancouver, WA 98663
(360) 737-3555 ó
737-1399 Crisis
TDD (360) 737-6297

Servicios de Salud del ComportamientoCentro Médico del Suroeste de Washington
Memorial Campus - 3400 Main
Vancouver, WA 98663 (360) 696-5225
TDD(360) 735-7020

Spanish

PLAN PREPAGADO DE SALUD MENTAL DEL CONDADO DEL CLARK

Información

ESTE FOLLETO SE ENCUENTRA DISPONIBLE EN IDIOMAS Y FORMATOS ALTERNATIVOS
SIRVASE LLAMAR AL (360) 735-7000

1 D 3 C

PLAN PREPAGADO DE SALUD MENTAL DEL CONDADO DEL CLARK

Socios Que Trabajan Para Mejorar La Calidad De La Atención

El condado de Clark ha adoptado un sistema de atención administrada para los servicios de salud mental. El Plan Prepagado de Salud del Condado de Clark (PPS) ofrece servicios de salud mental a través de una red de organismos comunitarios. El PPS nos permitirá satisfacer sus necesidades de atención individual y asegurar la calidad constante de la atención en todo el sistema de provisión de servicios.

El Plan Prepagado de Salud es una sociedad entre la Red de Apoyo Regional del Condado de Clark y US Behavioral Health, que es una empresa de atención administrada que ha trabajado con organismos públicos y empleadores privados de todo el país para administrar servicios de salud mental.

¿Qué Servicios Están Cubiertos?

El Organismo Prestador del Condado de Clark podrá proveerle los servicios siguientes en base a sus necesidades específicas.

- *terapia individual*
- *asesoramiento familiar*
- *terapia de grupo*
- *administración de casos*
- *administración de medicamentos*
- *intervención de emergencia/crisis*
- *servicios de interpretación*
- *tratamiento diurno*
- *servicios hospitalarios alternativos*

¿Cómo Puede Obtener Los Servicios Que Necesita?

Si necesita servicios de salud mental y desea ver a un terapeuta o a un administrador de casos, usted puede:

• Llamar o visitar al Organismo Prestador del Condado de Clark de su opción. Vea la lista de organismos disponibles de este folleto.

• Llame a nuestro número gratuito si tiene preguntas o inquietudes, o para obtener una recomendación para uno de nuestros Organismos Prestadores, llame al **(360) 735-7010 u (800) 896-5943.**

Una evaluación clínica con uno de nuestros Organismos Prestadores determinará si es apto para recibir servicios de salud mental. Las personas aptas participarán con el prestador en el desarrollo de un plan de tratamiento.

¿A quién Debe Llamar Si Tiene Un Problema?

El Condado de Clark ha establecido un Servicio de Defensor Cívico independiente para ayudarle con sus inquietudes y quejas. Este servicio le proveerá información acerca de sus derechos y recursos disponibles. Su número es **(360) 694-6577**. La Alianza de Clark para Enfermos Mentales es un grupo de defensa que provee grupos de apoyo pasa las familias. Su número es **(360) 695-2823**. Otra opción de defensa es la Oficina de La División Mental de Asuntos del Consumidor. Su número es **(800) 446-0259.**

¿Cuál Es El Costo De Los Servicios?

Es posible que se le requiera pagar por los servicios en base a su estado financiero y requisitos de seguros. El Organismo Prestador podrá ayudarle a entender su responsabilidad financiera.

¿Quién Es Apto?

El Plan Prepagado de Salud está a disposición de los receptores de Medicaid que requieren servicios de salud mental y de las personas no aptas para recibir Medicaid que cumplen con los criterios definidos por el estado para las necesidades prioritarias de salud mental.

Aviso De Los Derechos Del Consumidor:

Como cliente o consumidor que recibe servicios del Plan Prepagado de Salud, usted tiene los derechos que están declarados en la ley. Según el Código Administrativo de Washington 275-57, usted tiene estos derechos:

A) De ser tratado con respeto y dignidad;

B) De desarrollar un plan de atención y servicios que satisfaga sus necesidades singulares;

C) De rehusar cualquier tratamiento propuesto que no sea compatible con los capítulos 71.05 y 71.34 RCW.

D) De recibir una atención que sea no discriminatoria y sensible con respecto a las diferencias de raza, cultura, idiomas, sexo, edad, origen nacional, discapacidad, credo, estado socioeconómico, estado matrimonial, orientación sexual y capacidad de pago;

E) De que no se lo someta a ninguna explotación o acoso sexual;

F) De examinar su registro de caso conforme a las condiciones especificadas en WAC 275-57-350 y en la Ley Uniforme de Información de Atención de la Salud (RCW 70.02);

G) De confidencialidad conforme a las leyes (capítulos 70.02, 71.05, 71.34 RCW) y reglamentos relevantes (Capítulo WAC 275-55, 275-54 y WAC 275-57-360);

H) De Recibir una explicación de todos los medicamentos recetados, incluyendo los efectos secundarios esperados y comprobados;

I) Usted tiene el derecho de escoger a su clínico y de cambiar de clínico una vez por año;

J) Si tiene motivos que le hacen considerar que sus derechos han sido violados, usted puede presentarle una queja al prestador de servicio, al Defensor Cívico o a la RSN. Si presenta una queja o motivo de queja no se lo podrá someter a ningún acto de venganza. Usted puede ponerse en contacto directo con el Defensor Cívico del Condado llamando al **(360) 694-6577.**

CRISIS RESPONSE SERVICES
(360) 737-1399
TDD (360) 737-6297
CLARK COUNTY
CRISIS LINE
(360) 696-1925

CLARK COUNTY REGIONAL
SUPPORT NETWORK
(360) 699-2130

US BEHAVIORAL HEALTH
CARE COORDINATORS
(360) 735-7010
TDD (360) 735-7020

Nơi/Người Cung Cấp Tham Gia Chươn
Trình Ở Quận Clark

Qui vị có thể nhận dịch vụ trực tiếp qua c
cơ quan sau:

Children's Center
415 W. 11th
Vancouver, WA 98660
(360) 699-2244
TDD (360) 699-1900

Children's Home Society
309 W. 12th
Vancouver, WA 98660
(360) 695-1325
TDD (360) 699-1482 hay
(800) 500-8873

Columbia River Mental Health Services
1950 Fort Vancouver Way
Vancouver, WA 98663
9360) 737-3555 hay 737-1399 Crisis
TDD (360) 737-6297

Behavioral Health Services
SW Washington Medical Center
Memorial Campus -3400 Main St.
Vancouver, WA 98663
(360) 696-5225 TDD (360) 735-7020

TIN TỨC

VỀ

CHƯƠNG TRÌNH

SỨC KHỎE TÂM THẦN ĐƯỢC TRẢ TRƯỚC

Ở

QUẬN CLARK

Giấy phổ biến nầy có nhiều ngôn ngữ và
hình thức khác nhau
Xin gọi số (360) 735-7000

CHƯƠNG TRÌNH SỨC KHỎE TÂM THẦN ĐƯỢC TRẢ TRƯỚC CỦA QUẬN CLARK

Cộng Sự Viên Làm Việc Với Nhau Để Làm Tăng Phẩm Chất Trị Liệu

Quận Clark đã chấp nhận một hệ thống quản trị trị liệu để cung cấp dịch vụ sức khỏe tâm thần cho công chúng.

Chương Trình Y Tế Được Trả Trước của Quận Clark (PHP) gồm các dịch vụ về sức khỏe tâm thần qua sự cộng tác của những cơ quan trong cộng đồng. Chương Trình Y Tế Trả Trước cho phép chúng tôi đáp ứng nhu cầu trị liệu cá nhân và bảo đảm phẩm chất của việc trị liệu trong toàn hệ thống chữa trị.

Chương Trình Y Tế Trả Trước là sự phối hợp giữa Hệ Thống Hỗ Trợ Vùng của Quận Clark và US Behavioral Health, một công ty về quản trị trị liệu, làm việc với các cơ quan công và tư trong toàn nước để điều hành các dịch vụ về sức khỏe tâm thần.

Có Những Dịch Vụ Nào?

Nơi/Người Cung Cấp Dịch Vụ của Quận Clark có thể cung cấp cho quí vị các dịch vụ sau đây tùy theo nhu cầu của quí vị.

- *trị liệu cá nhân*
- *tham vấn gia đình*
- *trị liệu nhóm*
- *quản lý hồ sơ*
- *hướng dẫn cách dùng thuốc*
- *can thiệp về trường hợp khủng hoảng/trường hợp khẩn cấp*
- *dịch vụ thông dịch*
- *chữa trị ban ngày*
- *các dịch vụ chữa trị thay thế thay vì phải đi nhà thương.*

Những dịch vụ khác cũng có thể cung cấp để đáp ứng với nhu cầu đặc biệt của quí vị.

Làm Thế Nào Để Quí Vị Nhận Được Dịch Vụ Mà Quí Vị Cần?

Nếu quí vị cần dịch vụ tâm thần và muốn gặp một chuyên viên trị liệu hay người quản lý hồ sơ, quí vị có thể:

- Tùy quí vị muốn gọi điện thoại hay đi đến Văn Phòng Cung Cấp Dịch Vụ của Quận Clark. Xin xem danh sách trong giấy nầy để biết các văn phòng phục vụ.
- Gọi điện thoại miễn phí số (360) 735-7010 hay (800) 896-5943 để thăm hỏi, tỏ mối thắc mắc, hay để nhận sự giới thiệu để đến một trong những nơi cung cấp dịch vụ.

Một lần thẩm định bịnh trạng với một trong những nơi/người cung cấp dịch vụ của chúng tôi sẽ xác định quí vị có hợp lệ cho các dịch vụ tâm thần hay không. Những ai hợp lệ sẽ góp phần với nơi/người cung cấp dịch vụ để làm ra chương trình chữa trị.

Ai Để Quí Vị Gọi Khi Có Trở Ngại?

Quận Clark đã đặt ra văn phòng Thanh Tra độc lập để giúp quí vị khi có thắc mắc và khiếu nại. Văn phòng nầy sẽ cung cấp cho quí vị các tin tức về quyền hạn của quí vị và nơi nào quí vị đến để nhận dịch vụ. Số của họ là (360) 694-6577. Nhóm Clark Allian dành cho Quí Vị Mắc Bệnh Tâm Thần là nhóm người hảo tâm cung cấp dịch vụ hỗ trợ cho gia đình; số của họ là (360) 695-282 Nhóm khác là Mental Health Division Office of Consumer Affairs. Số của họ là (800) 446-0259.

Chi Phí Của Dịch Vụ Là Bao Nhiêu?

Tùy theo tình trạng tài chánh và điều kiện bảo hiểm, quí vị có thể được yêu cầu để trả tiền cho các dịch vụ nầy. Nơi/Người Cung Cấp Dịch Vụ sẽ giúp quí vị để quí vị biết trách nhiệm tài chánh của mình.

Ai Hội Đủ Điều Kiện?

Chương Trình Y Tế Trả Trước dành cho quí vị có Medicaid và cần có các dịch vụ tâm thần, và cũng dành cho những ai không hội đủ điều kiện nhận Medicaid nhưng nằm trong nhóm mà tiểu bang ấn định là có ưu tiên về sức khỏe tâm thần.

Thông Báo Về Quyền Hạn Của Người Xử Dụng Chương Trình

Với tư cách của một thân chủ hay người nhận dịch vụ của chương trình Y Tế Trả Trước, quí vị có những quyền hạn được nêu rõ ràng trong luật pháp. Theo Bộ Luật Hành Chánh của Tiểu Bang Washington số 275-57, quí vị có những quyền như sau:

A) Quyền được đối xử với sự tôn trọng và danh dự;

B) Quyền làm ra chương trình săn sóc và dịch vụ để đáp ứng với nhu cầu riêng của quí vị.

C) Quyền từ chối bất cứ việc điều trị đề nghị nào mà không phù hợp với chương 71.05 và chương 71.34 của Bộ Luật Hành Chánh của Tiểu Bang Washington.

D) Quyền nhận chữa trị mà không kỳ thị và tế nhị trong việc khác chủng tộc, văn hóa, ngôn ngữ, phái tính, tuổi tác, quốc tịch gốc, tàn tật, tín ngưỡng, tầng lớp trong xã hội, tình trạng gia cảnh, chọn lựa về luyến ái, và khả năng trả tiền;

E) Quyền không bị mọi thái mới hay sách nhiễu về tình dục;

F) Quyền được xem hồ sơ theo điều kiện đã được định trong Bộ Luật Hành Chánh Tiểu Bang Washington số 275-57-350 và trong Điều Luật Tin Tức về Săn Sóc Y Tế Đồng Nhất (Bộ Luật Canh Cải Tiểu Bang Washington số 70.02);

G) Quyền được giữ tư mật như đã nêu rõ ràng trong bộ luật (Chương 70.02, 71.05, 71.34 Luật Canh Cải Washington) và các qui luật (Chương 275-55, 275-54, và Chương 275-57-360 của Luật Hành Chánh Tiểu Bang Washington);

H) Quyền nhận được sự giải thích về tất cả các thuốc được ra toa, kể cả việc bị phản ứng thuốc tiên đoán hay hiển nhiên;

I) Quyền được chọn người trị bịnh cho mình hay quyền thay đổi người trị bịnh một năm một lần;

J) Nếu quí vị có lý do nào tin rằng quyền của mình bị vi phạm,quí vị có thể đệ trình khiếu nại với người/nơi cung cấp dịch vụ,với viên Thanh Tra hay với RSN. Khi quí vị đưa khiếu nại hay than phiền, quí vị sẽ không bị một hành vi trả thù nào. Quí vị có thể liên lạc thẳng với Viên Thanh Tra Quận ở số (360) 694-6577.

Notice of Consumer Rights:
You have these rights under state law. These include:

a) To be treated with respect and dignity
b) To develop a plan of care and services that meets your unique needs
c) To refuse any proposed treatment unless involuntarily detained or court ordered
d) To receive care which is nondiscriminatory and sensitive to differences of race, culture, language, sex, age, national origin, disability, creed, socioeconomic status, marital status, sexual orientation, and ability to pay
e) To be free of any sexual exploitation or harassment
f) To review your case record under conditions allowed by law
g) Confidentiality, unless the law requires a counselor to share information, including, but not limited to, danger to self, danger to others, or court order
h) To receive an explanation of all medications prescribed, including any side effects
i) You have the right to choose your clinician or to change clinician once a year
j) If you have reason to believe your rights have been violated, you may lodge a complaint. If you lodge a complaint or grievance, you will not lose service, suffer discrimination or be mistreated.

CLARK COUNTY CRISIS LINE
(360) 696-9560
(360) 696-1925 TDD

UNITED BEHAVIORAL HEALTH
(360) 735-7000 or (800) 410-1910
(360) 735-7020 TDD

Participating Clark County Providers

Columbia River Mental Health Services
6926 E. Fourth Plain Blvd.
PO Box 1337
(360) 993-3000
(360) 737-6297 TDD
(360) 750-7000 Hazel Dell

Children's Home Society of Washington
309 W. 12th
Vancouver, WA 98660
(360) 695-1325
(360) 699-1482 TDD
(800) 500-8873

Children's Center
415 W 11th
Vancouver, WA 98666
(360) 699-2244
(360) 699-1900 TDD

PeaceHealth
210 W 11th
Vancouver, WA 98660
(360) 695-1297
(360) 256-4180 TTD
(360) 695-9690 FAX

Southwest WA Medical Center
3400 Main Street
PO Box 1600
Vancouver, WA 98663
(360) 696-5041

CLARK COUNTY PREPAID MENTAL HEALTH PLAN

Clark County contracts with United Behavioral Health to coordinate the public mental health services. Those services are provided at local community mental health centers. This allows you to select a provider who best meets your individual needs. This service network represents your mental health coverage.

What Services Are Covered?
The community mental health center you select from our list of providers may provide you with, or refer you to, one or more of the following services based on your specific needs:

♦ *Individual Therapy*	♦ *Case Management*
♦ *Group Therapy*	♦ *Language Interpretive Services*
♦ *Family Counseling*	♦ *Residential Services*
♦ *Inpatient Treatment*	♦ *Medication Management*
♦ *Hospital Diversion Services*	♦ *Emergency/Crisis Intervention*
♦ *Day Treatment*	♦ *Vocational Services*

If the mental health center you select does not provide a specific service you need, you may be referred to another agency that does provide the service. The service network has agencies whose staff specialize in working with children, ethnic minority populations, older adults, as well as individuals who may be deaf, blind or have HIV.

How Do You Get the Services You Need?
If you need mental health services and want to see a therapist or case manager, you may:

- Call or visit the mental health agency of your choice. See the list in this brochure of available centers; or,
- Call the toll-free number at United Behavioral Health to receive a referral to one of these agencies. The United Behavioral Health staff can help determine which agency provides the best service for your specific need. The numbers are **(360) 735-7000 or (800) 896-5943.**

Your initial appointment (screening/intake) with one of the mental health agencies will help identify your mental health service needs and begin to develop specific goals and types of services that would be most beneficial. This process could result in referrals to

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other agencies in the community to address additional problem areas that may be identified (i.e., substance abuse, battered women, health care, etc.).

Who Is Eligible?
The Prepaid Health Plan is available to all Medicaid recipients who require mental health services. If you do not have Medicaid, you may still be eligible for services based on your need and income level. Your first meeting with a counselor will help determine if you are eligible. If you are denied services but still feel that you are eligible, you may ask to have your case reviewed with the Customer Service Representatives at the agency, the staff at United Behavioral Health, or you may call the Ombuds for assistance.

Out of Area Emergencies
We understand that you may travel or visit other parts of the country. In those instances, Clark County will cover only emergency psychiatric services. Anytime you receive emergency psychiatric services out of Clark County, the person or hospital providing the emergency services should contact United Behavioral Health at (800) 896-5943 as soon as possible to discuss your circumstances and service needs.

Unauthorized Care
Clark County will not be responsible for any public mental health services that are not authorized by United Behavioral Health.

Non-Covered Services
Clark County and United Behavioral Health are continually working with experts to assure that the highest clinical standards are followed in providing your mental health services. These methods are those which research supports as being the best to take care of your specific mental health condition.

If you feel strongly that a certain method is best for your care and it is not part of the services that are covered, you or your counselor may contact United Behavioral Health to request an exception. The staff at United Behavioral Health will review your situation and inform you of their decision.

Who Do You Call With A Problem?
Each agency has a **Customer Service Representative** who can assist you if you have a question, concern, complaint or grievance about the service you have received.

You may also contact **United Behavioral Health at (360) 735-7000** and speak to a staff member if you have a problem.

The Clark County **Ombuds (360) 694-6577** can assist you with any problems. They can also provide you with information about your rights, how to file a complaint or grievance, and other resources available to you.

Finally, you may also file a complaint or grievance with **Clark County Regional Support Network at (360) 699-2130.**

Are There Other Groups Where I Can Get Support?
The following organizations can help in providing you support:

Clark Alliance for the Mentally Ill (360) 695-2823 is an advocacy group that provides support for individuals and their families.

Consumer Voices Are Born (360) 737-3455 is a consumer-run advocacy organization.

Bridge Builders Project (360) 695-2788 is an advocacy group for families.

The Mental Health Division Office of Consumer Affairs at (800) 446-0259.

What is the Cost of Services?
If you have Medicaid, there is no charge to you for the services you receive. If you do not have Medicaid, you may need to pay for the services on a sliding fee basis. If you have private insurance, it may also cover the cost of your services.

Clark County will not turn away anyone who needs a mental health service but is unable to pay. For those cases, other arrangements can be made with the agency you are using. The agency you choose will be able to assist you in understanding the sliding fee scale and will make sure you are able to receive the services you may need.

El Plan Mental de la salud del Condado de Clark:

El Plan Mental de la salud del Condado de Clark de la Salud Unida coordinado que la salud mental pública atienden. Esos servicios se proporcionan en la comunidad local el centro mental de la salud.
Esto permite que usted escoja un servicio que reúne mejor sus necesidades de individuall. Esta cadena de Servicio representa su alcance mental de la salud.

¿Qué Servicios se cubren?

- La Terapia individual
- Terapia conjunta
- Aconsejar de familia
- El Tratamiento de paciente
- La Diversión sociales del hospital
- El Tratamiento de día
- La administración del caso
- los Servicios que interpreta la idioma
- Los Servicios residenciales
- La Administración de la medicina
- La emergencia/la Intervención de la crisis
- Los Servicios vocacionales

Si el Centro de salud mental escoge no proporciona un servicio específico que usted necesita, usted puede ser referido a otra agencia que proporciona el servicio. La cadena del servicio tiene las agencias cuyo proveen especializan a trabajar con niños, poblaciones minoritarias étnicas, los adultos más viejos, así como también individuos que pueden ser sordos, cegos o tener hiv.

¿Cómo obtiene usted los servicios que usted necesita?

si usted necesita los servicios mentales de la salud y quiere ver un director de therapist o caso, usted puede:

- Llame o visite la agencia mental de la salud de su elección. Vea la lista en este folleto de centros disponibles; o,

- Llame el número libre de la Salud Unida de Behavioral para recibir una referencia a uno de estas agencias. El personal Unido de la salud de behavioral puede ayudar determina cuál agencia proporciona el mejor servicio para su necesidad específica. Los números son 360-735-7000 o 800-896-5943.

Su cita inicial (la selección/la toma) con uno de las agencias mentales de la salud ayudarán identifica sus servicios mentales de la salud que sería muy benéfico. Este proceso podría tener como resultado las referencias a otras agencias en la comunidad para dirigir áreas adicionales de problema que se pueden identificar (en otras palabras, el abuso de substancia, mujeres azotadas, el cuidado de la salud, etc.).

¿Quién tiene derecho?

El plan pagado con antelación de la salud está disponible a todos recipientes de Medicaid que requieren los servicios mentales de la salud. Si usted no tiene medicaid, usted tiene derecho todavía para servicios basados en su nivel de la necesidad e ingresos. Su primera reunión con un consejero ayudará determina si usted tiene derecho.
Si usted es negado los servicios pero se siente todavía que usted tiene derecho, usted puede pedir tener su caso revisado con el Representante del Servicio de Cliente en la agencia, el personal en la Salud Unida de Behavioral, o usted pueden llamar Ombuds para la ayuda.

Fuera de Emergencias de Area

Entendemos que usted puede viajar o puede visitar otras partes del condado.
En esos casos, El Condado de Clark cubrirá sólo las emergencia de servicios psiquiátricos. En cualquier momento que usted reciba la emergencia para los servicios psiquiátricos fuera de Condado de Clark, el proporcionar de persona o hospital que lo asiste de la emergencia deben avisar Behavioral Helath Unido en 800-896-5943 tan pronto como sea posible para discutir sus necesidades de circunstancias y servicio.

Atendido sin autorizacion

El Condado de Clark no será responsable de ninguna salud mental pública atienden a que no son autorizados por la Salud Unida de Behavioral.

Servicios no cubridos

El Condado de Clark y Salud Unida de Behavioral trabajan continuamente con especialistas para asegurar que los estándares clínicos más altos son seguidos a proporcionar sus servicios mentales de la salud. Estos métodos son ésos que investigan apoyos que cuida de su condición mental específica de la salud.

Si usted se siente fuertemente que un cierto método es mejor para su cuidado y no es la parte de los servicios que se cubren, usted o su consejero puede contactar la Salud Unida de behavioral para solicitar una excepción.

¿A quién llamar si usted tiene un problema?

Cada agencia tiene un Representante del Servicio de Cliente que puede ayudar a usted si usted tiene una pregunta, concierna, la queja o la queja acerca del servicio que usted ha recibido.
Usted puede avisar también la Salud Unida de Behavioral en 360-735-7000 y dirige la palabra a un miembro del personal si usted tiene un problema.

El ombuds 360-694-6577 del condado de clark lo puede ayudar con problemas. Ellos también lo pueden proporcionar con información acerca de sus derechos, cómo archivar una queja o la queja, y otros recursos disponibles a usted.

Finalmente, usted puede archivar también una queja con el condado de clark ,cadena regional de apoyo en 360-699-2130.

¿Hay otros grupos donde puedo obtener apoyo?

Las organizaciones siguientes pueden ayudar a sostener apoyo.

La alianza de calrk para el mentalmente enfermo 360-695-2823 es una organización del apoyo defenso.

Sostenga para individuos y sus familias.

Nacen las voces del consumidor 360-737-3455 es una organización del apoyo defenso.

Los constructores del puente proyectan 360-695-2788 es un grupo de apoyo para familias.
La oficina mental de la división de la salud de asuntos de consumidor en 800-446-0259.

¿Qué es el costo de servicios?

Si usted tiene medicaid, no hay carga a usted para ios servicios que usted recibe.
Si usted no tiene medicaid, usted necesita paga por el servico a un base del honorario.que desliza
Si usted tiene el seguro social, puede cubrir también el costo de sus servicios.

El condado de clark no girará lejos nadie que necesita un servicio mental de la salud que es incapaz de pagar.
Para esos casos, otros arreglos se pueden hacer con la agencia que usted usan.
La agencia que usted escoge será capaz de ayudarlo en la comprensión de la escala del honorario que desliza y lo se cerciorará es capaces de recibir los servicios que usted puede necesitar.

La nota de derechos de consumidor.
usted tiene los derechos bajo la ley del estado. éstos incluyen:

a) para ser tratado con el respeto y la dignidad
b) A desarrolla un plan del cuidado y el servicio que reúne usted necesidades extraordinarias.
c) para rehusar algún tratamiento propuesto a menos que retuviera involuntariamente o el tribunal ordenado
d) a recibe el cuidado que es nondiscriminatory y sensible a diferencias de la carrera, de la cultura, del idioma, del sexo, de la edad, del origen nacional, del credo de la incapacidad, de la posición de socioeconomic, de la posición marital, de la orientación sexual, y de la habilidad a la paga
e) para ser libre de alguna explotación o harassment sexuales
f) a la revisión su registro del caso bajo condiciones permitidas por la ley
g) la confidencialidad, a menos que la ley requiera a un consejero a compartir información, incluir, pero no limitado a, el peligro al ser, el peligro a otros, ni al tribunal ordenado
h) a recibe una explicación de todas medicinas prescritas, inclusive y los efectos del lado
i) usted tiene el derecho a escoge a su clínico o al clínico del cambio una vez al año

j) Si usted tiene la razón al beleive que sus derechos se han violado, usted puede habitar una queja. Si usted habita una queja o la queja, usted no perderá el servicio, sufrirá la discriminación o es maltratado.

la línea de la crisis del condado de clark

(360) 696-9560
(360) 696-1925 TDD

la salud unida de behavioral

(360) 735-7000 o (800) 410-1910
(360) 735-7020 TDD

Ayudantes de condado de clark que participan

servicios de la salud mental del río de columbia

6926 E. Fourth Plain Blvd.
PO Box 1337
(360) 993-3000
(360) 737-6297 TDD
(360) 750-7000 Hazel Dell

la sociedad del hogar de niños de Washington
309 W. 12th
Vancouver, WA 98660
(360) 695-1325
(360) 699-1482 TDD
(800) 500-8873

El Centro de niños

415 W. 11th
Vacouver, WA 98666
(360) 699-2244
(360) 699-1900 TDD

La salud de la paz

210 W. 11th
Vancouver, WA 98660
(360) 695-1297
(360) 256-4180 TDD
(360) 695-9690 FAX

El centro médico del sudoeste de washington

3400 Main Street
PO Box 1600
Vancouver, WA 98663
(360) 696-5041

If you are eligible for Medicaid benefits, reside within the Region, and are receiving or seeking community mental health services, you are a member of the Greater Columbia Behavioral Health Prepaid Health Plan.

Prepaid Health Plan

509-735-8681 - Voice/TDD

1-800-795-9296

Ombuds Service

1-800-257-0660

Greater Columbia Behavioral Health Regional Office

509-735-8681- Voice/TDD

1-800-795-9296

509-783-4165 - Fax

Visit our web site: www.gcbh.org

Greater Columbia Behavioral Health

101 North Edison Street
Kennewick, WA 99336-1958

Greater Columbia Behavioral Health

Prepaid Health Plan

MENTAL HEALTH BENEFIT BROCHURE

A GUIDE TO MENTAL HEALTH SERVICES WITHIN GREATER COLUMBIA BEHAVIORAL HEALTH

1 b 3 G C

Covered Services

As a Prepaid Health Plan (PHP) member, you are entitled to a basic mental health care plan which may include crisis intervention, intake/assessment, brief counseling and/or case management, and interpretive services as needed. All other extended services require authorization from your service provider.

Your first visit with a mental health service provider usually involves an intake evaluation. This evaluation is used to determine eligibility and medical need for mental health services and to develop a plan for services. Authorized extended services may include:

- Individual or group therapy
- Family counseling
- Case management
- Medication management
- 24 hour emergency/crisis assistance
- Rehabilitation/support services

SOME AGENCIES ALSO PROVIDE SPECIALIZED SERVICES.

Greater Columbia Behavioral Health Member Governments:

- Asotin County
- Benton County
- Columbia County
- Franklin County
- Garfield County
- Kittitas County
- Klickitat County
- Skamania County
- Walla Walla County
- Whitman County
- Yakama Nation
- Yakima County

Non-covered Services

The following services are not currently covered by the Prepaid Health Plan:

- Inpatient services
- Transportation
- Cost of prescription medications
- Unauthorized mental health services

Unauthorized Care

Some services are considered unauthorized and are not covered by the Prepaid Health Plan. If you fail to obtain appropriate authorization for the following services, you may be required to pay for that service:

- More than 2 hours of out-of-area emergency services (beyond GCBH borders)
- Services provided by non-PHP providers
- Extended services not approved by your service provider

FOR AUTHORIZATION, CONTACT THE SERVICE PROVIDER IN YOUR AREA.

Ombuds Service

The GCBH provides an Ombuds Service for all members of the PHP to assist in any complaints. The Ombudsperson can provide information about client rights, resources available, and grievance procedures, including the state fair hearing process. To contact the Ombuds Service, call: 509-735-8681 or 1-800-257-0660.

Discrimination is prohibited in all programs and activities: No one shall be excluded on the basis of race, color, religion, creed, national origin, sex, sexual orientation, marital status, disabled veteran status, Vietnam Era Veteran status, or disability. This material is available in alternate formats.

Translation services are available

Ombuds Service

Sự Giúp Đở Cho Những Người Tiêu Thụ Tại Quận Spokane của Cơ quan y tế Tâm Thần Cộng Đồng Qua Sự Ũng Hộ, Thương Lượng, Điều đình.

Ombuds Service
905 W. Riverside, Suite 507
Spokane, WA 99201
(509) 624-1740

Là người tiêu thụ của cơ quan y tế tâm thần cộng đồng, quí vị có quyền:

1. Được đối sử với sự kính trọng và được tôn trọng;
2. Trình bày kế hoạch chăm sóc và phục vụ để phù hợp với nhu cầu chính yếu của quí vị;
3. Từ chối bất cứ đề nghị chữa trị, để phù hợp với những bắt buộc trong điều luật Không Tùy Ý Chữa Trị;
4. Nhận được sự chăm sóc mà không có phân biệt quí vị về giới tính, chủng tộc, nguồn gốc dân tộc, ngôn ngữ, tuổi tác, tàn tật và bản năng giới tính của quí vị;
5. Không bị lợi dụng hay là quấy nhiễu về tình dục;
6. Xem xét lại hồ sơ chăm sóc của quí vị;
7. Nhận được sự giải thích về tất cả những loại thuốc trị liệu bao gồm những tác dụng chính và những ảnh hưởng phụ có thể xảy ra;
8. Được giữ bí mật như là đã được trình bày trong những điều lệ và những luật lệ thích đáng;
9. Điền đơn khiếu nại với những nhân viên ombus ở Cơ Quan Phục Vụ địa phương, hay là người cung cấp nếu quí vị tin rằng quyền lợi của quí vị đã bị vi phạm;
10. Điền đơn khiếu nại mà không sợ bị truy tố hay đe dọa về việc nầy.

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Câu hỏi: "Ombus" nghĩa là gì?

Trả lời: Nhân viên ombus đưa ra sự giúp đỡ mà không có tùy thuộc vào bất cứ một cơ quan chính phủ hay là cơ quan cung cấp nào- nhằm mục đích là giúp đỡ những người dân/ người tiêu thụ giải quyết những vấn đề bên ngoài toà án.

Câu hỏi: Cơ Quan Ombuds giúp đở được gì? Bằng cách nào mà cơ quan nầy được thành lập?

Trả lời: Lập ra bởi luật tiểu bang, Cơ Quan Ombuds giúp đỡ những người tiêu thụ về những sự khiếu nại và bất bình về cách phục vụ mà y tế tâm thần đã dành cho họ.

Gia đình và bạn bè của những người tiêu thụ ai mà có những sự khiếu nại và bất bình về cơ quan y tế tâm thần cũng có thể nhận được sự giúp đỡ.

Dù là cho người tiêu thụ hay là cho gia đình và bạn bè của họ, Cơ Quan Ombuds sẽ điều tra mọi trường hợp, những luật pháp và thủ tục để giúp đỡ khách hàng về sự ủng hộ, thương lượng và điều đình những vấn đề của họ và những sự xung đột với hệ thống của y tế tâm thần cộng đồng.

Câu hỏi: Ai thì có đủ tư cách để cho cơ quan Spokane Y Tế Tâm Thần Cộng Đồng phần Ombus giúp đở và có phải đóng chi phí gì cho sự giúp đỡ nầy không?

Trả lời: Những người dân ở quận spokane mà nhận được hay là phù hợp để nhận ngân quản công cộng do sự phục vụ y tế tâm thần thì hợp lệ để được sự giúp đỡ từ cơ quan Ombuds. Đó là sự phục vụ miễn phí.

Câu hỏi: Làm thế nào để tôi có thể được giải quyết về đơn khiếu nại của tôi và cảm thấy được thích đáng?

Trả lời: Chuẩn bị đầy đủ những sử kiện, giúp vào sự điều tra, thăm dò những sự lựa chọn với nhân viên ombus, và sao đó quyết định là quí vị muốn sự việc sẻ xảy ra làm sao để giải quyết sự khiếu nại của quí vị.

Câu hỏi: Có ai khác biết được sự khiếu nại của tôi không?

Trả lời: Nhân viên ombus sẽ điều tra về sự khiếu nại của quí vị chỉ với sự cho phép của quí vị mà thôi và hồ sơ của quí vị sẽ được giữ sự bí mật tuyệt đối để bảo vệ sự riêng tư của quí vị.

Tài liệu này và những tài liệu khác có sẵn các ngôn ngữ và/ hay là ở những hình thức khác.

- Tham dự việc phục vụ khách hàng,
- Đưa ra các đề nghị, và
- Bảo vệ tư mật của khách hàng.

Muốn Biết Thêm Chi Tiết xin liên lạc
Hệ thống Mạng Hỗ trợ Vùng Spokane
(509) 456-5722, ext. 118 hoặc
1 (800) 273-5864

Sự Liên Minh giữa Các Cơ Sở Chăm Sóc Sức Khỏe Tâm Thần Ở Quận Hạt Spokane

Các dịch vụ cho các bệnh nhân của CHƯƠNG TRÌNH SỨC KHOẺ TÂM THẦN ĐƯỢC TRẢ TRƯỚC đều có ở các cơ sở của cộng đồng kể sau:

SPOKANE MENTAL HEALTH
107 S. Division
Spokane, WA 99202-1586
(509) 838-4651

CATHOLIC FAMILY SERVICES
1023 W. Riverside Drive
Spokane, WA 99210
(509) 456-7160

CHILDREN'S HOME SOCIETY OF WASHINGTON
4315 S. Scott Street
Spokane, WA 98203
(509) 747-4174

FAMILY SERVICE SPOKANE
7 S. Howard Street, Suite 321
Spokane, WA 99204
(509) 838-4128

LUTHERAN SOCIAL SERVICES
7 S. Howard Street, Suite 200
Spokane, WA 99204
(509) 747-8224

SACRED HEART MEDICAL CENTER
101 W. Eighth Avenue
Spokane, WA 99220-2555
(509) 455-4818

24-GIỜ ĐÁP ỨNG KHỦNG HOẢNG VÀ TIN TỨC TỔNG QUÁT VÀ GIỚI THIỆU, XIN GỌI (509) 838-4651
TTY: (509) 624-0004

Muốn Biết Thêm Chi Tiết Xin Liên Lạc:

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

Telephone:
(509) 456-5722, Ext. 118
1-800-273-5864
TDD: (509) 456-5722
FAX: (509) 456-2031

Bulletin Board System:
(509) 625-3420
(8N1 - Log on As a New User)

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Spokane County Regional Support Network

CHƯƠNG TRÌNH SỨC KHỎE TÂM THẦN ĐƯỢC TRẢ TRƯỚC

Dành Cho Bệnh Nhân trong Cộng Đồng các Dịch vụ về Tâm Thần cho Các Bệnh Nhân được Trợ Cấp Y Tế Trong Quận Hạt Spokane

SPOKANE COUNTY
REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

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CÂU TRẢ LỜI DÀNH CHO CÁC THẮC MẮC THƯỜNG XUYÊN VỀ CHƯƠNG TRÌNH SỨC KHỎE TÂM THẦN ĐƯỢC TRẢ TRƯỚC.

Chương Trình Sức Khoẻ Tâm Thần Được Trả Trước là Gì?

CHƯƠNG TRÌNH SỨC KHOẺ TÂM THẦN ĐƯỢC TRẢ TRƯỚC cung cấp những lợi ích về sức khỏe tâm thần cho cho các bệnh nhân trong cộng đồng.

Tôi có là một người của Chương Trình Sức Khoẻ Tâm Thần Được Trả Trước và Đủ Điều Kiện để được hưởng các Lợi ích của Dịch vụ này không?

Nếu quý vị hiện sống tại Spokane và nếu quý vị có phiếu trợ cấp y tế thì quý vị là một người của CHƯƠNG TRÌNH SỨC KHOẺ TÂM THẦN ĐƯỢC TRẢ TRƯỚC và hội đủ điều kiện để hưởng tất cả các lợi ích của chương trình này.

Tôi Tìm những Dịch Vụ về Sức Khoẻ Tâm Thần Ở Đâu?

Nếu quý vị đang ở trong tình trạng khủng hoảng tâm thần hoặc nếu quý vị cần các dịch vụ dành cho bệnh nhân tâm thần, xin liên lạc địa chỉ sau đây:

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, Washington 99202-1586
Telephone: (509) 838-4651
TTY: (509) 624-0004

Các Lợi Ích nào đã được Cung Cấp trong Chương Trình Sức Khoẻ Tâm Thần Được Trả Trước?

Các lợi ích được cung cấp bởi CHƯƠNG TRÌNH SỨC KHOẺ TÂM THẦN ĐƯỢC TRẢ TRƯỚC bao gồm các dịch vụ sau đây:

TẤT CẢ CÁC DỊCH VỤ NÀY ĐỀU CĂN CỨ VÀO SỰ THẨM ĐỊNH Y TẾ VÀ CHỨNG NHẬN ĐIỀU TRỊ CẦN THIẾT.

CÁC DỊCH VỤ VỀ KHỦNG HOẢNG

- Thông tin qua Điện thoại 24 giờ Trợ giúp và Ngăn ngừa Khủng hoảng
- Dịch vụ Đáp ứng Khủng hoảng
- Dịch vụ Giải toả Khủng hoảng

DỊCH VỤ THẨM ĐỊNH

- Thanh lọc và Giới Thiệu
- Thẩm Định và Đánh Gía

DỊCH VỤ CỐ VẤN

- Cố vấn cho Cá nhân hay từng Nhóm
- Cố vấn Hôn nhân và Gia đình

DỊCH VỤ NỖ LỰC PHỤC HỒI

- Điều hành từng trường hợp
- Dịch vụ hỗ trợ tại nhà
- Phân phát dược phẩm và theo dõi liên tục
- Tiền huấn nghệ và các dịch vụ về huấn nghệ
- Cách sống hàng ngày và các sinh hoạt
- Chăm sóc cá nhân và tùy trường hợp

Nếu Tôi Không Hài Lòng với Các Dịch Vụ thì sao?

Nếu quý vị quan tâm về giá trị của các dịch vụ hoặc về sự tham dự vào các dịch vụ của CHƯƠNG TRÌNH SỨC KHOẺ TÂM THẦN ĐƯỢC TRẢ TRƯỚC, quý vị có thể liên lạc đến:

Ủy Ban Bênh Vực Người Tiêu Thụ
Sức Khoẻ Tâm Thần Spokane
Điện thoại (509) 838-4651

Dịch Vụ Thanh Tra
Sở Thanh Tra Sức Khoẻ Tâm Thần Công Cộng Spokane
Điện thoại: (509) 624-1740
Điện Thư: (509) 838-6460

Văn Phòng Giải Quyết Vấn Đề Tiêu Thụ
Sở Sức khoẻ Tâm Thần của Tiểu Bang Washington
Điện thoại: 1 (800) 446-0259

Nhóm Kiểm Tra Giá Trị là gì?

Để điều động và cải tiến sự phục vụ, CHƯƠNG TRÌNH SỨC KHOẺ TÂM THẦN ĐƯỢC CHI TRẢ TRƯỚC có một nhóm nhân viên kiểm tra giá trị.

Nhóm Kiểm Tra Giá Trị được thành lập bởi các khách hàng của dịch vụ sức khoẻ tâm thần, thân nhân của họ và các người ủng hộ.

Nhiệm vụ của nhóm này gồm:

- Lắng nghe tiếng nói của giới tiêu thụ,
- Thu thập các quan điểm và ý kiến,
- Tổ chức các cuộc phỏng vấn và khảo sát,

Организации, осуществляющие услуги по охране психического здоровья в округе Спокейн:

Амбулаторные услуги по охране психического здоровья согласно "Предоплаченного плана психического здоровья" предоставляются следующими общественными организациями:

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, WA 99202-1586
(509) 838-4651

CATHOLIC FAMILY SERVICES
1023 W. Riverside Drive
Spokane, WA 99210
(509)456-7160

CHILDREN'S HOME SOCIETY OF WASHINGTON
4315 S. Scott Street
Spokane, WA 99203
(509) 747-4174

FAMILY SERVICE SPOKANE
7 S. Howard Street, Suite 321
Spokane, WA 99204
(509) 838-4128

LUTHERAN SOCIAL SERVICES
7 S. Howard Street, Suite 200
Spokane, WA 99204
(509) 747-8224

SACRED HEART MEDICAL CENTER
101 W. Eighth Avenue
Spokane, WA 99220-2555
(509) 455-4818

Для получения ответа в критических случаях круглосуточно и общей информации и справок звоните
(509) 838-4651
тел. для слабослышащих:
(509) 624 - 0004

За дополнительной информацией обращайтесь:

SPOKANE COUNTY REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

Телефон:
(509) 456-5722, добавочный номер: 118
1-800-273-5864
тел. для слабослышащих: (509) 456-5722
Факс:(509) 456-2031

Система доски объявлений:
(509) 625-3420
(8N1-регистрация нового пользователя)

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Spokane County Regional Support Network

ПРЕДОПЛАЧЕННЫЙ ПЛАН ПСИХИЧЕСКОГО ЗДОРОВЬЯ

Предоставляющий амбулаторные услуги по поддержанию психического здоровья населения для реципиентов бесплатной медицинской помощи в округе Спокейн

SPOKANE COUNTY
REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

Некоторые ответы на наиболее часто задаваемые вопросы о "Предоплаченном плане психического здоровья"

Что означает "Предоплаченный план психического здоровья?"
"Предоплаченный план психического здоровья" предоставляет возможность его членам воспользоваться льготами амбулаторных услуг по поддержанию психического здоровья.

Являюсь ли я членом "Предоплаченного плана психического здоровья?" и имею право на получение связанных с ним льгот?
Если Вы живете в округе Спокейн и у Вас есть купон бесплатной медицинской помощи (Medicaid), Вы имеете право на получение этих льгот.

Где я могу получить услуги психического здравоохранения?
Если Вы находитесь в психическом кризисе или нуждаетесь в амбулаторных услугах по поддержанию психического здоровья, Вы должны обратиться:
SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, Washington 99202-1586
Телефон: (509) 838-4651
Телефон для слабослышащих:
(509) 624-0004

Какие льготы предоставляются согласно "Предоплаченного плана психического здоровья?"
Льготы, предоставляемые по "Предоплаченному плану психического здоровья" включают следующие услуги:

Все виды услуг основанные на клинической оценке и назначенного необходимого лечения.

Услуги в случае кризиса:
* Круглосуточная помощь по предоставлению информации по телефону и прерывание кризисов.
* Ответные действия в случае кризиса
*Помощь в отсрочке кризиса

Услуги по оценке состояния
* Определение и направление
* Оценка состояния

Консультационные услуги
* Индивидуальная и групповая консультация.
* Консультация брака и семьи

Услуги интенсивной реабилитации
* Наблюдение случая заболевания
* Услуги по поддержке по месту жительства
* Предписание лекрств и контроль
* Предотпускные и отпускные услуги
* Ежедневные жизненные навыки и виды деятельности
* Индивидуальное и специальное обхождение

Если я не удовлетворен услугами?
Если у Вас есть сомнения по поводу качества услуг или как получить услуги по "Предоплаченному плану психического здоровья", Вы можете обратиться:

Комитет по защите потребителей
Spokane Mental Health
Телефон: (509) 838-4651

Отдел по рассмотрению претензий
Spokane Mental Health Ombuds Services
Телефон: (509) 624-1740
Факс: (509) 838-6460

Отдел рассмотрения дел потребителей
Washington State Mental Health Division
Телефон: 1 (800) 446-0259

Что означает "Группа обзора качества"?
Для контроля и улучшения услуг по поддержанию психического здоровья по "Предоплаченному плану психического здоровья", существует группа обзора качества.

Группа обзора качества состоит из потребителей услуг по поддержанию психического здоровья, членов их семей и адвокатов.
Обязанности группы включают в себя:
* Выслушивание потребителей
* Сбор мнений и предложений
* Проведение опросов и обзор
* Привлечение обслуженных потребителей
* Выдача рекомендаций
* Гарантия конфиденциальности потребителей

За информацией обращаться:
Spokane Regional Support Network
(509) 456-5722, доб. номер 118, или
1 (800) 273-5864

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

(Unión de Proveedores de la Salud Mental del Condado de Spokane)

Los servicios de la salud mental para pacientes de consulta externa están disponibles en las siguientes agencias comunitarias:

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, WA 99202-1586
(509) 838-4651

CATHOLIC FAMILY SERVICES
1023 W. Riverside Drive
Spokane, WA 99210
(509) 456-7160

CHILDREN'S HOME SOCIETY OF WASHINGTON
4315 S. Scott Street
Spokane, WA 99203
(509) 747-4174

FAMILY SERVICE SPOKANE
7 S. Howard Street, Suite 321
Spokane, WA 99204
(509) 838-4128

LUTHERAN SOCIAL SERVICES
7 S. Howard Street, Suite 200
Spokane, WA 99204
(509) 747-8224

SACRED HEART MEDICAL CENTER
101 W. Eighth Avenue
Spokane, WA 99220-2555
(509) 455-4818

PARA SERVICIOS DE ASISTENCIA EN MOMENTOS DE UNA CRISIS PUEDE LLAMAR DURANTE LAS 24 HORAS DEL DIA AL TELEFONO: (509) 838-4651.

SI TIENE PROBLEMAS DE AUDICION (TTY), PUEDE LLAMAR AL (509) 624-0004

Para mayor información llame a:

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

Teléfono:
(509) 456-5722, Ext. 118
1-800-273-5864
Si tiene proiblemas de audición llame al:
TDD 456-5722
FAX: (509) 456-2031

Bulletin Board System:
(509) 625-3420
(8n1 - Log on As a New Member)

impresado en papel reciclado

Spokane County Regional Support Network

Sistema Regional de Apoyo del Condado de Spokane

PREPAID MENTAL HEALTH PLAN

PLAN DE LA SALUD MENTAL PREPAGADO

PROVEE SERVICIOS DE LA SALUD MENTAL POR CONSULTA EXTERNA A BENEFICIARIOS DEL MEDICAID EN EL CONDADO DE SPOKANE.

SPOKANE COUNTY
REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

A CONTINUACION, ALGUNAS DE LAS PREGUNTAS HECHAS CON MAS FRECUENCIA ACERCA DEL PLAN DE LA SALUD MENTAL PREPAGADO.

¿Qué es el Plan de la Salud Mental Prepagado?

El Plan de la Salud Mental Prepagado provee a sus socios servicios comunitarios de consulta externa para el cuidado de la salud mental.

¿Soy Yo un Socio del Plan de la Salud Mental Prepagado y Elegible para Obtener los Beneficios?

Si usted vive en el condado de Spokane y tiene cupones de Medicaid, entonces usted es un socio del Plan de la Salud Mental Prepagado y elegible para recibir los beneficios.

¿Dónde Puedo Obtener los Servicios de la Salud Mental?

Si está pasando por una crisis mental o si necesita los servicios de la salud mental por consulta externa, usted debe llamar a:

Spokane Mental Health
107 S. Division Street
Spokane, Washington 99202-1586
Teléfono: (509) 838-4651
TTY (509) 624-0004

¿Qué Beneficios Están Incluídos en el Plan de la Salud Mental Prepagado?

Los beneficios incluídos en el PLAN DE LA SALUD MENTAL PREPAGADO son:

TODOS LOS SERVICIOS ESTAN BASADOS EN ESTUDIOS CLINICOS E IDENTIFICACION DE TRATAMIENTO.

SERVICIOS EN MOMENTOS DE UNA CRISIS

- Servicio de información teléfonica y de asistencia las 24 horas del día
- Servicio de contestación de preguntas en momentos de una crisis
- Servicio de asesoramiento después de una crisis

SERVICIOS DE ESTUDIOS MEDICOS

- Diagnósticos y envío de pacientes a otros doctores
- Estudios y evaluaciones médicas

SERVICIOS DE CONSULTA

- Consultas individuales y de grupo
- Consultas matrimoniales y familiares

SERVICIOS DE REHABILITACION INTENSIVA

- Manejo administrativo del caso
- Servicios de apoyo residencial
- Prescripción y control de medicinas
- Servicios pre-vocacionales
- Actividades y habilidades de la vida diaria
- Cuidado individualizado y ajustado a las necesidades personales

¿Qué Pasa Si No Estoy Satisfecho con los Servicios?

Si tiene alguna preocupación acerca de la calidad de los servicios o en relación al acceso de los servicios incluídos en el Plan de la Salud Mental Prepagado, puede llamar a:

Consumer Advocacy Committee
Spokane Mental Health
Teléfono: (509) 838-4651

Ombuds Service
Spokane Public Mental Health Ombuds Service
Teléfono: (509) 624-1740
Fax: (509) 838-6460

Office of Consumer Affairs
Washington State Mental Health Division
Teléfono: (509) 446-0259

¿Qué es el Equipo de Inspección de Calidad?

El Plan de la Salud Mental Prepagado tiene equipo de inspección de calidad para controlar y mejorar sus servicios.

El equipo de inspección de calidad está compuesto por consumidores de servicios de la salud mental, sus familiares y otras personas interesadas.
Las responsabilidades de este equipo incluyen:

- Prestar atención a los planteamientos de los consumidores
- Recoger información y sugerencias
- Realizar entrevistas y encuestas
- Involucrar a los consumidores del servicio que no están siendo atendidos de la mejor manera
- Hacer recomendaciones
- Asegurar la confianza del consumidor.

Para mayor información llame al:
Spokane Regional Support Network
(509) 456-5722, ext. 118 o 1-800-273-5864

Cov chaw daws kev nyuaj siab nyob rau cheeb tsam Spokane

Txoj kev pab npaj daws kev nyuaj siab muaj raw lis cov chaw uas hauj lwm ua muaj nyob hauv qab no:

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, WA 99202-1586
(509) 838-4651

CATHOLIC FAMILY SERVICES
1023 W. Riverside Drive
Spokane, WA 99210
(509) 456-7160

CHILDREN'S HOME SOCIETY OF WASHINGTON
1315 S. Scott St.
Spokane, WA 99203
(509) 747-4171

FAMILY SERVICE SPOKANE
7 S. Howard Street, Suite 321
Spokane, WA 99204
(509) 838-4128

LUTHERAN SOCIAL SERVICES
7 S. Howard Street, Suite 200
Spokane, WA 99204
(509) 747-8824

SACRED HEART MEDICAL CENTER
101 W. Eighth Avenue
Spokane, WA 99220-2555
(509) 455-4818

YUAV TEB TEJ TEEB MEEM 24 TEEV THIAB TXHUA YAM LUS THIAB XA TAWM HU RAU (509) 838-4651
TTY (509) 624-0004

Xav paub ntxiv noog tau:

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

Xov tooj
(509) 456-5722, Ext. 118
1 (800) 273-5864
TDD: 456-5722
FAX: (509) 456-2031

Bulletin Board System
(509) 625-3420
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Spokane County Regional Support Network

PREPAID MENTAL HEALTH PLAN

Kev pab rau cov neeg muaj kev nyuaj siab ntawm tus tau txais ntawv kho mob nyob ib cheeb tsam Spokane

SPOKANE COUNTY
REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

NTAWM NO YOG TEJ COV TEEB MEEM UA NEEG TAU NOOG HAIS TXOG KEV NPAJ THEM KEV KHO KEV NTXHOS SIAB

Kev npaj them kev kho txoj kev ntxhos siab yog dab tsi?

Kev npaj them kho kev nyuaj siab yog ib txog kev pab rau cov neeg muaj kev nyuaj siab nyob rau nws lub zos.

Kuv puas yog ib tug ua yuav tsim nyog tau txais kev pab, ntawm txoj kev kho kev nyuaj siab?

Yog koj nyob rau cheeb tsam Spokane thiab koj muaj daim ntawv kho mob (medicaid coupon) ces koj yog ib tug ua yuav tsum tau txais kev pab los ntawm txoj kev kho kev nyuaj siab.

Yog kuv xav nrhiav kev pab no kuv yuav nrhiav qho twg?

Yog hais tias koj muaj kev nyuaj siab ntxhov plawv koj yuav tsum hu rau:

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, Washington 99202-1586
Xov tooj: (509) 838 4651
Cov tsis hnov lus lu rau
TTY (509) 624-0004

Kev Pab dab tsi uas txoj kev kho kev nyuaj siab muaj?

Kev pab kho kev nyuaj siab muaj raws lis nram no.

KEV PAB YUAV MUAJ RAWS LIS YUS COV TEEB MEEM UAS YUS MUAJ.

KEV PAB SAI SAI

- muaj kev pab hauv xov tooj thiab tus neeg 24 teev
- kev pab los ntawm kev pab sai sai
- pab muab chaw nyob lub sij hawm ceev

KEV PAB NTSUAM XYUAS

- saib xyuas thiab nrhiav kev pab sab nraum
- ntsuam xyuas thiab soj xyuas

KEV NTUAS MUAJ

- ib tug ntuas ib tug thiab ntuas ib pab
- ntuas niam txiv tsis sib haum thiab ntuas tsev neeg

KEV PAB DAWS YUS CGV TEEB MEEM SAI

- taug xyuas kev nyuaj siab hnub dhau hnub
- muab kev pab rau yus tom yus tsev
- pab saib xyuas cov tshuaj yus noj
- pab soj ntsuam xyuas yam hauj lwm ua yuav tsim nyog rau yus
- pab qhia kev noj nyob txhua hnub
- saib xyua thiab muab kev pab raw lis yus xav tau
- kev niag hnub nyob noj thiab va hauj lwm
- kev tu yus tus kheej

Yog tias kuv tsis txaus siab rau txoj kev pab no kuv yuav ua lis cas?

Yog tias koj muaj teeb meem thiab xav paub txog txoj kev pab kev npaj kho kev nyuaj siab koj hu rau cov chaw nyob nram no:

Consumer Advocacy Committee
Spokane Mental Health
Xov tooj (509) 838-4651

Ombuds Service
Spokane Public Mental Health Ombuds Service
Xov tooj (509) 624-1740
Fax (509) 838-6460

Office of Consumers Affairs
Washington State Mental Health Division
Xov tooj 1 (800) 446-0259

Pawg saib xyua txoj kev pab no kom meej yog dab tsi?

Yog ib pawg neeg uas yuas saib xyuas TXOJ KEV NPAJ KEV KHO KEV MYUAJ SIAB no kom pab tau neeg raws lis siab nyiam Pawg neeg no yog ib co neeg uas xav pab cov neeg uaj ev nyuaj siab, lawv tsev neeg thiab cov neeg uas xav pab lawv. Txoj luag hauj lwm ntawm pawg no muaj raw lis nram no.

- nloog neeg cov teeb meem
- tswv yim thiab pab tswv yim
- nrog neeg tham thiab tshawb xyuas
- pab cov neeg ua tsis tau txais kev pab
- pab tswv yim rau txoj kev pab thiab
- muab kev ntseeg rau cov neeg uas yuav nrhiav kev pab.

Yog xav pab txog kev pab ntxiv hu rau
Spokane Regional Support Network
(509) 456-5722, ext 118 or 1 (800) 273 5864

斯波坎縣精神健康提供者同盟

在預付精神健康計劃之下的門診病人精神服務可以從下述社區代理處獲得：

SPOKANE MENTAL HEALTH
107 S. Divison Street
Spokane, WA 99202-4651
電話：(509) 838-4651

CATHOLIC FAMILY SERVICES
1023 W. Riverside Drive
Spokane WA 99210
電話：(509) 456-7160

CHILDREN'S HOME SOCIETY OF WASHINGTON
4315 S. Scott Street
Spokane, WA 99203
電話：(509) 747-7174

FAMILY SERVICES SPOKANE
7 S. Howart Street, Suite 321
Spokane, WA 99204
電話：(509) 838-4128

LUTHERAN SOCIAL SERVICES
7 S. Howart Street, Suite 200
Spokane, WA 99204
電話：(509) 747-8224

SACRED HEART MEDICAL CENTER
101 W. Eighth Avenue
Spokane, WA 99220-2555
電話：(509) 455-4818

24小時急危回應及一般信息和介紹，請打電話：
(509) 838-4651
弱聽力者請電：(509) 624-0004

如需詳細信息請與下述單位地址聯系：

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120
電話：(509) 456-5722 Ext. 118
傳真：(509) 456-2031
弱聽力者：456-5722

Bulletin Board System:
(509) 625-3420
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Spokane County Regional Support Network

PREPAID MENTAL HEALTH PLAN

为斯波坎縣的公共醫療輔助制的接受者提供公眾門診病人精神健康服務

SPOKANE COUNTY
REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

這些是有關預付精神健康計劃的經常问的問題的答案

什么是預付精神健康計劃？

預付精神健康計劃為其成員提供公共醫療輔助制的接受者的福利。

我是預付精神健康計劃的成員并可以享受其精神健康福利吗？

如果你居住在斯波坎縣，並且如果你有公共醫療輔助制的優待票，那麽你就是預付精神健康計劃的成員，並且可以享受其福利

我在何處可以得到精神健康的服務？

如果你處于精神健康急危，或者如果你需要門診病人的精神健康服務，你應該與下述單位地址聯系：

Spokane Mental Health
107 S. Division Street
Spokane, Washington 99202-1586
電話：(509) 838-4651
弱聽力者:(509) 624-0004

預付精神健康計劃提供什麽福利？

預付精神健康計劃所提供的福利包括以下各項服務：

所有的服務
基于臨床評價以及
確定的治療需要。

急危服務
-24小時電話信息協助及急危調停
-急危回應服務
-急危緩解服務

評價服務
-甄別及治療安排
-估價及評定

咨詢服務
-個人及團體服務
-婚姻及家庭咨詢

強化康復服務
-情況管理
-住宅扶持服務
-藥物治療的處方及監視
-職業前及職業服務
-日常生活技能活動
-個人化及特定的看護

如果我對服務不滿意怎麽办？

如果你對預付精神健康計劃服務的質量或者對獲得服務有問題，你可以與下述單位地址聯系：

Consumer Advocacy Committee
Spokane Mental Health
電話：(509) 838-4651

Ombuds Services
Spokane Public Mental Health Ombuds Services
電话：(509) 624-1740
傳真：(509) 838-6460

Office of Consumer Affairs
Washington State Mental Health Division
電話：1 (800) 446-0259

什麽是質量檢查隊？

為了監視和改進其精神健康服務，精神健康計劃有一支質量檢查隊。質量檢查隊由精神健康服務的消費者，他們的家庭成員和擁護者組成。這個隊的職責包括：

-聽取消費者的意見，
-收集意見和建議，
-進行會見和調查，
-參與被服務的消費者，
-提出建議，並且
-為消費者保密

如需信息親與下述單位地址聯系：

Spokane Regional Support Network
(509) 456-5722, ext. 118 or 1 (800) 273-5864

精神衛生の供給者
スポケーン郡の連絡局
前払い外来患者用の精神衛生のサービスは次の場所で利用することができます。

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, WA 99202-1586
(509) 838-4651

CATHOLIC FAMILY SERVICES
1023 W. Riverside Drive
Spokane, WA 99210
(509) 456-7160

CHILDREN'S HOME SOCIETY OF WASHINTON
4315 S. Scott Street
Spokane, WA 99203
(509) 747-4174

FAMILY SERVICE SPOKANE
7 S. Howard Street, Suite 321
Spokane, WA 99204
(509) 838-4128

LUTHERAN SOCIAL SERVICES
7 S. Howard Street, Suite 200
Spokane, WA 99204
(509) 747-8224

SACRED HEART MEDICAL CENTER
101 W. Eighth Avenue
Spokane, WA 99220-2555
(509) 455-4818

24時間ホットライン又は一般案内、紹介などこちらまでご連絡ください。(509) 838-4651
TTY (509) 624-0004

質問のおありの方はこちらまで御連絡下さい。

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

電話番号：
(509) 456-5722, Ext. 118
1-800-273-5864
TDD：456-5722
FAX：(509) 456-2031

Bulletin Board System：
(509) 625-3420
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Spokane County Regional Support Network

PREPAID MENTAL HEALTH PLAN

スポケーン郡内のメディケイド受納者への外来患者用精神衛生サービスを供給しています。

SPOKANE COUNTY
REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

これらは前払い精神衛生プランについてよく問われる質問への返答です。

前払いの精神衛生プランとはなんですか？

前払い精神衛生プランとはそのメンバーに地域の外来患者の利益をもたらします。

私はそのメンバーになれますか？そしてその利益をもらえる資格がありますか？

スポケーン郡に住みメディケイドのクーポンを所持していれば、あなたはメンバーとして利益を得ることができます。

何処でこのようなサービスを得られますか？

あなたが、精神の危機におわれているとき、又はなんらかの援助が必要な場合はこちらまでご連絡下さい。

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, Washington 99202-1586
電話：(509) 838-4651
TTY：(509) 624-0004

前払いの精神衛生プランには、どのような利益がありますか？

次の様な利益があります。

全ての治療は医療所で艦定され、医者の判断に基ずき行われます。

クライシスサービス

- 24時間ホットライン
- 緊急の場合の援助
- 苦痛を和らげる助け

医療治療サービス

- 検診後，適応した医者に紹介します。
- 治療後の検査

カウンセリングサービス

- 個人又はグループ別のカウンセリング
- 結婚又は家族へのカウンセリング

集中リハビリサービス

- ケース調査
- 住民援助サービス
- 薬物治療又その後の検査
- 職業前又は職業上の指導、訓練
- 生活上の訓練又は野外活動
- 個人的な細かい世話など

思った通りのサービスが得られなっかた場合は？

そのような場合はこちらまでご連絡下さい。

Consumer Advocacy Committee
Spokane Mental Health
Telephone: (509) 838-4651

Ombuds Service
Spokane Public Mental Health Ombuds Service
Telephone: (509) 624-1740
Fax: (509) 838-6460

Office of Consumer Affairs
Washington State nMental Health Division
Telephone: 1 (800) 446-0259

品質調査チームとはなんですか？

サービスの内容を改善していくために前払い精神衛生プランは品質調査チームを使用しています。

この品質管理チームは精神衛生のお御家族の方々、又、そのリーダー達により結成されています。

チームの役割は次の様になっております。

- お客様の希望又は苦情を聞くこと
- 御意見希望を収拾すること
- インタビュー又は実質調査を行うこと
- 様々な消費者を援助すること
- 推薦したりアドバイスをすること
- お客様のプライバシーを守り通すこと

ご質問のおありの方はこちらまで御相談下さい。
Spokane Regional Support Network
(509) 456-5722, ext 118 or 1 (800) 273-5864

스포켄카운티내 '*프리페이드 정신건강 보호계획*' 은 아래의 기관에서 제공받으실 수 있습니다

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, WA 99202-1586
(509)838-4651

CATHOLIC FAMILY SERVICES
1023 W. Riverside Drive
Spokane, WA 99210
(509)456-7160

CHILDREN'S HOME SOCIETY OF WASHINGTON
4315 S. Scott Street
Spokane, WA 99203
(509)747-4174

FAMILY SERVICE SPOKANE
7 S. Howard Street, Suite 321
Spokane, WA 99204
(509)838-4128

LUTHERAN SOCIAL SERVICES
7 S. Howard Street, Suite 200
Spokane, WA 99204
(509)747-8224

SACRED HEART MEDICAL CENTER
101 W. Eighth Avenue
Spokane, WA 99220-2555
(509)455-4818

24시간 긴급전화 및 일반문의
(509) 838-4651
청각장애자용 전화 (509)624-0004

자세한 문의사항은

SPOKANE COUNTY REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

☎ (509)456-5722, 교환 118
1-800-273-5864
FAX : (509)456-2031
TDD : 456-5722

Bulletin Board System :
(509)625-3420
(8N1 - Log on As a New User)

printed on recycled paper

Spokane County Regional Support Network

(스포켄카운티 지역봉사기관)

PREPAID MENTAL HEALTH PLAN

(프리페이드 정신건강 보호계획)

스포켄카운티내
메디케이드 혜택
수혜자에 대한 외래
정신건강 보호
써비스

SPOKANE COUNTY
REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

프리페이드 정신건강 보호계획에 대한 질의응답

문: "프리페이드 정신건강 보호계획 이란 무엇입니까?"
답: 본 계획은, 지역내의 외래 정신 질환자들에게 각종 혜택을 제공하기 위한 프로그램 입니다.

문: "제가 이 정신건강 보호계획의 회원이며, 그 혜택을 받을 수 있는 자격이 됩니까?"
답: 당신이 스포캔카운티내에 살고 있으며, 현재 메디케이드 의료혜택의 수혜자이면 본 계획의 회원으로서의 자격이 됩니다.

문: "어디서 정신건강 보호 써비스를 받을 수 있습니까?"
답: 만일, 당신이 정신질환에 의한 긴급상황에 처하거나, 또는 외래환자로서의 도움이 필요하시면 아래로 연락하시기 바랍니다.

SPOKANE MENTAL HEALTH
107 S.Division Street
Spokane, WA 99202-1586
☎ (509)838-4651

청각장애자용 전화 : (509)624-0004

☞ '외래환자'란 입원이 아닌 방문환자를 말합니다.

문: "프리페이드 정신건강 보호계획을 통해 무슨 혜택들을 받을 수 있습니까?"
답: 본 계획은 아래와 같은 써비스들을 제공합니다.

☞ 모든 써비스는 기본적으로 의사의 진찰과 치료에 대한 판정이 있어야 합니다.

긴급써비스
* 24 시간 전화 써비스와 긴급조치
* 응대 써비스
* 휴식 안정 써비스

질병상태 소견 써비스
* 심사와 설명
* 의사소견과 판정평가

상담 써비스
* 개인 또는 그룹 상담
* 결혼생활과 가족관계 상담

완벽한 재활 써비스
* 개별적 사례 진단
* 생활 원조
* 의약품 처방과 관리
* 취업훈련과 알선
* 일상생활의 지혜와 활동
* 개개인을 위한 적절한 치료

문: "만일 그 써비스가 만족스럽지 못할 때에는 어떻게 합니까?"
답: 써비스에 대한 불편이나 의견이 있으면 아래로 연락을 주시기 바랍니다.

Consumer Advocacy Committee
Spokane Mental Health
☎ (509) 838-4651

Ombuds Service
Spokane Public Mental Health Ombuds Service
☎ (509) 624-1740
Fax: (509) 838-6460

Office of Consumer Affairs
Washington State Mental Health Division
☎ 1-800-446-0259

문: "*써비스 조사 팀* 이란 무엇입니까?"
답: 정신건강 써비스의 질을 향상 시키기 위해 마련된 감사부서 입니다.

써비스 조사 팀은, 정신건강 써비스의 수혜자들과 그들의 가족, 변호인단 등으로 구성됩니다.

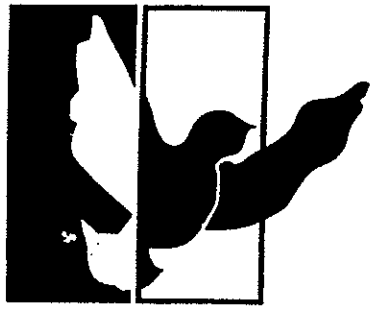
써비스 조사 팀의 역할:
* 고객의 소리 청취
* 건의 및 의견 수렴
* 인터뷰와 설문조사
* 부당대우 수혜자의 보호
* 의견 추천
* 수혜자의 안전과 비밀 보장

☞ 문의전화
Spokane Regional Support Network
(509)456-5722, 교환 118. 1-800-273-5864

As a consumer of public mental health services, you have the right to:

1. Be treated with respect and dignity;
2. Develop a plan of care and services which meets your unique needs;
3. Refuse any proposed treatment consistent with the requirements in the Involuntary Treatment Act;
4. Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability and sexual orientation;
5. Be free of any sexual exploitation or harassment;
6. Review your care record;
7. Receive an explanation of all medications prescribed, including expected effect and side effects;
8. Confidentiality as described in relevant statutes and regulations;
9. Lodge a complaint with the ombuds person, Regional Services Network, or the provider if you believe your rights have been violated;
10. Lodge a complaint without fear of retaliation or the threat thereof.

Ombuds Service
905 W. Riverside, Suite 507
Spokane, WA 99201
(509) 624-1740



Ombuds Service

Assisting Spokane County Consumers of Public Mental Health Services through Advocacy, Negotiation, Mediation

Question: What does "ombuds" mean?

Answer: An ombuds person offers assistance independent of any government agency or service provider -with the purpose of helping citizens/ consumers solve problems outside the courts.

Question: What does the Ombuds Service do? How did it come about?

Answer: Created by state law, the Ombuds service assists consumers with complaints and grievances about their mental health services.

Family and friends of consumers who have complaints and grievances about their mental health service may also be helped.

Whether for consumers or their family and friends, the Ombuds Service investigates circumstances, laws and procedures and assists clients in advocating, negotiating and mediating their issues and conflicts with the public mental health system.

Question: Who is eligible for Spokane Public Mental Health Ombuds Service and is there any kind of monetary charge for the service?

Answer: Spokane County residents who receive or who are eligible to receive publicly funded mental health services qualify for ombuds aid. It is a free service.

Question: How can I help to resolve my complaint and feel good about it?

Answer: Be ready with the facts, help in the investigation, explore options with the ombuds person, and then decide what you want to happen to resolve your complaint.

Question: Will anyone else know about my complaint?

Answer: The ombuds person will investigate your complaint only with your permission and your case will be treated with as much confidentiality as possible to protect your privacy.

This and other information is available in translation and alternative formats

The Spokane Mental Health Alliance

Outpatient mental health services under the PREPAID MENTAL HEALTH PLAN are available at the following community agencies:

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, WA 99202-1586
(509) 838-4651

CATHOLIC CHARITIES
1023 W. Riverside Drive
Spokane, WA 99210
(509) 358-4260

CHILDREN'S HOME SOCIETY OF WASHINGTON
4315 S. Scott Street
Spokane, WA 99203
(509) 747-4174

FAMILY SERVICE SPOKANE
7 S. Howard Street, Suite 321
Spokane, WA 99204
(509) 838-4128

LUTHERAN SOCIAL SERVICES
7 S. Howard Street, Suite 200
Spokane, WA 99204
(509) 747-8224

SACRED HEART MEDICAL CENTER
101 W. Eighth Avenue
Spokane, WA 99220-2555
(509) 455-4818

ST. LUKE'S REHABILITATION INSTITUTE
711 S. Cowley Street
Spokane, WA 99202
(509) 838-7203

The services of the PREPAID MENTAL HEALTH PLAN are provided without discrimination.

■

No one may be excluded on the basis of race, age, color, language, creed, national origin, disability, gender or sexual orientation.

■

Translation services are available.

This brochure is available in the following languages: Spanish, Russian, Hmong, Chinese, Japanese, Vietnamese and Korean.

For more information contact:

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

Telephone:
(509) 477-5722, ext. 118
1-800-273-5864

Fax: (509) 477-2031

TDD: (509) 477-5722

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Spokane County Regional Support Network

PREPAID MENTAL HEALTH PLAN

Providing Community Outpatient Mental Health Services to Medicaid Recipients in Spokane County

SPOKANE COUNTY
REGIONAL SUPPORT NETWORK
721 N. Jefferson Street, Suite 403
Spokane, WA 99260-0120

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Here are some answers to frequently asked questions about the Prepaid Mental Health Plan.

What is the Prepaid Mental Health Plan?

The PREPAID MENTAL HEALTH PLAN provides community outpatient mental health benefits to its members.

Am I a member of the Prepaid Mental Health Plan and eligible for its mental health benefits?

If you live in Spokane County and if you have a Medicaid coupon, then you are a member of the PREPAID MENTAL HEALTH PLAN and are eligible to receive its benefits.

Where do I get mental health services?

If you are in a mental health crisis or if you need outpatient mental health services, you should contact:

SPOKANE MENTAL HEALTH
107 S. Division Street
Spokane, Washington 99202-1586
Telephone: (509) 838-4651

All services are based on clinical assessment and identified treatment needs.

What benefits are provided under the Prepaid Mental Health Plan?

The benefits provided by the PREPAID MENTAL HEALTH PLAN include the following services:

Crisis Services

- 24-hour Telephone Information Assistance and Crisis Intervention
- Crisis Response Services
- Crisis Respite Services

Assessment Services

- Screening and Referral
- Assessment and Evaluation

Counseling Services

- Individual and Group Counseling
- Marriage and Family Counseling

Intensive Rehabilitation Services

- Case Management
- Residential Support Services
- Medication Prescription and Monitoring
- Pre-vocational and Vocational Services
- Daily Living Skills and Activities
- Individualized and Tailored Care

What services are not covered by the Prepaid Mental Health Plan?

The following services are not provided by the PREPAID MENTAL HEALTH PLAN:

- Inpatient Services
- Transportation Services
- Costs of Prescription Medications
- Non-approved Services

What Are Non-Approved Services?

Some services are non-approved and are not covered by the PREPAID MENTAL HEALTH PLAN:

- Services by providers which are not on the panel of the PREPAID MENTAL HEALTH PLAN.
- Emergency services (of more than two hours) which are provided outside of Spokane County.
- Extended services which are not authorized by a provider in the PREPAID MENTAL HEALTH PLAN.

What if I'm not satisfied with services?

If you have a concern about quality of services or the access to services under the PREPAID MENTAL HEALTH PLAN, you may contact:

Quality Improvement Department
Spokane Mental Health
Telephone: (509) 838-4651

Ombuds Service
Spokane Public Mental Health Ombuds Service
Telephone: (509) 624-1740
Fax: (509) 838-6460

Regional Support Network
Telephone: (509) 477-5722, ext. 118
Fax: (509) 477-2031

For 24-hour crisis intervention and community information and referral call (509) 838-4651

Consumers Rights

You have the right to:

- Be treated with respect and dignity.
- Help develop a plan of care and services which meets your needs.
- Refuse any proposed treatment.
- Receive care which does not discriminate against you, and is sensitive to your sex, race, national origin, language, age, disability,and sexual preference.
- Be free of any sexual exploitations or harassment.
- Review your care record.
- Receive an explanation of all medications prescribed, including expected effect and possible side effects.
- Confidentiality.
- Review the agency's grievance policy.
- Lodge a complaint or grievance with the Ombudsperson, RSN, or provider if you believe your rights have been violated.
- Be free of retaliation or threat of retaliation.

How do I contact the Ombuds for help?

For an appointment:

Call:

(509) 735-8681 - Voice/TDD
or
1-800-257-0660

or write:

Ombudsperson
c/o Greater Columbia
Behavioral Health
101 N. Edison Street
Kennewick, WA 99336-1958

Appointments are available:
Monday - Friday
8:00 a.m. - 5:00 p.m.

Discrimination is prohibited in all programs and activities: No one shall be excluded on the basis of race, color, religion, creed, national origin, sex, marital status, disabled veteran status, Vietnam Era Veteran status, or disability. This material is available in alternate formats.

Ombuds Services

For consumers of Public Mental Health Services

Greater Columbia Behavioral Health

101 N. Edison Street
Kennewick, WA 99336-1958

(509) 735-8681-Voice/TDD
1-800-257-0660
(509) 783-4165 - Fax
www.gcbh.org

163 GC

What is an Ombuds?

The Ombuds is an independent service created by State law with responsibilities to receive complaints and grievances from public mental health consumers and others and to protect their rights.

What is the purpose?

To receive complaints and grievances and assist in quickly resolving them.

GCBH Member Governments:

Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Skamania, Walla Walla, Whitman, and Yakima Counties, and the Yakama Nation.

Who is eligible?

Greater Columbia Behavioral Health residents who are eligible or receiving publicly funded mental health services. Complaints may also be taken from family members and other interested parties.

What can the Ombuds do for me?

- Listens to your problem
- Analyzes what is involved
- Investigates facts, records, laws, policies, and procedures
- Assists you in filing a complaint and in following the grievance procedure
- Follows through to see that the complaint or grievance is resolved and you are kept informed
- Recommends changes to correct a problem or prevent future occurrences
- Provides information on resources and consumer rights

What are the fees?

There are no fees associated with this service.

What can't the Ombuds do for me?

- Cannot act as a Case Manager.
- Cannot give you legal advice.
- Cannot ensure any specific outcome.
- Cannot represent you as an attorney would.

What can I do to help resolve my complaint?

- Be prepared to tell the Who, What, When, and Where of the problem.
- Supply any written information you may have.
- Consider what would be a fair remedy. What is it you want from the agency?
- Keep the Ombudsperson informed of how you can be contacted.

Participating GCBH Providers:

CATHOLIC FAMILY & CHILD SERVICES
509-965-7100 - Yakima

CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH†
509-925-9861 - Ellensburg/Cle Elum
509-837-2089 - Sunnyside/Zillah
509-575-4084 - Yakima
509-773-5801 - Goldendale†
503-493-3400 - White Salmon

COLUMBIA COUNTY SERVICES†
509-382-2527 - Dayton

CRISIS RESPONSE UNIT†
509-783-0500 - Kennewick

GARFIELD COUNTY HUMAN SERVICES
509-843-3791 - Pomeroy

LOURDES COUNSELING CENTER
509-943-9104 - Richland

LUTHERAN SOCIAL SERVICES
509-735-6446 - Kennewick

NUEVA ESPERANZA COUNSELING CENTER
509-545-6506 - Pasco

ROGERS COUNSELING CENTER†
509-758-3341 - Clarkston

ST. MARY MEDICAL CENTER
509-525-3320 - Walla Walla

SOUTHEAST CHILDREN'S HOME SOCIETY
509-529-2130 - Walla Walla

SUNDERLAND FAMILY TREATMENT SERVICES
509-736-0704 - Kennewick

SKAMANIA COUNTY COUNSELING CENTER†
509-427-9488 - Stevenson

INLAND COUNSELING NETWORK†
509-525-0241 - Walla Walla

WHITMAN COUNTY COUNSELING SERVICES†
509-334-1133 - Pullman

YAKIMA VALLEY FARMWORKERS BEHAVIORAL HEALTH SERVICES
509-453-1344 - Yakima

†Providing 24-hour emergency crisis services

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Quality Review Team

The Quality Review Team is committed to assuring that quality services are available and accessible to persons within the Region.

The Quality Review Team reviews the performance of contractors and the Region through the collection of information from consumers, family members, advocates, service providers, underserved communities, and other stakeholders.

The Quality Review Team submits regular reports as it identifies strengths and concerns within the Greater Columbia Behavioral Health mental health service delivery system.

The collection of information may be accomplished by:

- interviews (personal, admission, discharge, etc.);
- questionnaires;
- phone surveys;
- community "speak outs";
- site visits to mental health providers;
- and review of relevant records and documentation.

Site visits may be coordinated with GCBH monitorings. Separate visits to communities and service providers will also be made by team members as needed throughout the Region.

The Quality Review Team is assembled from consumers, family members, and members of the Greater Columbia Regional Advisory Board.

The Quality Review Team works with mental health system issues. If a consumer has an individual problem or complaint, the Quality Review Team can assist in contacting the Ombuds Service.

The Ombuds Service is specifically designed to mediate consumer complaints and can be reached at the Greater Columbia Behavioral Health Regional Office at 509-735-8681(Voice/TDD) or 1-800-257-0660.

The mission of the Quality Review Team is to:

- listen to consumers, family members, and other interested persons;
- review provider and GCBH performance;
- involve representatives of underserved populations;
- identify issues with access to services or the service delivery system and work toward resolution;
- and, identify strengths and deficiencies in mental health services.

It is the responsibility of the Quality Review Team to create an atmosphere of continuous quality improvement within the publicly funded mental health system.

Please direct your comments or questions about the quality of publicly funded mental health services to:

1-800-795-9296
509-735-8681-Voice/TDD

Monday-Friday
8:00 am to 5:00 pm

or write

Greater Columbia Behavioral Health
101 North Edison Street
Kennewick, WA 99336-1958

or visit our website

www.gcbh.org

Discrimination is prohibited in all programs and activities. No one shall be excluded on the basis of race, color, religion, creed, national origin, sex, marital status, disabled veteran status, Vietnam Era Veteran status, or disability. This material is available in alternate formats.

Quality Review Team

For consumers of publicly funded mental health services

Greater Columbia Behavioral Health
101 North Edison Street
Kennewick, WA 99336-1958

Si es elegible para beneficios de Medicaid, reside dentro de la región y está recibiendo o desea recibir servicios de salud mental de la comunidad, es miembro del Greater Columbia Behavioral Health Plan.

Plan de salud prepagado

509-735-8681 - Voice/TDD

1-800-795-9296

Servicios de mediador

1-800-257-0660

Oficina regional de Greater Columbia Behavioral Health

509-735-8681- Voice/TDD

1-800-795-9296

509-783-4165 - Fax

Visite nuestro sitio web: www.gcbh.org

Greater Columbia Behavioral Health

101 North Edison Street
Kennewick, WA 99336-1958

Greater Columbia Behavioral Health

Plan de Salud Prepagado

Salud Mental Folleto de Beneficios

Una guía para Servicios de Salud mental Dentro de Greater Columbia Behavioral health

SERVICIOS CUBIERTOS

Como miembro del Plan de Salud Prepagado (PHP), usted tiene derecho al plan básico de salud mental, el que puede incluir intervención en casos críticos, admisión/evaluación, consultas breves y/o administración de casos y servicios de interprete, según sean necesarios. Todos los demás servicios proporcionados requieren autorización de su proveedor de servicios.

Su primera visita con un proveedor de servicios de salud mental normalmente requiere una evaluación de admisión. Esta se utiliza para determinar su elegibilidad y la necesidad de servicios de salud mental y para desarrollar un plan de servicios. Los servicios autorizados ampliados pueden incluir:

- Terapia individual o en grupo
- Administración de caso
- Rehabilitación / servicios de apoyo
- Consejo para familias
- Administración de medicamentos
- Servicios de emergencia de 24 horas/Asistencia en casos de crisis

ALGUNAS AGENCIAS TAMBIÉN PROPORCIONAN SERVICIOS ESPECIALIZADOS.

Miembros gubernamentales de Greater Columbia Behavioral Health

- Asotin County
- Benton County
- Columbia County
- Franklin County
- Garfield County
- Kittitas County
- Klickitat County
- Skamania County
- Walla Walla County
- Whitman County
- Yakama Nation
- Yakima County

Servicios no cubiertos

Los siguientes servicios no están cubiertos actualmente por el Plan de Salud Prepagado:

- Servicios de pacientes internos
- Transporte
- Costo de prescripciones médicas
- Servicios de salud mental no autorizados

Cuidado no autorizado

Algunos servicios se consideran no-autorizados y no están cubiertos por el Plan de Salud Prepagado Si no le es posible obtener la autorización apropiada para los siguientes servicios, se podría requerir que pague por dichos servicios:

- Servicios de emergencia de más de 2 horas fuera de área (fuera de los límites de GCBH)
- Servicios proporcionados por proveedores que no participan en PHP
- Servicios ampliados no aprobados por su proveedor de servicio

PARA AUTORIZACION, PÓNGASE EN CONTACTO CON EL PROVEEDOR DE SERVICIOS DE SU ÁREA.

Servicios de mediador

El GCBH proporciona un servicio de mediador para todos los miembros del PHP para ayudarles con cualesquier reclamos. El mediador puede proporcionar información sobre los derechos de los pacientes, los recursos disponibles y los procedimientos de quejas, incluyendo el procesos de audiencias justas del estado. Para ponerse en contacto con este servicio llame al: 509-735-8681 ó al 1-800-257-0660.

Se prohibe la discriminación en todos los programas y en todas las actividades. Nadie podrá ser excluido sobre la base de raza, color, religión, credo, nacionalidad de origen, sexo, orientación sexual, estado civil, estado de veterano incapacitado, estado de veterano de Vietnam o incapacidad. Este material se encuentra disponible en formatos alternos.

Hay servicios de traducción disponibles

Derechos del consumidor

Tiene derecho a:

- Ser tratado con respeto y dignidad.
- Ayudar a desarrollar un plan de atención y servicios que satisfagan sus necesidades.
- Rechazar cualquier tratamiento propuesto.
- Recibir una atención que no discrimine en contra suya y que sea sensible a su sexo, raza, origen nacional, idioma, edad, incapacidad y preferencia sexual.
- Estar libre de explotaciones o acosos sexuales.
- Revisar su historial de caso.
- Recibir una explicación sobre todos los medicamentos recetados, incluyendo los efectos esperados y los efectos secundarios posibles.
- Confidencialidad.
- Revisar las normas de reclamo de la agencia.
- Presentarle al mediador (Ombudsman) una queja o reclamo, o bien al RSN o el proveedor, si cree que se han violado sus derechos.
- Estar libre de represalias o amenazas de represalias

¿Cómo puedo ponerme en contacto con el Ombuds (mediador) para obtener ayuda?

Para una cita:

Llame a:

(509) 735-8681 - Voice/TDD
or
1-800-257-0660

o escriba a:

Ombudsperson (mediador)
c/o Greater Columbia
Behavioral Health
101 North Edison Street
Kennewick, Washington 99336

Citas disponibles de lunes a viernes de las 8:00 de la mañana a las 5:00 de la tarde

Ombuds Services

Para consumidores de servicios públicos de salud mental

Greater Columbia
Behavioral Health

101 North Edison Street
Kennewick, Washington
99336-1958

(509) 735-8681 - Voz/TDD
1-800-257-0660
(509) 783-4165 - Fax
www.gcbh.org

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¿Qué es un Ombuds (mediador)?

Es un servicio independiente creado por las leyes estatales, con la responsabilidad de recibir quejas y reclamos de los consumidores de salud mental pública y otras personas, así como también de proteger sus derechos.

¿Cuál es su finalidad?

Recibir quejas y reclamos y ayudar a que se resuelvan con rapidez.

Miembros de GCBH:

Los condados de Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Skamania, Walla Walla, Whitman, Yakima y el territorio nativo americano de Yakama.

¿Quién tiene derecho al servicio?

Los residentes de Greater Columbia Behavioral Health que son aceptables para recibir o están recibiendo servicios de salud mental financiados públicamente. También se pueden aceptar quejas de miembros de la familia y otras personas interesadas.

¿Qué puede hacer el Ombuds (mediador) por mí?

- Escuchar su problema.
- Analizar lo que se encuentra implícito.
- Investigar los hechos, los registros, las leyes, las normas y los procedimientos.
- Ayudarle a presentar una queja y a seguir los procedimientos de reclamo correspondientes.
- Encargarse del seguimiento, para asegurarse de que se resuelva la queja o reclamo y que usted permanezca informado de ello.
- Recomendar cambios para corregir un problema o prevenir que vuelva a producirse en el futuro.
- Proporcionar información sobre recursos y derechos de los consumidores.

¿Cuáles son los honorarios?

No hay honorarios relacionados con este servicio.

¿Qué no puede hacer el Ombuds (mediador) por mí?

- No puede actuar como administrador de caso.
- No puede darle consejo legal.

  No puede garantizarle ningún resultado específico.
- No puede representarle como lo haría un abogado.

¿Qué puedo hacer para ayudar a que se resuelva mi queja?

- Esté preparado para indicar el quién, el qué, el cuándo y el dónde del problema.
- Proporcione toda la información por escrito que tenga.
- Tome en consideración lo que sería un remedio justo. ¿Qué es lo que quiere de la agencia?
- Mantenga al mediador (Ombudsperson) informado sobre cómo podrá ponerse en contacto con usted.

La misión del Equipo de Supervisión de Calidad es:

- escuchar a los consumidores, miembros de familias y otras personas interesadas;
- supervisar el funcionamiento del proveedor y de la RAR;
- involucrar a representantes de grupos subatendidos;
- identificar problemas relacionados con el acceso a los servicios o con el sistema de procuración de servicios y buscar la solución;
- e identificar los puntos fuertes y las deficiencias de los servicios de salud mental.

Es responsabilidad del Equipo de Supervisión de Calidad el crear un ambiente de mejoramiento continuo de la calidad dentro del sistema de salud mental financiado con fondos públicos.

Por favor dirija sus comentarios o preguntas acerca de la calidad de los servicios de salud mental financiados con fondos públicos al:

1-800-257-0660
(509) 735-8681-Voz/TDD

Lunes a Viernes
8:00 a.m. a 5:00 p.m.

o escriba a:

Red de Apoyo Regional de
Gran Columbia

101 North Edison Street
Kennewick, WA 99336-1958

Todas las llamadas son bienvenidas y las reuniones pueden fijarse en una oficina u otro lugar. La participación del consumidor es siempre voluntaria, y se respeta la confidencialidad.

Equipo de Supervisión de Calidad

Para clientes de servicios de salud mental financiados con fondos públicos

Red de Apoyo Regional de
Gran Columbia

1-800-257-0660
(509) 735-8681-Voz/TDD

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Equipo de

El Equipo de Supervisión de Calidad está empeñado en asegurarse de que los servicios de calidad estén disponibles y accesibles para las personas de la Región.

El Equipo de Supervisión de Calidad supervisa el funcionamiento de los contratistas y la Región por medio de la recolección de información obtenida de los consumidores, miembros de familias, partidarios, proveedores de servicios, comunidades subatendidas y otros interesados.

El Equipo de Supervisión de Calidad entrega reportes regularmente, al tiempo que identifica los puntos fuertes y las preocupaciones existentes dentro del sistema de procuración de servicios de salud mental de la RAR de Gran Columbia.

La recolección de información puede obtenerse por medio de:

- entrevistas (personal, admisión, despido, etc.);
- cuestionarios;
- encuestas telefónicas;
- "anuncios públicos" de la comunidad;
- visitas domiciliarias a los proveedores de salud mental;
- y revisión de expedientes y documentos relevantes.

Las visitas domiciliarias pueden coordinarse con evaluaciones de la RARGC. Los miembros del equipo también realizarán visitas separadas a comunidades y proveedores de servicios, según sean necesarias por toda la Región.

Supervisión de

Calidad

El Equipo de Supervisión de Calidad está formado por consumidores, miembros de familias y miembros de la Junta Regional de Consejeros de Gran Columbia.

El Equipo de Supervisión de Calidad se ocupa de asuntos relacionados con el sistema de salud mental. Si un consumidor tiene un problema o queja individual, el Equipo de Supervisión de Calidad puede ayudarlo a contactar el Servicio de Defensa.

El Servicio de Defensa está específicamente diseñado para mediar las quejas del consumidor y está a su disposición en la Oficina de la Red de Apoyo Regional de Gran Columbia, en el (509) 735-8681 (voz/TDD) o el 1-800-257-0660.

顧客權利

你有以下的權利：

- 受到尊重，保持自尊；
- 協助設立一個适合你的治療和服務計划；
- 拒絕接受任何預定的治療計划；
- 接受對你沒有歧視的治療，同時不能因為你的性別、种族、原籍、語言、年齡、傷殘、以及性傾向而給予不同的待遇；
- 不受任何性侵犯或性騷扰；
- 查閱你的治療記錄；
- 對所有給你開的藥方，告訴你開藥方的原因，包括了將要得到的結果和副作用；
- 保密；
- 查閱該机构的對待抱怨的政策；
- 如果你認為你的權利受到侵犯，請向專案審查員、地區贊助聯网或服務提供者提交一份控訴書；
- 不受任何報復或報復的威脅。

我如何與專案審查中心取得聯系，以得到他們的幫助？

請你打電話到以下號碼，以設立一個約會：

1-800-257-0660
(509) 735-8681 - Voice/TDD

或寫信到：

專案審查員

轉大哥倫比亞
地區贊助聯网
3311 W. Clearwater Avenue, Suite 1000
Kennewick, WA 99336

約會可以設在：
星期一 至星期五
早上8:00 至下午 5:00

專案審查服務中心

給享有
公積金贊助的
心理健康服務中心的
顧客們

大哥倫比亞
地區贊助聯网

101 North Edison Street
Kennewick, WA 99336-1958

(509) 735-8681 - Voice/TDD
1-800-257-0660
(509) 783-4165 - 傳真

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甚麼是專案審查服務中心？

專案審查服務中心是根据州法成立的一個獨 立的服務機構，其責任是接受來自進行公共心理治療的顧客以及其他人士的抱怨和控訴，并保護他們的權利。

該機構的目的是甚麼？

接受抱怨和控訴，幫助迅速解决問題。

哪些縣設有該項服務？

在大哥倫比亞地區贊助聯網內的縣:

Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Skamania, Wall Walla, Whitman, Yakima.

誰合格使用該服務機構？

凡是大哥倫比亞地區贊助聯網的居民，并符合接受公積金贊助的心理健康服務的條件。同時接受家庭成員和其他有關人士的抱怨。

專案審查服務中心能爲我提供甚麼服務？

- 傾聽你提出的問題
- 分析問題涉及的因素
- 調查事實，查記録，查法律和政策，以及上訴程序
- 根据上訴程序幫助你寫抱怨書。
- 注意抱怨或控告的事態發展，并會通知你
- 對要修改的問題提出建議，并防止將來發生問題
- 提供顧客權利的有關資料

費用是多少？

這個服務是免費的。

專案審查服務中心不能爲我提供甚麼服務？

- 不是案子處理員
- 不能提供法律咨詢
- 不能保證任何最后的結果
- 不能像律師那樣代表你

我能做甚麼以幫忙解决我所抱怨的問題？

- 作好准備以告訴該機構這個問題是甚麼問題、發生的時間 和地點、以及牽涉到誰。
- 提供你有的所有書面材料
- 考慮有甚麼公正的補救辦法。你對該機構的期望是甚麼？
- 及時通知專案審查員如何與你取得聯系。

該服務質量審核協助組的任務是：

- 傾听顧客、他們的家庭成員和其他人士的意見；
- 審核服務提供者和地區贊助聯网的工作；
- 包括听取非主要服務人士代表的意見；
- 使服務或服務提供系統與服務受益者相符合，并能解決問題；
- 鑒定心理健康服務中心的优點和不足之處。

服務質量審核協助組的責任是創造一個良好的環境，促進公積金贊助的心理健康服務不斷提高服務質量。

如果對由公積金贊助的心理健康服務中心的服務質量有甚麼意見或問題，請你打電話到以下號碼：

1-800-257-0660
(509) 735-8681 - Voice/TDD

早上8:00 至下午 5:00

或寫信到：

大哥倫比亞

地區贊助聯网

101 North Edison Street
Kennewick, WA 99336-1958

歡迎打電話來，我們會在一個辦公室或另外的地點安排與你交談的會議。你有權利決定是否出席會議，其內容絕對保密。

服務質量審核協作組

給享有
公積金贊助的
心理健康服務中心的
顧客們

大哥倫比亞

地區贊助聯网

1-800-257-0660
(509) 735-8681 - Voice/TDD

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服務質量

服務質量審核協助組的任務是，保證向希望得到幫助的人，在他的地區找到周全的服務。

服務質量審核組通過向顧客們、家庭成員、熱心者、服務提供者、非主要服務對象以及其他利益相關者收集材料，審查合同者以及地區機構的服務表現。

服務質量審核組經過分析后，向上遞送報告，匯報大哥倫比亞地區贊助聯網心理健康服務的優點和不足之處。

收集材料的方式有以下几种:

- 采訪(個別，允許接受該項服務，離開該項服務，等等);
- 調查表;
- 電話調查;
- 衆人“說實話”;
- 對心理健康服務的提供者進行實地拜訪;
- 對有關的記録和文件進行審核。

實地拜訪將與大哥倫比亞地區贊助聯網配合。對大衆和服務提供者的分別拜訪亦根据需要，通過地區由協助組成員進行。

審核

協助組

服務質量審核協助組是由顧客、家庭成員以及大哥倫比亞地區顧問委員會成員組成的。

服務質量審核協助組針對心理健康服務的問題而開展工作。如果某個顧客有個別的問題或抱怨，服務質量審核協助組會與專案審查服務中心聯系，以幫助該顧客。

專案審查服務中心是專門爲解决顧客的抱怨而設立的，如要與他們取得聯系，請打電話到大哥倫比亞地區贊助聯網辦公室：(509) 735-8681 (正常/聽力有問題)或

在緊急情況下，請與你所在縣的以下机构聯系：

Asotin - Rogers 咨詢中心
(509) 758-3341 - Voice/TDD

Benton & Franklin - 緊急呼應部
(509) 783-0500 -Voice/TDD

Columbia - Columbia 縣中心
(509) 382-2527 - Voice/TDD

Garfield - Garfield 縣人事部
(509) 843-3791 - Voice/TDD

Kittitas - 緊急報告線
(509) 925-4168 - Voice
(509) 925-9861 - TDD

Klickitat - 咨詢和資源中心
(509) 773-5801 - Voice
TDD 中繼站：1-800-833-6388

Skamania - Skamania 縣咨詢中心
(509) 427-9488 - Voice
TDD 中繼站：1-800-833-6388

Wall Walla - Wall Walla 縣心理健康中心/急救組
(509) 522-4278 - Voice/TDD

Whitman - Whitman 縣心理健康中心
(509) 334-1133 - Voice/TDD

Yakima - CWCMH 緊急治療服務中心
(509) 575-4200 - Voice/TDD
或 1-800-572-8122

Greater Columbia Regional Support Network
大哥倫比亞地區贊助聯网

101 North Edison Street
Kennewick, WA 99336-1958

預付的
健康保險計划

向以下縣的醫藥補助受益者
提供心理健康服務

Asotin,
Benton & Franklin,
Columbia, Garfield,
Kittitas, Klickitat,
Skamania, Wall Walla,
Whitman & Yakima

請向以下机构索取資料：

大哥倫比亞
地區贊助聯网

101 North Edison Street
Kennewick, WA 99336-1958
(509) 735-8681 - Voice/TDD
1-800-257-0660
(509) 783-4165 - 傳真

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包括了的服務項目

如果你有條件享受醫藥補助，是其中一個成員縣的居民，并且正在接受或申請大衆心理健康服務，你就是大哥倫比亞地區贊助聯網的預付健康保險的成員 (PHP).

作爲一個PHP的成員，你有條件加入一個心理治療基本計划，該計划包括了緊急干預措施、接納/估价、簡短咨詢和/或案子管理以及如果需要，提供口譯服務.

所有補充的服務項目，都要在爲你提供治療的人員的授權下進行.

在你第一次見心理治療人員時，通常要進行一個接納評定．這個評定用於决定你是否必須接受心理治療，并爲你制定一個治療計划．該計划設立治療目的以及療期.

評定

授權的附加服務將包括如下方面:
復審每一個人的情况和計划，决定是否使用這些附加的或其他的服務.

- 全面審查
- 參考推荐

緊急服務項目

在心理健康急診室進行評定和治療或推荐到别的部門:

- 24小時電話緊急干預
- 緊急呼應服務
- 緊急呼吸救護*

干預措施

簡短的、針對性的治療

- 個人
- 家庭
- 群體

加强康復措施:

對非常需要强化性措施的人，提供以下附加服務性項目

- 案子處理
- 住房/安置服務
- 藥物治療管理
- 職業前/職業服務
- 療法性撫養服務

在以下縣提供: Benton & Franklin, Kittitas, Wall Walla, Whitman and Yakima

不包括的服務項目

以下服務項目目前并不包括在預付的健康保險計划:

- 住院病人服務
- 交通運輸
- 費用以買醫生開的藥
- 没有授權的心理治療

注意: 以上服務可以由另一保險計划提供

* 在以下縣提供: Asotin, Benton & Franklin, Columbia, Garfield, Kittitas, Wall Walla, Whitman and Yakima.

没有授權的護理

有些服務被認爲是不經授權的，因而不能包括在預付健康保險計划里．如果你没有授權使用以下服務項目，你就要自己支付服務費用:

- 超逾2小時的、在領域之外的急救服務 (不在大哥倫比亞地區贊助聯網内)
- 由非預付健康保險計划提供的服務
- 未經批准的加强性服務項目

如要申請授權批准，請與下列機構聯系:
大哥倫比亞地區贊助聯網預付健康保險辦公室
1-800-257-0660

專案審查服務

大哥倫比亞地區贊助聯網向所有預付健康保險成員提供專案審查服務，以便幫你處理抱怨的問題．專案審查員會向你提供有關你應有的權利和進行上訴的資料，同時提供服務，以保證你受到公平的待遇．如果你有不滿或已經遞送了抱怨，請打以下號碼，向大哥倫比亞地區贊助聯網辦公室要求，以得到一位專案審查員的幫忙:
(509) 735-8681 - 正常/聽力有問題
或 1-800-257-0660
有關福利局心理健康服務的資料，請與福利局顧客服務部心理健康部 1-800-446=0259 聯系.

Quyền Của Khách Tiêu Thụ

Quí vị có quyền:

- Được đối xử tôn trọng và đường hoàng.
- Giúp phát triển một kế hoạch chăm sóc và dịch vụ đáp ứng nhu cầu của quí vị.
- Từ khước mọi đề nghị chữa trị.
- Nhận sự chăm sóc không kỳ thị đối với quí vị, và tế nhị đối với phái tính, chủng tộc, nguồn gốc quốc gia, ngôn ngữ, tuổi tác, tàn tật, và sự ưa thích tính dục của quí vị.
- Không bị khai thác hoặc quấy nhiễu về tính dục.
- Duyệt lại hồ sơ chăm sóc của quí vị.
- Nhận được sự giải thích của tất cả thuốc trên toa, kể cả các phản ứng dự trù và phản ứng phụ có thể xảy ra.
- Được giữ kín đáo.
- Duyệt lại chánh sách than phiền của cơ quan.
- Đưa ra sự khiếu nại hay than phiền cho Nhân Viên Kiểm Tra, RSN hoặc bác sĩ nếu quí vị tin rằng quyền của quí vị đã bị vi phạm.
- Không bị trả thù hay bị hăm dọa trả thù.

Làm thế nào để tôi liên lạc được với toán Kiểm Tra nhờ Giúp Đỡ?

Để làm hẹn:

Gọi:

(509) 735-8681 - Nói/TDD hoặc
1-800-257-0660

hoặc thư về:

Nhân Viên Kiểm Tra
c/o Greater Columbia
Hệ Thống Yểm Trợ Vùng

101 North Edison Street
Kennewick, WA 99336-1958

Các buổi hẹn hiện có:
Thứ Hai - Thứ Sáu
8:00 a.m. - 5:00 p.m.

Dịch Vụ Kiểm Tra

Cho khách tiêu thụ của Dịch Vụ Sức Khỏe Tâm Thần Công Cộng

Greater Columbia
Hệ Thống Yểm Trợ Vùng

101 North Edison Street
Kennewick, WA 99336-1958

(509) 735-8681 - Nói/TDD
1-800-257-0660
(509) 783-4165 - Fax

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Kiểm Tra là gì?

Kiểm Tra là một dịch vụ độc lập được thành lập bởi luật pháp Tiểu Bang với trách nhiệm nhận các sự khiếu nại hay than phiền từ khách tiêu thụ sức khỏe tâm thần công cộng và những người khác và bảo vệ quyền hạn của họ.

Mục đích gì?

Để nhận các sự khiếu nại hay than phiền và phụ giúp giải quyết nhanh chóng.

Phục vụ trong Quận nào?

Các Quận nằm trong Hệ Thống Yểm Trợ Khu Vực Greater Columbia:

Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Skamania, Walla Walla, Whitman, và Yakima.

Ai được hợp lệ?

Các cư dân của Hệ Thống Yểm Trợ Khu Vực Greater Columbia được hợp lệ hoặc đang nhận dịch vụ sức khỏe tâm thần được tài trợ bởi công chúng. Các sự khiếu nại cũng có thể được lấy từ các thành viên trong gia đình và những người liên hệ khác.

Kiểm Tra có thể giúp được gì cho tôi?

- **Lắng nghe trở ngại của quí vị**
- **Phân tích điều gì liên quan đến**
- **Điều tra sự kiện, hồ sơ, luật lệ, chánh sách, và thủ tục**
- **Trợ giúp quí vị điền đơn khiếu nại và theo dõi thủ tục than phiền**
- **Theo dõi để xem sự khiếu nại hoặc than phiền đã được giải quyết chưa và quí vị có được thông báo hay không**
- **Đề nghị thay đổi hầu sửa sai một vấn đề hoặc ngăn ngừa xảy ra trong tương lai**
- **Cung cấp tin tức trên các cơ quan giúp đỡ và quyền của người tiêu thụ**

Lệ phí là bao nhiêu?

Không có lệ phí liên hệ đến các dịch vụ này.

Kiểm Tra không thể giúp được gì cho tôi?

- Không thể hành động như Quản Lý Viên Hồ Sơ.
- Không thể cố vấn luật pháp cho quí vị.
- Không thể bảo đảm kết quả của bất cứ việc gì.
- Không thể đại diện cho quí vị như một luật sư.

Tôi có thể làm gì để giúp giải quyết khiếu nại của tôi?

- Chuẩn bị cho biết Ai, Cái Gì, Khi Nào, và Ở Đâu của vấn đề.
- Cung cấp trên giấy tờ các dữ kiện mà quí vị có thể có.
- Biện pháp sửa chữa nào được xem là công bằng. Quí vị muốn gì nơi cơ quan?
- Cho Nhân Viên Kiểm Tra biết cách thức để liên lạc với quí vị.

Nhiệm vụ của Toán Duyệt Xét Phẩm Chất là:

- lắng nghe khách hàng, người trong gia đình và những người có liên hệ khác;
- duyệt xét sự thi hành của bác sĩ và y tá;
- dự vào những người đại diện của dân cư bị phục vụ dưới mức;
- nhận ra các vấn đề có quyền có dịch vụ hoặc hệ thống phân phối dịch vụ và làm việc đi đến một giải pháp;
- và nhận ra các ưu điểm và khuyết điểm trong dịch vụ sức khỏe tâm thần.

Trách nhiệm của Toán Duyệt Xét Phẩm Chất là tạo dựng hoàn cảnh cải tiến phẩm chất liên tục trong hệ thống sức khỏe tâm thần do công chúng tài trợ.

Xin chuyển lời phê bình hoặc các câu hỏi về phẩm chất của dịch vụ sức khỏe tâm thần do công chúng tài trợ chc:

1-800-257-0660
(509) 735-8681 - Nói/TDD

Thứ Hai - Thứ Sáu
8:00 a.m. đến 5:00 p.m.

hoặc thư về

Greater Columbia
Hệ Thống Yểm Trợ Vùng

101 North Edison Street
Kennewick, WA 99336-1958

Điện thoại gọi đến được đón nhận ân cần, và các buổi hội họp có thể được sắp xếp tại văn phòng hay tại một địa điểm khác. Sự tham dự của khách hàng luôn luôn là tình nguyện, và sự kín đáo được tôn trọng.

Toán Duyệt Xét Phẩm Chất

Cho các khách hàng của dịch vụ sức khỏe tâm thần do công chúng tài trợ

Greater Columbia
Hệ Thống Yểm Trợ Vùng

1-800-257-0660
(509) 735-8681 - Nói/TDD

Toán

Toán Duyệt Xét Phẩm Chất được ủy nhiệm để bảo đảm rằng các dịch vụ phẩm chất có thể dùng được và có thể đến được đối với những người trong Vùng.

Toán Duyệt Xét Phẩm Chất xét lại sự thi hành của các nhà thầu và Vùng xuyên qua sự thu thập các tin tức từ khách tiêu thụ, thành viên trong gia đình, người bênh vực, các người cung cấp dịch vụ, các cộng đồng bị phục vụ dưới mức và những người giữ tiền đặt cọc.

Toán Duyệt Xét Phẩm Chất trình các báo cáo thường lệ khi toán nhận ra sức mạnh và những sự lo lắng trong khu vực Greater Columbia RSN về hệ thống phân phối dịch vụ sức khỏe tâm thần.

Việc thu thập tin tức có thể hoàn thành bởi:

- phỏng vấn (cá nhân, nhập viện, xuất viện, v.v...);
- bản câu hỏi;
- thăm dò ý kiến qua điện thoại;
- cộng đồng "nói ra";
- thăm viếng tại chỗ bác sĩ tâm thần;
- và duyệt xét các hồ sơ và tài liệu thích đáng.

Thăm viếng tại chỗ có thể điều hợp với sự giám sát của GCRSN. Các buổi thăm viếng riêng biệt cho cộng đồng và dịch vụ của bác sĩ cũng có thể được thực hiện bởi thành viên trong nhóm khi cần thiết qua Vùng.

Duyệt Xét

Phẩm Chất

Toán Duyệt Xét Phẩm Chất được tập hợp từ khách tiêu thụ, thành viên trong gia đình và hội viên Hội Đồng Cố Vấn Khu Vực Greater Columbia.

Toán Duyệt Xét Phẩm Chất làm việc với các vấn đề thuộc hệ thống sức khỏe tâm thần. Nếu khách tiêu thụ có một vấn đề cá nhân hay than phiền, Toán Duyệt Xét Phẩm Chất có thể trợ giúp liên lạc với Dịch Vụ Kiểm Tra.

Dịch Vụ Kiểm Tra được trù liệu đặc biệt giải quyết sự than phiền của khách tiêu thụ và có thể gọi đến Văn Phòng Làm Việc Hệ Thống Yểm Trợ Vùng Greater Columbia ở số (509) 735-8681 (nói/TDD) hoặc 1-800-257-0660.

Trong trường hợp khẩn cấp, liên lạc với dịch vụ sức khỏe tâm thần liệt kê trong quận của quí vị:

Asotin - Trung Tâm Cố Vấn The Rogers
(509) 758-3341 - Nói/TDD

Benton & Franklin - Đơn Vị Phản Ứng Khủng Hoảng
(509) 783-0500 - Nói/TDD

Columbia - Dịch Vụ Quận Hạt Columbia
(509) 382-2527 - Nói/TDD

Garfield - Nhân Vụ Quận Hạt Garfield
(509) 843-3791 - Nói/TDD

Kittitas - Đường Dây Khủng Hoảng
(509) 925-4168 - Nói
(509) 925-9861 - TDD

Klickitat - Trung Tâm Cố Vấn và Giúp Đỡ
(509) 773-5801 - Nói
TDD Tiếp âm: 1-800-833-6388

Skamania - Trung Tâm Cố Vấn Quận Hạt Skamania
(509) 427-9488 - Nói
TDD Tiếp âm: 1-800-833-6388

Walla Walla - Trung Tâm Sức Khỏe Tâm Thần Walla Walla/Toán Khủng Hoảng
(509) 522-4278 - Nói/TDD

Whitman - Trung Tâm Sức Khỏe Tâm Thần Quận Hạt Whitman
(509) 334-1133 - Nói/TDD

Yakima - Dịch Vụ Chăm Sóc Nguy Kịch CWCMH
(509) 575-4200 - Nói/TDD
hoặc 1-800-572-8122

Greater Columbia Regional Support Network
3311 W. Clearwater Avenue, Suite 1000
Kennewick, WA 99336

PREPAID HEALTH PLAN

Cung Cấp Dịch Vụ Sức Khỏe Tâm Thần Cộng Đồng
cho những Người Thụ Hưởng Trợ Cấp Y Tế
trong các Quận Hạt Sau Đây:

Asotin,
Benton & Franklin,
Columbia, Garfield,
Kittitas, Klickitat,
Skamania, Walla Walla,
Whitman & Yakima

Để Biết Thêm Tin Tức Xin Liên Lạc:

Greater Columbia
Hệ Thống Yểm Trợ Vùng

101 North Edison Street
Kennewick, WA 99336-1958
(509) 735-6681 - Nói/TDD
1-800-257-0660
(509) 783-4165 - Fax

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Dịch Vụ Được Bảo Hiểm

Nếu quí vị hợp lệ Trợ Cấp Y Tế, cư ngụ trong một quận hạt hội viên, và đang nhận hoặc đang tìm kiếm dịch vụ sức khỏe tâm thần cộng đồng, quí vị là hội viên của Prepaid Health Plan (PHP) thuộc Hệ Thống Yểm Trợ Vùng Greater Columbia.

Là hội viên của PHP, quí vị được quyền có kế hoạch chăm sóc sức khỏe tâm thần căn bản, có thể gồm có sự can thiệp khủng hoảng, thu thập dữ kiện/lượng định, cố vấn và/hoặc quản lý hồ sơ và dịch vụ thông dịch khi cần.

Các dịch vụ kéo dài khác đòi hỏi sự cho phép từ nhân viên y tế cung cấp dịch vụ của quí vị.

Buổi khám đầu tiên của quí vị với bác sĩ tâm thần thường là thu thập dữ kiện thẩm định. Sự thẩm định này được dùng để xác định sự cần thiết y khoa cho các dịch vụ tâm thần và để khai triển một kế hoạch cho dịch vụ. Kế hoạch này nhận ra mục tiêu chữa trị của quí vị và khung thời gian cho dịch vụ.

Các dịch vụ kéo dài được cho phép có thể gồm bất cứ điều nào sau đây:

Lượng Định

Duyệt xét tình trạng của từng cá nhân dẫn đến sự cho phép dịch vụ dưới kế hoạch này và/hoặc giới thiệu đến dịch vụ khác:

- Thanh Lọc
- Giới Thiệu
- Lượng Định

Dịch Vụ Khủng Hoảng

Lượng định và điều trị hoặc giới thiệu trong khi cấp cứu bệnh tâm thần:

- Điện Thoại 24 Giờ Can Thiệp Khủng Hoảng
- Dịch Vụ Đáp Ứng Khủng Hoảng
- Xoa Dịu Khủng Hoảng*

Can Thiệp

Vắn tắt, tập trung điều trị

- Cá Nhân
- Gia Đình
- Nhóm

Gia Tăng Phục Hồi

Các dịch vụ yểm trợ kéo dài cho những người có nhu cầu cần thiết nhất

- Quản Lý Hồ Sơ
- Dịch Vụ Gia Cư/Cư Trú
- Quản Lý Thuốc Men
- Dịch Vụ Trước Khi Chuyên Nghiệp/ Chuyên Nghiệp
- Dịch Vụ Chữa Trị Chăm Sóc Con Nuôi

Đặt tại các Quận Hạt Benton & Franklin, Kittitas, Walla Walla, Whitman và Yakima

Dịch Vụ Không Được Bảo Hiểm

Các dịch vụ sau đây hiện thời không được bảo hiểm bởi Prepaid Health Plan:

- Dịch Vụ Bệnh Nhân Nội Trú
- Di Chuyển
- Phí Tổn Thuốc Theo Toa
- Các Dịch Vụ Tâm Thần Không Cho Phép

Ghi chú: Các dịch vụ này có thể được bảo hiểm bởi Trợ Cấp Y Tế qua một kế hoạch khác.

**Đặt tại các Quận Hạt Asotin, Benton & Franklin, Columbia, Garfield, Kittitas, Walla Walla, Whitman và Yakima.*

Chăm Sóc Không Được Phép

Một vài dịch vụ được xem như không được cho phép và không được bảo hiểm bởi Prepaid Health Plan. Nếu quí vị không đạt được sự cho phép thích hợp đối với các dịch vụ sau đây, quí vị có thể bị đòi tiền về dịch vụ đó:

- Nhiều hơn 2 tiếng đồng hồ của dịch vụ cấp cứu ngoài khu vực (bên ngoài giới hạn của GCRSN)
- Dịch vụ được cung cấp bởi bác sĩ không thuộc PHP
- Dịch vụ kéo dài không được chấp thuận bởi bác sĩ phục vụ quí vị.

Để được phép xin liên lạc:

Văn Phòng Làm Việc PHP Hệ Thống Yểm Trợ Vùng Greater Columbia

1-800-257-0660

Dịch Vụ Kiểm Tra

GCRSN cung cấp Dịch Vụ Kiểm Tra cho tất cả hội viên của PHP để trợ giúp quí vị khi quí vị có điều khiếu nại. Nhân viên kiểm tra có thể cung cấp quí vị tin tức về quyền của quí vị và các tài nguyên hiện có cho quí vị, đạt được tin tức thực sự về sự khiếu nại, và bảo đảm quí vị nhận được việc điều trị công bằng và đúng. Nếu quí vị có mối quan tâm hoặc điều khiếu nại nào, quí vị có thể gọi Văn Phòng Làm Việc của GCRSN để yêu cầu sự trợ giúp của một Nhân Viên Kiểm Tra:

(509) 735-8681 - Nói/IDD

hoặc 1-800-257-0660

Để có tin tức thêm về sự chăm sóc được điều động sức khỏe tâm thần của DSHS, xin liên lạc với Văn Phòng Đặc Trách Khách Tiêu Thụ, Nha Sức Khỏe Tâm Thần DSHS 1-800- .6-0259

Ваши права.

Вы имеете право на:

- Уважительное и достойное отношение к себе.
- Помогать разработке плана помощи и услуг, в которых Вы нуждаетесь.
- Отказаться от предлогаемого лечения.
- Получать помощь, невзирая на Ваш род, расу, национальность, язык, возраст, инвалидность и сексуальную ориентацию.
- Быть свободным от сексуального унижения и эксплуатации.
- Осмотра записей из Вашего дела.
- Получить объяснение о выписанных Вам лекарствах, включая информацию о ожидаемых результатах и побочных эффектах.
- Конфиденциальность.
- Ознакомиться с положением о жалобах.
- Подать жалобу с представителем Омбадс, Региональной системы помощи или врачом, если Вы уверенны, что Ваши права нарушены.
- Быть свободным от всякого сведения счетов или угрозы возмездия.

Как связаться с Омбадс для помощи?

Для приема

звоните:

(509) 735–8681 или
1–800–257–0660

или пишите:

Ombudsperson
c/o Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

Часы приема:
Понедельник–Пятница
8:00 утра –5:00 вечера

Служба Омбадс

Для пациентов получающих государственную психиатрческую помощь

Greater Columbia

Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

(509) 735–8681–Voice
1–800–257–0660
(509) 783–4165–Fax

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Что такое Омбадс?

Омбадс–независимая служба, созданная на основе закона Штата, ответственная за получениие жалоб от пациентов, нуждающихся в психиатрической помощи, и защищает их права.

Для какой цели?

Получать жалобы и помогать быстрому их разбору.

Какие районы обслуживаются?

Те районы, которые находятся в региональной системе помощи Грэйтер Колумбия:

Asotin,Benton,Columbia,Franklin,Garfield, Klickitat,Skamania,Walla Walla,Whitman, and Yakima.

Кто имеет право получать этот сервис?

Жители региональной системы помощи Грэйтер Колумбия, которые имеют право или уже получают государственную психиатрическую помощь. Жалобы могут быть получены от членов семьи и других заинтересованных лиц.

Что может Омбадс сделать для Вас?

- Выслушать Вашу проблему
- Проанализировать,в чем суть проблемы
- Расследовать факты, записи, законы и порядки
- Помочь вам в составлении жалобы, и последующем разборе повода для недовольства
- Проследить за рассмотрением жалобы и сообщить вам о результатах
- Рекомендовать изменения для корректировки проблемы или предотвращения проблемы в будущем
- Предоставлять информацию о ресурсах и правах клиента

Сколько это стоит?

Услуги оказываются безплатно.

Что не может Омбадс сделать для меня?

- Не может действовать,как ведущий дела.
- Не может дать юридический совет.
- Не может ручаться за никакой определенный результат.
- Не может представлять Вас,как адвокат.

Что я могу сделать, чтобы помочь быстрому разрешению жалобы?

- Быть готовым рассказать Кто,Что,Когда и Где о проблеме.
- Предоставить, имеющуюся у Вас письменную информацию.
- Определить, что считается справедливой мерой разрешения вопроса. Что Вы ждете от агенства?
- Информировать представителя Омбадс о том, как с Вами можно контактировать.

Группа качественного пересмотра дел имеет следующее назначение:

- выслушивать пациентов,членов их семей и других;
- проверять исполнительность работы врача и Региональной системы помощи;
- вовлекать представителей от обслуживаемой части населения;
- определить проблемы,связанные с доступом к сервизу и его получением,а также, работать над их разрешением;
- опредилить сильные и слабые стороны в психиатрическом сервисе.

Группа качественного пересмотра дел несет ответственность за создание атмосферы постоянного улучшения качества работы в системе государственной психиатрической помощи.

Пожалуйста, направляйте Ваши вопросы и комментарии о качестве государственного психиатрического сервиса по телефону:

1–800–257–0660
(509) 735–8681

С понедельника до пятницы
с 8:00 утра до 5:00 вечера

или пишите по адресу:

Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

Звоните, пожалуйста. Можете назначить время встреч в нашем офисе или другом месте. Участие пациента добровольно, и конфиденциальность гарантируется.

Группа качественного пересмотра дел

Для пациентов получающих государственную психиатрческую помощь

Greater Columbia
Regional Support Network

1–800–257–0660
(509) 735–8681

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Группа качественного пересмотра дел

Группе качественного пересмотра дел поручена проверка того, что качественные услуги имеются в наличии и предоставленны нуждающимся в них больным, живущим в пределах границ региона.

Группа качественного пересмотра дел проверяет исполнительность работы врачей и региона в целом, посредством сбора информации от пациентов, членов их семей, сторонников, организаций предоставляющих услуги и материальную поддержку, а также общественности.

Группа качественного пересмотра дел составляет регулярные отчеты, определяя сильные и слабые стороны обслуживающей системы региональной психиатрической помощи Грэйтер Колумбия.

Сбор информации может производиться с помощью:

- бесед (интимных, с признанием, с разрядкой и др.);
- анкет;
- опроса по телефону;
- общественного мнения;
- посещения психиатрических медицинских учереждений;
- и обзора относящихся к делу отчетов и документации.

Посещения согласовываются с представителями Грэйтер Колумбия. Раздельные визиты на дому и в медицинское учереждение также проводятся членами группы по всему региону.

Группа качественного пересмотра дел составляется из пациентов, членов их семей и членов Регионального совета Грэйтер Колумбии.

Группа качественного пересмотра дел работает над проблемами психиатрического сервиза. Если пациент имеет личные проблемы или жалобы, Группа качественного пересмотра дел помогает связаться со службой Омбадс.

Служба Омбадс специально создана для рассмотрения жалоб пациентов. Обращайтесь в Бизнес офис Грэйтер Колумбии по телефону:

(509) 735–868
или 1–800–257–0660

В случае неотложной психиатрической помощи звонте в следующие учереждения Вашего района (county):

Asotin – The Rogers Counseling Center
(509) 758–3341 – Voice/TDD

Benton & Franklin – Crisis Response Unit
(509) 783–0500 – Voice/TDD

Columbia – Columbia Country Services
(509) 382–2527– Voice/TDD

Garfield – Garfield County Human Sevices
(509) 843–3719 – Voice/TDD

Kittitas – Crisis Line
(509) 925–4168 – Voice
(509) 925–9861 – TDD

Klickitat – Counseling and Resource Center
(509) 773–5801 – Voice
TDD Relay: 1–800–833–6388

Skamania – Skamania Country Counseling Ctr.
(509) 427–9488 – Voice
TDD Relay: 1–800–833–6388

Walla Walla – Walla Walla Mental Health Center/Crisis Team
(509) 522–4278 – Voice/TDD

Whitman – Whitman County Mental Health Ctr.
(509) 334–1133 – Voice/TDD

Yakima – CWCMH Acute Care Services
(509) 575–4200 – Voice/TDD
or 1–800–572–8122

Great Columbia Regional Support Network
101 North Edison Street
Kennewick, WA 99336-1958

ПРЕДОПЛА ЧИВАЕМЫЙ ПЛАН МЕДИЦИНСКОЙ СТРАХОВКИ

Предоставляет общественную психиатрическую помощь пациентам программы Медикейд (Medicaid) в следующих районах (Counties):

Asotin,
Behton & Franklin,
Columbia, Garfield,
Kittitas, Klickitat,
Skamania, Walla Walla,
Whitman & Yakima

Для дополнительной инфомации обращайтесь по адесу:

Greater Columbia (Грэйтер Колумбия)
Региональная система помощи

101 North Edison Street
Kennewick, WA 99336-1958

Tel: (509) 735-8681
1-800-257-0660
Fax (509) 783-4165

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Покрываемые услуги

Если Вы имеете право на получение программы Медикейд, проживаете в одном из районов региона, получаете или добиваетесь получения общественной психиатрической помощи– Вы член Предоплачиваемого плана медицинской страховки Региональной Системы Помощи Грэйтер Колумбия.
Как член этого плана, Вы имеете право на основную программу психиатрической помощи, которая может включать в себя кризисное вмешательство, прием\оценку ситуации, быструю консультацию и\или организацию дела с помощью переводчика (если это необходимо).
Все другие дополнительные услуги требуют согласования с врачом или учереждением, которое Вам помогает.
Ваш первый визит с представителем психиатрического учереждения включает предварительный осмотр. Этот осмотр определяет необходимость психиатрической помощи и план ее развития. Этот план определяет цели лечения и периодичность необходимой Вам помощи.
Санкционированная дополнительная помощь может включать в себя:
Оценку состояния.
Обзор каждой конкретной ситуации, руководствуясь разрешением на помощь согласно этого плана и\или направление для других услуг:

- Проверка
- Направление
- Оценка

Помощь больным в состоянии кризиса.
Оценка состояния и уход или направление для неотложной психиатрической помощи:

- 24 часа кризисная телефонная связь
- Помощь в критической ситуации
- Временное облегчение кризисной ситуации*

Вмешательства.
Быстрое сфокусированное лечение

- Индивидуальное
- Семейное
- Групповое

Интенсивная реабилитация.
Дополнительные услуги в поддержке для тех, кто больше всего в этом нуждается

- Организация дела
- Услуги на дому
- Организация медикаментов
- Помощь в допрофессиональном и в профессиональном обучении
- Терапевтическая служба выхаживания больных

Расположена в Benton & Franklin,Kittitas,Walla Walla,Whitman,Yakima районах (Counties).

Непокрываемые услуги.

Следующие услуги не покрываются Предоплачиваемым планом медицинской страховки :

- Услуги в госпиталях и клиниках
- Транспортировка
- Стоимость лекарств по рецептам
- Несанкцианированная психиатрическая помощь

Эти услуги могут покрываться Медикейдом через другие планы.

*Расположена в Asotin,Benton & Franklin,Columbia,Garfield,Kittitas,Walla Walla,Whitman,Yakima районах (Counties).

Несанкционированные услуги.

Некоторые услуги не покрываются Предоплачиваемым планом медицинской страховки и Вам, может быть, придется за них уплатить:

- Более 2 часов неотложной помощи за пределами зоны Региональной системы помощи.
- Врач и учереждение не относятся к вышеуказанному плану страховки.
- Дополнительные услуги, не согласованые с Вашим врачом.

Для согласования звоните в Бизнес Офис Предоплачиваемого плана медицинской страховки:

1–800–257–0660

Услуги Омбадс(Ombuds).

Служба Омбадс помогает всем членам плана медицинской страховки, имеющим жалобы. Представитель Омбадс может дать информацию о Ваших правах и возможностях, получить правдивые сведения, относящиеся к Вашей жалобе, и удостовериться, что Вы получаете правильное и обоснованное лечение. Если Вы имеете сомнения или жалобы звоните:

(509) 735–8681
или 1–800–257–0660

Для дополнительной информации о социальной (DSHS) психиатрической помощи звоните 1–800–446–0259

Mga Karapatan ng mga Taong Tumatanggap ng Serbisyo

Kayo ay may karapatang:

- Igalang
- Tumulong na gumawa ng plano ng pag-alaga at mga serbisyo na sumasapat sa inyong mga pangangailangan.
- Tanggihan ang anumang mga iminungkahing paggamot.
- Tumanggap ng pag-alagang walang diskriminasyon laban sa inyo, at kinikilala ang inyong kasarian, lahi, bansang pinagmulan, wika, gulang, pagkabaldado at pagtatanging sekswal.
- Maging ligtas mula sa anumang mga pagsasamantala o panliligalig na sekswal.
- Siyasatin ang mga ulat tungkol sa pag-alaga sa inyo.
- Ipaliwanag sa inyo ang lahat ng mga gamot na inireseta para sa inyo, kasama ang inaasahang bisa at maaaring iba pang epekto ng mga gamot.
- Ipaglihim ang mga bagay na nauukol sa inyo.
- Siyasatin ang patakaran ng ahensiya tungkol sa mga reklamo
- Magharap ng reklamo sa Tanodbayan, RSN o sa nagbibigay ng serbisyo kung sa inyong palagay ay linabag ang inyong mga karapatan.
- Maging ligtas mula sa paghihiganti o pagbabanta ng paghihiganti.

Paano ko mahihingan ng Tulong ang Tanodbayan?

Upang makipagtipanan:

Tumawag sa:

(509) 735-8681 - Tinig/TDD
o
1-800-257-0660

o sumulat sa:

Ombudsperson
c/o Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

Makakapagtipanan:
Lunes - Biyernes
8:00 ng umaga - 5:00 ng hapon

Tanodbayan

Para sa mga taong tumatanggap ng mga Serbisyong para sa Kalusugang Pangkaisipan

Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

(509) 735-8681 -Tinig/TDD
1-800-257-0660
(509) 783-4165 - Fax

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Ano ang Tanodbayan?

Ang Tanodbayan ay isang nagsasariling serbisyong nilikha ng batas ng Estado na may mga tungkuling tumanggap ng mga reklamo mula sa mga taong tumatanggap ng serbisyong para sa kalusugang pangkaisipan at ibang tao at upang pangalagaan ang kanilang mga karapatan.

Ano ang hangarin nito?

Tumanggap ng mga reklamo at tumulong sa mabilis na paglutas ng mga ito.

Anong mga County ang pinaglilingkuran nito?

Iyong mga County na nasa Greater Columbia Regional Support Network:

Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Skamania, Walla Walla, Whitman, at Yakima

Sino ang mga karapat-dapat na paglingkuran nito?

Ang mga naninirahan sa Greater Columbia Regional Support Network na karapat-dapat na tumanggap o tumatanggap ng mga serbisyong para sa kalusugang pangkaisipan na tinutustusan ng madla. Maaari ding magreklamo ang kanilang mag-anak at ibang taong may-interes.

Ano ang maitutulong sa akin ng Tanodbayan?

- **Pakinggan ang inyong problema**
- **Suriing mabuti ang mga may-kinalaman**
- **Sinisiyasat ang mga pangyayari, ulat, batas, palakad, at pamamaraan**
- **Tinutulungan kayong magharap ng reklamo at sa pagsunod sa pamamaraan sa pagreklamo**
- **Sinusundan ang ginagawa sa reklamo upang tiyaking linutas ang dahilan ng reklamo at alam ninyo ang mga nangyayari**
- **Nagrerekomenda ng mga pagbabago upang wastuhin ang problema o hadlangang mangyari itong muli**
- **Nagbibigay ng mga impormasyong tungkol sa mga pagkukunan at mga karapatan ng mga tumatanggap ng serbisyo**

Magkano ang singil?

Walang singil para sa serbisyong ito.

Ano ang hindi maitutulong sa akin ng Tanodbayan?

- Hindi maaaring kumilos bilang isang Tagapangasiwa ng Kaso.
- Hindi maaaring magbigay ng payong tungkol sa batas.
- Hindi makatitiyak sa mga kalalabasan ng pangyayari.
- Hindi maaaring kumatawan sa inyo na katulad ng isang abugado.

Ano ang magagawa ko upang makatulong sa paglutas ng aking reklamo?

- Maging handang sabihin ang Sino, Ano, Kailan, at Saan ng problema.
- Ibigay ang anumang nakasulat na impormasyong nasa inyo.
- Isipin kung ano ang makatarungang panlunas. Ano ba ang gusto ninyo mula sa ahensiya?
- Palaging ipaalam sa Tanodbayan kung paano kayo matatawagan/masusulatan.

Ang tungkulin ng Pangkat na Tagasiyasat ng Kahusayan ay:

- pakinggan ang mga taong tumatanggap ng serbisyo, ang kanilang mag-anak at ibang mga taong may-interes;
- siyasatin ang nagbibigay ng serbisyo at ang pagsasagawa ng RSN;
- isama ang mga kinatawan ng mga mamamayang hindi gaanong napaglilingkuran;
- kilalanin ang mga problemang mabibigyan ng mga serbisyo o ang pamamaraan ng pagbibay ng serbisyo at sikaping lutasin ang problema;
- at kilalanin ang mga lakas at pagkukulang sa mga serbisyong para sa kalusugang pangkaisipan.

Pananagutan ng Pangkat na Tagasiyasat ng Kahusayan na lumikha ng isang kapaligiran ng patuloy na kahusayang pag-unlad sa loob ng sistema ng kalusugang pangkaisipan na tinutustusan ng madla.

Mangyaring itawag ang inyong mga puna o tanong tungkol sa uri ng mga serbisyong para sa kalusugang pangkaisipan na tinututstusan ng madla sa :

1-800-257-0660
(509) 735-8681 Tinig/TTD

Lunes - Biyernes
8:00 ng umaga hanggang 5:00 ng hapon

o sumulat sa

Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

Matatawagan sa telepono, at maaaring magtakda ng mga pakikipagpanayam sa tanggapan o ibang lugar. Ang pagtanggap ng isang tao sa aming mga serbisyo ay palaging sa pag-kusang-loob at aming ipinaglilihim.

Pangkat na Tagasiyasat ng Kahusayan

Para sa mga kliyenteng tumatanggap ng mga serbisyong para sa kalusugang pangkaisipan na tinutustusan ng madla

Greater Columbia
Regional Support Network

1-800-257-0660
(509) 735-8681 - Tinig / TDD

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Pangkat na

Tinitiyak ng Pangkat na Tagasiyasat ng Kahusayan na makakakuha ng mahusay na mga serbisyo ang mga tao sa Rehiyon nito.

Sinisiyasat ng Pangkat na Tagasiyasat ng Kahusayan ang pagsasagawa ng serbisyo ng mga kontratista at ng Rehiyon sa pamamagitan ng pagtitipon ng impormasyon mula sa mga taong tumatanggap ng serbisyo, kanilang mag-anak, mga mamamayang hindi gaanong napaglilingkuran, at ang ibang kinauukulan.

Palaging naghaharap ng mga ulat ang Pangkat na Tagasiyasat ng Kahusayan sapagka't ito ang kumikilala ng mga lakas at kakulangan sa sistema ng pagbigay ng serbisyong para sa kalusugang pangkaisipan sa loob ng Greater Columbia RSN.

Maisasagawa ang pagtitipon ng impormasyon sa pamamagitan ng:

- mga pakikipagpanayam (personal, pagpapasok, pagpapauwi, atbp.);
- mga palatanungan;
- mga pagsiyasat na pagtawag sa telepono;
- mga pakikipag-usap sa madla;
- mga pagdalaw sa lugar ng trabaho ng mga nagbibigay ng serbisyong para sa kalusugang pangkaisipan;
- at pagsiyasat ng mga nauugnay na mga ulat at kasulatan.

Maaaring isabay sa mga pagmasid ng GCRSN ang mga pagdasaw sa lugar. Ang mga hiwalay na pagdalaw sa mga mamamayan at mga nagbibigay ng serbisyo ay gagawin din ng mga kasapi ng pangkat kapag kinakailangan sa buong dako ng Rehiyon.

Tagasiyasat

ng Kahusayan

Ang Pangkat na Tagasiyasat ng Kahusayan ay binubuo ng mga taong tumatanggap ng serbisyo, kanilang mag-anak at mga kasapi ng Lupon ng Tagapayong Pampurok ng Greater Columbia.

Linulutas ng Pangkat na Tagasiyasat ng Kahusayan ang mga problema sa sistemang para sa kalusugang pangkaisipan. Kung may problema o reklamo ang taong tumatanggap ng serbisyo, makakatulong ang Pangkat na Tagasiyasat ng Kahusayan sa pagtawag/pagsulat sa Tanodbayan.

Takdang nilikha ang Tanodbayan upang mamagitan sa mga reklamo ng mga taong tumatanggap ng serbisyo at matatawagan ito sa Tanggapan ng Greater Columbia Regional Support Network na ang numero ng telepono ay (509) 735-8681 (Tinig/TDD) o 1-800-257-0660.

Sa oras ng kagipitan tawagan ang serbisyong para sa kalusugang pangkaisipan na nakalista sa inyong county:

Asotin - The Rodgers Counseling Center

(509) 758-3341 - Tinig/TDD

Benton & Franklin - Crisis Response Unit

(509) 783-0500 - Tinig/TDD

Columbia - Columbia County Services

(509) 382-2527 - Tinig/TDD

Garfield - Garfield County Human Services

(509) 843-3791 - Tinig/TDD

Kittitas - Crisis Line

(509) 925-4168 - Tinig
(509) 925-9861 - TDD

Klickitat - Counseling and Resource Center

(509) 773-5801 - Tinig
TDD Relay: 1-800-833-6388

Skamania - Skamania County Counseling Ctr.

(509) 427-9488 - Tinig
TDD Relay: 1-800-833-6388

Walla Walla - Walla Walla Mental Health Center/Crisis Team

(509) 522-4278 - Tinig/TDD

Whitman - Whitman County Mental Health Ctr.

(509) 334-1133 - Tinig/TDD

Yakima - CWCMH Acute Care Services

(509) 575-4200 Tinig/TDD
o 1-800-572-8122

Greater Columbia Regional Support Network
101 North Edison Street
Kennewick, WA 99336-1958

PREPAID HEALTH PLAN

Nagbibigay sa mga Tumatanggap ng Medicaid ng mga Serbisyong Pangmadla para sa Kalusugang Pangkaisipan sa mga Sumusunod na County:

Asotin
Benton & Franklin,
Columbia, Garfield,
Kittitas, Klickitat,
Skamania, Walla Walla,
Whitman & Yakima

Para sa Karagdagang Impormasyon, Tawagan/Sulatan ang:

Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

(509) 735-8681 - Tinig/TDD

1-800-257-0660

(509) 783-4165 - Fax

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Mga Serbisyong Nasasaklaw

Kung kayo ay karapat-dapat na tumanggap ng Medicaid, naninirahan sa isang county na kasapi, at kayo ay tumatanggap o naghahanap ng mga serbisyong pangmadla para sa kalusugang pangkaisipan, kasapi kayo sa Prepaid Health Plan (PHP) ng Greater Columbia Regional Support Network.

Bilang kasapi sa PHP, kayo ay may karapatang tumanggap ng isang plano ng pag-alaga para sa kalusugang pangkaisipan, na maaaring kasama ang pamamagitan sa panahon ng kagipitan, pagtasa, maikling counseling at/o pangangasiwa ng kaso at mga tulong ng isang tagapagsalin kung kinakailangan.

Ang lahat ng mga ipagpapatulouy na serbisyo ay kailangan ng pahintulot mula sa nagbibigay ng serbisyo sa inyo.

Karaniwang bibigyan kayo ng ebalwasyon sa inyong unang pagpapatingin sa nagbibigay ng serbisyong para sa kalusugang pangkaisipan. Ginagamit ang ebalwasyong ito upang malaman ang pangangailangang ukol sa medisina para sa mga serbisyong para sa kalusugang pangkaisipan at gumawa ng plano para sa mga layunin ng inyong paggamot at ang tagal ng panahon para sa mga serbisyo.

Ang pinahintulutang mga serbisyong pagpapatuloy ay maaaring kasama ang anuman sa mga sumusunod:

Pagtasa

Sinisiyasat ang kalagayan ng bawa't tao upang magbigay-daan sa kapahintulutan ng mga serbisyo na nasa ilalim ng planong ito at/o ang rekomendasyon para sa ibang mga serbisyo

- Pagsusuri
- Rekomendasyon
- Pagtasa

Mga Serbisyo para sa Panahon ng Kagipitan

Pagtasa at paggamot o rekomendasyon sa mga panahon ng kagipitang may-kinalaman sa kalusugang pangkaisipan:

- 24 oras na Pamamagitan sa Telepono sa Panahon ng Kagipitan
- Mga Pagtugon sa Panahon ng Kagipitan
- Panandaliang kaginhawahan mula sa Panahon ng Kagipitan*

Mga Pamamagitan

Maikli, itinuong paggamot

- Isang tao
- Mag-anak
- Pangkat

Masinsinang Pagbabagong-tatag

Patuloy na pagtulong para sa mga taong may pinakamatinding mga pangangailangan

- Pangangasiwa ng Kaso
- Mga Serbisyong Pambahay/Pantirahan
- Pamamahala sa mga Ginagamit na Gamot
- Mga Serbisyong Pasimula sa Bokasyonal/Bokasyonal
- Mga Foster-Care na Nakapagpapagaling

Nasa mga County ng Benton & Franklin, Kittitas, Walla Walla, Whitman at Yakima.

Mga Serbisyong Hindi Nasasaklaw

Ang mga sumusunod na serbisyo ay kasalukuyang hindi nasasaklaw sa Prepaid Health Plan:

- Mga serbisyo sa pasyenteng nasa ospital
- Transportasyon
- Bayad sa mga Gamot na Inireseta
- Mga Walang-Kapahintulutang Serbisyong para sa Kalusugang Pangkaisipan

  Puna: Maaaring nasasaklaw sa Medicaid sa ibang uri ng plano ang mga serbisyong ito.

*Nasa mga County ng Asotin, Benton & Franklin, Columbia, Garfield, Kittitas, Walla Walla, Whitman at Yakima.

Mga Pag-alagang Walang-Kapahintulutan

May mga serbisyong itinuturing na walang-kapahintulutan at hindi nasasaklaw sa Prepaid Health Plan. Kung mabigo kayong kumuha ng naaangkop na kapahintulutan para sa mga sumusunod na serbisyo, maaari kayong pagbayarin para sa serbisyong iyon:

- Higit sa 2 oras na mga serbisyo para sa panahon ng kagipitan na nasa labas ng purok (sa kabila ng mga hanggahan ng GCRNS)
- Mga serbisyong mula sa mga nagbibigay ng serbisyo na hindi kasapi sa PHP
- Mga patuloy na serbisyo na walang pahintulot mula sa nagbibigay ng serbisyo sa inyo.

Para sa kapahintulutan, tawagan/sulatan ang:

Tanggapan ng PHP ng Greater Columbia Regional Support Network

1 - 800-257-0660

Tanodbayan

Ang GCRSN ay nagbibigay ng Serbisyo ng Tanodbayan sa lahat ng mga kasapi sa PHP upang tumulong sa inyo kung may reklamo kayo. Mabibigyan kayo ng mga Tanodbayan ng impormasyong tungkol sa inyong mga karapatan at mga mapagkukunan ng tulong, kumuha ng impormasyong nababatay sa reklamo at tiyaking pinakikitunguhan kayo sa isang makatarungang paraan. Matatawagan ninyo ang tanggapan ng GCRSN upang humiling ng tulong ng Tanodbayan kung may reklamo kayo:

(509) 735 - 8681 - Tinig/TDD
o 1 - 800 - 257 - 0660

Para sa karagdagang impormasyon tungkol pinamamahalaang pag-alaga para sa kalusugang pangkaisipan ng DSHS, tawagan ang Office of Consumer Affairs, DSHS Mental Health Division, 1-800-446-0259

ໜ້າທີ່ຂອງທີມງານກວດສອບຄຸນນະພາບມີດັ່ງຕໍ່ไปນີ້:

- ຮັບຟັງຜູ້ບໍຣິโพກ, ສະມາຊິກໃນຄອບຄົວและ ຜູ້ກ່ຽວຂ້ອງອື່ນໆ
- ກວດເບິ່ງການເຮັດງານຂອງຜູ້ໃຫ້ການຮັກສາ และ RSN
- ຈັດໃຫ້ມີຕົວแทນເຂົ້າไปໃນບໍຣິເວນທີ່ມີຜູ້ອາไส ຢູ່ນ້ອຍ
- ຊີ້ແນະເຖິງບັນຫາ ບອກວິທີທີ່ຈະເຂົ້າເຖິງ ການໃຊ້ບໍຣິການຫລືຣະບົບການຂຍາຍບໍຣິການ และການເຮັດງານໃນການແກ້ປັນຫາ
- ແລະຊີ້ແຈງເຖິງຈຸດທີ່ດີແລະຈຸດທີ່ບົກພ່ອງຂອງ ສູນບໍຣິການສຸຂະພາບຈິດ

ເປັນຄວາມຮັບຜິດຊອບຂອງທີມງານກວດ ສອບຄຸນນະພາບທີ່ຈະສ້າງບັນຍາກາດໃນ ການທີ່ຈະປັບປຸງຄຸນນະພາບຢ່າງຕໍ່ເນື່ອງ ພາຍໃນຣະບົບການບໍຣິການສຸຂະພາບຈິດ ສາທາຣະນະ

ກະຮຸນາແຈ້ງຂໍ້ຕິຊົມຫລືຄຳຖາມກ່ຽວກັບ ຄຸນນະພາບຂອງສູນບໍຣິການສຸຂະພາບຈິດ ສາທາຣະນະไปທີ່

1-800-257-0660

(509)735-8681 – โทระสับ/TDD

ວັນຈັນ – ວັນສຸກ
8:00 ເຊ້າ – 5:00 ແລງ

ຫລືຂຽນไปທີ່:

<u>*Greater Columbia*</u>
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

ເຮາຍິນດີທີ່ຈະໄດ້ຮັບโทระสับຈາກທ່ານ ແລະຈັດເວລາທີ່ຈະພົບກັບ ເຮາໃນສຳນັກງານຫລືບ່ອນອື່ນ ການຮ່ອມມືຂອງຜູ້ໃຊ້ບໍຣິການ ຈະເປັນไปโดยສະມັກໃຈແລະເປັນຄວາມລັບ

ທີມງານ ກວດສອບ ຄຸນນະພາບ

ສຳຣັບຜູ້ບໍຣິโพກທີ່ໃຊ້ບໍຣິການ ຂອງສູນບໍຣິການສຸຂະພາບຈິດ ສາທາຣະນະ

<u>ເກດເຕີโດລັນເບັຽ</u>
ເນດເວີກຊັບພອດປະຈຳເຂດ

1-800-257-0660

(509)735-8681 – โทระสับ/TDD

163 GC

ທີມງານ

ທີມງານກວດສອບຄຸນນະພາບມີຄວາມຕັ້ງໃຈທີ່ຈະເຮັດໃຫ້ປະຊາຊົນໃນເຂດຂອງທ້ອງຖິ່ນເຂົ້າເຖິງແລະໄດ້ຮັບບໍລິການທີ່ມີຄຸນນະພາບ

ທີມງານກວດສອບຄຸນນະພາບຈະກວດເບິ່ງການເຮັດງານຂອງຜູ້ຮັບເໝົາງານແລະການເຮັດງານຂອງເຂດໂດຍການເກັບຮວບຮວມຂໍ້ມູນຈາກຜູ້ບໍລິໂພກ, ສະມາຊິກຂອງຄອບຄົວ, ຜູ້ສນັບສນຸນ, ຜູ້ໃຫ້ການບໍລິການ, ກຸ່ມຊຸມຊົນທີ່ບໍ່ໄດ້ຮັບການບໍລິການຢ່າງພຽງພໍ ແລະຜູ້ທີ່ກ່ຽວຂ້ອງອື່ນໆ

ທີມງານກວດສອບຄຸນນະພາບຈະສົ່ງຣາຍງານຢ່າງສະນ່ຳສະເນີ ເພື່ອເປັນການແຈ້ງຈຸດທີ່ດີແລະຈຸດທີ່ນ່າເປັນຫ່ວງທີ່ມີຢູ່ໃນຣະບົບການແຈກຈາຍບໍລິການສຸຂະພາບຂອງ RSN ເກດເຕີໂດລັນເບີ້ຣ

ການເກັບຮວບຮວມຂໍ້ມູນອາດຈະເຮັດດັ່ງຕໍ່ໄປນີ້:

- ການສັນພາດ (ເຣື່ອງສ່ວນຕົວ, ການຮັບເຂົ້າຮັກສາ, ການອອກກາງການຮັກສາ, ຯລຯ)
- ແບບສອບຖາມ
- ສຳຣວດທາງໂທຣະສັບ
- ການປະຊຸມຂອງຊຸມຊົນ
- ການເຂົ້າຢ້ຽມຢາມຝ່າຍຈັດການດ້ານສຸຂະພາບຈິດ
- ແລະກວດສອບບັນທຶກແລະເອກະສານທີ່ກ່ຽວຂ້ອງ

ການເຂົ້າຢ້ຽມຢາມສູນນີ້ອາດຈະຮວມໄປເຖິງສັ່ງເກດການເຮັດງານຂອງ GCRSN ການເຂົ້າຢ້ຽມຢາມສູນແລະຝ່າຍຈັດການດ້ານສຸຂະພາບຈິດນີ້ສາມາດຈັດເຮັດຂຶ້ນມາໄດ້ຕາມຄວາມຕ້ອງການຂອງສະມາຊິກຂອງທີມງານທີ່ຢູ່ໃນເຂດ

ກວດສອບ

ຄຸນນະພາບ

ທີມງານກວດສອບຄຸນນະພາບເປັນທີມງານທີ່ກໍ່ຕັ້ງຂຶ້ນ ໂດຍຜູ້ບໍລິໂພດ, ສະມາຊິກຂອງຄອບຄົວ, ແລະສະມາຊິກຂອງຄະນະກັນມະການທີ່ປຶກສາຂອງເກດເຕີໂດລັນເບີ້ຣຊຸບພອດເນດເວີກປະຈຳເຂດ

ທີມງານກວດສອບຄຸນນະພາບເຮັດງານກ່ຽວຂ້ອງກັບຣະບົບການບໍລິການດ້ານສຸຂະພາບຈິດ ຖ້າຜູ້ບໍລິໂພກຄົນໃດມີບັນຫາສ່ວນຕົວຫລືມີການຮ້ອງທຸກ ທີມງານກວດສອບຄຸນນະພາບຈະສາມາດຊວຍຕິດຕໍ່ກັບການບໍລິການອອມບຸດ (ການບໍລິການໃຫ້ຄຳປຶກສາດ້ານສິດທິ).

ການບໍລິການອອມບຸດຈັດໃຫ້ມີຂຶ້ນສຳຣັບການຮ້ອງທຸກຂອງຜູ້ໃຊ້ບໍລິການ ຂອງເມດິເຄດ ແລະສາມາດຕິດຕໍ່ໄດ້ທີ່ສຳນັກງານທຸຣະການ ຂອງເກດເຕີໂດລັນເບີ້ຣຊຸບພອດເນດເວີກປະຈຳເຂດທີ່: (509) 735–8681 (ໂທຣະສັບ/TDD) ຫລື 1–800–257–0660

ສິດທິຂອງຜູ້ບໍລິໂພກ

ທ່ານມີສິດທິທີ່ຈະ:

- ❖ ໄດ້ຮັບການຮັກສາດ້ວຍຄວາມເຄົາລົບແລະນັບຖື
- ❖ ຊ່ວຍພັດທະນາໂຄງການການຮັກສາແລະບໍລິການ ເພື່ອໃຫ້ຖືກກັບຄວາມຕ້ອງການ
- ❖ ປະຕິເສດທີ່ຈະໄດ້ຮັບການຮັກສາໃດໆກໍ່ໄດ້
- ❖ ໄດ້ຮັບການຮັກສາຢ່າງບໍ່ມີການດູຖູກຫລືແບ່ງຊັ້ນ ເນື່ອງຈາກຄວາມແຕກຕ່າງໃນ: ເຊື້ອຊາດ ວັນນະທັນ ພາສາ ເພດ ປະເພດທັນທາ ຄວາມເປັນຜູ້ບໍ່ມີຄວາມສາມາດ ສະຖານະພາບ ການແຕ່ງງານ ແລະຄວາມສົນໃຈໃນທາງເພດ
- ❖ ໄດ້ຮັບການຮັກສາໂດຍປາສຈາກການລ່ວງເກີນ ທາງເພດໃດໆ
- ❖ ຂໍເບິ່ງບັນທຶກໃນການຮັກສາໄດ້
- ❖ ໄດ້ຮັບຄຳອະທິບາຍກ່ຽວກັບການໃຊ້ຢາ ຮວມທັງ ຜົນກະທົບຫລືຜົນຂ້າງຄຽງທີ່ອາດເກີດຂຶ້ນໄດ້.
- ❖ ເກັບເຣື່ອງກ່ຽວກັບການຮັກສາເປັນຄວາມລັບ
- ❖ ໄດ້ກວດສອບນະໂຍບາຍການຮ້ອງທຸກຂອງທາງ ໜວຍງານ
- ❖ ໄດ້ສະເນີການຮ້ອງທຸກຫລືຄວາມຜິດຫວັງຕໍ່ເຈົ້າໜ້າ ທີ່ຂອງສູນບໍລິການ ໃຫ້ຄຳປຶກສາດ້ານສິດທິ, RSN ຫລືຜູ້ຈັດການການຮັກສາ ເມື່ອທ່ານມີເຫດຜົນພໍ ທີ່ຈະເຊື່ອວາສິດທິຂອງທ່ານຖືກละเมิด
- ❖ ປອດໄພຈາກການແກ້ແຄ້ນຫລືຂົ່ມຂູ່ວ່າຈະແກ້ແຄ້ນ

ຂ້າພະເຈົ້າຈະຕິດຕໍ່ຂໍຄວາມ ຊ່ວຍເຫລືອຈາກອອມບຸດ ໄດ້ຍ່າງໃດ?

ສຳຣັບການນັດພົບ:

ໂທຕິດຕໍ່:

(509)735-8681 – ໂທຣະສັບ/TDD
ຫລື 1-800-257-0660

ຫລືຂຽນໄປທີ່:

Ombudsperson
c/o Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

ສາມາດເຂົ້າພົບໄດ້ຕາມນັດ:
ວັນຈັນ – ວັນສຸກ
8:00 ເຊົ້າ – 5:00 ແລງ

ບໍລິການ ໃຫ້ຄຳປຶກສາ ດ້ານສິດທິ (Ombuds Services)

ສຳຣັບຜູ້ໃຊ້ບໍລິການ ຂອງ ສູນບໍລິການ ສຸຂະພາບ ຈິດ ສາທາຣະນະ

ເກດເຕີ ໂຄລັມເບັ ຣູ
ເນດເວີກ ຊັບພອດ ປະຈຳ ເຂດ
3311 ຖະນົນ ເຄ ລັ ວ່ ເ ຕ W., ຫ້ ອ ງ 1000
ເ ຄ ນ ເ ນ ວ ິ ກ, ວ ໍ ຊ ິ ງ ຕ ັ ນ 99336

(509) 735-8681 – ໂທຣະສັບ/TDD
1-800-257-0660
(509)783-4165 – ແຟັ ກ

1 D 3 9 C

ອອມບຸດແມ່ນຫຍັງ?

ອອມບຸດເປັນໜ່ວຍງານບໍລິການອິດສະຣະ ທີ່ຈັດຕັ້ງຂຶ້ນຕາມກົດໝາຍຂອງຣັດ ມີໜ້າທີ່ຮັບຜິດຊອບການຮ້ອງທຸກຫລືຄວາມເສັຽໃຈຈາກຜູ້ໃຊ້ບໍລິການຂອງສູນສຸຂະພາບວິດສາທາຣະນະ ແລະດ້ານອື່ນໆເພື່ອທີ່ຈະປົກປ້ອງສິດທິຂອງຜູ້ໃຊ້ບໍລິການ.

ມີຈຸດປະສົງຫຍັງ?

ເພື່ອທີ່ຈະຮັບການຮ້ອງທຸກຫລືຄວາມເສັຽໃຈຈາກຜູ້ໃຊ້ບໍລິການ ແລະ ເພື່ອຫາທາງຊ່ວຍແກ້ບັນຫາ.

ມີບໍລິການໃນເຂົ້າຕົ້ໃດແດ່?

ເຂົ້າຕົ້ທີ່ຢູ່ໃນເຂດເກດເຕີໂດລັນເບັຽເນດເວີກຊັບພອດ:

ອະໂຊຕົ້ນ, ໂດລັນເບັຽ, ເບນຕັນ, ແຟລ້ງຄລິນ, ກາຟິວ ຄິດຕິຕັສ, ຄລິກຄິແທດ, ສກາມາເບັຽ, ວອນລ້ວຍນລ້ວ, ວິດແບນ, ຍາກົ້ນ້ຳ.

ໃຜສາມາດໃຊ້ບໍລິການໄດ້?

ຜູ້ທີ່ອາໄສຢູ່ໃນເຂດເກດເຕີໂດລັນເບັຽເນດເວີກຊັບພອດ ສາມາດໃຊ້ບໍລິການຂອງສູນສຸຂະພາບວິດສາທາຣະນະ ແລະຍັງຮັບບໍລິການການຮ້ອງທຸກຈາກສະມາຊິກໃນຄອບຄົວ ແລະ ຜູ້ທີ່ກ່ຽວຂ້ອງ

ອອມບຸດສາມາດຊ່ວຍຫຍັງ ໃຫ້ຂ້າພະເຈົ້າໄດ້ແດ່?

- ຮັບຟັງບັນຫາ
- ວິເຄາະສິ່ງທີ່ກ່ຽວຂ້ອງກັບບັນຫາ
- ສອບສວນຄວາມເປັນຈິງ, ບັນຫົກ, ກົດໝາຍ, ນະ�โยบาย ແລະ ຂັ້ນຕອນຕ່າງໆ
- ຊ່ວຍຢື້ນຄຳຮ້ອງທຸກ ແລະ ຕິດຕາມຂັ້ນຕອນ ໃນການຮ້ອງທຸກນັ້ນ
- ຕິດຕາມເບິ່ງວ່າການຮ້ອງທຸກນັ້ນ ໄດ້ຄຳເນີນການ ໂດຍສຳເຣັດ ແລະ ໄດ້ບອກໃຫ້ທ່ານຮູ້ບ່ານ
- ແນະນຳການປຽບແປງ ເພື່ອແກ້ບັນຫາ ຫລື ປ້ອງກັນບັນຫາ ທີ່ຈະເກີດຂຶ້ນ ໃນອະນາຄົດ
- ຈັດຕຽມຂໍ້ມູນ ກ່ຽວກັບ ເອກກະສານ ຕ່າງໆ ແລະ ກ່ຽວກັບ ສິດທິ ຂອງ ຜູ້ ໃຊ້ ບໍ ລິ ການ.

ຕ້ອງເສັຽຄ່າບໍລິການເທົ່າໃດ?

ບໍ່ຕ້ອງເສັຽຄ່າບໍລິການ ໃດໆ

ອອມບຸດບໍ່ສາມາດຊ່ວຍ ຫຍັງ ໃຫ້ຂ້າພະເຈົ້າ ໄດ້ແດ່?

- ບໍ່ສາມາດ ເຮັດ ໜ້າ ທີ່ ຂອງ ຜູ້ ຈັດ ການ ດ້ານ ການ ຮັກ ສາ
- ບໍ່ ສາ ມາ ດ ໃ ຫ້ ຄຳ ແ ນ ະ ນຳ ທາ ງ ດ້ ານ ກົ ດ ໝ າ ຍ
- ບໍ່ ສາ ມາ ດ ທ່ ຳ ໜ້ າ ທີ່ ໄ ດ້ ຢ່ າ ງ ທະ ນາ ຍ ຄ ວ າ ມ

ຂ້ານ້ອ ເຈ້ ສ ມ ດ ເ ດ ຫ ຍ ໄ ດ ແ ທ ຈ ຊ ວ ໃ ການ ຮ ອ ທ ?

- ໃ ຫ ຕ ມ ມ ວ ບ ນ ນ ເ ດ ກ ຂ ນ ກ ໄ ຍ ຢ ງ ໃ ດ ມ ອ ໃ ດ ບ ອ ດ ໃ ດ
- ໃ ຫ ຕ ມ ຂ ມ ທ ດ ຮ ບ ເ ນ ລ ຍ ລ ກ ອ ກ ສ ອ ຖ ມ
- ໃ ຫ ດ ຕ ບ ວ ວ ວ ວ ທ ດ ຈ ເ ນ ການ ຍ ຕ ທ ທ ການ ຕ ອ ການ ຍ ຈ ຈ ທ ຈ ໝ ຍ ງ ການ
- ໃ ຫ ແ ຈ ກ ບ ທ ງ ເ ຈ ໜ ທ ຂ ອ ງ ອ ມ ບ ດ ອ ຈ ຕ ດ ກ ບ ທ ນ ໂ ຍ ວ ທ ໃ ດ

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1 D 3 G C

ບໍລິການທີ່ທ່ານຈະໄດ້ຮັບ

ຖ້າທ່ານມີຄຸນສົມບັດທີ່ຈະໄດ້ຮັບການຮັກສາຈາກເມດິເຄດ ທ່ານໄລຍູ່ໃນເດັ່ກຕີ້ທີ່ເປັນສະມາຊິກ ແລະກຳລັງໄດ້ຮັບ ຫລື ກຳລັງຫາການບໍລິການດ້ານສຸຂະພາບຈິດ ທ່ານກໍຄືສະມາ ຊິກ ຂອງພຣິເພດເຮວແພລນ ເນດເວີກຊັບພອດ ຂອງ ເຂດ ເກດເຕີ ໂຄລັມເບັ (PHP)

ສະມາຊິກ ຂອງ PHP ສາມາດ ໄດ້ ຮັບ ການ ຮັກ ສາ ສຸ ຂະ ພາ ບ ຈິ ດ ຂັ້ ນ ພື້ ນ ຖານ ທີ່ ອາ ດ ຈະ ຮ ວ ມ ໄ ປ ເ ຖິ ງ ການ ທີ່ ເ ກີ ດ ຂຶ້ ນ ໂ ດ ຍ ກ ະ ທັ ນ ຫັ ນ ການ ເ ຂ້ າ ຮ ັ ກ ສ າ ການ ປ ະ ເ ມ ີ ນ ຜ ົ ນ ການ ປ ຶ ກ ສ າ ໃ ນ ເ ວ ລ າ ສ ັ ້ ນ ໆ ແ ລ ະ/ ຫ ລ ື ການ ຈ ັ ດ ການ ກ ່ ຽ ວ ກ ັ ບ ຢ າ ໄ ຂ້ ຫ ລ ື ການ ແ ປ ພ າ ສ າ ເ ມ ື່ ອ ຕ ້ ອ ງ ການ

ການ ບ ໍ ລ ິ ການ ຂ ັ ້ ນ ຕ ່ ໍ ໄ ປ ນ ັ ້ ນ ຈ ະ ຕ ້ ອ ງ ໄ ດ ້ ຮ ັ ບ ການ ອ ະ ນ ຸ ຍ າ ດ ຈ າ ກ ເ ຈ ົ້ າ ໜ້ າ ທ ີ່ ທ ີ່ ທ ່ ານ ໄ ດ ້ ຮ ັ ບ ການ ບ ໍ ລ ິ ການ ເ ສ ີ ຍ ກ ່ ອ ນ

ການ ມ າ ພ ົ ບ ເ ຈ ົ້ າ ໜ້ າ ທ ີ່ ຂ ອ ງ ສ ູ ນ ບ ໍ ລ ິ ການ ສ ຸ ຂ ະ ພ າ ບ ຈ ິ ດ ໃ ນ ເ ທ ື່ ອ ແ ຮ ກ ມ ັ ກ ຈ ະ ຕ ້ ອ ງ ມ ີ ການ ປ ະ ເ ມ ີ ນ ຜ ົ ນ ການ ປ ະ ເ ມ ີ ນ ຜ ົ ນ ນ ີ້ ຈ ະ ນ ຳ ໄ ປ ໃ ຊ້ ໃ ນ ການ ຕ ັ ດ ສ ິ ນ ວ ິ ທ ີ ການ ຮ ັ ກ ສ າ ສ ຸ ຂ ະ ພ າ ບ ຈ ິ ດ ແ ລ ະ ເ ພ ື່ ອ ຈ ະ ນ ຳ ໄ ປ ໃ ຊ້ ໃ ນ ການ ຕ ຽ ມ ໂ ຄ ງ ການ ຮ ັ ກ ສ າ ໂ ຣ ກ ໂ ຄ ງ ການ ນ ີ້ ຈ ະ ເ ປ ັ ນ ຕ ົ ວ ຕ ັ ດ ສ ິ ນ ວ່ າ ທ່ ານ ຈ ະ ໄ ດ ້ ຮ ັ ບ ການ ຮ ັ ກ ສ າ ແ ບ ບ ໃ ດ ແ ລ ະ ດ ົ ນ ປ ານ ໃ ດ

ການ ຮ ັ ບ ການ ບ ໍ ລ ິ ການ ການ ຮ ັ ກ ສ າ ຂ ັ ້ ນ ຕ ່ ໍ ໄ ປ ອ າ ດ ຈ ະ ຮ ວ ມ ໄ ປ ເ ຖ ິ ງ ການ ບ ໍ ລ ິ ການ ຕ ່ ໍ ໄ ປ ນ ີ້ :

ການ ປ ະ ເ ມ ີ ນ ຜ ົ ນ

ຈ ະ ສ ຶ ກ ສ າ ປ ະ ວ ັ ດ ຂ ອ ງ ແ ຕ່ ລ ະ ຄ ົ ນ ເ ພ ື່ ອ ທ ີ່ ຈ ະ ເ ບ ິ່ ງ ວ່ າ ຈ ະ ເ ລ ີ ມ ການ ຮ ັ ກ ສ າ ໃ ນ ໂ ຄ ງ ການ ນ ີ້ ແ ລ ະ/ ຫ ລ ື ຕ ້ ອ ງ ແ ນ ະ ນ ຳ ໄ ປ ທ ີ່ ສ ູ ນ ບ ໍ ລ ິ ການ ອ ື່ ນ

- ການ ສ າ ຍ ແ ສ ງ
- ການ ແ ນ ະ ນ ຳ ໄ ປ ທ ີ່ ສ ູ ນ ບ ໍ ລ ິ ການ ອ ື່ ນ
- ການ ປ ະ ເ ມ ີ ນ ຜ ົ ນ

ການ ບ ໍ ລ ິ ການ ສ ຸ ກ ເ ສ ີ ນ

ການ ປ ະ ເ ມ ີ ນ ຜ ົ ນ ແ ລ ະ ການ ຮ ັ ກ ສ າ ຫ ລ ື ການ ແ ນ ະ ນ ຳ ໃ ນ ຂ ະ ຍ ະ ທ ີ່ ເ ກ ີ ດ ເ ຫ ດ ການ ສ ຸ ກ ເ ສ ີ ນ ທ າ ງ ສ ຸ ຂ ະ ພ າ ບ ຈ ິ ດ :

- ໂ ທ ຣ ະ ສ ັ ບ ຮ ັ ບ ເ ຫ ດ ການ ສ ຸ ກ ເ ສ ີ ນ 24 ຊ ົ ່ ວ ໂ ມ ງ
- ການ ບ ໍ ລ ິ ການ ຕ ອ ບ ຮ ັ ບ ເ ຫ ດ ການ ສ ຸ ກ ເ ສ ີ ນ
- ການ ບ ັ ນ ເ ທ ົ າ ເ ຫ ດ ການ ສ ຸ ກ ເ ສ ີ ນ*

ການ ກ ່ ຽ ວ ຂ ້ ອ ງ ໃ ນ ການ ຮ ັ ກ ສ າ

ການ ຮ ັ ກ ສ າ ຈ ະ ເ ຣ ີ ດ ໃ ນ ເ ວ ລ າ ສ ັ ້ ນ ແ ລ ະ ຖ ຶ ກ ເ ປ ົ້ າ

- ເ ປ ັ ນ ສ ່ ວ ນ ຕ ົ ວ
- ເ ປ ັ ນ ຄ ອ ບ ຄ ົ ວ
- ເ ປ ັ ນ ກ ຸ ່ ມ

ການ ດ ູ ແ ລ ທ ີ່ ເ ຂ ັ ້ ນ ງ ວ ດ ຫ ລ ັ ງ ຈ າ ກ ການ ຮ ັ ກ ສ າ

ມ ີ ການ ບ ໍ ລ ິ ການ ຮ ັ ກ ສ າ ຕ ່ ໍ ໄ ປ ໃ ຫ ້ ສ ໍ າ ຮ ັ ບ ຜ ູ ້ ທ ີ່ ຕ ້ ອ ງ ການ ການ ດ ູ ແ ລ ຮ ັ ກ ສ າ ຢ ່ າ ງ ຫ ລ າ ຍ ທ ີ່ ສ ຸ ດ

- ການ ຮ ັ ກ ສ າ ຕ ົ ນ ໄ ຂ້ ໃ ນ ກ ໍ ຣ ະ ນ ີ ນ ັ ້ ນ
- ການ ບ ໍ ລ ິ ການ ດ ້ ານ ບ ້ ານ ແ ລ ະ ທ ີ່ ພ ັ ກ
- ການ ຈ ັ ດ ການ ດ ້ ານ ຢ າ ຮ ັ ກ ສ າ
- ການ ບ ໍ ລ ິ ການ ເ ຮ ື່ ອ ງ ງ ານ ແ ລ ະ ການ ຕ ຽ ມ ງ ານ ຂ ອ ງ ຜ ູ ້ ປ ່ ວ ຍ
- ການ ບ ໍ ລ ິ ການ ດ ້ ານ ການ ດ ູ ແ ລ ກ າ ຍ ຍ ະ ພ າ ບ ບ ຳ ບ ັ ດ

ຕ ັ້ ງ ຢ ູ່ ໃ ນ ເ ດ ັ່ ກ ຕ ີ້ : ເ ບ ນ ດ ັ ນ ແ ລ ະ ແ ຟ ລ ງ ຄ ລ ັ ນ , ຄ ິ ດ ຄ ິ ດ ຄ ັ ດ , ວ ອ ນ ລ ່ າ ວ ອ ນ ລ ່ າ , ວ ິ ດ ແ ບ ນ ແ ລ ະ ຢ າ ກ ິ ນ ນ ່ າ

ບ ໍ ລ ິ ການ ທ ີ່ ທ ່ ານ ຈ ະ ບ ໍ່ ໄ ດ ້ ຮ ັ ບ

ການ ບ ໍ ລ ິ ການ ຕ ່ ໍ ໄ ປ ນ ີ້ ຍ ັ ງ ບ ໍ່ ຮ ວ ມ ຢ ູ່ ໃ ນ ພ ຣ ິ ເ ພ ດ ເ ຮ ວ ແ ພ ລ ນ ໃ ນ ຕ ອ ນ ນ ີ້ :

- ການ ຮ ັ ບ ເ ຂ້ າ ຮ ັ ກ ສ າ ຕ ົ ວ ໃ ນ ໂ ຮ ງ ພ ະ ຍ າ ບ າ ນ
- ຄ ່ າ ເ ດ ີ ນ ທ າ ງ
- ຄ ່ າ ຢ າ ທ ີ່ ອ ອ ກ ໃ ຫ ້ ຕ າ ມ ໃ ບ ສ ັ ່ ງ ຢ າ
- ການ ຮ ັ ບ ບ ໍ ລ ິ ການ ຮ ັ ກ ສ າ ສ ຸ ຂ ະ ພ າ ບ ຈ ິ ດ ທ ີ່ ບ ໍ່ ໄ ດ ້ ຣ ະ ບ ຸ ໄ ວ ້ ໃ ນ ແ ພ ລ ນ

ພ າ ຍ ເ ຫ ດ : ທ ່ ານ ອ າ ດ ຈ ະ ໄ ດ ້ ຮ ັ ບ ການ ບ ໍ ລ ິ ການ ເ ຫ ລ ົ່ າ ນ ີ້ ຈ າ ກ ການ ດ 	d ໄ ດ້ ພ າ ຍ ໃ ຕ້ ແ ພ ລ ນ ອ ື່ ນ

ຕ ັ້ ງ ຢ ູ່ ໃ ນ ເ ດ ັ່ ກ ຕ ີ້ : ອ ະ ໂ ຣ ຄ ິ ນ , ເ ບ ນ ດ ັ ນ ແ ລ ະ ແ ຟ ລ ງ ຄ ລ ັ ນ , ໂ ຄ ລ ັ ມ ເ ບ ັ ຣ ູ , ການ ຜ ິ ວ , ຄ ິ ດ ຄ ິ ດ ຄ ັ ດ , ວ ອ ນ ລ ່ າ ວ ອ ນ ລ ່ າ , ວ ິ ດ ແ ບ ນ ແ ລ ະ ຢ າ ກ ິ ນ ນ ່ າ

ການ ຮ ັ ກ ສ າ ທ ີ່ ທ ່ ານ ຈ ະ ບ ໍ່ ໄ ດ ້ ຮ ັ ບ

ມ ີ ບ ໍ ລ ິ ການ ບ າ ງ ຢ ່ າ ງ ທ ີ່ ທ ່ ານ ບ ໍ່ ສ າ ມ າ ດ ທ ີ່ ຈ ະ ໄ ດ ້ ຮ ັ ບ ແ ລ ະ ທ ີ່ ບ ໍ່ ໄ ດ ້ ຢ ູ່ ໃ ນ ໂ ຄ ງ ການ ຂ ອ ງ ພ ຣ ິ ເ ພ ດ ເ ຮ ວ ແ ພ ລ ນ ຖ ້ າ ທ ່ ານ ບ ໍ່ ມ ີ ຄ ຸ ນ ສ ົ ມ ບ ັ ດ ທ ີ່ ກ ຳ ນ ົ ດ ໄ ວ ້ ທ ່ ານ ອ າ ດ ຈ ະ ຕ ້ ອ ງ ຈ ່ າ ຍ ຄ ່ າ ບ ໍ ລ ິ ການ ນ ັ ້ ນ

- ຢ ູ່ ໄ ກ ຈ າ ກ ເ ຂ ດ ບ ໍ ລ ິ ການ ສ ຸ ກ ເ ສ ີ ນ ເ ກ ີ ນ ກ ວ່ າ 2 ຊ ົ ່ ວ ໂ ມ ງ (ບ ່ ອ ນ ເ ຂ ດ GCRSN)
- ການ ບ ໍ ລ ິ ການ ທ ີ່ ບ ໍ່ ໄ ດ ້ ຄ ຳ ເ ນ ີ ນ ການ ໂ ດ ຍ PHP
- ການ ບ ໍ ລ ິ ການ ຢ ່ າ ງ ອ ື່ ນ ທ ີ່ ທ າ ງ ຝ່ າ ຍ ບ ໍ ລ ິ ການ ບ ໍ່ ໄ ດ ້ ອ ະ ນ ຸ ຍ າ ດ

ສ ຳ ລ ັ ບ ຜ ູ ້ ທ ີ່ ຕ ້ ອ ງ ການ ໄ ດ ້ ຮ ັ ບ ການ ອ ະ ນ ຸ ຍ າ ດ ໃ ນ ການ ເ ຂ້ າ ຮ ັ ບ ການ ຮ ັ ກ ສ າ ຕ ິ ດ ຕ່ ໍ ທ ີ່ :

ເ ລ ກ ໂ ທ ຂ ອ ງ ສ ຳ ນ ັ ກ ງ າ ນ ເ ນ ດ ເ ວ ີ ກ ຊ ັ ບ ພ ອ ດ
ເ ຂ ດ ເ ກ ດ ເ ຕ ີ ໂ ຄ ລ ັ ມ ເ ບ ັ ຣ ູ
1-800-257-0660

ບ ໍ ລ ິ ການ ໃ ຫ ້ ຄ ຳ ປ ຶ ກ ສ າ ດ ້ ານ ສ ິ ດ ທ ິ

ທ າ ງ GCRSN ໄ ດ ້ ຈ ັ ດ ໃ ຫ ້ ມ ີ ບ ໍ ລ ິ ການ ໃ ຫ ້ ຄ ຳ ປ ຶ ກ ສ າ ດ ້ ານ ສ ິ ດ ທ ິ ໃ ນ ການ ຮ ັ ບ ການ ຮ ັ ກ ສ າ ໃ ຫ ້ ແ ກ່ ສ ະ ມ າ ຊ ິ ກ ຂ ອ ງ PHP ເ ພ ື່ ອ ຊ ່ ວ ຍ ເ ຫ ລ ືອ ສ ະ ມ າ ຊ ິ ກ ເ ມ ື່ ອ ມ ີ ການ ຮ້ ອ ງ ທ ຸ ກ ເ ກ ີ ດ ຂ ຶ້ ນ ເ ຈ ົ້ າ ໜ້ າ ທ ີ່ ສ າ ມ າ ດ ໃ ຫ ້ ຂ ້ ອ ມ ູ ນ ກ ່ ຽ ວ ກ ັ ບ ສ ິ ດ ທ ິ ແ ລ ະ ຂ ້ ອ ມ ູ ນ ອ ື່ ນ ໆ ຊ ່ ວ ຍ ຫ າ ຂ້ ໍ ເ ທ ັ ດ ຈ ິ ງ ຂ ອ ງ ຂ ້ ອ ມ ູ ນ ກ ່ ຽ ວ ກ ັ ບ ການ ຮ້ ອ ງ ທ ຸ ກ ນ ັ ້ ນ ແ ລ ະ ຈ ະ ຊ ່ ວ ຍ ໃ ຫ ້ ທ ່ ານ ໄ ດ ້ ຮ ັ ບ ຄ ວ າ ມ ຖ ິ ກ ຕ ້ ອ ງ ແ ລ ະ ຍ ຸ ຕ ິ ທ ັ ນ ທ ີ ຖ ້ າ ທ ່ ານ ມ ີ ເ ຮ ື່ ອ ງ ກ ັ ງ ວ ົ ນ ໃ ຈ ຫ ລ ື ມ ີ ເ ຮ ື່ ອ ງ ຮ້ ອ ງ ທ ຸ ກ ທ ່ ານ ສ າ ມ າ ດ ໂ ທ ຫ າ ຕ ິ ດ ຕ່ ໍ ໄ ປ ທ ີ່ ສ ຳ ນ ັ ກ ງ າ ນ ດ ້ ານ ທ ຸ ຣ ະ ການ ຂ ອ ງ GCRSN ໄ ດ ້ ເ ພ ື່ ອ ຂ ໍ ຄ ວ າ ມ ຊ ່ ວ ຍ ເ ຫ ລ ືອ ຈ າ ກ ເ ຈ ົ້ າ ໜ້ າ ທ ີ່ ທ ີ່ ໃ ຫ ້ ຄ ຳ ປ ຶ ກ ສ າ :

(509)735-8681 – ໂ ທ ຣ ະ ສ ັ ບ/TDD
ຫ ລ ື 1-800-257-0660

ສ ຳ ລ ັ ບ ຂ ້ ອ ມ ູ ນ ເ ພ ີ ມ ເ ຕ ີ ມ ກ ່ ຽ ວ ກ ັ ບ ການ ຮ ັ ກ ສ າ ສ ຸ ຂ ະ ພ າ ບ ຈ ິ ດ ຕ ິ ດ ຕ່ ໍ ໄ ດ ້ ທ ີ່ DSHS ສ ຳ ນ ັ ກ ງ າ ນ ການ ບ ໍ ລ ິ ໂ ພ ກ ຢ ່ າ ງ ສ ຸ ຂ ະ ພ າ ບ ຈ ິ ດ DSHS 1-800-446-0259

양질 검토 팀의 임무는:

- 소비자, 가족 그리고 기타 이해 관계자들의 이야기를 듣고;
- 제공자와 업무 수행을 검토;
- 불충분하게 봉사된 사람들의 대표를 포함;
- 안전을 서비스 또는 서비스 배달 시스템에 이용 가능할 수 있게 확인하고 해결책을 구하도록 노력;
- 정신 건강 서비스의 강점과 부족한 점을 확인.

공공 기금의 정신 건강 시스템내의 지속적 양질 개선 환경을 창조하는 것이 양질 검토 팀의 임무입니다.

공공 기금의 정신 건강 서비스의 질에 대한 귀하의 인급이나 의문은 아래로 하십시오:

1-800-257-0660

(509) 735-8681-음성/TDD

월요일 - 금요일
오전 8시부터 오후 5시까지

또는 아래로 편지하십시오:

Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

전화를 환영하며, 모임이 사무소나 기타 장소에서 조정 계획될 수 있습니다. 소비자 참여는 항상 자발적이며 비밀 보장이 됩니다.

양질 검토 팀

공공 기금의
정신 건강 서비스
소비자를 위하여

대 컬럼비아
지역 후원 망

1-800-257-0660
(509) 735-8681-음성/TDD

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양질

양질 검토 팀은 양질 서비스가 지역내 사람들에게 확실히 이용 가능하고 접근 가능하도록 하기 위하여 최선을 다 합니다.

양질 검토 팀은 소비자, 가족, 주창자, 서비스 제공자, 불충분하게 봉사된 지역 사회와 기타 이해 관계자들로부터 수집한 정보를 통하여 계약자와 지역의 임무 수행을 검토합니다.

양질 검토 팀은 팀이 대 컬럼비아 RSN의 정신 건강 서비스 배달 시스템 내에 장점과 적정으로 확인하는 바를 정기 보고서로 제출합니다.

정보 수집은 다음과 같이 이루어질 수 있습니다:

- 면담 (사적, 입원, 퇴원, 등);
- 질문서;
- 전화 설문조사;
- 지역 사회 "발언";
- 정신 건강 제공자들에 대한 현장 방문;
- 그리고 관련 기록과 서류 검토

현장 방문은 GCRSN 감시로 조정될 수 있습니다. 지역 사회와 서비스 제공자에 대한 별개 방문은 지역내에서 필요에 따라 팀 구성원들에 의해 조성됩니다.

검토

팀

양질 검토 팀은 소비자, 가족, 대 컬럼비아 지역 고문 위원회 회원들로 구성됩니다.

양질 검토 팀은 정신 건강 시스템 인건들에 관해 일을 합니다. 만일 소비자가 개별적 문제 또는 불만이 있으면, 양질 검토 팀은 민원 서비스에 연락하는데 도와 드릴 수 있습니다.

민원 서비스는 소비자 불만을 중재 하기 위하여 특별히 고안되었으며 그리고 대 컬럼비아 지역 후원 망 사업 사무소에 (509) 735-8681 (음성/TDD) 또는1-800-257-0660으로 연락할 수 있습니다.

비상시 귀 카운티에 일기된 정신

건강 서비스에 연락하세요:

애소틴 - 라지스 상담소

(509) 758-3341 - 음성/TDD

벤튼 & 프랭클린 - 위기 대책반

(509) 783-0500 - 음성/TDD

컬럼비아 - 컬럼비아 카운티 서비스

(509) 382-2527 - 음성/TDD

가필드 - 가필드 카운티 인류 서비스

(509) 843-3791 - 음성/TDD

키티타스 - 위기 전화

(509) 925-4168 - 음성

(509) 925-9861 - TDD

클릭키텟 - 상담 및 자원 센터

(509) 773-5801 - 음성

TDD 연계: 1-800-833-6388

스키매니어 - 스키매니어 카운티 상담소

(509) 427-9488 - 음성

TDD 연계: 1-800-833-6388

왈라 왈라 - 왈라 왈라 정신 건강소/위기 팀

(509) 522-4278 - 음성/TDD

위트맨 - 위트맨 카운티 정신 건강소

(509) 334-1133 - 음성/TDD

야키마 - CWCMH 급성 간호 서비스

(509) 575-4200 - 음성/TDD

또는 1-800-572-8122

대 컬럼비아 지역 후원 망

101 North Edison Street
Kennewick, WA 99336-1958

선지급
의료보험

아래 카운티에서 메디케이드 수혜자에게

지역사회 정신 건강 서비스를 제공하는:

애소틴,
벤튼 & 프랭클린,
컬럼비아, 가필드
키티타스, 클릭키텟
스키매니아, 왈라 왈라
위트맨 & 야키마

더 상세한 내용이 필요하면 아래에 연락하세요:

대 컬럼비아

101 North Edison Street
Kennewick, WA 99336-1958
(509) 735-8681-음성/TDD
1-800-257-0660
(509) 783-4165 -팩스

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해당되는 서비스

만일 귀하가 메디케이드 혜택 자격이 있고 회원 카운티에 거주하며, 지역사회 정신 건강 서비스를 받고 있거나 또는 받으려 한다면, 귀하는 대 컬럼비아 지역 후원 망 선지급 의료 보험 (PHP)의 가입자입니다.

PHP의 가입자로서 귀하는 필요에 따라 위기 조정, 취급/진단, 간단한 상담 및/또는 케이스 관리와 통역 서비스를 포함한 수 있는 기본 정신 건강 간호 보험에 해당 자격이 있습니다.

기타 모든 광범위 서비스는 귀하 서비스 제공자의 허가가 필요합니다.

정신 건강 서비스 제공자와의 첫 만남은 보통 취급 진단을 포함합니다. 이 진단은 정신 건강 서비스를 위한 의료적 필요 사항을 결정하고 서비스 계획을 개발하기 위하여 사용됩니다. 이 계획은 귀하의 치료 목표와 서비스 기간을 확인합니다.

허가된 광범위 서비스는 다음을 포함할 수 있습니다:

평가

이 보험하의 서비스의 허가 및/또는 기타 서비스에의 소개에 이르는 각 개인의 상황을 검토:

- 선별
- 소개
- 평가

위기 서비스

정신 건강 응급 상황중 평가와 치료 또는 소개:

- 24시간 전화 위기 조정
- 위기 대책 서비스
- 위기 유예*

조정

간단한, 집중된 치료

- 개인
- 가족
- 단체

집중적 복귀

가장 집중적 치료가 요구되는 자들을 위한 광범위 후원 서비스

- 케이스 관리
- 주택/기주 서비스
- 약 관리
- 직업전/직업 서비스
- 치료적 수양-간호 서비스

밴튼 & 프랭클린, 키티타스, 왈라 왈라, 위트맨과 야키마 카운티에 위치.

해당되지 않는 서비스

다음은 현재 선지급 의료 보험에 해당되지 않는 서비스입니다:

- 입원환자 서비스
- 수송
- 처방약 비용
- 미허가 정신 건강 서비스

이들 서비스는 다른 보험을 통해 메디케이드에 의해 카버될 수 있습니다.

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* *에소틴, 밴튼 & 프랭클린, 컬럼비아, 가필드, 키티타스, 왈라 왈라, 위트맨, 야키마 카운티에 위치*

미허가 간호

일부 서비스는 미허가로 간주되어 선지급 의료 보험에 해당되지 않습니다. 만일 귀하가 아래 서비스에 대한 타당한 허가를 받지 못하면, 귀하가 해당 서비스 비용을 지불하도록 요구될 수 있습니다:

- 2시간 이상의 지역외 응급 서비스 (GCRSN 경계 밖)
- 비PHP 제공자가 제공한 서비스
- 귀 서비스 제공자가 인가하지 않은 광범위 서비스.

허가를 위해선 연락하십시오:

대 컬럼비아 지역 후원 망
PHP 비지니스 사무소
1-800-257-0660

민원 서비스

GCRSN은 만일 귀하가 불평이 있을 경우 귀하를 돕기 위하여 PHP의 모든 가입자들을 위해 민원 서비스를 제공합니다. 민원담당자는 귀하에게 귀하의 권리에 대한 정보와 귀하에게 가능한 자원을 제공할 수 있고, 불평에 관한 사실적 정보를 획득할 수 있고, 귀하가 공평하고 공정한 치료를 확실하게 받도록 합니다. 만일 귀하가 걱정이 있거나 불평이 있다면, 민원담당자의 도움을 요청하기 위해 GCRSN 비지니스 사무소에 전화하십시오:

(509) 735-8681-음성/TDD
또는 1-800-257-0660

DSHS 정신 건강 관리 간호에 관한 상세한 내용은 *소비자 업무 사무소, DSHS 정신 건강 과 1-800-446-0259*에 연락하십시오.

소비자 권리

|하는 아래의 권리를 갖습니다:

- 존경과 품위있게 치료를 받을 권리
- 귀하의 필요를 충족하는 간호와 서비스 계획을 개발하는 것을 도울
- 제안된 어떤 치료라도 거부할
- 귀하를 차별하지 않는, 그리고 귀하의 성, 인종, 출신국, 언어, 연령, 장애, 성적 기호에 민감한 간호를 받을
- 어떤 성적 착취 또는 학대로부터나 자유로울
- 귀하의 간호 기록을 검토할
- 예상되는 효과와 가능한 부작용을 포함하여 모든 처방된 약에 대한 설명을 받을
- 비밀 보장
- 기관의 불만에 대한 방침을 검토할
- 만일 귀하가 귀하의 권리가 위반 되었다고 믿는다면, 민원 담당자, RSN 또는 제공자에게 불평이나 불만을 제기할
- 보복이나 보복의 위협으로부터 자유로울

어떻게 민원에 연락하여 도움을 청하나?

면담 약속을 하시려면:

아래로 전화하세요:

(509) 735-8681-음성/TDD 또는
1-800-257-0660

또는 아래로 편지하세요:

Ombudsperson
c/o Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

면담은 아래 시간대에 가능합니다:
월요일-금요일
오전 8:00 - 오후 5:00

민원 서비스

공공 정신
건강 서비스
소비자를 위하여

대 컬럼비아
지역 후원 망

101 North Edison Street
Kennewick, WA 99336-1958

(509) 735-8681-음성/TDD
1-800-257-0660
(509) 783-4165 -팩스

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민원이란 무엇인가?

민원이란 주법에 의해 만들어진 독립 서비스로 공공 정신 건강 소비자와 기타 다른 사람들로부터 불평과 불만을 접수하고 그들의 권리를 보호할 책임이 있습니다.

목표는 무엇인가?

불평과 불만을 접수하고 그들을 신속히 해결하는 것을 돕기위하여.

이느 카운티가 해당되는가?

대 컬럼비아 지역 후원 망내에 있는 카운티들:

애소틴, 밴튼, 컬럼비아, 프랭클린, 가필드, 키티타스, 클릭키텟, 스키매니아, 왈라 왈라, 윗트맨, 야키마

누가 해당 자격이 있는가?

해당 자격이 있거나 또는 공공 기금의 정신 건강 서비스를 받고 있는 대 컬럼비아 지역 후원 망 거주자.
불평은 가족 그리고 기타 이해 관계자로 부터서도 받을 수 있습니다.

민원이 나를 위해 무엇을 할 수 있나?

- 귀하의 문제를 듣고
- 무엇이 관련되있는지 분석
- 사실, 기록, 법률, 방침, 절차를 조사
- 불평을 서류화하고 추후 불만 절차에서 귀하를 돕고
- 불평이나 불만이 해결되고 귀하가 계속 통지받도록 사후 처리
- 문제를 해결하기 위하여 또는 장차 재발을 방지하기 위하여 변경 제안
- 자원 및 소비자 권리에 관한 정보 제공

요금은 얼마인가?

이 서비스는 무료입니다.

민원이 나를 위해 할 수 없는 것은?

- 케이스 관리자 역할을 할 수 없다
- 법적 조언을 줄 수 없다
- 특정 결과를 장담할 수 없다
- 귀하를 변호사처럼 대변할 수 없다

불평을 해결하기 위해 내가 할 수 있는 것은 무엇인가?

- 문제점의 누가, 무엇이, 언제, 어디에 대해 말할 수 있도록 준비
- 귀하가 소지하고 있는 서면 정보 제공
- 무엇이 공평한 배상이 될 것인가를 고려. 귀하가 기관으로부터 원하는 것이 무엇인가?
- 귀하를 어떻게 연락할 수 있는지 민원 담당자에게 통지.

សិទ្ធផ្សេងៗរបស់អ្នកទទួលជំនួយ

លោកអ្នកមានសិទ្ធិដូចតទៅនេះ:

- ❖ ឲ្យមានការប្រព្រឹត្តចំពោះលោកអ្នកដោយការគោរព និងសេចក្តីកិត្តិយស។
- ❖ ជួយបង្កើតឲ្យមានផែនការនៃការថែទាំ និងបំពេញសេចក្តីត្រូវការរបស់លោកអ្នក។
- ❖ បដិសេធនូវការព្យាបាលដែលបានស្នើសុំឲ្យធ្វើ។
- ❖ ទទួលការថែទាំដែលមិនមានការប្រកាន់ដល់លោកអ្នក ព្រមទាំងយល់ពីភេទ សាសន៍ សញ្ជាតដើម ភាសា អាយុ ពិការភាព និងចំណូលខាងផ្លូវភេទ។
- ❖ មិនឲ្យមានការផ្ទេរកំណត់ប្រវត្តិ ឬបញ្ជាការខាងផ្លូវភេទ។
- ❖ ពិនិត្យមើលសំណុំរឿងនៃការថែទាំរបស់លោកអ្នកឡើងវិញ។
- ❖ ទទួលការពន្យល់ពីផ្នត់គំនិតឲ្យទាំងអស់រាប់បញ្ចូលទាំងឥទ្ធិពលល្អ និងឥទ្ធិពលអាក្រក់នៃផ្នត់គំនិតដែលអាចកើតឡើងបាន។
- ❖ ការការពារផ្ទាល់ខ្លួន។
- ❖ ពិនិត្យមើលគោលការណ៍កំពុងអនុវត្តន៍ទាក់ទងនឹងអំពើអយុត្តិធម៌។
- ❖ ធ្វើបាតុភាពណ្តឹងពីការតវ៉ាឬការអយុត្តិធម៌ទៅការិយាល័យផ្តល់ជំនួយខាងការតវ៉ា RSN ឬទៅអ្នកផ្តល់ការបំរើ ប្រសិនបើលោកអ្នកជឿថាសិទ្ធិរបស់លោកអ្នកត្រូវគេបំពាន។
- ❖ មិនឲ្យមានការសងសឹកឬគំរាមកំហែងធ្វើការសងសឹក។

តើខ្ញុំទាក់ទងការិយាល័យធ្វើការតវ៉ាដោយវិធីណាដើម្បីទទួលជំនួយ?

ដើម្បីដាក់ពាក្យណាត់ជួប.

ចូរទូរស័ព្ទទៅ:

(509) 735-8681 - សំឡេងសំរាប់ជួយ
ជនពិការ/TDD ឬ 1-800-257-0660

ឬក៏សរសេរទៅ:

Ombudsperson
c/o Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

ពេលណាត់ជួបមានទៅ:
ថ្ងៃចន្ទ - ថ្ងៃសុក្រ
ពីម៉ោង ៨:00ព្រឹក - ៥:00រសៀល

ការបំរើខាងធ្វើការតវ៉ា

សំរាប់អ្នកទទួលជំនួយបំរើជា សាធារណៈខាងផ្នែកសុខភាពខ្ជិតស្ថាល

Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

(509) 735-8681 - សំឡេងសំរាប់ជួយ
ជនពិការ/TDD
1-800-257-0660
(509) 783-4165 - Fax

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តើអ្វីទៅជាការតវ៉ា?

ការតវ៉ាគឺជាការបំរើធំធេងអាស្រ័យមួយដែលបង្កើតឡើងដោយច្បាប់ដើម្បីទទួលខុសត្រូវទៅក្នុងការទទួលសេចក្តីតវ៉ានិងសោកសង្រេងផ្សេងៗពីអ្នកទទួលជំនួយខាងផ្នែកសុខភាពខ្លួនក្បាលជាសាធារណៈ និងអ្នកឯទៀតនិងដើម្បីការពារសិទ្ធិរបស់គេ។

តើអ្វីទៅជាគោលបំណងនោះ?

ដើម្បីទទួលសេចក្តីតវ៉ានិងសោកសង្រេងផ្សេងៗនិងជួយដោះស្រាយនូវបញ្ហាទាំងនោះឲ្យបានឆាប់។

តើខោនធីណាខ្លះទទួលការបំរើនេះ?

ខោនធីទាំងឡាយណាដែលនៅក្នុងសហប្រតិបត្តិការទ្រទ្រង់តាមភូមិភាគនៃ Greater Columbia :

អាស្ហូ ម៉ិន, ម៉ិនធិន, ខ្ចុំប្យ, ស្ត្រេងគ្ន, ហ្គ្រាហ្ស្យល, យ៉ាគីម៉ា, ស្ពូ ម៉ាន្យ, វ៉ាឡា វ៉ាឡា, វ៉ៃ ម៉ិន, និង យ៉ាគីម៉ា។

តើនរណាខ្លះមានសិទ្ធិទទួលជំនួយនេះ?

អ្នកដែលមានទីលំនៅ។ តាមភូមិភាគក្នុងសហប្រតិបត្តិការទ្រទ្រង់នៃ Greater Columbia ហើយដែលមានសិទ្ធិទទួលជំនួយខាងសុខភាពខ្លួនក្បាលដែលទទួលជំនួយថវិការសាធារណៈ។ គេអាចទទួលសេចក្តីតវ៉ាពីសមាជិកគ្រួសារនិងអ្នកសំខាន់ៗឯទៀត។

តើការតវ៉ាអាចធ្វើអ្វីបានខ្លះសំរាប់ខ្ញុំ?

- ❖ ស្តាប់ទៅបញ្ហារបស់អ្នក
- ❖ ពិចារណាមើលថាមានអ្វីកើតឡើងខ្លះ
- ❖ ធ្វើសេចក្តីសើបអង្កេតរកហេតុការ, ឯកសារ, ច្បាប់, គោលការណ៍ដែលកំពុងអនុវត្តន៍ និងទម្រង់ការផ្សេងៗ។
- ❖ ជួយលោកអ្នកធ្វើសំណុំរឿងប្តឹងតវ៉ាហើយធ្វើតាមទម្រង់ការកាយុត្តិធិម
- ❖ តាមដាន់ចប់ដើម្បីឲ្យដឹងថាសេចក្តីតវ៉ាឬរយុត្តិធិមនោះបានត្រូវដោះស្រាយហើយត្រូមទាំងធ្វើសេចក្តីរាយការណ៍ឲ្យលោកអ្នកបានដឹងជាប់ជានិច្ច
- ❖ ផ្តល់ពិតមានអំពីប្រភពនៃជំនួយនិងសិទ្ធិរបស់អ្នកទទួលជំនួយផ្សេងៗ។

តើមានការទារយកថ្លៃអ្វីខ្លះទេ?

យើងមិនមានការទារយកថ្លៃអ្វីដែលទាក់ទងនឹងការបំរើនេះទេ។

តើការតវ៉ាមិនអាចធ្វើអ្វីបានខ្លះសំរាប់ខ្ញុំ?

- ❖ មិនអាចធ្វើជាអ្នកចាត់តែងខាងសំណុំរឿងបានទេ។
- ❖ មិ អាចផ្តល់ឱវាទខាងផ្លូវច្បាប់បានទេ។
- ❖ មិនអាចធានាឲ្យដឹងអំពីលទ្ធផលជាក់លាក់អ្វីបានទេ។
- ❖ មិនអាចធ្វើជាអ្នកតំណាងលោកអ្នកជួចមេធាវីអាចធ្វើបានទេ។

តើខ្ញុំអាចធ្វើអ្វីបានខ្លះដើម្បីជួយនៅក្នុងការដោះស្រាយការតវ៉ារបស់ខ្ញុំបាន?

- ❖ ប្រាងប្រៀបប្រាប់អំពីមនុស្ស, ន្ធ, ពេលវេលា, និងទីកន្លែងនៃបញ្ហានោះ។
- ❖ ផ្តល់នូវព័ត៌មានអ្វីៗដែលលោកអ្នកមាន។
- ❖ គិតពីអ្វីដែលជាវិធីដោះស្រាយដែលល្អសមរម្យ។ តើលោកអ្នកចង់បានអ្វីពីអង្គការនោះ?
- ❖ ប្រាប់ប្តូលិកខាងការដោះស្រាយសេចក្តីតវ៉ាពីរបៀបដែលគេអាចទាក់ទងនឹងលោកអ្នកបាន។

នៅពេលមានសន្ធឹកចិត្ត ចូរទាក់ទងមកអង្គការផ្តល់ជំនួយខាងសុខភាពចូរ
ក្បាលដែលមានវាយឈ្នះនៅក្នុងខោនធីរបស់លោកអ្នក:

Asotin - The Rogers Counseling Center
(509) 758-3341 - Voice/TDD

Benton & Franklin - Crisis Response Unit
(509) 783-0500 - Voice/TDD

Columbia - Columbia County Human Services
(509) 382-2527 - Voice/TDD

Garfield - Garfield County Human Services
(509) 843-3791 - Voice/TDD

Kittitas - Crisis Line
(509) 925-4168 - Voice/TDD
(509) 925-9861 - TDD

Klickitat - Counseling Center and Resource Center
(509) 773-5801 - Voice
TDD Relay: 1-800-833-6388

Skamania - Skamania County Counseling Ctr.
(509) 427-9488 - Voice
TDD Relay: 1-800-833-6388

Walla Walla - Walla Walla Mental Health
Center/Crsis Team
(509) 522-4278 - Voice/TDD

Whitman - Whitman County Mental Health Ctr.
(509) 334-1133 - Voice/TDD

Yakima - CWCMH Acute Care Services
(509) 575-4200 - Voice/TDD
or 1-800-572-8122

Greater Columbia Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958

ផែនការថែទាំ
សុខភាព
ដែលបង់ថ្លៃឲ្យមុន
PREPAID HEALTH PLAN

ផ្តល់ការចំណីខាងផ្នែកសុខភាពចូរក្បាលដល់
បុគ្គលដែលទទួលបានមានខ្ចីនៅក្នុង
ខោនធីដូចខាងក្រោមនេះ:

រ៉ាស្ហូទ៉ីន,
ប៊ីនធីន, & ហ្វ្រេងគ្លីន,
ខ្ទីលុំប្ស, ហ្គ្រាណ្ឌ,
យ៉ាគធីម៉ាស, ឃ្លីតយ៉ីម៉ាត
ស្ការបេន្ស, ង៉ីឡ្លា ង៉ីឡ្លា
ទ្រីតប៊ីន, & យ៉ាគ៉ីម៉ា

ដើម្បីទទួលព័ត៌មានបន្ថែមចូរទាក់ទងមក:

Greater Columbia
Regional Support Network

101 North Edison Street
Kennewick, WA 99336-1958
(509) 735-8681 - សម្រាប់ជួយ
ជនពិការ/TDD
1-800-257-0660
(509) 783-4165 - Fax

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ការបំរើផ្សេងៗដែលទទួលការបង់ថ្លៃឲ្យ

ប្រសិនបើលោកអ្នកមានសិទ្ធិទទួលជំនួយមេឌីខេដ រស់នៅក្នុងខោនធីដែលជាសមាជិកនិងកំពុងទទួលឬស្វែងរកជំនួយខាងសុខភាពខួរក្បាលនៅក្នុងសហគមន៍ ដូច្នេះលោកអ្នកជាសមាជិកនៃ Greater Columbia Regional Support Network Prepaid Health Plan (PHP)។

ជាសមាជិកនៃ PHP លោកអ្នកមានសិទ្ធិទទួលផែនការថែទាំសុខភាពខួរក្បាលសំខាន់ៗដែលអាចរាប់បញ្ចូលទាំងការធ្វើអន្តរាគមន៍នៅពេលមានអាសន្ន ការសួរសំណួរមុនផ្តល់ការបំរើ/ការស្ទង់ចាំមើល ការឲ្យឱវាទជាសង្ខេបនិង/ឬចាត់ចែងការសំណុំរឿង និងជំនួយខាងការបកប្រែភាសានៅពេលដែលត្រូវការ។

គ្រប់ទាំងការបំរើផ្សេងៗជាបន្ថែមទៀតត្រូវតែមានសេចក្តីអនុញ្ញាតពីអ្នកផ្តល់ការបំរើនោះ។

ការមកជួបនឹងអ្នកផ្តល់ជំនួយខាងសុខភាពខួរក្បាលជាលើកទីមួយរបស់លោកអ្នកតាមធម្មតាគេតែងតែសួរសំណួរ ធ្វើការប្រមាណមើលមុនផ្តល់ការបំរើ។ ការធ្វើការប្រមាណមើលនេះធ្វើឡើងដើម្បីសំរេចជាចាំបាច់ខាងផ្នែកពេទ្យសំរាប់ផ្តល់ការបំរើខាងផ្នែកសុខភាពខួរក្បាល និងរៀបចំធ្វើផែនការផ្តល់ការបំរើផ្សេងៗ។

ការបំរើដែលដែលទទួលការអនុញ្ញាតជាបន្តអាចរាប់បញ្ចូលដូចតទៅនេះ:

ការធ្វើការស្ទង់ចាំមើល

ពិនិត្យមើលស្ថានភាពរបស់មនុស្សម្នាក់ដែលធ្វើឲ្យមានការអនុញ្ញ..ឲ្យផ្តល់ការបំរើនៅក្រោមផែនការនេះនិង/ឬបញ្ជូនទៅឲ្យទទួលការបំរើនៅកន្លែងផ្សេងៗទៀត។

- ការពិនិត្យជ្រើសរើស
- ការបញ្ជូន
- ការធ្វើការស្ទង់ចាំមើល

ការបំរើផ្សេងៗនៅពេលមានអាសន្ន

ការធ្វើការស្ទង់ចាំមើល និង ការព្យាបាល ឬការបញ្ជូននៅពេលមានភាពអាសន្នខាងផ្នែកសុខភាពខួរក្បាល:

- ការធ្វើអន្តរាគមន៍២៤ម៉ោងតាមទូរស័ព្ទនៅពេលមានអាសន្ន
- ការបំរើឆ្លើយតបទៅពេលមានអាសន្ន
- ការព្យាបាលកុំឲ្យមានការចុកចាប់មួយរយៈនៅពេលមានអាសន្ន*

ការធ្វើអន្តរាគមន៍

ការព្យាបាលដោយសង្ខេប ប៉ុន្តែយកចិត្តទុកដាក់បំផុត

- មនុស្សម្នាក់ៗ
- គ្រួសារ
- ក្រុម

ការព្យាបាលឲ្យបានល្អវិញដោយល្អិតល្អន់

ការបំរើទ្រទ្រង់ជាបន្តសំរាប់មនុស្សទាំងអស់ណាដែលមានសេចក្តីត្រូវការខ្លាំងជាទីបំផុត

- ការចាត់ចែងសំណុំរឿង
- ការបំរើខាងទីលំនៅ/នៅតាមទីលំនៅផ្ទាល់
- ការចាត់ចែងខាងថ្នាំពេទ្យ
- ការបំរើមុនពេលទាក់ទងខាងការងារ/ពេលទាក់ទងខាងការងារ
- ការបំរើខាងវិធីព្យាបាលដើម្បីជំរុញឲ្យចំរើនឡើង

មាននៅកន្លែងនៅខោនធី បិនថិន & ហ្វ្រែងគ្លិន, ឃើថាថាស្ស, វ៉ាឡា វ៉ាឡា, វៃបិន និង យ៉ាគីម៉ា។

ការបំរើផ្សេងៗដែលមិនមានការបង់ថ្លៃឲ្យ

ការបំរើនៅខាងក្រោមនេះ Prepaid Health Plan មិនចេញថ្លៃឲ្យនៅពេលបច្ចុប្បន្ននេះឡើយ:

- ការមកដេកព្យាបាលនៅក្នុងមន្ទីរពេទ្យ
- ការដឹកជញ្ជូន
- ថ្លៃថ្នាំពេទ្យដែលគ្រូពេទ្យបញ្ជាឲ្យទិញ
- ការបំរើខាងសុខភាពខួរក្បាលដែលមិនមានការអនុញ្ញាត

សំគាល់: [illegible]

* [illegible] និង យ៉ាគីម៉ា

ការថែទាំព្យាបាលដែលមិនមានការអនុញ្ញាត

ការបំរើខ្លះត្រូវបានគេចាត់ទុកថាមិនអាចមានការអនុញ្ញាតឲ្យ ហើយដែលមិនមានការចេញថ្លៃឲ្យតាមរយៈ Prepaid Health Plan បានឡើយ។ ប្រសិនបើលោកអ្នកមិនបានទទួលសេចក្តីអនុញ្ញាតសំរាប់ការបំរើខាងក្រោមនេះដោយត្រឹមត្រូវទេលោកអ្នកអាចត្រូវគេគិតឲ្យបង់ថ្លៃចំពោះការបំរើនោះ:

- ការបំរើនៅពេលមានអាសន្ននៅកន្លែងក្រៅចំងាយជាង២ម៉ោង(ឬសូមទាក់ទង GCRSN)
- ការបំរើដែលផ្តល់មកតាមរយៈអ្នកដែលមិនមែនជា PHP
- ការបំរើជាបន្តដែលមិនមានការអនុញ្ញាតពីអ្នកផ្តល់ការបំរើ

ដើម្បីសុំសេចក្តីអនុញ្ញាតចូរទាក់ទងមក:

Greater Columbia Regional Support Network PHP
Business Office

1-800-257-0660

ការបំរើខាងការតវ៉ា

GCRSN ផ្តល់ការបំរើខាងការតវ៉ាសំរាប់គ្រប់ទាំងសមាជិកនៃ PHP ទាំងអស់ដើម្បីជួយលោកអ្នកប្រសិនបើលោកអ្នកមានការតវ៉ា។ បុគ្គលិកខាងការបំរើខាងការតវ៉ាអាចផ្តល់ព័ត៌មានដល់លោកអ្នកអំពីសិទ្ធិរបស់លោកអ្នកនិងជំនួយផ្សេងៗទៀតដែលមានសំរាប់លោកអ្នក, យកព័ត៌មានស្តីពីហេតុការទាក់ទងនឹងការតវ៉ា, និងធានាថាលោកអ្នកនឹងបានទទួលការប្រព្រឹត្តដល់លោកអ្នកដោយសមរម្យនឹងយុត្តិធម៌។ ប្រសិនបើលោកអ្នកមានការខ្វល់ខ្វាយឬការតវ៉ាអ្វីមួយលោកអ្នកអាចទូរស័ព្ទមកការិយាល័យនៃ GCRSN ដើម្បីស្នើសុំជំនួយពីបុគ្គលិកខាងការបំរើខាងការតវ៉ា:

(509) 735-8681 - សំឡេងសំរាប់ជួយជនពិការ/ TDD ឬ 1-800-257-0660

[illegible] DSHS [illegible] (Office of Consumer Affair) [illegible] (DSHS Mental Hea Division) 1-800-446-0259

ក្រុម ពិនិត្យគុណភាព សាឡើងវិញ

សំរាប់អ្នកទទួលជំនួយនៃការបំរើខាង សុខភាពខួរក្បាលដែលទទួលជំនួយ ថវិការសាធារណ:

Greater Columbia

សហប្រតិបត្តិការទ្រទ្រង់តាមភូមិភាគ

1-800-257-0660

(509) 735-868 - សំឡេងសំរាប់ជួយជនពិ
ការ/TDD

1b3ac

បេសកកម្មរបស់ក្រុមពិនិត្យគុណភាពសាឡើងវិញគឺ:

- ស្តាប់អ្នកទទួលជំនួយ សមាជិកគ្រួសារ និង មនុស្សសំខាន់ៗងទៀត។
- ពិនិត្យអ្នកផ្តល់ការបំរើនិងការធ្វើរបស់ RS N សាឡើវិញ។
- ឲ្យមានការចូលរួមរបស់អ្នកតំណាងនៃប្រជាជន ដែលមិនបានទទួលការបំរើគ្រប់គ្រាន់។
- បង្ហាញឲ្យដឹងពីរឿងទាក់ទងនឹងលទ្ធភាពទៅរក ជំនួយឬប្រព័ន្ធនៃការផ្តល់ការបំរើនិងធ្វើការ ដោះស្រាយរកចំឡើយ។
- ព្រមទាំងបង្ហាញឲ្យឃើញនូវភាពរឹងប៉ឹងនិងភាព មិនមានប្រសិទ្ធិភាពនៃការបំរើខាងផ្នែកសុខ ភាពខួរក្បាល។

គឺជាភារ:កិច្ចរបស់ក្រុមពិនិត្យគុណភាពសាឡើងវិញនៅ ក្នុងការបង្កើតបរិយាកាសដែលធ្វើឲ្យមានគុណភាពល្អ គ្រាន់បើជាងមុនជាបន្តទៅទៀតនៅក្នុងប្រព័ន្ធនៃការផ្តល់ ការបំរើខាងសុខភាពខួរក្បាលដែលទទួលជំនួយថវិការ សាធារណ:។

សូមផ្តល់យោបល់ឬសំណួរអំពីគុណភាពនៃបំរើខាង សុខភាពខួរក្បាលដែលទទួលជំនួយថវិការសាធារណ: ទៅ:

1-800-257-066

(509) 735-8681- សំឡេងសំរាប់ជួយ ជនពិការ/TDD

ថ្ងៃច័ន្ទ - ថ្ងៃសុក្រ

៨:00 ព្រឹក ទៅ ៥:00 រសៀល

ឬសរសេរទៅ

Greater Columbia

សហប្រតិបត្តិការទ្រទ្រង់តាមភូមិភាគ

101 North Edison Street
Kennewick, WA 99336-1958

ទូរស័ព្ទនឹងមានការស្វាគមន៍ ហើយការប្រជុំអាចប្រៀបចំបានទៅក្នុងការិ យាល័យធ្វើការប្រៀបចំឬទៅកន្លែងឯទៀត។ ការចូលរួមនៃអ្នកទទួលជំ នួយគឺជាការស្មក្រឹចិត្តជានិច្ច ហើយមានការគោរពដល់ការរក្សាការ សម្ងាត់។

គុណភាព

ក្រុមពិនិត្យគុណភាពសាឡើងវិញប្តេជ្ញាធានាឲ្យមានការបំរើដែលមានងាយស្រួលសំរាប់បំរើមនុស្សនៅក្នុងភូមិភាគនោះ។

ក្រុមពិនិត្យគុណភាពសាឡើងវិញពិនិត្យការធ្វើរបស់អ្នកដែលចុះកិច្ចសន្យាផ្តល់ការបំរើនិងបុគ្គលិកធ្វើការនៅក្នុងភូមិភាគសាឡើងវិញតាមរយៈការប្រមូលពិតមានពីអ្នកទទួលជំនួយ សមាជិកគ្រួសារ អ្នកគាំទ្រ អ្នកផ្តល់ការបំរើសហគមន៍ដែលមិនបានទទួលការបំរើគ្រប់គ្រាន់និងអ្នកទីបីឯទៀតដែលបានរើសឲ្យកាន់ប្រាក់។

ក្រុមពិនិត្យគុណភាពសាឡើងវិញដាក់សេចក្តីរាយការណ៍ធម្មតាដោយរកឃើញនូវគុណភាពនិងការខ្វល់ខ្វាយនៅក្នុងប្រព័ន្ធនៃការផ្តល់ការបំរើខាងសុខភាពខ្ចរក្បាលនៃ Greater Columbia RSN។

ការប្រមូលពិតមានអាចធ្វើបានដោយផោតជ័យតាមរយៈ :

- ការសម្ភាសន៍ (ផ្ទាល់ខ្លួន ការទទួលខ្លួន ការឲ្យចេញ ។ល។)
- បញ្ជីសំណួរ
- ការសង្កេតសួរតាមទូរស័ព្ទ
- ការទៅមើលកន្លែងនៃអ្នកផ្តល់ការបំរើខាងសុខភាពខ្ចរក្បាល
- និងការពិនិត្យសំណុំរៀងនិងឯកសារដែលទាក់ទងសាឡើងវិញ

ការទៅមើលកន្លែងអាចចាត់ចែងទៅបានជាមួយការត្រួតពិនិត្យរបស់ GCRSN។ ការទៅមើលសហគមន៍ទៅពេលផ្សេងទៀតនិងអ្នកផ្តល់ការបំរើនឹងធ្វើដោយសមាជិកក្រុមនៅពេលត្រូវការគ្រប់ទាំងភូមិភាគទាំងមូល។

ពិនិត្យសាឡើងវិញ

ក្រុម

ក្រុមពិនិត្យគុណភាពសាឡើងវិញបានបង្កើតឡើងដោយអ្នកទទួលការបំរើសមាជិកគ្រួសារសមាជិកនៃក្រុមប្រឹក្សានៃ Greater Columbia។

ក្រុមពិនិត្យគុណភាពសាឡើងវិញធ្វើការដែលទាក់ទងនឹងរៀងនៃប្រ័ព្ធនៃសុខភាពខ្ចរក្បាល។ ប្រសិនបើអ្នកទទួលជំនួយមានបញ្ហាឬការភ្ពួញគ្នែរផ្ទាល់ខ្លួនក្រុមពិនិត្យគុណភាពសាឡើងវិញអាចជួយនៅក្នុងការទាក់ទងនឹងការបំរើខាងការផ្តល់ជំនួយខាងការតវ៉ាបាន។

ការបំរើខាងការផ្តល់ជំនួយខាងការតវ៉ាបានបង្កើតឡើងជាពិសេសសំរាប់ជួយធ្វើការដោះស្រាយការតវ៉ារបស់អ្នទទួលជំនួយហើយគេអាចទាក់ទងមកតាមរយៈការិយាល័យ Greater Columbia Reginal Support Network Business Office មកលេខ (509) 735-8681 (សំឡេងសំរាប់ជួយជនពិការ/TDD) ឬ 1-800-257-0660។

¿Dónde Puedo Recibir Servicios de Salud Mental y Apoyo en Caso de Crisis o Como Paciente Externo?

Llame al proveedor que aparece en la lista (ver al dorso) en el Condado donde viva.

¿Cuánto Cuesta el Servicio?

Si vive en cualquiera de los cuatro Condados listados al dorso y si tiene una tarjeta (cupón) de identificación médica al día, sus servicios están cubiertos por el Plan de Salud Prepagado (PHP).

¿Qué es un Plan de Salud Prepagado (PHP)?

El PHP provee sevicios de salud mental a sus miembros en la comunidad en calidad de pacientes externos. Si tiene una tarjeta de identificación médica al día usted cualifica como miembro.

¿Qué Servicios Tengo Derecho a Recibir?

- Ayuda en caso de crisis
- Clasificación y referencia
- Asesoramiento y evaluación
- Terapia
- Administración de su caso
- Administración de medicinas
- Destrezas y actividades de la vida diaria
- Cuidado individual y a la medida
- Planificación al darse de alta del hospital

Todos los servicios son basados en asesoramientos clinicos y en necesidades de tratamiento identificadas.

¿Y Si No Estoy Satisfecho con Mis servicios PHP?

Si tiene preocupaciones sobre la calidad de los servicios o el acceso a los servicios, puede pedir ayuda para resolver esos problemas llamando a un MEDIADOR al 1-800-735-7857

o a

La Oficina de Asuntos del Consumidor División de Salud Mental del estado de Washington, 1-800-446-0259.

¿Qué es un MEDIADOR?

Un servicio gratis de un letrado independiente que ayudará a resolver preocupaciones o quejas tan eficientemente como sea posible.

El MEDIADOR no está asociado con ningún proveedor.

PROVEEDORES DE SERVICIOS DE SALUD MENTAL

Centro de Asesoramiento del Condado Lincoln
1211 Merriem, P.O. Box 278
Davenport, WA 99122
509-725-3001
Para repuestas a crisis llame al 1-800-767-6081

Servicios de Asesoramiento del Condado Stevens
East 165 Hawthorne
Colville, WA 99114
509-684-4597
Para repuestas a crisis llame al 1-800-767-6081

Salud Mental del Condado Pend Oreille
418 West Third Street
Box 5055
Newport, WA 99156
509-447-5651
Para repuestas a crisis llame al 1-800-767-6081

Timberline - Cuidado a largo plazo y cuidado de salud del comportamiento
470-1 Klondike Road
Republic, WA 99166
509-775-3341
Para repuestas a crisis llame al 1-800-767-6081

TTY 1-800-767-6081

NEWRESN - Información general y referencias llame al 800-201-4250

NEWRESN
East 301 Clay, P.O. Box 1249
Chewelah, WA 99109
509-935-6801
Fax: 509-935-4862

BENEFICIOS DE SALUD MENTAL PARA RECIPIENTS DE MEDICAID

UN PROGRAMA PARA PROVEER SERVICIOS DE SALUD MENTAL PREPAGADOS PARA PACIENTES QUE VIVEN EN EL NORESTE DE WASHINGTON

Red Regional de Sostén del Noreste de Washington
East 301 Clay, P.O. Box 1249
Chewelah, WA 99109
509-935-6801
1-800-201-4250

1 63 NEWRSN

Mental Health Providers

TO REQUEST SERVICES, call the participating community mental health center in your county.

LEWIS COUNTY

Cascade Mental Health Care
135 West Main Street
Chehalis, WA 98532

360-748-6696
Toll Free 800-559-6696

PACIFIC COUNTY

Willapa Counseling Center
1107 North Pacific Hwy
Long Beach, WA 98631

360-642-3787
800-884-2298

819 Alder Street
South Bend, WA 98586

360-875-9426
800-884-2298

WAHKIAKUM COUNTY

Wahkiakum County
Mental Health Services
42 Elochoman Valley Road
Cathlamet, WA 98612

360-795-8630
Toll Free 800-635-5989

CRISIS SERVICES

Crisis Services are available throughout the region twenty-four hours a day.

If a crisis may result in immediate physical harm to a person or substantial destruction to property, call 911 for police assistance.

In all other mental health crisis situations call the appropriate number below and ask for "Crisis Services".

When out of the region, the plan will cover up to two (2) hours of Crisis Services provided by a licensed agency. If additional Crisis Services are needed, call Timberlands RSN/PHP, or after-hours call the agency serving your county of residence, to request authorization.

LEWIS COUNTY

Chehalis	**360 - 748-6696**
Toll Free	**800 - 559-6696**

PACIFIC COUNTY

Long Beach	**360 - 642-3787**
South Bend	**360 - 875-9426**
Toll Free	**800 - 884-2298**

WAHKIAKUM COUNTY

Cathlamet	**360 - 795-8630**
Toll Free	**800 - 635-5989**

For more information call or write:

Timberlands Regional Support Network
P. O. Box 217 • Cathlamet, WA 98612
360-795-3118 • Fax 360-795-3126
e-mail: trsn@cport.com
Toll Free 800-392-6298

TTY Washington Relay Service
800-833-6388

1/01

Timberlands
Regional Support Network

MENTAL HEALTH SERVICES FOR MEDICAID RECIPIENTS

Living in Lewis, Pacific and Wahkiakum Counties

This brochure is available in Spanish and alternate formats.

Este folleto está disponible en Español y en otros formatos.

ELIGIBILITY

You are eligible for the mental health benefits described in this brochure if you are a Medicaid recipient living in Lewis, Pacific or Wahkiakum Counties as indicated by the Community Service Office, Department of Social and Health Services.

OMBUDS SERVICES

The Ombuds Service is available to advocate on behalf of Medicaid recipients. The ombuds assists in resolving complaints at the lowest possible level. If necessary, the ombuds assists a Medicaid recipient through the grievance and Fair Hearing processes.

The toll free phone number for Ombuds Services is 1-888-291-3140.

INTERPRETATION SERVICES

Language interpretation services are available at no charge to Medicaid recipients.

BENEFITS

Crisis Services

- Telephone Screening and Assessment
- Mobile Outreach
- In-home or In-community Stabilization
- Investigation and Commitment

Brief Intervention Services

Counseling for

individuals families
couples groups

Community Support Services

For people requiring ongoing supports to live in the community

- Psychiatric medical services
- Case management services
- Medicaid Personal Care
- Residential services
- Supported education and employment services

Psychiatric Inpatient Services

Information & Referral

Referral to other mental health or related services not covered by this plan

EXCLUSIONS

There are certain services which are not covered by this plan, but are available through other programs. They are:

- Prescription Drugs
- Transportation
- Services which are not "medically necessary"

MEDICAL NECESSITY

The Medicaid program entitles Medicaid recipients to receive all mental health services which are "medically necessary." The legal definition of "medical necessity" is: A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

Timberlands RSN provides equal opportunity in all aspects of its services, activities, and employment free from discrimination without regard to race, color, religion, creed, national origin, sex, age, marital status, sexual orientation, Vietnam Era Veteran, Disabled Veteran, or disability.

CONSUMER RIGHTS
WAC 275-57-340

You have the right to:

- Be treated with respect and dignity.
- Develop a plan of care and services which meets your unique needs.
- Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, chapters 71.05 and 71.34 RCW.
- Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability and sexual orientation.
- Be free of any sexual exploitation or harassment.
- Review your case record.
- Receive an explanation of all medications prescribed, including expected effect and possible side effects.
- Confidentiality, as described in relevant statutes (chapters 70.02, 71.05 and 71.34 RCW) and regulations (chapters 275-54, 275-55 and 275-57 WAC).
- The ombuds may, at your request, assist you in filing a grievance. The ombuds person's telephone number is 1-888-291-3140 or (360) 785-3140.

You may lodge a complaint or grievance without fear of retaliation.

OMBUDS FOR MENTAL HEALTH SERVICES

(a division of Reliable Enterprises)
203 W. Reynolds Ave.
Centralia WA 98531

This service is provided for consumers of publicly-funded mental health services under contract from

TIMBERLANDS REGIONAL SUPPORT NETWORK

1-888-291-3140
Toll Free

OR

(360) 785-3140

Fax - Same Numbers as above

TTD/TTY Relay Service
1-800--833-6388

This information is available in Spanish
Alternate formats are available upon request

Reliable Enterprises provides services without regard to race, color, religion, creed, national origin, gender, age, marital status or disability.

Published 6/99

DO YOU NEED SOMEONE TO TALK TO ABOUT YOUR MENTAL HEALTH SERVICES?

WE CAN HELP!

OMBUDS FOR MENTAL HEALTH SERVICES

in Lewis, Pacific & Wahkiakum Counties

Ombuds service assists and advocates for consumers, family members or other interested persons who want to voice concerns or complaints about mental health services or quality of care issues with mental health services.

For a Free Confidential Consultation ...

Telephone us at
1-888-291-3140
Toll Free
or
(360) 785-3140

A Division of Reliable Enterprises

OMBUDS FOR MENTAL HEALTH SERVICES

(a division of Reliable Enterprises)

An ombuds service is offered by Reliable Enterprises under contract from Timberlands Regional Support Network (TRSN) to receive complaints and grievances, and to resolve problems quickly and confidentially.

Any person receiving services from a community mental health center in Lewis, Pacific or Wahkiakum Counties may use this FREE service, as may family members and others.

People who are denied access to services by a community mental health center in Lewis, Pacific or Wahkiakum Counties may also use the ombuds service without charge.

The Ombuds for Mental Health Services is **Becky Coward**. Becky has worked and volunteered in human services for the past 17 years. She was an outreach worker to the survivors of the 1996 flood. She previously worked in a residential rehabilitation program for people who were homeless, indigent and chemically dependent.

She served in the position of ombuds for Timberlands Regional Support Network for the past three years and is now filling the same position for Reliable's Ombuds Service for Mental Health, serving the same consumers, families and other interested people in Lewis, Pacific and Wahkiakum Counties.

What can your ombuds do?

- ☐ Listen to your concerns
- ☐ Provide consultation
- ☐ Research the situation
- ☐ Serve as your advocate and mediator
- ☐ Assist you in achieving resolution at the lowest possible level
- ☐ Make recommendations to resolve your problem or concern

What can't your ombuds do?

- ☐ Cannot give legal advice or represent you as an attorney
- ☐ Cannot serve as your case manager
- ☐ Cannot ensure a specific outcome

What can you do?

- ☐ Be specific about your concern
- ☐ Be clear about the resolution you would like
- ☐ Maintain contact with your ombuds

Proveedores de Salud Mental

PARA PEDIR LOS SERVICIOS, llame al centro comunitario paticipante de salud mental en su condado.

EL CONDADO LEWIS

Cascade Mental Health Care
135 West Main Street
Chehalis, WA 98532

360-748-6696
Sin Cobro 800-559-6696

EL CONDADO PACIFIC

Willapa Counseling Center
1107 North Pacific Hwy
Long Beach, WA 98631

360-642-3787
800-884-2298

819 Alder Street
South Bend, WA 98586

360-875-9426
800-884-2298

EL CONDADO WAHKIAKUM

Wahkiakum County
Mental Health Services
42 Elochoman Valley Road
Cathlamet, WA 98612

360-795-8630
Sin Cobro 800-635-5989

SERVICIOS DE CRISIS

Los servicios de crisis están disponibles veinticuatro (24) horas al día por toda la región.

Si el crisis resulta en daño físico inmediato a una persona ó bastante destrucción a propiedad, llame a 911 para ayuda policiaca.

Llame al teléfono apropiado que aparece abajo y pregunta por "Crisis Services" en cualquier otro crisis de salud mental.

Si se halla fuera de la región a la hora de un crisis, el plan abarcará hasta dos (2) horas de servicios de crisis provistos por una agencia autorizada. Si necesita servicios de crisis adicionales llame a Timberlands RSN/PHP. Después de las horas laborales, llame para autorización a la agencia que sirve al condado donde usted reside.

CONDADO LEWIS

Chehalis	360 - 748-6696
Sin Cobro	800 - 559-6696

CONDADO PACIFIC

Long Beach	360 - 642-3787
South Bend	360 - 875-9426
Sin Cobro	800 - 884-2298

CONDADO WAHKIAKUM

Cathlamet	360 - 795-8630
Sin Cobro	800 - 635-5989

Para más información llame o escriba a:

Timberlands RSN (Red Auxiliar Regional)
P. O. Box 217 • Cathlamet, WA 98612
360-795-3118 • Fax 360-795-3126
e-mail: trsn@cport.com
Sin cobro 800-392-6298

TTY Servicio de Revelo
800-833-6388

Timberlands Regional Support Network

Servicios de Salud Mental Para Beneficiarios de Medicaid

residiendo en los condados Lewis, Pacific y Wakiakum.

This brochure is available in English and alternate formats.

1 b 2 TRSN

ELIGIBILIDAD

Usted tiene derecho a los beneficios de la salud mental bosquejados en este folleto solo si es beneficiario de Medicaid residiendo en los condados Lewis, Pacific, y Wahkiakum según designado por la oficina de servicio comunitario del departamento de servicios sociales y de sanidad (DSHS).

SERVICIOS "OMBUDS"

Los servicios Ombuds están disponibles con el fin de abogar a favor de los beneficiarios de Medicaid. "Ombuds" ayuda resolver las quejas al nivel más bajo posible. "Ombuds" ayudará al beneficiario de Medicaid por los procesos de querella y de audiencia imparcial.

Para los servicios Ombuds llame a:
1-888-291-3140 (sin cobros)

SERVICIOS DE INTÉRPRETES

Al beneficiario de Medicaid que no domina bien el inglés, están disponibles los servicios gratuitos de [illegible]

BENEFICIOS

Servicios de Crisis

- Selección y evaluación telefónica
- Servicios especiales de acceso rápido al paciente
- Estabilización en el hogar ó en la comunidad
- Investigación y confinamiento

Servicios Breves de Intervención

Consejos que se enfocan en soluciones para

individuos **familias**
parejas **grupos**

Servicios Comunitarios Auxiliares

Para las personas que necesitan apoyo contínuo con el fin de vivir en la comunidad

- Servicios médicos de psiquiatría
- Servicios administrativos de su caso
- Cuidado personal de Medicaid
- Servicios residenciales
- Servicios auxiliares docentes y de empleo

Autorización para el Cuidado de Internados Graves

Información y Referencia

Este plan no abarca recomendaciones a otros servicios de salud mental o a programas [illegible]

OMISIONES

Hay ciertos servicios que este plan no abarca; sin embargo están disponibles por otros programas. Son:

- Servicios psiquiatros para los internados
- Fármacos recetados
- Transportación
- Servicios que no se consideran imprescindibles en sentido médico

IMPRESCINDIBLE EN SENTIDO MÉDICO

El programa Medicaid autoriza al beneficiario de Medicaid que reciba todos los servicios que sean necesarios en el sentido médico para la salud mental. "Imprescindible en el sentido médico" oficialmente es un término para describir un servicio solicitado que razonablemente se ha calculado para prevenir, diagnosticar, corregir, curar, aliviar ó prevenir el empeoramiento de condiciones en el beneficiario que peligrarían la vida ó causarían sufrimiento y dolor o resultarían en enfermarse o debilitarse amenazarían causar o agraviar un impedimento o causarían malfunción o deformidad física, y donde no existe otro tratamiento disponible ni suficientemente adecuado para el solicitante del servicio que sea eficaz, más conservativo ó menos costoso. En este párrafo el término "tratamiento" puede abarcar la observación sencilla, y donde sea apropiado, ningún tratamiento en absoluto.

Timberlands RSN provee oportunidades imparciales en todo aspecto de sus servicios, tanto en sus actividades como en el empleo libre de discriminación prescindiendo de su raza, color, religión, creencias, antecedentes nacionales, sexo, edad, estado civil, orientación sexual, veterano de la era vietnamita, veterano minusválido, o incapacitado.

MANAGED CARE

The RSN is also a prepaid health plan. Prepaid health plans are managed care plans for mental health.

Managed care is a system of care where access, quality of care and costs are carefully managed.

Managed care provides:

- An assessment by a mental health professional
- A treatment plan that meets your needs
- Opportunity for you to participate in treatment planning and selection of goals
- Culturally appropriate services
- Coordination with other agencies or systems as necessary
- Timely access to services
- Quality of care review

FOR MORE INFORMATION

Southwest
Regional Support Network

Administrative Office
1952 9th Avenue
Longview, Washington 98632

Phone (360) 414-5599
Fax (360) 501-1207

OMBUDS SERVICE

(360) 414-0237

OFFICE OF CONSUMER AFFAIRS MENTAL HEALTH DIVISION

1-800-446-0259

Brochures also available in Spanish.

Updated 6/2001

Southwest Regional Support Network

(SW RSN)

The Mission of SW RSN is to supply an array of responsive mental health services in Cowlitz County that is consistent with consumer, community and clinical values, which provides for the unique needs of individuals and balances high quality care with financially responsible services.

1 b 3 SW

WHO IS ELIGIBLE?

People who receive Medicaid benefits through the local Department of Social and Health Services (DSHS) office at 711 Vine St., Kelso, are automatically enrolled. Low income individuals with medical necessity for mental health care services are also qualified.

COVERED SERVICES

Eligible recipients may qualify for an array of outpatient mental health services, including:

- Assessment
- Case Management
- Crisis Services
- Dual Diagnosis Treatment
- Family Counseling
- Hospital Discharge Planning
- Individual or Group Therapy
- Medication Management
- Psychiatric Evaluation
- Residential Support Services
- Vocational Support Services

Interpreters and special needs arrangements are available upon request.

MEMBER SATISFACTION

The ombudsperson helps consumers, families and guardians who have concerns about the quality of their services. Call:

(360) 414-0237

HOW TO GET SERVICES

Eligibility for ongoing services is determined by the Access Center. If you need services, you can apply by contacting them at (360) 414-2020. The Access Center is located at the Broadway Campus of St. John Medical Center at 600 Broadway, Longview, Washington.

HOW TO GET CRISIS SERVICES

If you have a mental health crisis and need help call:

(360) 425-6064.

Available 24 hours a day, 7 days a week.

SERVICES OUTSIDE OF COWLITZ COUNTY

When you are outside Cowlitz County, you may receive crisis services from another Regional Support Network (in Washington state only).

Non-crisis services are not authorized outside Cowlitz County.

NON-COVERED SERVICES

- Cost of prescription medications*
- Inpatient services*
- Transportation*

**These services may be covered by Medicaid under another program.*

SERVICE PROVIDERS

The *Access Center* authorizes and refers eligible members for ongoing services.

(360) 414-2020

Lower Columbia Mental Health Center provides a full range of community support services for children and adults.

(360) 423-0203

Center for Behavioral Solutions provides a full range of community support services for children and adults.

(360) 414-2280

S.L. Start and Associates provides residential coordination and vocational support services for adults.

(360) 577-5717

Youth and Family Link (LINK) provides specialized services for children and families.

(360) 423-6741

You have the right to request disenrollment from the Prepaid Health Plan for good cause. The Mental Health Division of the Department of Social and Health Services determines good cause. (WAC 275-57-200)

Clark

Geropsychiatric Consultation Service

360-696-5413

Providing nursing facility residents with geropsychiatric evaluation and treatment in the community.

Behavioral Health Services

visit our web site at swmedctr.com

Southwest Washington Medical Center is an equal opportunity institution which does not discriminate in admissions, treatment access or employment on any basis including disability. Interpreters are available at no charge for the Deaf and Hard of Hearing, or for those who do not speak English. Inquiries, complaints or requests for interpreters may be addressed to the Medical Center's Interpreter and Accessibility Coordinator, P.O. Box 1600, Vancouver, WA 98668 (360) 514-2109 (voice) (360) 514-4180 (TTY).

SOUTHWEST WASHINGTON MEDICAL CENTER

Behavioral Health Services

announces a new

Geriatric Psychiatry Consultation Service

1623 SW

Nursing Facility Geropsychiatric Consultation Program

Program Highlights

Southwest Washington Medical Center's Department of Behavioral Health now offers a program of specialized geropsychiatric services to residents of Clark county skilled nursing facilities.

Our mission is to utilize assessment and treatment strategies to improve the well being of nursing home residents with mental health and behavioral issues.

The Geriatric Psychiatry Team is dedicated to addressing the special needs of seniors who are experiencing emotional and behavioral instability. We provide quality psychiatric services "on-site" at the resident's facility. In addition, we offer optional contracted support services to facility staff in order to promote the patient's success within their living situation. These services include complex case conferences, inservice training, participation in regular medication review meetings, and 24-hour phone consultation.

For the older adult resident requiring acute mental health evaluation and treatment at Southwest Washington Medical Center, we assist in coordination of care from admission through discharge.

As part of SWMC's commitment to the Vancouver area community, we provide services to residents regardless of their health insurance.

Treatment Philosophy

We believe that quality care begins with a comprehensive geropsychiatric evaluation of the resident's mental, physical and social function. We then collaborate with facility staff, the resident's primary care physician, and the family in order to develop and implement treatment strategies. These strategies may include both pharmacologic and behavioral interventions. We take a conservative approach to psychotropic medication management. Our extensive experience with medications in older adults is important in determining effective treatment while minimizing risk and side effects.

Treatment Focus

- Cognitive or functional decline
- Behavioral complications of dementia
- Depression and other mood disorders
- Psychosis
- Behavioral symptoms related to neurologic or other physical illness
- Pain management
- Medication management in chronic mental illness

The Geropsychiatric Team:

- ***Michael Bernstein, M.D.*** completed his psychiatric training and geropsychiatry fellowship at Stanford University. He has been with Southwest Washington Medical Center since 1994 and is currently theMedical Director for the Department of Behavioral Health, SWMC. He is Board Certified in Geriatric Psychiatry.

- ***Darian Minkunas, M.D.*** finished his psychiatric training and geropsychiatry fellowship at Oregon Health Sciences University in June, 2000 and joined Southwest Washington Medical Center as a staff psychiatrist in July, 2000.

- ***Patricia A. Moore, ARNP, PA-C*** received her advanced practice training at the University of Washington and is boarded as both a physician assistant and family nurse practitioner. In addition to her role on the Geropsychiatric Team, she holds a faculty appointment as Instructor in the Department of Psychiatry at Oregon Health Sciences University where she is involved in research, resident training and outpatient geropsychiatric care.

For more information about the Geriatric Psychiatry service provided by Southwest Washington Medical Center call

(360) 696-5413

Consumer Rights

You have the right to:

- Be treated with respect and dignity
- Help develop a plan of care and services which meets your needs
- Refuse any proposed treatment
- Receive care which does not discriminate against you and is sensitive to your sex, race, national origin, language, age, disability and sexual orientation
- Be free of any sexual exploitation or harassment
- Review your care record
- Receive an explanation of all medications prescribed, including expected effect and possible side effects
- Confidentiality
- Review the provider's grievance policy
- Lodge a complaint or grievance with the Ombuds, RSN or provider if you believe your rights have been violated
- Be free of retaliation or threat of retaliation
- You have the right to request disenrollment from the Prepaid Health Plan for good cause. The Mental Health Division of the Department of Social and Health Services determines good cause. (WAC 275-57-200)

How do I contact the Ombuds for Help?

Call:

Gare Wyatt
(360) 414-0237

messages can be left at
SW RSN (360) 414.5599

or write:

Ombuds
c/o Southwest
Regional Support Network/
Prepaid Health Plan
1952 9th Avenue
Longview, WA 98632

Appointments are available:

Monday and Wednesday
6:00 p.m. to 8:00 p.m.

Tuesday
1:00 p.m. to 3:00 p.m.

For additional information about the state's ombuds service, contact
Mental Health Division
Office of Consumer Affairs
1-800-446-0259

Ombuds Services

For consumers of Cowlitz County's Public Mental Health Services

**Southwest
Regional Support Network/
Prepaid Health Plan
1952 9th Avenue
Longview, WA 98632**

June 2001

1 B 3 SW

What is an Ombuds?

The Ombuds is an independent service with responsibility to receive comments, complaints and concerns from public mental health consumers and others.

What is the purpose?

To have an individual available who is independent of service provision who can be responsive to consumers and assist them in resolving concerns or complaints as efficiently as possible.

Who is eligible?

Cowlitz County residents who are eligible to receive or are receiving publicly funded mental health services. Concerns or questions from family members and other interested parties may also be directed to the Ombuds.

What are the fees?

There are no fees associated with this service.

What *can* the Ombuds do for me?

- Listen to your problem
- Analyze what is involved
- Investigate facts, records, laws, policies and procedures
- Provide assistance in resolving concerns and complaints
- Assist you in filing the grievance, if necessary
- Follow through to see that the grievance is resolved and you are kept informed
- Recommend changes to correct a problem or prevent future occurrences
- Provide information on resources and consumer rights

What *can't* the Ombuds do for me?

- Cannot act as a Case Manager
- Cannot give you legal advice or represent you as an attorney would
- Cannot assure any specific outcome
- Cannot assist with services or entitlements outside the public mental health system

What can I do to help resolve my complaint?

- Be prepared to tell the Who, What, When and Where of the problem
- Identify what would resolve this problem
- Supply any written information you may have and assist the Ombuds in resolving the issue
- Keep the Ombuds informed of how you can be contacted

AYUDA MANEJADA

La RSN también es un plan de salud prepagado. Planes de salud prepagados son planes de ayuda manejados para la salud mental.

Ayuda manejada es un sistema de ayuda en lo cual acceso, calidad de ayuda y los cuestos son manejados con cui 'ado.

Ayuda manejada provee:

- Una evaluación por un profesional de la salud mental
- Un plan de tratamiento que satisface a sus necesidades
- Una oportunidad para Ud. Participar en la planear de tratamiento y en la selección de metas
- Servicios apropriados para su cultura
- Coordinación con otras agencias o sistemas cuando es necesario
- Acceso conveniente a los servicios
- Calidad de análisis de ayuda

POR MÁS INFORMACIÓN

Southwest
Regional Support Network

Administrative Office
1952 9th Avenue
Longview, Washington 98632

Teléfono (360) 414-5599
Fax (360) 501-1207

SERVICIO OMBUDS (INTERCESOR)

(360) 414-0237

LA OFICINA DE LOS ASUNTOS DEL CONSUMIDOR
DIVISIÓN DE SALUD MENTAL

1-800-446-0259

Folletos también accesibles en inglés.

Updated 6/2001

Cadena de Ayuda Regional del Suroeste

(Southwest Regional Support Network)
(SW RSN)

La misión de SW RSN es ofrecer una variedad de servicios repondientes de salud mental en el Condado de Cowlitz que es consistente con los valores del consumador, la communidad, y la clínica, que provee las necesidades únicas a individuos y que da una balancia de ayuda de calidad superior con servicios económicamente responsables.

163 SW

¿QUIEN TIENE ELIGIBILIDAD?

Las personas que reciben servicios de Medicaid por la oficina local del departamento de Servicios Sociales y de Salud ubicada en la calle Vine, número 711, Kelso, (711 Vine St., Kelso) están automáticamente inscritos. Individuos de bajo ingreso con necesidad medical de servicios de cuidado de salud mental también tienen eligibilidad.

SERVICIOS INCLUIDOS

Recipientes elegibles pueden tener eligibilidad para una variedad de servicios ambulatorios de salud mental que incluyen:

- Evaluación
- Manejo de casos
- Servicios para un crísis
- Tratamiento de un diagnosis dual
- Consejos para la familia
- Planear de alta
- Terapia del individuo o del grupo
- Manejo de medicación
- Evaluación psiquiátrica
- Servicio de apoyo en casa
- Servicio de apoyo de vocación

Intérpretes y arreglos para necesidades especiales son disponibles al petición.

SATISFACCION DE LOS MIEMBROS

La persona ombuda ofrece información y ayuda a los consumadores, las familias y los guardianes interesados de la calidad de los servicios recibidos. Llame al:

(360) 414-0237

COMO OBTENER LOS SERVICIOS

El *Access Center* determina la eligibilidad de servicios continuos. Si necesita utilizar servicios, puede pedir al Access Center al (360) 414-2020. El Access Center está en el Campus Broadway de St. John Medical Center en la calle Broadway, número 600, Longview, Washington (600 Broadway, Longview, Washington).

COMO OBTENER SERVICIOS DE CRISIS

Si tiene un crísis de salud mental y necesita ayuda, llame al:

(360) 425-6064

Disponible 24 horas al día, 7 días a la semana.

SERVICIOS AFUERA DEL CONDADO DE COWLITZ

Cuando está afuera del Condado de Cowlitz, puede obtener los servicios de crísis de otra Cadena de Ayuda Regional (en el estado de Washington).

Afuera del Condado de Cowlitz no se autorizados los servicios de no crísis.

SERVICIOS NO INCLUIDOS

- Gasto de medicaciones de prescripción*
- Servicios de ayuda a pacientes no ambulatorios*
- Transportación*

**Estos servicios pueden ser incluidos en M dicaid abajo de otro programa.*

LOS PROVEEDORES DE SERVICIO

El *Access Center* provee evaluación individual y refiere miembros elegibles para servicios continuos.

(360) 414-2020

Lower Columbia Mental Health Center provee todos tipos de servicios de ayuda comunitaria para niños y los adultos.

(360) 423-0203

Center for Behavioral Solutions todos tipos de servicios de ayuda comunitaria para niños y los adultos.

(360) 414-2280

S.L. Start and Associates provee coordinación residencial y servicios de apoyo de la vocación para los adultos.

(360) 577-5717

Youth and Family Link (LINK) provee servicios especializados para niños y familias.
(360) 423-6741

Derechos del consumidor

Tiene derecho a:

- Estar tratado con respeto y dignidad.
- Ayudar a desarrollar un plan de atención y servicios para servir sus necesidades.
- Rechazar cualquier tratamiento proponido.
- Recibir una atención que no se descrimina a usted y que sea sensitivo a su sexo, raza, origen nacional, idioma, incapicidad y orientación sexual.
- Estar libre de exploitaciones o acosamiento sexuales.
- Revisar su historia de caso.
- Recibir una explicación sobre todos los medicamentos recetados, incluyeno los efectos esperados y los secundarios posibles.
- Confidencialidad.
- Revisar las normas de reclamo de la agencia.
- Presentarle al Ombuds o el RSN or el proveedor una queja o reclamo, si cree que se han violado sus derechos.
- Estar libre de represalias o emenazas de represalias.

¿Cómo puedo ponerme en contacto con el Ombuds (mediador) para obtener ayuda?

Llame a:

Gare Wyatt
(360) 414-0237

Se puede dejar mensajes al
SW RSN (360) 414.5599

o escriba a:

Ombuds
c/o Southwest
Regional Support Network/
Prepaid Health Plan
1952 9th Avenue
Longview, WA 98632

Citas disponibles:

lunes y miercoles
6:00 de la noche a las 8:00 de la noche

martes
1:00 de la tarde a las 3:00 de la tarde

Para más información sobre ombuds servicios del estado, llame al
Salud Mental División
Oficina de Negocios de Consumidores
1-800-446-0259

Ombuds
Servicios

Para consumidores del Condado de Cowlitz servicios públicos de salud mental

Cadena de Ayuda Regional del Suroeste/Plan de Salud Prepagado
(Southwest Regional Support Network/
Prepaid Health Plan - SW RSN)

1952 9th Avenue
Longview, WA 98632

enero 2001

[redacted]

[redacted]

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¿Que es un Ombuds?

Es un servicio independiente creado por las leyes estatales, con la responsibilidad de recibir quejas y reclamos de los consumidores de salud mental pública y otras personas, así como también de proteger sus derechos.

¿Cuál es su finalidad?

Recibir quejas y reclamos y ayudar a que se resuelvan con rápidez.

¿Quién tiene derecho al servicio?

Los residentes de la Cadena De Ayuda Regional del Suroeste (Southwest Regional Support Network - SW RSN) que son aceptables para recibir o están recibiendo servicio de salud mental financiados públicamente. También se puede aceptar quejas y reclamos de miembros de la familia y otras personas.

¿Cuáles son los honorarios?

No hay honorarios para éste servicio.

¿Qué puede hacer el Ombuds para mí?

- Escucha su problema.
- Analiza lo que se encuentra envuelta.
- Investiga los hechos, los registros, las leyes, las normas y los procedimientos.
- Da ayuda en resolver las quejas y reclamos.
- Le ayuda en presentar una queja, sí es necesario.
- Se encarga del seguimiento para asegurarse de que se resuelva la queja o reclamo y que usted esté informado.
- Recomienda cambios para corregir un problema o impedirlo regresar.
- Da información sobre recursos y derechos de los consumidores.

¿Qué *no* puede hacer el Ombuds para mí?

- No puede actuar como administrador de su caso.
- No puede darle consejos legales.
- No puede aseguararse ningún resultado específico.
- No puede ayudarle con servicios fuera de públicos de salud mental.

¿Qué puedo hacer *yo* para ayudar en resolver mi queja?

- Esté preparado para indicar los hechos del problema: quién, qué, cuándo y dónde lo que pasó.
- Identificar lo qué resolvera el problema.
- Da toda la información por escrito que tenga y le ayuda al Ombuds a resolver el problema.
- Les mantenga al Ombuds informada de cómo se puede ponerse en contacto con usted.

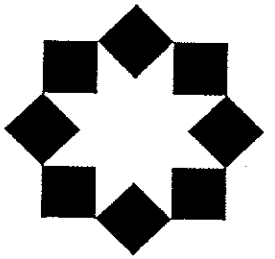
Consumers, provider agencies and the Chelan-Douglas RSN/PHP developed this information. For additional copies, contact the CDRSN or mental health agencies listed in this brochure.

Mental Health Services and Medical Coupon Eligibility
Telephone Numbers

Crisis Line 509-662-7105 or 1-800-852-2923

Catholic Family 509-662-6761/1-800-261-1094
Behavioral Health Clinic 509-662-7195/1-888-424-6124
Children's Home Society 509-663-0034
Ombuds 509-665-3319/1-800-495-5178
Chelan-Douglas RSN 509-886-6318/1-877-563-3678
Med Coupon Eligibility 509-662-0511/1-800-272-8881

Community Assistance *for* Better Mental Health



Crisis Line
509-662-7105
or
1-800-852-2923

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Community Mental Health Services

Community Mental Health Services begins with a phone call to one of the participating agencies within this brochure. A skilled professional will listen carefully to concerns you may have about yourself, your family or your children.

Appointments are made in a timely manner depending upon the urgency of your needs. At your first meeting, a skilled professional will help you use your strengths to make a plan that addresses your particular situation and needs. Every effort is made to maintain family-centered approaches that use natural and community supports within a person's life.

In consultation with you, a Level of Care determination is then made which identifies the kind of support that best suits your situation.

Each participating agency values working closely with one another to use the many resources and services available.

Asking for Services

With a single phone call a brief interview will take place and you will be contacted by the appropriate agency. With a mutual goal to serve individuals and families in the Chelan and Douglas Counties, the Department of Social and Health Services – Mental Health Division, license all three mental health service providers. They all value, respect and celebrate diversity, and services are offered in English and Spanish.

Crisis Line 509-662-7105/1-800-852-2923

Chelan-Douglas Regional Support Network/Prepaid Health Plan (CDRSN)

Publicly funded mental health dollars within Washington State are channeled through Regional Support Networks, as a Managed Care Prepaid Health Plan. The CDRSN has the responsibility of authorizing community mental health services including prior authorization for psychiatric hospitalization. The CDRSN contracts with local agencies listed in this brochure to provide these services to our community as well as with psychiatric hospitals in Spokane, Tri-Cities and Seattle.

The CDRSN strives to assist individuals in achieving and maintaining their highest level of functioning in the community. We facilitate development of quality services and effective strategies of care that consumer's value.

Our belief and practice is that mental health care becomes most meaningful when people have voice, access, and ownership of their mental health care needs and services.

Governing Body
Douglas County Board of Commissioners
Post Office Box 747
Waterville, WA 98858
509-745-8537

Chelan-Douglas RSN/PHP
636 Valley Mall Parkway, Suite 200
East Wenatchee, WA 98802
509-886-6318

Crisis Line 509-662-7105/1-800-852-2923

You Have Rights!

As a person receiving public mental health services you have the right to:

- Be treated with respect and dignity.
- Help develop a plan of care and services that meet your needs.
- Refuse any proposed treatment.
- Receive appropriate care and treatment with the least restrictive alternatives available.
- Receive care that does not discriminate against you regardless of your race, color, national origin, creed, religion, sex, sexual orientation, age, marital status, disabled veteran status, Vietnam era status or disability.
- Be free of any sexual exploitation or harassment.
- Review your care record.
- Receive an explanation of all medication prescribed, including possible side effects.
- Confidentiality.
- Review the agency's grievance policy.
- Contact and join local advocacy groups that may assist you.
- Disenroll from the Prepaid Health Plan.
- Lodge a complaint or grievance with providers, Ombudsperson, or the Chelan-Douglas RSN/PHP if you believe your rights have been violated.

Crisis Line 509-662-7105/1-800-852-2923

Catholic Family and Child Service

Assessment and Referral
Family Reconciliation
Family Preservation
Intensive Family Preservation
Readiness to Learn
Free Child Care Resources and Referrals
Subsidized Child Care (Low-income families working in agriculture, or persons returning to school for a GED or high school diploma.)
Volunteer Chore Services

Catholic Family and Child Service
23 South Wenatchee Avenue, Suite 320
Wenatchee, WA 98801
509-662-6761 or 1-800-261-1094

Children's Home Society of Washington

Assessment and Referral
Individual and Family Counseling
Groups for Children and Their Families
Parenting Classes
Readiness to Learn
Therapeutic Foster Care
Expertise in Parent-to-Child Relationships, Adoption Issues and Behavioral Guidance

Children's Home Society of Washington
1014 Walla Walla Street
Wenatchee, WA 98801
509-663-0034

Crisis Line 509-662-7105/1-800-852-2923

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Chelan-Douglas Behavioral Health Clinic

Adult Services
Assessment and Referral
Brief Intervention Therapy
Individual and Group Counseling
Case Management
Community Crisis Response Services
Psychiatric Services
Medication Monitoring
Housing and Residential Support
Crisis Respite
Outreach Programs and Drop Inn Center

Chelan-Douglas Behavioral Health Clinic
701 North Miller
Wenatchee, WA 98801
509-662-7195 or 1-888-424-6124

In Crisis?

Community Crisis Response Services are available to assist individuals of all ages and cultures in emotional crisis. Services are provided regardless of the ability to pay.

- 24-Hour Telephone Lines
- Professionals are Available 24-Hours, Seven Days a Week
- Evaluation to Determine Need for Crisis Respite or Immediate Psychiatric Hospitalization
- In-Home Screening
- Respite Care

The primary goal of crisis response services is to help people move through crisis experiences in the most compassionate, least restrictive, and best possible manner.

Crisis Line 509-662-7105/1-800-852-2923

Qualifying for Medicaid Benefits

You may qualify for public mental health services through using medical coupons (Medicaid) if you are a child, older adult, and ethnic minority, disabled, homeless, or economically disadvantaged.

Medicaid benefits require that you be a United States Citizen living in a family with an income that is under 200 percent (250 percent for children) of the Federal Poverty Guidelines.

To determine if you qualify for medical coupons, contact the Community Service Office of the Department of Social and Health Services at (509) 662-0511, or use the toll free number 1-800-272-8881.

If you do not qualify for medical coupons, you many access mental health services through your private insurance and/or personal payment based on a sliding fee scale determined by each agency within this brochure.

Ombudsperson

Ombuds was created by the Sate of Washington to receive concerns, complaints and grievances from public mental health consumers; their families and other interested parties to protect consumer's rights and to assist in resolving complaints quickly. There is no fee for these services and strict confidentiality is maintained.

An interpreter is available upon request with advanced notice.
Monday – Friday by Appointment
1045 Springwater, Suite E
Wenatchee, WA 98801
509-665-3319

Crisis Line 509-662-7105/1-800-852-2923

CONSUMER RIGHTS

YOU HAVE THE RIGHT TO

* Be treated with dignity and respect.
* Help develop a plan of care and services which meets your needs.
* Refuse any proposed treatment.
* Receive care which does not discriminate against you, and is sensitive to your sex, race, national origin, language, age, disability, or sexual preference.
* Be free of any sexual exploitations or harassment.
* Review your care record.
* Receive an explanation of all medications prescribed, including effect and possible side effects.
* Confidentiality.
* Review the agency's grievance policy.
* Lodge a complaint or grievance with the Ombudsperson, RSN, or Provider if you believe your rights have been violated.
* Be free of retaliation or the threat of retaliation.

TO CONTACT THE OMBUDS PERSON

For an appointment CALL 665-3319 or 1 (800) 495-5178 (TDD)

or WRITE

CHELAN-DOUGLAS MENTAL HEALTH OMBUDS SERVICE 1045 Springwater, #E Wenatchee, WA 98801

HEATHER HORNER OMBUDSPERSON

24 Hour Message Service

Interpreter upon request with advance notice

OMBUDS SERVICE

CHELAN-DOUGLAS MENTAL HEALTH OMBUDS SERVICE
1045 Springwater, #E
Wenatchee, WA 98801

HEATHER HORNER
OMBUDSPERSON

(509) 665-3319
or 1 (800) 495-5178
FAX (509) 665-3320
e-mail:
heather@nwinternet.com

AN INDEPENDENT SERVICE

FOR THE CONSUMERS OF PUBLIC MENTAL HEALTH

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CHELAN-DOUGLAS MENTAL HEALTH OMBUDS SERVICE

WHAT IS THE ROLE OF THE OMBUDSPERSON

The Ombud person's role is to act as an independent service, created by the State with the responsibility to receive complaints and grievances from public Mental Health consumers and other interested parties to protect the consumers' rights.

WHAT IS THEIR PURPOSE

To receive complaints and grievances and assist in resolving them quickly.

WHAT AREAS ARE SERVED

The service area of the Chelan-Douglas Regional Support Network, including all of the Chelan and Douglas counties.

WHO IS ELIGIBLE

All residents in Chelan and Douglas counties who are eligible for, or are receiving publicly funded mental health services.

Complaints may also be taken from family members and other interested parties.

WHAT CAN THE OMBUDS SERVICE DO FOR YOU

* Listen to your problem.
* Analyze what is involved.
* Investigate the facts, records, laws, policies and procedures.
* Assist you in the filing of a complaint or grievance.
* Follow through to see that the complaint or grievance is resolved and that you are kept informed.
* Recommend changes to correct a problem or prevent future occurrences.
* Provide information on resources and consumer rights.
* Maintain confidentiality.

WHAT ARE THE FEES

* There are no fees associated with this service.

CALL

(509) 665-3319 or 1 (800) 495-5178
(TDD)
24 Hour Message Service
e-mail: heather@nwinternet.com

WHAT THE OMBUDS SERVICE CANNOT DO FOR YOU

* Cannot act as a case manager.
* Cannot give you legal advice.
* Cannot ensure any specific outcome.
* Cannot represent you as an attorney would.
* Cannot obtain information on your behalf without your written consent.

WHAT YOU CAN DO TO HELP THE OMBUDSPERSON TO RESOLVE YOUR COMPLAINT

* Be prepared to tell the WHO, WHAT, WHEN and WHERE of the problem.
* Supply any written information you may have to the Ombudsperson.
* Consider what would be a fair remedy, and what it is you want from that agency?
* Keep the Ombudsperson informed of how you can be helped.

Agencias de proveedores, consumidores y el RSN/PHP de Chelan-Douglas desarrollaron esta información. Para obtener copias adicionales, póngase en contacto con el CDRSN o con las agencias de salud mental que se detallan en este folleto.

Requisitos para calificar para cupones médicos y de servicios de salud mental

Números Telefónicos
Línea de Emergencia en Crisis
509-662-7105 ó 1-800-852-2923

Catholic Family (Familias Católicas) 509-662-6761
y 1-800-261-1094
Behavioral Health Clinic (Clínica de la Conducta)
509-662-7195 y 1-888-424-6124
Children's Home Society (Sociedad del Hogar de Niños)
509-663-0034
Ombuds (Mediador) 509-665-3319 y 1-800-495-5178
Chelan-Douglas RSN 509-886-6318 y 1-877-563-3678
Calificar para Cupones Médicos 509-662-0511
y 1-800-272-8881

Asistencia a la Comunidad *para* una Mejor Salud Mental

Línea de Emergencia en Crisis
509-662-7105
ó
1-800-852-2923

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Servicios de Salud Mental de la Comunidad

Los servicios de salud mental de la comunidad comienzan con una llamada telefónica a una de las agencias participantes en este folleto. Un profesional calificado escuchará atentamente las inquietudes que usted pueda tener sobre su persona, su familia o sus hijos.

Se fijarán citas oportunamente dependiendo de la urgencia de sus necesidades. En su primera cita, un profesional calificado le ayudará a usar sus fortalezas para elaborar un plan que aborde su situación y necesidades particulares. Se llevarán a cabo todos los esfuerzos posibles para mantener enfoques centrados en la familia utilizando apoyos naturales y comunitarios dentro de la vida de la persona.

Luego, en consulta con usted, se realiza una determinación de Nivel de atención que identifica el tipo de apoyo que se adecua mejor a su situación.

Cada una de las agencias participantes trabajando íntimamente entre sí estima el uso de los muchos recursos y servicios disponibles.

Solicitud de Servicios

Con una única llamada telefónica se llevará a cabo una breve entrevista y usted será contactado por la agencia adecuada. Con un objetivo mutuo de atender a individuos y familias en los Condados de Chelan y Douglas, el Departamento de Servicios Sociales y de Salud, División de Salud Mental, licencia a los tres proveedores de servicios de salud mental. Todos ellos valoran, respetan y celebran la diversidad, y los servicios se ofrecen en inglés y español.

Línea de Emergencia en Crisis
509-662-7105 y 1-800-852-2923

Red de Apoyo Regional de Chelan-Douglas y Plan de Salud Prepagado (CDRSN)

El dinero de fondos públicos para salud mental dentro del estado de Washington es canalizado a través de Redes de Apoyo Regional, como un Plan de Salud Mental prepagado de Atención Administrada. La CDRSN tiene la responsabilidad de autorizar los servicios de salud mental de la comunidad incluyendo la autorización antes de una hospitalización psiquiátrica. La CDRSN contrata las agencias locales listadas en este folleto para proporcionar estos servicios a nuestra comunidad así como también a hospitales psiquiátricos en Spokane, Tri-Cities y Seattle.

La CDRSN se esfuerza por ayudar a los individuos a lograr y mantener su más alto nivel para funcionar en la comunidad. Facilitamos el desarrollo de servicios de calidad y estrategias efectivas de atención que el consumidor valora.

Creemos y ponemos en práctica el hecho de que la atención a la salud mental se vuelve más significativa cuando las personas pueden proporcionar su aporte, tener acceso y ser dueños de sus necesidades y servicios de atención de salud mental.

Cuerpo Directivo
Douglas County Board of Commissioners
Post Office Box 747
Waterville, WA 98858
509-745-8537

Chelan-Douglas RSN/PHP
636 Valley Mall Parkway, Suite 200
East Wenatchee, WA 98802
509-886-6318

Línea de Emergencia en Crisis
509-662-7105 y 1-800-852-2923

¡Usted tiene Derechos!

Como una persona que recibe servicios de salud mental pública, usted tiene el derecho de:

- Ser tratado con dignidad y respeto.
- Ayudar a desarrollar un plan de atención y servicios que cubra sus necesidades.
- Rechazar cualquier tratamiento propuesto.
- Recibir atención y tratamiento adecuado con las alternativas de menor restricción que estén disponibles.
- Recibir atención que no lo discrimine sin importar su raza, color, origen nacional, credo, religión, sexo, orientación sexual, edad, estado civil, estado de veterano incapacitado, estado o incapacidad de la era de Vietnam.
- Estar libre de cualquier aprovechamiento o acoso sexual.
- Revisar su expediente de atención.
- Recibir una explicación de todos los medicamentos recetados, incluyendo los posibles efectos secundarios.
- Confidencialidad.
- Revisar las políticas de quejas de la agencia.
- Contactar y unirse a grupos de mediación locales que puedan ayudarlo.
- Borrarse del Plan de Salud prepagado.
- Presentar una queja o protesta con los proveedores, el mediador o la enfermera registrada (RSN) o proveedor médico (PHP) de Chelan-Douglas si considera que se han violado sus derechos.

Línea de Emergencia en Crisis
509-662-7105 y 1-800-852-2923

Catholic Family and Child Service
(Servicios Católicos a Familias y Niños)

Evaluación y recomendación
Reconciliación familiar
Conservación de la familia
Conservación intensiva de la familia
Buena dispocisión para aprender - "Readiness to Learn"
Recursos y recomendaciones de atención infantil gratis
Atención infantil subsidiada (familias de bajos ingresos que trabajan en la agricultura o personas que regresan a la escuela por su GED o diploma de la escuela superior (preparatoria).
Servicios de quehaceres domésticos voluntarios

Catholic Family and Child Service
23 South Wenatchee Avenue, Suite 320
Wenatchee, WA 98801
509-662-6761 ó 1-800-261-1094

Children's Home Society of Washington
(Sociedad del Hogar de Niños de Washington)

Evaluación y recomendación
Consejería individual y familiar
Grupos para niños y sus familias
Clases de paternidad
Buena dispocisión para aprender -- "Readiness to Learn"
Cuidados de crianza terapéuticos
Habilidad en relaciones entre padres e hijos, temas de adopción y orientación de conducta

Children's Home Society of Washington
1014 Walla Walla Street
Wenatchee, WA 98801
509-663-0034

Línea de Emergencia en Crisis
509-662-7105 y 1-800-852-2923

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Chelan-Douglas Behavioral Health Clinic
(Clínica de la Conducta de Chelan-Douglas)

Servicios para adultos
Evaluación y recomendación
Breve terapia de intervención
Consejería individual y en grupo
Administración del caso
Servicios comunitarios de respuesta en crisis
Servicios psiquiátricos
Control de medicamentos
Apoyo residencial y de vivienda
Descanso en crisis
Programas de alcance y centro de consultas sin cita

Chelan-Douglas Behavioral Health Clinic
701 North Miller
Wenatchee, WA 98801
509-662-7195 ó 1-888-424-6124

¿En Crisis?

Los servicios de respuesta en crisis de la comunidad están disponibles para ayuda a individuos de todas las edades y culturas durante crisis emocionales. Los servicios se proporcionan sin importar su capacidad de pago.

- Líneas telefónicas las 24 horas
- Profesionales disponibles 24 horas, siete días a la semana
- Evaluación para determinar la necesidad de descanso en crisis o una hospitalización psiquiátrica inmediata
- Examen y evaluación en el hogar
- Cuidados de descanso

El objetivo principal de los servicios de respuesta en crisis es el de ayudar a las personas a superar las experiencias de crisis en la forma más considerada y menos restrictiva, y de la forma más positiva posible.

Línea de Emergencia en Crisis
509-662-7105 y 1-800-852-2923

Cómo Calificar para Beneficios Médicos

Es posible que usted califique para servicios de salud mental pública mediante el uso de cupones (Medicaid) si usted es un niño, un adulto mayor, y forma parte de una minoría étnica, incapacitada, sin hogar, o en desventaja económica.

Los beneficios de Medicaid requieren que usted sea un ciudadano de los Estados Unidos, viviendo en una familia de bajos ingresos que se encuentre por debajo del 200 por ciento (250 por ciento para niños) de las Normas Federales de Pobreza.

Para determinar si usted califica para cupones médicos, póngase en contacto con la Oficina de Servicio Comunitario del Departamento de Servicios Sociales y de Salud por el (509) 662-0511, o use el número de llamada sin costo 1-800-272-8881.

Si usted no califica para cupones médicos, puede acceder a los servicios a través de su seguro privado y/o un pago personal basado en una escala de tarifa móvil determinada por cada agencia incluida en este folleto.

Mediador

El mediador fue creado por el estado de Washington para recibir preocupaciones, quejas y protestas de personas que hacen uso de los servicios de salud mental pública, sus familias y otras partes interesadas para proteger los derechos del consumidor y para ayudar a resolver las quejas rápidamente. No hay costo por estos servicios y se mantiene una confidencialidad estricta.

Hay un intérprete disponible
si lo solicita con anticipación por medio de una notificación.
Lunes a viernes con cita
1045 Springwater, Suite E
Wenatchee, WA 98801
509-665-3319

Línea de Emergencia en Crisis
509-662-7105 y 1-800-852-2923

CHELAN-DOUGLAS y SERVICIO MEDIADOR (OMBUDS) CENTRAL del NORTE

Servicio Mediador para investigar sus Quejas

- Es un servicio independiente creado por Ley del Estado.
- Recibe quejas y disgusto de clientes del Centro de Salud Mental y otras agencias.
- Protege los derechos del cliente.

Area de Servicios

Toda población elegible de los Condados de Chelan-Douglas.

Elegibilidad

- Residentes dentro de Chelan Douglas y Cadena de Soporte Regional Central del Norte quienes son elegibles o estan recibiendo servicios de salud mental fondados por el público.
- Miembros de familias y otras personas interesadas tambien pueden presentar sus quejas.

Servicios de Gratis para Clientes

* No hay costo asociado con este servicio.

* El costo es proporciondado por medio del contrato (PHP) de Chelan-Douglas y la cadena de Soporte Regional Centra del Norte.

El Servicio de Mediador para investigación de quejas podra para usted:

* Escuchar sus problems.

* Analizar de lo que se trata.

* Investigar los hechos, archivos, leyes, polizas y procedimientos.

* Asistirlo en presentar su queja.

* Observar que su queja sea resuelta y usted sea informado.

* Hacer recomendaciones para corregir el problema y prevenir más casos.

* Prover información, recursos y derechos del cliente.

* Mantener confidencialidad.

Para Comunicarce con el Servicio Mediador de Investigación

Para hacer una cita llame Martes - Jueves
(8:30 a.m. - 11:30p.m.)
(509) 886-6323 or 1 (800) 495-5178
(TDD)
Servicio de mensage las 24 horas
Se le podra ofrecer un intérprete si nos informa con anticipación

Limitaciones del Servicio de Mediador

* No puede actuar como trabajador social.

* No puede ofrecer consejo legal.

* No puede asegurarle un resultado especifico.

* No puede representarle como un abogado.

* No puede obtener información sin su permiso por escrito.

Responsabilidades del Cliente

* Estar preparado para decir Quien, Que, Cuándo y Donde acerca del problema.

* Presentar su información escrita a la persona que investiga sus quejas.

* Considerar como llegar a un acuerdo justo y lo que desea usted de la agencia.

* Mantener a la persona mediadora informada de como se le puede ayudar a usted.

Derechos del Cliente

* Ser tratado con dignidad y respecto.

* Ayudar a planear el tratamiento y servicios de acuerdo con sus necesidades.

* Rehusar cualquier tratamiento propuesto.

* Recibir tratamiento sin descriminación, sensitivo a su sexo, raza, nacionalidad, lenguage, edad, incapacidad, o preferencia sexual.

* Ser libre de toda molestia sexual.

* Examinar sus documentos de tratamiento.

* Recibir una explicación acerca de todas sus medicinas prescritas incluyendo efecto y efecto secundario.

* Confidencialidad.

* Revisar la poliza de la agencia acerca de agravios.

* Presentar una queja o protesta con la persona encargada de investigar quejas, RSN o proveedor de servicios, si usted cree que sus derechos han sido violados.

* Estar libre de venganza o amenazas.

Para Comunicarce con el Servicio Mediador de Investigación

665-3319 or 1 (800) 495-5178 (TDD)

Escriba: Servicio Mediador de Investigación
Chelan - Douglas y Central del Norte
1045 Springwater, #E,
Wenatchee, WA 98801

HEATHER HORNER
OMBUDSPERSON

Servicio de mensage las 24 horas

Se le podra ofrecer un intérprete si nos informa con anticipación

SERVICIO de OMBUDS

CHELAN-DOUGLAS
y
Servicio (Ombuds)
Mediador Central del Norte
1045 Springwater, #E
Wenatchee, WA 98801

HEATHER HORNER
OMBUDSPERSON

(509) 665-3319
or 1 (800) 495-5178
FAX (509) 665-3320

UN SERVICIO INDEPENDIENTE

PARA CLIENTES DEL CENTRO DE SALUD MENTAL

OMBUDS SERVICE

(360)754-2982

The Ombuds provides assistance with advocacy and grievances regarding mental health care. The Ombuds can provide information about rights and resources, obtain factual information about a complaint, and assure that individuals receive fair and just treatment.

There is a separate brochure which fully describes the Ombuds service and includes a description of consumer rights.

QUALITY REVIEW TEAM

(360)786-5585, extension 6945

TMRSN has an independent Quality Review Team (QRT). The purpose of the QRT is to gather feedback, ideas, and suggestions from consumers, their family members, and other advocates.

There is a separate brochure which describes QRT activities.

OFFICE OF CONSUMER AFFAIRS

1-800-446-0259

This office is maintained by the State of Washington Division of Mental Health.

INTERPRETATION SERVICES

Language interpretation and arrangements for special needs are available without charge upon request to a Primary Care Provider agency.

EQUAL OPPORTUNITY

Thurston County hereby reaffirms its policy to provide equal opportunity to all persons seeking or having access to its employment, services, and activities; free from restrictions because of race, color, creed, religion, national origin, age, sex, marital status, veteran status, sexual orientation, or the presence of any disability.

CRISIS AND EMERGENCY SERVICES

(available 24 hours every day)

In an Emergency:
Call 911 for police assistance if the emergency is life threatening or may result in immediate physical harm to a person or substantial destruction to property.

Mental Health Crisis when enrolled with a Primary Care Provider:
When the situation is NOT life threatening (see Emergency above), individuals should first use their personalized crisis plan and then, if necessary, contact their Primary Care Provider's on-call services for assistance (see agency listing in this brochure for phone numbers).

Mental Health Crisis when NOT enrolled with a Primary Care Provider:
Individuals residing in either Thurston or Mason County without a TMRSN Primary Care Provider who are involved in a situation which is NOT life threatening (see Emergency above) should contact **Crisis Resolution Services at (360) 754-1338.**

Psychiatric Hospitalization:
Individuals in need of acute psychiatric inpatient hospitalization are evaluated in the **Emergency Department at Providence St. Peter Hospital.** Inpatient care is authorized by TMRSN.

Mental Health Concerns:
To discuss matters of concern when there is NOT an emergency, you may call **The Crisis Clinic at (360) 586-2800** to talk to a willing listener to sort out feelings, problems and develop a plan of action.

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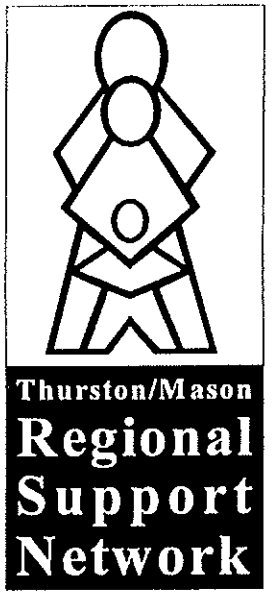
Community-Based Mental Health Services for Medicaid Recipients Living in Thurston and Mason Counties



This brochure is available in
Spanish, Cambodian, Laotian, Vietnamese

ELIGIBLE INDIVIDUALS

You are eligible for Thurston/Mason Regional Support Network (TMRSN) mental health benefits if you:

- Live in Thurston or Mason County; and
- Have a medical identification card showing enrollment in a Medicaid program; and
- Meet the criteria for "medical necessity" for mental health care.

MEDICAL NECESSITY

The definition for "medical necessity" is:
A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity or threaten to cause or aggravate a handicap or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. For the purpose of this section, "course of treatment" may include observation or, where appropriate, no treatment at all.

CONDITIONS NOT COVERED

Individuals are not eligible if sole diagnosis is:

- Substance-related disorders; or
- Sexual disorders; or
- Mental retardation; or
- Specific developmental delays.

EXCLUSIONS

Some services are not covered by this plan, but may be available through other Medicaid programs. These may include:

- Transportation to appointments
- Prescription medication costs
- Mental health services from a mental health provider NOT authorized by TMRSN

AUTHORIZED PRIMARY CARE PROVIDERS - Thurston & Mason Counties

Behavioral Health Resources
317 East Fourth Avenue
Olympia, WA 98501
(360) 704-7170 or 1-800-825-4820
and

110 West "K" Street
Shelton, WA 98584
(360) 426-1696

Providence St. Peter Hospital
Outpatient Psychiatric Services
413 Lilly Road NE
Olympia, WA 98506
(360) 493-7060

South Sound Mental Health Services
6340 Capitol Blvd SE
Tumwater, WA 98501
(360) 754-7576 or 1-800-339-7581

TMRSN CRISIS SERVICES

Crisis Resolution Services
(360) 754-1338

TMRSN ADMINISTRATION

Thurston/Mason Regional Support Network Administrative Office
529 4th Avenue West
Olympia, WA 98501
(360) 786-5585
1-800-624-1234, extension 5585
TDD# (360) 754-2933
TDD# 1-800-737-7894

COVERED SERVICES

Eligible individuals may qualify for an array of Medicaid funded mental health outpatient services managed by TMRSN. These services are accessed through the TMRSN Primary Care Providers listed in this brochure.

Assessment:

- **Screening and Referral**
- **Intake Evaluation**

No prior authorization is required for these services.

Screening collects basic information to determine preliminary eligibility.

Assessment includes the determination of medical necessity for mental health treatment.

Treatment Interventions:

- **Brief Problem-Focused Treatment**
  *Individual, Group, Family Counseling
  *Educational Interventions
  *Medication/Prescription Review
- **Community Support Services**
  *Case Management
  *Individual, Group, Family Counseling
  *Crisis Respite
  *Psychiatric Evaluation
  *Medication/Prescription Review

Treatment interventions are authorized by the RSN. After authorization, an individualized treatment plan and a crisis plan will be developed to identify treatment goals, outcomes, types of intervention and length of service.

Primary care providers can provide access to other mental health services, in addition to those listed above, when they are appropriate. These services may include partial hospitalization, vocational services, hospital diversion services, and housing support.

Derechos del Cliente

* Ser tratado con dignidad y respecto.

* Ayudar a planear el tratamiento y servicios de acuerdo con sus necesidades.

* Rehusar cualquier tratamiento propuesto.

* Recibir tratamiento sin descriminación, sensitivo a su sexo, raza, nacionalidad, lenguage, edad, incapacidad, o preferencia sexual.

* Ser libre de toda molestia sexual.

* Examinar sus documentos de tratamiento.

* Recibir una explicación acerca de todas sus medicinas prescritas incluyendo efecto y efecto secundario.

* Confidencialidad.

* Revisar la poliza de la agencia acerca de agravios.

* Presentar una queja o protesta con la persona encargada de investigar quejas, RSN o proveedor de servicios, si usted cree que sus derechos han sido violados.

* Estar libre de venganza o amenazas.

Para Comunicarce con el Servicio Mediador de Investigación

665-3319 or 1 (800) 495-5178 (TDD)

Escriba: Servicio Mediador de Investigación
Chelan - Douglas y Central del Norte
1045 Springwater, #E,
Wenatchee, WA 98801

HEATHER HORNER
OMBUDSPERSON

Servicio de mensage las 24 horas

Se le podra ofrecer un intérprete si nos informa con anticipación

SERVICIO de OMBUDS

CHELAN-DOUGLAS
y
Servicio (Ombuds)
Mediador Central del Norte
1045 Springwater, #E
Wenatchee, WA 98801

HEATHER HORNER
OMBUDSPERSON

(509) 665-3319
or 1 (800) 495-5178
FAX (509) 665-3320

UN SERVICIO INDEPENDIENTE

PARA CLIENTES DEL CENTRO DE SALUD MENTAL

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CHELAN-DOUGLAS y SERVICIO MEDIADOR (OMBUDS) CENTRAL del NORTE

Servicio Mediador para investigar sus Quejas

- Es un servicio independiente creado por Ley del Estado.
- Recibe quejas y disgusto de clientes del Centro de Salud Mental y otras agencias.
- Protege los derechos del cliente.

Area de Servicios

Toda población elegible de los Condados de Chelan-Douglas.

Elegibilidad

- Residentes dentro de Chelan-Douglas y Cadena de Soporte Regional Central del Norte quienes son elegibles o estan recibiendo servicios de salud mental fondados por el público.
- Miembros de familias y otras personas interesadas tambien pueden presentar sus quejas.

Servicios de Gratis para Clientes

* No hay costo asociado con este servicio.

- El costo es proporciondado por medio del contrato (PHP) de Chelan-Douglas y la cadena de Soporte Regional Centra del Norte.

El Servicio de Mediador para investigación de quejas podra para usted:

* Escuchar sus problems.

* Analizar de lo que se trata.

* Investigar los hechos, archivos, leyes, polizas y procedimientos.

* Asistirlo en presentar su queja.

* Observar que su queja sea resuelta y usted sea informado.

* Hacer recomendaciones para corregir el problema y prevenir más casos.

* Prover información, recursos y derechos del cliente.

* Mantener confidencialidad.

Para Comunicarce con el Servicio Mediador de Investigación

Para hacer una cita llame Martes - Jueves
(8:30 a.m. - 11:30p.m.)
(509) 886-6323 or 1 (800) 495-5178
(TDD)
Servicio de mensage las 24 horas
Se le podra ofrecer un intérprete si nos informa con anticipación

Limitaciones del Servicio de Mediador

* No puede actuar como trabajador social.

* No puede ofrecer consejo legal.

* No puede asegurarle un resultado especifico.

* No puede representarle como un abogado.

* No puede obtener información sin su permiso por escrito.

Responsabilidades del Cliente

* Estar preparado para decir Quien, Que, Cuándo y Donde acerca del problema.

* Presentar su información escrita a la persona que investiga sus quejas.

* Considerar como llegar a un acuerdo justo y lo que desea usted de la agencia.

* Mantener a la persona mediadora informada de como se le puede ayudar a usted.

Consumer Rights

You Have the Right to:

- Be treated with respect and dignity.
- Help develop a plan of care and services which meets your needs.
- Refuse any proposed treatment.
- Receive care which does not discriminate against you and is sensitive to your sex, race, national origin, language, age, disability and sexual preference.
- Be free of sexual exploitation or harassment.
- Review your care record.
- Receive an explanation of all medications prescribed, including expected effect and possible side effects.
- Confidentiality.
- Review the agency's grievance policy.
- Lodge a complaint or grievance with the Ombuds person, RSN, or provider if you believe your rights have been violated.
- Be free of retaliation or threat of retaliation.

How Do I Contact The Ombuds When I Need Help?

Call

1-360-754-2982
1-800-624-1234 ext. 2982
TDD# 754-2933

Visit

Regional Support Network Office
529 Fourth Avenue, West
(Second Floor)
Olympia

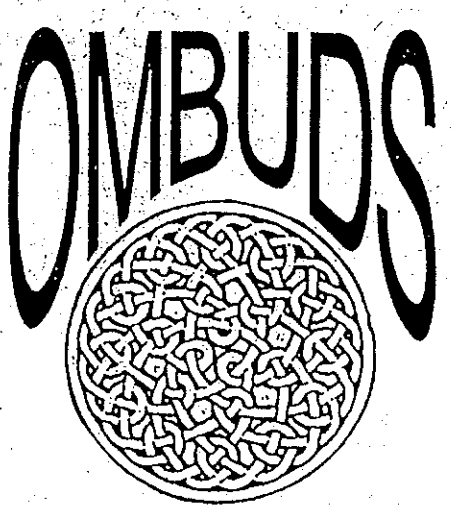
Flexible Schedule
Monday through Thursday
1:00 p.m. - 5:00 p.m.

Write

Ombuds
Thurston/Mason RSN
529 Fourth Avenue, West
Olympia, WA 98501-1097

Thurston/Mason Regional Support Network

(Prepaid Health Plan)



For Consumers of Public Mental Health Services

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What is an Ombuds?

The Ombuds is an independent service created by State law with responsibilities to receive complaints and grievances from public mental health consumers and others and to protect their rights.

Purpose:

- To receive complaints and grievances and assist in resolving them at the lowest possible level
- To act as an information service for consumers.

Area Served:

Thurston and Mason Counties

Eligibility:

Thurston and Mason County residents who are eligible or are receiving publicly funded mental health services. Complaints may also be taken from family members and other interested parties.

Fees:

None

What Can the Ombuds Do for Me?

- **LISTENS** to the problem.
- **ANALYZES** what is involved.
- **INVESTIGATES** facts, records, law, policies and procedures.
- **ASSISTS** you in filing a complaint and in following the grievance procedure.
- **FOLLOWS THROUGH** to see the complaint or grievance is resolved and you are kept informed.
- **RECOMMENDS** changes to correct the problem or prevent future occurrences.
- **PROVIDES INFORMATION** on resources and consumer rights.

How to Apply:

Call, write, or visit the office.

What Can't the Ombuds Do for Me?

- Cannot act as a case manager.
- Cannot give you legal advice.
- Cannot ensure any specific outcome.
- Cannot represent you as an attorney does.

What Can I Do to Help Resolve My Complaint?

- Be prepared to tell the who, what, when and where of the problem.
- Supply any written information you have.
- Consider what would be a fair remedy. What do you want from the agency?
- Keep the Ombuds informed of how you can be contacted.

SERVICIO DE AGENTE DE RESOLUCIÓN

(360) 754-2982 [OMBUDS SERVICE]

El agente de resolución proporciona asistencia para defensas y demandas relacionadas con la asistencia de salud mental. El agente de resolución puede proporcionar información sobre los derechos y recursos, obtener información sobre una queja y garantizar que los individuos reciban un trato justo e imparcial

Existe otro folleto que describe en su totalidad el servicio de agente de resolución e incluye una descripción de los derechos del consumidor.

EQUIPO DE EVALUACIÓN DE CALIDAD

(360) 786-5585, extensión 6945

El TMRSN tiene un Equipo independiente de evaluación de calidad (QRT). La finalidad del QRT es reunir información, ideas y sugerencias de los consumidores, sus familiares y otros defensores.

Existe otro folleto que describe las actividades del QRT.

OFICINA DE ASUNTOS DEL CONSUMIDOR

1-800-446-0259

Esta oficina es mantenida por la División de Salud Mental del Estado de Washington.

SERVICIOS DE INTERPRETACIÓN

Existen servicios de interpretación de idiomas y gestiones para necesidades especiales disponibles sin cargo, con la previa solicitud a una agencia de Proveedor de asistencia primaria.

OPORTUNIDAD EQUITATIVA

El Condado de Thurston por el presente reafirma su política de proporcionar oportunidad igualitaria a todas las personas que requieran o tengan acceso a su empleo, servicios y actividades; libre de restricciones debidas a raza, color, credo, religión, nacionalidad, edad, sexo, estado civil, estado de veterano de guerra, orientación sexual o la presencia de alguna discapacidad.

SERVICIOS DE CRISIS Y EMERGENCIA

(disponibles las 24 horas todos los días)

En caso de emergencia:

Llame al 911 para asistencia policial si la emergencia es cuestión de vida o muerte o puede ocasionar daño físico inmediato a una persona o daños materiales significativos.

Crisis de salud mental cuando esté inscrito con un Proveedor de atención primaria:

Cuando la situación NO sea cuestión de vida o muerte (vea el apartado de Emergencias arriba), las personas deben usar primero su plan de crisis personalizado y luego, si es necesario, comunicarse con los servicios de turno de su Proveedor de asistencia primaria (vea el listado de agencias en este folleto para obtener los números de teléfono).

Crisis de salud mental cuando NO esté inscrito con un Proveedor de atención primaria:

Los residentes de los condados de Thurston o Mason que no tengan un Proveedor de atención primaria de TMRSN, que estén involucrados en una situación que NO sea cuestión de vida o muerte (vea el apartado de Emergencias arriba), deben contactar al **Departamento de Servicios de solución de crisis al (360) 754-1338.**

Hospitalización psiquiátrica:

Aquellas personas que necesiten hospitalización psiquiátrica aguda como pacientes internos son evaluadas en el **Departamento** del **Hospital St. Peter de Providence**. La atención de pacientes internos está autorizada por TMRSN.

Inquietudes de salud mental:

Para tratar asuntos que le inquieten cuando NO sea cuestión de emergencia, puede llamar a la **Clínica de Crisis al (360) 586-2800** para hablar con una persona que le escuchará acerca de sus sentimientos, problemas y elaborará un plan de acción.

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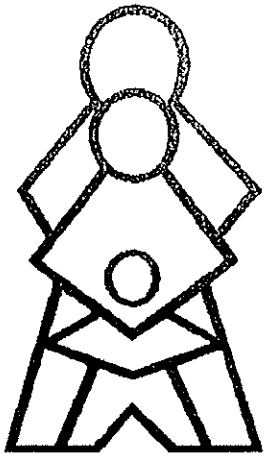
Servicios comunitarios de salud mental

para afiliados a Medicaid residentes en los condados de Thurston y Mason



Red de apoyo regional
Thurston/Mason

Spanish

THURSTON COUNTY
WASHINGTON
SINCE 1852

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[ELIGIBLE INDIVIDUALS]
PERSONAS CALIFICADAS

Usted califica para recibir beneficios de salud mental de la Red de Asistencia Regional de Thurston/Mason (TMRSN) si:

- Vive en los condados de Thurston o Mason; y
- Tiene una tarjeta de identidad médica que muestre su inscripción en un programa de Medicaid; y
- Cumple con los criterios requeridos para "necesidad médica" relativos a la asistencia de salud mental.

NECESIDAD MÉDICA

La definición de "necesidad médica" es:
Un término que se usa para describir un servicio solicitado razonablemente calculado para prevenir, diagnosticar, corregir, curar, aliviar o prevenir el empeoramiento de las condiciones del beneficiario que pongan en peligro su vida, causen sufrimiento o dolor, resulten en enfermedad, amenacen con causar o agravar una discapacidad o causen deformidad o mal funcionamiento físico, y no exista otro curso de tratamiento de igual eficacia, más conservador o sustancialmente menos costoso disponible o adecuado para la persona que solicita el servicio. Para los efectos de esta sección, la expresión "curso de tratamiento" puede incluir observación o, según corresponda, ningún tratamiento en absoluto.

CONDICIONES NO CUBIERTAS

Las personas no califican si el único diagnóstico es:

- Trastornos relacionados con substancias adictivas,
- Trastornos sexuales,
- Retardo mental, o
- Retrasos específicos del desarrollo.

EXCLUSIONES

Algunos servicios no están cubiertos por este plan, pero pueden estar disponibles por medio de otros programas de Medicaid. Pueden incluirse:

- Transporte a citas
- Costos de medicamentos con receta
- Servicios de salud mental de un proveedor de salud mental NO autorizado por TMRSN

PROVEEDORES AUTORIZADOS DE ATENCIÓN PRIMARIA - Condados Thurston y Mason

Recursos de salud del comportamiento
317 East Fourth Avenue
Olympia, WA 98501
(360) 704-7170 o 1-800-825-4820
y
110 West "K" Street
Shelton, WA 98584
(360) 426-1696

Servicios psiquiátricos para pacientes externos del Hopital St. Peter de Providence
413 Lilly Road NE
Olympia, WA 98506
(360) 493-7060

Servicios de salud mental del South Sound
6340 Capitol Blvd SE
Tumwater, WA 98501
(360) 754-7576 o 1-800-339-7581

SERVICIOS DE CRISIS DE TMRSN

Servicios de Solución de Crisis
(360) 754-1338

ADMINISTRACIÓN DE TMRSN

Oficina administrativa de la red de asistencia regional de Thurston/Mason
529 4th Avenue West
Olympia, WA 98501
(360) 786-5585
1-800-624-1234, extensión 5585
Núm. TDD (360) 754-2933
Núm. TDD 1-800-737-7894

SERVICIOS CUBIERTOS

Las personas calificadas pueden recibir una variedad de servicios de salud mental para pacientes externos, financiados por Medicaid y administrados por TMRSN. Se puede acceder a estos servicios por medio de los proveedores de atención primaria de TMRSN que figuran en este folleto.

Evaluación:

- **Revisión preliminar y referencia**
- **Evaluación de consumo**

No se requiere autorización previa para estos servicios.

La revisión reúne la información básica para determinar su calificación en forma preliminar.

La evaluación incluye la determinación de la necesidad médica para el tratamiento de la salud mental.

Intervenciones de tratamiento:

- **Tratamiento breve enfocado en problemas**
  * Consejería individual, de grupo y familiar
  * Intervenciones educativas
  * Evaluación de medicamentos/recetas
- **Servicios de asistencia comunitaria**
  * Administración del caso
  * Consejería individual, de grupo y familiar
  * Relevo en caso de crisis
  * Evaluación psiquiátrica
  * Evaluación de medicamentos/recetas

Las intervenciones de tratamiento son autorizadas por el RSN. Después de la autorización, se elaborará un plan individualizado de tratamiento y de crisis para identificar los objetivos del tratamiento, resultados, tipos de intervención y duración del servicio.

Los proveedores de atención primaria pueden proporcionar acceso a otros servicios de salud mental, además de los que figuran arriba, cuando sea adecuado. Estos servicios pueden incluir la hospitalización parcial, servicios vocacionales, servicios de derivación de hospital y asistencia relacionada con la vivienda.

ការបំរើផ្នែកស៊ើបអង្កេតបណ្ដឹង

(360) 754-2982

ការស៊ើបអង្កេតបណ្ដឹងជួយដោះ មានការគាំទ្រ និងធ្វើបណ្ដឹងសារទុក្ខ ការងារអំពីការមើលថែរក្សាផ្នែកជំងឺសតិ។ ការស៊ើបអង្កេតបណ្ដឹងអាចផ្ដល់ព័ត៌មានអំពីសិទ្ធិនិងធនធាន ទទួលព័ត៌មានពិត។ អំពីការត្អូញត្អែរ ហើយធានាថាបុគ្គលម្នាក់ៗទទួលនូវការប្រព្រឹត្តចំពោះដោយ យុត្តិធម៌ និងត្រឹមត្រូវជាទីបំផុត។

មានកូនសៀវភៅមួយទៀតដែលអធិប្បាយពេញលេញ អំពីការបំរើផ្នែកស៊ើបអង្កេតបណ្ដឹង ហើយព្រមទាំងមានបញ្ចូលនូវការពិពណ៌នានៃសិទ្ធិរបស់អ្នកប្រើប្រាស់ផង។

ក្រុមពិនិត្យគុណភាពសាឡើងវិញ

(360) 786-5585 Ext. 6945

បណ្ដាញគាំទ្រប្រចាំតំបន់ TMRSN មានក្រុមពិនិត្យគុណភាពសាឡើងវិញ (QRT) ដោយឯករាជ្យរបស់គេមួយ។ គោលបំណងរបស់ QRT គឺប្រមូលផ្ដុំនូវការផ្ដល់មតិ គំនិត និងការឲ្យយោបល់ពីអ្នកប្រើប្រាស់ ពីសមាជិកគ្រួសារគេ ហើយនិងពីក្រុមអ្នកជួយគាំទ្រឯទៀត។

មានកូនសៀវភៅមួយទៀតដែលបានអធិប្បាយនូវសកម្មភាពរបស់ QRT ។

ការិយាល័យផ្នែកកិច្ចការអ្នកប្រើប្រាស់

1-800-446-0259

ការិយាល័យនេះត្រួតពិនិត្យមើលខុសត្រូវដោយនាយកដ្ឋានផ្នែកជំងឺសតិនៃរដ្ឋវ៉ាស៊ីនតោន។

ការជួយបំរើផ្នែកបកប្រែភាសា

ការជួយបកប្រែភាសា ហើយនិងការជួយសម្រួលសំរាប់សេចក្ដីត្រូវការពិសេសអាចមានផ្ដល់ជូនដោយឥតយកថ្លៃដោយស្នើសុំតាមរយៈទីភ្នាក់ងារអ្នកផ្ដល់ការបំរើជាគោល។

សមឱកាសភាព

ស្រុកស៊ឺស្តុន សូមបញ្ជាក់សាជាថ្មីតាមរយៈនេះ អំពីគោលជំហរនៃច្បាប់ផ្ទៃក្នុងរបស់គេក្នុងការផ្ដល់ឲ្យមានសមឱកាសភាពដល់គ្រប់ជនទាំងអស់ដែលស្វែងរក ឬមានការចូលទទួលការងារ ការបំរើ និងសកម្មភាពនានា; មានសេរីភាពមិនឲ្យរាក់គំហិតដោយយោលទៅលើ សញ្ជាតិ ពណ៌សម្បុរ គោលជំនឿ សាសនា សញ្ជាតិដើម អាយុ ភេទ លក្ខណៈប្ដីប្រពន្ធ លក្ខណៈអតីតយុទ្ធជន ចំណូលចិត្តផ្នែកផ្លូវភេទ ឬដោយមានការបង្ហាញនូវពិការភាពអ្វីមួយ។

ការបំរើពេលមានវិបត្តិ និងភាពអាសន្ន (មានផ្ដល់ជូន 24 ម៉ោងរៀងរាល់ថ្ងៃ)

នៅពេលមានអាសន្ន:
ទូរស័ព្ទហៅលេខ 911 សំរាប់ការជួយពីក្រុមពន្លត់ ប៉ូលិសជាភាពអាសន្ននោះជាការគំរាមកំហែង ឬអាចបណ្ដាលឲ្យមានគ្រោះថ្នាក់ដល់រាងកាយគេណាម្នាក់ ឬបណ្ដាលឲ្យខូចខាតដល់ទ្រព្យ របស់ជាម្ចាស់ភ្នាក់ៗ។

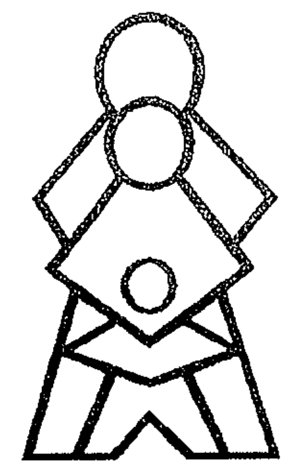
វិបត្តិជំងឺសតិ ពេលណាចុះឈ្មោះជាមួយអ្នកផ្ដល់ការបំរើជាគោល:
ពេលស្ថានការណ៍នោះមិនមែន ជាការគំរាមកំហែងដល់ជីវិតទេ (មានការភាពអាសន្នខាងលើ) បុគ្គលម្នាក់ៗ ដំបូង គួរប្រើផែនការសំរាប់ពេលមានវិបត្តិប្រចាំខ្លួនរបស់គេសិន ហើយបន្ទាប់មក បើចាំបាច់ ទាក់ទងមកអ្នកផ្ដល់ការបំរើជាគោលរបស់គេដែលប្រចាំការតាមទូរស័ព្ទ ដើម្បីឲ្យគេជួយ (សូមអានឈ្មោះទីភ្នាក់ងារដែលមានរាយនៅក្នុងកូនសៀវភៅនេះដើម្បីរកលេខទូរស័ព្ទរបស់គេ)។

វិបត្តិជំងឺសតិពេលណា មិន ចុះឈ្មោះជាមួយអ្នកផ្ដល់ការបំរើជាគោល:
បុគ្គលណាម្នាក់ដែលបានមកដល់នៅក្នុងស្រុកស៊ឺស្តុន ឬ ស្រុកម៉េសុនដែលគ្មានអ្នកផ្ដល់ការបំរើជាគោលពី TMRSN ហើយដែលមានការពិបាកនឹងស្ថានការណ៍មួយដែល មិនមែន ជាការគំរាមកំហែងដល់ជីវិត (មានការភាពអាសន្នខាងលើ) ជននោះគួរតែទាក់ទងមក អង្គការផ្នែកដំណោះស្រាយវិបត្តិ **(Crisis Resolution Services)** តាមលេខ **(360) 754-1338** ។

ការព្យាបាលជំងឺចិត្តសាស្ត្រតាមមន្ទីរពេទ្យ:
បុគ្គលដែលមានសេចក្ដីត្រូវការផ្នែកព្យាបាលជំងឺចិត្តសាស្ត្រធ្ងន់ធ្ងរតាមមន្ទីរពេទ្យនឹងត្រូវគេធ្វើការវាយតំលៃប្រមាណពីជំងឺនោះ នៅតាមអាគារជំងឺអាសន្ននៅមន្ទីរពេទ្យ **Providence St. Peter Hospital** ។ ការព្យាបាលតាមមន្ទីរពេទ្យពិត្រូវបានអនុញ្ញាតដោយ TMRSN ។

ការចាប់អារម្មណ៍ផ្នែកជំងឺសតិ:
ដើម្បីពិភាក្សាអំពីបញ្ហាចាប់អារម្មណ៍នានាណា មិនមែន ជាការបន្ទាន់អាសន្ន **អ្នកអាចទូរស័ព្ទទៅគិលានដ្ឋានជួយពេលមានវិបត្តិ** តាមលេខ **(360) 586-2800** ដើម្បីនិយាយជាមួយអ្នកដែលគេចង់ស្ដាប់បញ្ហារបស់អ្នក ដើម្បីគេធ្វើការដោះស្រាយនូវវេទនារម្មណ៍ បញ្ហា របស់អ្នក រួចហើយគេនឹងបង្កើតផែនការធ្វើសកម្មភាពជួយ។

ការបំរើ
ផ្នែកជំងឺសតិពី
អង្គការសហគមន៍ជាមូលដ្ឋាន
សំរាប់
អ្នកទទួលជំនួយពីកម្មវិធីម៉េឌីខេដ
ដែលរស់នៅក្នុង
ស្រុកស៊ឺស្តុន និង ម៉េសុន



**បណ្ដាញ
គាំទ្រ
ប្រចាំតំបន់នៃ**
ស្រុកស៊ឺស្តុន/ម៉េសុន

Cambodian

THURSTON COUNTY

បុគ្គលដែលមានលក្ខណសម្បត្តិ

អ្នកមានលក្ខណសម្បត្តិទទួលការបំរើផ្នែកជំងឺសតិពី បណ្តាញគាំទ្រ ប្រចាំតំបន់សំរាប់ ស្រុកស៊ឺស្តុន/ម៉េសុន (TMRSN) បើអ្នក:

- រស់នៅក្នុងស្រុកស៊ឺស្តុន ឬស្រុកម៉េសុន; ហើយ
- មានអត្តសញ្ញាណប័ណ្ណពេទ្យបង្ហាញថាអ្នកចុះ ឈ្មោះ ក្នុងកម្ម វិធីម៉េឌិខេដ;ហើយ
- ជួបស្របតាមលក្ខណវិនិច្ឆ័យសំរាប់ "សេចក្តីត្រូវការចាំបាច់ ផ្នែក ពេទ្យ" សំរាប់ការមើលព្យាបាលជំងឺសតិ។

សេចក្តីត្រូវការចាំបាច់ផ្នែកពេទ្យ

អត្ថន័យសំរាប់ពាក្យ "សេចក្តីត្រូវការចាំបាច់ផ្នែកពេទ្យ" គឺជាពាក្យប្រើសំរាប់ពណ៌នានូវការបំរើដែលបានស្នើសុំដែលមានការគណនាដោយសមហេតុផលដើម្បីការពារ ដើម្បីធ្វើរោគវិនិច្ឆ័យ កែតម្រូវ ធ្វើឲ្យសះស្បើយបន្ថយឬការពារពីលក្ខណៈជំងឺនោះកាន់តែយ៉ាប់យ៉ឺនចំពោះអ្នកទទួលជំនួយដែលបណ្តាលឲ្យមានគ្រោះថ្នាក់ដល់ជីវិត ឬបណ្តាលឲ្យរងទុក្ខវេទនា ឬបណ្តាលឲ្យទៅជាមានជំងឺ ឬពិការភាព ឬគំរាមកំហែងបណ្តាលឲ្យមាន ឬធ្វើឲ្យទៅជាពិការ ឬបណ្តាលឲ្យខូចទ្រង់ទ្រាយខ្លួនប្រាណ ឬខូច ចលនា ហើយដោយគ្មានការ ព្យាបាលដទៃណាដែលមានគុណភាព សក្តិសិទ្ធិមានអភិរក្ស ឬមានតំលៃតិចជាងដែលអាចមាន ឬដែលត្រូវនឹងសភាពជំងឺដែលបុគ្គលនោះ នោះបានស្នើសុំការបំរើ។ ក្នុងគោលបំណងនៃជំពូកនេះ" របៀប នៃការ ព្យាបាល" អាចមានរួមទាំងពីការសង្កេតមើល ឬពិសោធ អាចគ្មានការព្យាបាលអ្វីទាំងអស់ក៏មានដែរ។

លក្ខណជំងឺដែលមិនមានធានាគ្រប់គ្រង

បុគ្គលមួយចំនួនមិនអាចមានលក្ខណសម្បត្តិបានទេ បើរោគវិនិច្ឆ័យជាប្រភេទ:

- ជំងឺដែលទាក់ទងនឹងសារធាតុញៀន; ឬ
- ជំងឺផ្នែកការរៀនសូត្រ; ឬ
- ជំងឺផ្នែកការយឺតយ៉ាវនៃសតិ; ឬ
- មានការយឺតយ៉ាវផ្នែកលូតលាស់ពិសេសណាមួយ។

ការបដិសេធ

ការបំរើខ្លះៗមិនមានធានាគ្រប់គ្រងដោយផែនការនេះទេ ប៉ុន្តែប្រហែលអាចមានតាមរយៈកម្មវិធីម៉េឌិខេដផ្សេងទៀតៗ។ ការបំរើនោះមានដូចជា:
- ការដឹកនាំតាមយានជំនិះទៅកាន់បន្ទប់ពិនិត្យជំងឺ;
- ថ្លៃថ្នាំព្យាបាលចេញដោយវេជ្ជបញ្ជា
- ការបំរើផ្នែកជំងឺសតិពីអ្នកផ្តល់ការបំរើផ្នែកជំងឺសតិដែលមិនមានអនុញ្ញាតដោយ TMRSN ។

អ្នកផ្តល់ការបំរើជាគោលមានច្បាប់អនុញ្ញាតនៅស្រុក ស៊ឺស្តុន & ម៉េសុន

Behavioral Health Resources
317 East Fourth Avenue
Olympia, WA 98501
(360) 704-7170 or 1-800-825-4820
និង
110 West "K" Street
Shelton, WA 98584
(360) 426-1696

Providence St. Peter Hospital
ការបំរើព្យាបាលជំងឺចិត្តសាស្ត្រក្រោមមន្ទីរពេទ្យ
413 Lilly Road NE
Olympia, WA 98506
(360) 493-7060

South Sound Mental Health Services
6340 Capitol Blvd SE
Tumwater, WA 98501
(360) 754-7576 or 1-800-339-7581

TMRSN CRISIS SERVICES

ផ្នែកដំណោះស្រាយពេលមានវិបត្តិ
(360) 754-1338

TMRSN ADMINISTRATION

ការិយាល័យបណ្តាញគាំទ្រប្រចាំតំបន់នៃ
ស្រុកស៊ឺស្តុន/ម៉េសុន
529 4th Avenue West
Olympia, WA 98501
(360) 786-5585
1-800-624-1234, Ext. 5585
TDD (ទូរស័ព្ទសំរាប់មនុស្សគ ឬថ្លង់) # (360) 754-2933
TDD (ទូរស័ព្ទសំរាប់មនុស្សគ ឬថ្លង់) # 1-800-737-7894

ការបំរើដែលមានការធានាគ្រប់គ្រង

បុគ្គលមានលក្ខណសម្បត្តិម្នាក់ៗអាចមានគុណសម្បត្តិទទួលជំនួយបំរើផ្នែកជំងឺសតិច្រើនប្រភេទដែលផ្តល់ជូនដោយកម្មវិធីម៉េឌិខេដសំរាប់ ការបំរើព្យាបាលក្រោមមន្ទីរពេទ្យដែលចាត់ចែងសម្របដោយ TMRSN ។ ការបំរើទាំងនេះអាចចូលទទួលបានតាមរយៈអ្នកផ្តល់ការបំរើជាគោល របស់ TMRSN ដែលមានរាយឈ្មោះនៅក្នុងកូនសៀវភៅនេះ។

ការវ៉ាន់ប្រមាណ
- ពិនិត្យជំរើស និងបញ្ជូន
- ទទួលធ្វើការវ៉ាន់ប្រមាណ

មិនចាំបាច់មានការអនុញ្ញាតជាមុនទេ សំរាប់ការបំរើទាំងនេះ។

ការពិនិត្យជំរើសគឺប្រមូលនូវពត៌មានជាមូលដ្ឋានដើម្បីធ្វើការកំណត់អំពីលក្ខណសម្បត្តិជាដំបូង។

ការវ៉ាន់ប្រមាណមានរួមទាំងសេចក្តីកំណត់នៃការចាំបាច់សំរាប់ព្យាបាលជំងឺសតិ។

អន្តរាគមន៍ផ្នែកព្យាបាល
- ការព្យាបាលដោយផ្តោតលើបញ្ហាមួយរយៈខ្លី
  * ការនិយាយជាឯកជន ជាក្រុម ជាគ្រួសារ
  * អន្តរាគមន៍ផ្នែកអប់រំ
  * ការពិនិត្យថ្នាំព្យាបាល/សំរុកទិញថ្នាំដោយវេជ្ជបញ្ជាឡើងវិញ
- ការបំរើផ្នែកគាំទ្រតាមសហគមន៍
  * ការចាត់ចែងផ្នែកសំណុំរឿង
  * ការនិយាយជាឯកជន ជាក្រុម ជាគ្រួសារ
  * ការជួយជំនួសម្តងៗពេលមានវិបត្តិ
  * ការវ៉ាន់ប្រមាណផ្នែកចិត្តសាស្ត្រ
  * ការពិនិត្យថ្នាំព្យាបាល/សំរុកទិញថ្នាំដោយវេជ្ជបញ្ជាឡើងវិញ

ការព្យាបាលអន្តរាគមន៍គឺអនុញ្ញាតដោយ TMRSN ។ ក្រោយពីអនុញ្ញាតនោះ ផែនការព្យាបាលជាឯកត្តជន ហើយនិងផែនការផ្នែកវិបត្តិមួយនឹងត្រូវបង្កើតឡើងដើម្បីសំគាល់មើល ទិសដៅព្យាបាល លទ្ធផល ប្រភេទនៃការព្យាបាល ហើយនិងរយៈពេលនៃការបំរើព្យាបាល។

អ្នកផ្តល់ការបំរើជាគោលអាចផ្តល់លទ្ធភាពឲ្យអ្នកផ្តល់ការបំរើសុខភាពដទៃទៀតជាបន្ថែមពីលើការបំរើដែលមានរាយខាងលើ។ ការបំរើទាំងនោះអាចមានរួមទាំង: ការព្យាបាលតាមមន្ទីរពេទ្យមួយចំនួន ការបំរើផ្នែកវិជ្ជាជីវៈ ការបំរើចម្រុះពីមន្ទីរពេទ្យ ហើយនិងការជួយឧបត្ថម្ភផ្ទុកលំនៅដ្ឋាន។

ການບໍລິການຕາມແຜນ (OMBUDS)

(360) 754-2982

ໂຄງການ OMBUDS ໃຫ້ການຊ່ວຍເຫລືອແບບໃຫ້ການແນະນຳ ແລະຊ່ວຍໃນວິທີການຮ້ອງທຸກຊึ່ງກ່ຽວກັບການປິ່ນປົວສຸຂະພາບຈິດ. ໂຄງການ OMBUDS ສາມາດໃຫ້ຂໍ້ມູນກ່ຽວກັບສິດທິ ແລະ ຊັບພະຍາກອນ, ໃຫ້ໄດ້ຮັບຂໍ້ມູນຕົວຈິງກ່ຽວກັບການຮ້ອງທຸກ, ແລະ ຮັບປະກັນໃຫ້ບຸກຄົນເຫລົ່ານັ້ນໄດ້ຮັບການປິ່ນປົວທີ່ຖືກຕ້ອງ ແລະ ເປັນທັນ.

ມີປັນຫາຕ່າງຫາກທີ່ຈະທົບຍານການບໍລິການໂຄງການ OMBUDS ບ່າງຄົນຖ້ວນ ແລະ ໂຮມເອົາ ການຈະທົບຍານສິດທິຂອງຜູ້ບໍລິໂພກ ເຂົ້າມາກ້ວຍ.

ຄະນະທົບທວນຄຸມນະພາບການບໍລິການ

(360) 786-5585, ຕໍ່ 6945

ໂຄງການ TMRSN ມີຄະນະທົບທວນຄຸມນະພາບໂດຍເຂດກາດ (QRT). ຈຸດປະສົງຂອງ QRT ແມ່ນຮີບໂຮມເອົາຄຳຄິດຄຳເຫັນ ແລະຄຳແນະນຳຈາກຜູ້ບໍລິໂພກ, ສະມາຊິກຄອບຄົວຂອງເຂົາເຈົ້າ ແລະຜູ້ຕາງໜ້າອື່ນໆ.

ມີປັນຫາຕ່າງຫາກທີ່ຈະທົບຍານກິຈກັນຂອງ QRT.

ຫ້ອງການກິຈການຂອງຜູ້ບໍລິໂພກ

1-800-446-0259

ຫ້ອງການນີ້ກຳກັບໂດຍແຜນກສຸຂະພາບຈິດຂອງຣັດວໍຊິງຕັນ.

ການບໍລິການແປພາສາ

ການແປພາສາ ແລະການກະຕຣຽມເພື່ອຄວາມຕ້ອງການພິເສດ ມີໃຫ້ໂດຍບໍ່ຄິດຄ່າເມື່ອຮ້ອງຂໍເອົາການປິ່ນປົວຂັ້ນຕົ້ນ.

ວ່າດ້ວຍສິດທິສະເມີພາບ

Thurston ຄາວຕີຂໍ້ປັ້ງປົນໃນທີ່ນີ້ວ່ານະໂຍບາຍຂອງຄົນໃຫ້ໂອກາດເທົ່າທຽມກັນແກ່ທຸກຄົນທີ່ຂອກຫາຫລືມີຊ່ອງທາງໄດ້ວຽກງານ, ການບໍລິການ, ແລະ ກິຈກັມຂອງຕົນ; ປາສຈາກຄວາມຈຳກັດບ້ອນ ຜິວພັນ, ສີສັນ, ລັກທິເຊື່ອຖື, ສາສນາ, ເຊື້ອຊາດກຳເນີດ, ອາຍຸ, ເພດ, ຖານະແຕ່ງງານ, ຖານະນັກຮົບເກົ່າ, ຄວາມນັກດ້ານເພດ, ຫລືການມີຄວາມເສັ່ຍງຄະໃດໆ.

ການບໍລິການສະພາບສຸກເສີນແລະຮີບດ່ວນ (ມີໄວ້ 24 ຊົ່ວໂມງທຸກໆມື້)

ໃນສະພາບສຸກເສີນ:

ໂທຫາ 911 ເພື່ອຄວາມຊ່ວຍເຫລືອຈາກຕຳຣວດ ຖ້າການສຸກເສີນ ຫາກເປັນສິ່ງຂູ່ເຂັນຕໍ່ຊີວິດ ຫລື ອາດເປັນອັນຕະລາຍບ່ຳ ຖ້ວ ກະທັນຫັນ ຕໍ່ຮ່າງກາຍບຸກຄົນ ຫລື ການມ້ານ້ຳ ທີ່ສຳລັນຕໍ່ຊັບສິນ.

ສະພາບສຸກເສີນສຸຂະພາບຈິດ ເມື່ອຈິດຊຶ່ເຂົ້ານຳ ຫ້ອງການ ປິ່ນປົວຂັ້ນຕົ້ນ:

ເມື່ອສະພາບການ ຫາກບໍ່ເຖິງຂັ້ນ ອິ່ມ ຂູ່ຕໍ່ຊີວິດ (ເບິ່ງ ສະພາບ ຮີບ ດ່ວນ ຂັ້ນ ເທິ ງ ນີ້), ບຸ ກ ຄົ ນ ຄ ວ ນ ໃ ຊ້ ແ ຜ ນ ການ ສ ະ ພ າ ບ ສຸ ກ ເ ສ ີ ນ ສ ່ ວ ນ ຕ ົ ວ ກ ່ ອ ນ ແ ລ ະ ຈ າ ກ ນ ັ ້ ນ , ຖ ້ າ ຈ ຳ ເ ປ ັ ນ , ຕ ິ ດ ຕ ໍ ່ ຫ າ ການ ບ ໍ ລ ິ ການ ເ ວ ລ າ ໂ ທ ຫ າ ຂ ອ ງ ຜ ູ ້ ໃ ຫ ້ ການ ບ ໍ ລ ິ ການ ຂ ັ ້ ນ ຕ ົ ້ ນ (ສ ຳ ລ ັ ບ ເ ລ ກ ໂ ທ ຣ ສ ັ ບ ໃ ຫ ້ ເ ບ ິ ່ ງ ນ ຳ ອ ົ ງ ການ ທ ີ ່ ມ ີ ຊ ື ່ ຢ ູ ່ ໃ ນ ປ ຶ ້ ມ ນ ີ ້).

ສະພາບສຸກເສີນສຸຂະພາບຈິດເວລາບໍ່ຈິດຊຶ່ເຂົ້ານຳ ຜູ້ ໃ ຫ ້ ການ ປ ິ ່ ນ ປ ົ ວ ຂ ັ ້ ນ ຕ ົ ້ ນ:

ບຸ ກ ຄ ົ ນ ຈ ະ ຢ ູ ່ ທ ີ ່ Thurston ຫ ລ ື Mason ຄ າ ວ ຕ ີ ກ ໍ ຕ າ ມ ທ ີ ່ ບ ໍ ່ ມ ີ ຜ ູ ້ ໃ ຫ ້ ການ ປ ິ ່ ນ ປ ົ ວ ຂ ັ ້ ນ ຕ ົ ້ ນ ໂ ຄ ງ ການ TMRSN ຜ ູ ້ ທ ີ ່ ເ ຂ ົ ້ າ ຮ ່ ວ ມ ໃ ນ ສ ະ ພ າ ບ ການ ທ ີ ່ ບ ໍ ່ ອ ິ ່ ມ ຂ ູ ່ ຕ ໍ ່ ຊ ີ ວ ິ ດ (ເ ບ ິ ່ ງ ນ ຳ ສ ະ ພ າ ບ ຮ ີ ບ ດ ່ ວ ນ ທ ີ ງ ນ ີ ້) ຄ ວ ນ ຕ ິ ດ ຕ ໍ ່ ຫ າ ແ ຜ ນ ກ ເ ກ ັ ບ ໂ ອ ສ ະ ພ າ ບ ການ ສ ຸ ກ ເ ສ ີ ນ ຕ າ ມ ເ ລ ກ **(360) 754-1338**.

ການ ເ ຂ ົ ້ າ ໂ ຮ ງ ພ ະ ຍ າ ບ າ ນ ໂ ຣ ກ ຈ ິ ດ:

ບ ຸ ກ ຄ ົ ນ ຜ ູ ້ ຕ ້ ອ ງ ການ ເ ຂ ົ ້ າ ໂ ຮ ງ ພ ະ ຍ າ ບ າ ນ ໂ ຣ ກ ຈ ິ ດ ຂ ັ ້ ນ ຮ ້ າ ຍ ແ ຮ ງ ແ ມ ່ ນ ຖ ກ ຈ ັ ດ ໃ ຫ ້ ເ ຂ ົ ້ າ ຜ ແ ນ ກ ຮ ີ ບ ດ ່ ວ ນ ຢ ູ ່ ນ ີ ້ ທ ີ ່ ໂ ຮ ງ ໝ ໍ **Providence St. Peter Hospital**. ການ ປ ິ ່ ນ ປ ົ ວ ຄ ົ ນ ເ ຈ ັ ບ ນ ອ ນ ໂ ຮ ງ ໝ ໍ ແ ມ ່ ນ ໂ ຄ ງ ການ TMRSN ເ ປ ັ ນ ຜ ູ ້ ອ ະ ນ ຸ ຍ າ ດ.

ຄ ວ າ ມ ກ ັ ງ ວ ົ ນ ກ ່ ຽ ວ ກ ັ ບ ສ ຸ ຂ ະ ພ າ ບ ຈ ິ ດ:

ເ ພ ື ່ ອ ປ ຶ ກ ສ າ ຫ າ ລ ື ເ ຮ ື ່ ອ ງ ຂ ອ ງ ຄ ວ າ ມ ກ ັ ງ ວ ົ ນ ໃ ນ ເ ວ ລ າ ບ ໍ ່ ແ ມ ່ ນ ສ ະ ພ າ ບ ຮ ີ ບ ດ ່ ວ ນ, ທ ່ ານ ສ າ ມ າ ດ ໂ ທ ຫ າ ຄ ຣ ິ ນ ິ ກ ສ ະ ພ າ ບ ສ ຸ ກ ເ ສ ີ ນ ຕ າ ມ ເ ລ ກ **(360) 586-2800** ເ ພ ື ່ ອ ເ ຂ ົ ້ າ ກ ັ ບ ຜ ູ ້ ປ າ ກ ຟ ັ ງ ເ ພ ື ່ ອ ໃ ຫ ້ ເ ຂ ົ ້ າ ໃ ຈ ເ ຖ ິ ງ ຄ ວ າ ມ ຮ ູ ້ ສ ຶ ກ ຮ ູ ້ ຈ ັ ກ ບ ັ ນ ຫ າ ຂ ອ ງ ຄ ວ າ ມ ຮ ູ ້ ສ ຶ ກ ແ ລ ະ ຈ ັ ດ ວ າ ງ ແ ຜ ນ ການ ເ ພ ື ່ ອ ລ ິ ດ ມ ີ ປ ະ ຕ ິ ບ ັ ດ.

12/99

ການ ບ ໍ ລ ິ ການ ສ ຸ ຂ ະ ພ າ ບ ຈ ິ ດ ຂ ັ ້ ນ ພື ້ ນ ຖ ານ ຊ ຸ ມ ຊ ົ ນ

ສ ຳ ລ ັ ບ

ຜ ູ ້ ໄ ດ ້ ຮ ັ ບ ການ ຊ ່ ວ ຍ ເ ຫ ລ ື ອ

ພ ະ ຍ າ ບ າ ນ **(Medicaid)**

ຢ ູ ่ ໃ ນ **Thurston** ແ ລ ະ **Mason** ຄ າ ວ ຕ ີ

ຕ າ ມ ່ າ ງ ວ ຽ ກ ງ ານ ຊ ຸ ດ ຊ ່ ວ ຍ ທ ້ ອ ງ ຖ ິ ນ ຂ ອ ງ **Thurston/Mason**

Laotian

THURSTON COUNTY
WASHINGTON
SINCE 1852

1 360 754 2982

ບຸກຄົນຜູ້ມີສິດໄດ້ຮັບ

ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫລືອການປະສານງານວຽກງານສຳລັບເຂດ Thurston/Mason ລາວຕີ ດ້ານສຸຂະພາບຈິດ(TMRSN) ຖ້າທ່ານ:

- ຢູ່ໃນ Thurston/Mason ລາວຕີ; ແລະ
- ມີບັດປະຈຳຕົວດ້ານພະຍາບານທີ່ບອກว่ามีຢູ່ໃນໂຄງການ ຊ່ວຍເຫລືອພະຍາບານ Medicaid; ແລະ
- ຖືກຕາມເງື່ອນໄຂສຳລັບ "ຄວາມຈຳເປັນດ້ານພະຍາບານ" ສຳລັບການປິ່ນປົວສຸຂະພາບຈິດ.

ຄວາມຈຳເປັນດ້ານພະຍາບານ

ຄວາມໝາຍສຳລັບ "ຄວາມຈຳເປັນດ້ານພະຍາບານ" ແມ່ນ: ຄຳສັບ ສຳລັບຂໍ້ແຈງການບໍ່ຮິການທີ່ອ້ວນອ້ວ ຊຶ່ງໄດ້ຖືກລິດໂລ່ບ່ຳງ່ວນເຫດເຫດຜົນ ເພື່ອປ້ອງກັນ, ຄົ້ນຄວ້າວິໃຈ, ແກ້ໄຂ, ປິ່ນປົວ, ເຮັດໃຫ້ເບົາບາງ ຫລື ປ້ອງກັນບໍ່ໃຫ້ສະພາບຮ້ານແຮງຂຶ້ນກັບຜູ້ໄດ້ຮັບຊຶ່ງເປັນອັນຕະລາບຕໍ່ຊີວິດ ຫລື ເຮັດໃຫ້ທົນທຸກຫລາຍ ຫລື ເຈັບປວດ, ຫລື ພາໃຫ້ເຈັບເປັນ ຫລື ພິການ ຫລື ວິ່ມຈູ່ເພື່ອເຮັດໃຫ້ເກີດຂຶ້ນ ຫລື ເຮັດໃຫ້ການເສັ່ງຈິງລະ ໜັກຂຶ້ນ ຫລື ພາໃຫ້ພິການດ້ານຮ່າງກາຍ ຫລື ປະຕິບັດງານ ບໍ່ປົກກະຕິ, ແລະ ບໍ່ມີແນວອື່ນໃດໄດ້ຜົນເທົ່າເທຽມກັນ, ຮັກສາແນວເກົ່າ ໄວ້ຫລາຍກว่า ຫລື ຄ່າເສຍຊ່ວງການປິ່ນປົວນ້ອຍກว่ากันหลาย ຫລື ເໝາະສົມສຳລັບຄົນຜູ້ຮ້ອງຂໍການບໍ່ຮິການ. ສຳລັບເປົ້າໝາຍຂອງ ໝວດນີ້, "ຊ່ວງການປິ່ນປົວ" ຈາກຮວມທັງການສັ່ງເກດການ ຫລື, ເມື່ອເໝາະສົມ, ບໍ່ມີການປິ່ນປົວເລີຍ.

ເງື່ອນໄຂທີ່ບໍ່ຖືກຄຸ້ມກັນ

ບຸກຄົນບໍ່ມີສິດໄດ້ຮັບຖ້າການວິໃຈສະເພາະຕົວເປັນ:

- ການບໍ່ປົກກະຕິທີ່ກ່ຽວກັບທາດປະກອບ, ຫລື
- ການບໍ່ປົກກະຕິດ້ານເຜດ, ຫລື
- ການຊັກຊ້າດ້ານສະໝອງ, ຫລື
- ການຊັກຊ້າດ້ານການຈະເລີນເຕີບໂຕໂດຍສະເພາະ.

ສິ່ງທີ່ບໍ່ລວມເອົາ

ບາງການບໍ່ຮິການບໍ່ໄດ້ຖືກຄຸ້ມກັນໂດຍແຜນການນີ້, ແຕ່ว่าอาจมีไว້ ໃຫ້ຜ່ານໂຄງການຊ່ວຍເຫລືອດ້ານພະຍາບານ Medicaid ອື່ນ. ສິ່ງເຫລົ່ານີ້ອາດລວມເທິງ:

- ການຂົນສົ່ງໄປຫາການນັດພົບ
- ຄ່າປາຕາມໃບສັ່ງປາ
- ການບໍ່ຮິການສຸຂະພາບຈິດຈາກຜູ້ປິ່ນປົວສຸຂະພາບຈິດທີ່ບໍ່ໄດ້ຮັບ ອະນຸຍາດໂດຍ TMRSN

ຜູ້ປິ່ນປົວຂັ້ນຕົ້ນທີ່ໄດ້ຮັບອະນຸຍາດ

Thurston & Mason ລາວຕີ

Behavioral Health Resources
317 East Fourth Avenue
Olympia, WA 98501
(360) 704-7170 ຫລື 1-800-825-4820
ແລະ
110 West "K" Street
Shelton, WA 98584
(360) 426-1696

Providence St. Peter Hospital
Outpatient Psychiatric Services
413 Lilly Road NE
Olympia, WA 98506
(360) 493-7060

South Sound Mental Health Services
6340 Capitol Blvd SE
Tumwater, WA 98501
(360) 754-7576 ຫລື 1-800-339-7581

TMRSN CRISIS SERVICES

Crisis Resolution Services
(360) 754-1338

TMRSN ADMINISTRATION

Thurston/Mason Regional Support Network Administrative Office
529 4th Avenue West
Olympia, WA 98501
(360) 786-5585
1-800-624-1234, ຕໍ່ 5585
TDD# (360) 754-2933
TDD# 1-800-737-7894

ການບໍ່ຮິການທີ່ຖືກຄຸ້ມກັນ

ບັນດາບຸກຄົນຜູ້ມີສິດໄດ້ຮັບຈາກມີສິດສຳລັບການຈັດແຈງຂອງການ ຊ່ວຍເຫລືອດ້ານພະຍາບານ Medicaid ໃຫ້ທີມການບໍ່ຮິການຄົນ ຈັບທາງຈິດທີ່ບໍ່ນອນໂຮງໝໍຈັດການໂດຍ TMRSN. ການບໍ່ຮິການ ເຫລົ່ານີ້ມີຢູ່ນຳຜູ້ໃຫ້ການປິ່ນປົວຂັ້ນຕົ້ນຂອງ TMRSN ທີ່ມີຢູ່ໃນ ປັ້ນນີ້.

ການຕີຣາຄາ:

- ການກວດ ແລະ ສິ່ງຕໍ່
- ການຕີຣາຄາ ແລະ ສະລຸບຜົນ

ສຳລັບການບໍ່ຮິການເຫລົ່ານີ້ບໍ່ຕ້ອງໄດ້ມີອະນຸຍາດກ່ອນກໍໄດ້.

ການຄັດເລືອກເອົາຂໍ້ມູນພື້ນຖານ ເພື່ອເປັນການຊຸ້ບອກຄວາມມີສິດ ໄດ້ຮັບຂັ້ນຕົ້ນ.

ການຕີຣາຄາລວມທັງການຊຸ້ບອກຄວາມຈຳເປັນດ້ານພະຍາບານ ສຳລັບການປິ່ນປົວສຸຂະພາບຈິດ.

ການເຂົ້າຮ່ວມການປິ່ນປົວ

- ແຜນໃສ່ບັນຫາການປິ່ນປົວໂດຍຫນ້ໍ້ການປິ່ນປົວ
  * ການອົບຮົມໃຫ້ສ່ວນບຸກຄົນ, ກຸ່ມ, ຄອບຄົວ
  * ການເຂົ້າຮ່ວມດ້ານການສຶກສາ
  * ການທົບທວນປາ/ໃບສັ່ງປາ
- ການບໍ່ຮິການຊ່ວຍເຫລືອອຸມອົນ
  * ການຈັດການສຳນວນ
  * ກ ວິບຮົມໃຫ້ສ່ວນບຸກຄົນ, ກຸ່ມ. ຄອບຄົວ
  * ບັນເທົາຄວາມຫນ້ຽວຍາກ
  * ການຕີຣາຄາສະພາບຈິດ
  * ການທົບທວນປາ/ໃບສັ່ງປາ

ການເຂົ້າຮ່ວມການປິ່ນປົວຂະນະນີ້ໄດ້ຮັບອະນຸຍາດໂດຍ RSN. ຫລັງ ຈາກການອະນຸຍາດ, ແຜນການປິ່ນປົວສຳລັບບຸກຄົນແລະແຜນການ ສະພາບສຸກເສີນກໍຈະຖືກກະບຽບອອກເພື່ອຈຳແນກເປົ້າໝາຍການ ປິ່ນປົວ, ຜົນ, ປະເພດຂອງການເຂົ້າຮ່ວມແລະລະຍະຂອງການບໍ່ຮິການ.

ຜູ້ປິ່ນປົວຂັ້ນຕົ້ນສາມາດຈັດຫາຊ່ອງທາງໃຫ້ໄດ້ຮັບການບໍ່ຮິການສຸຂະພາບ ຈິດອື່ນໆ, ເພີ່ມເຂົ້າກັບສິ່ງທີ່ກ່ຳວມາເທິງນີ້ຖ້າຫາກເໝາະສົມ. ການບໍ່ຮິການເຫລົ່ານີ້ອາດຈະລວມທັງການເຂົ້າໂຮງໝໍເປັນບາງສ່ວນ, ການບໍ່ຮິການດ້ານວິຊາຊີບ, ການບໍ່ຮິການຄວາມລົ້ນເຫລືອມາໂຮງໝໍ, ແລະການຊ່ວຍເຫລືອດ້ານເຮືອນຢູ່.

DỊCH VỤ GIẢI QUYẾT KHIẾU NẠI

(360) 754-2982

Dịch Vụ Giải Quyết Khiếu Nại cung cấp việc trợ giúp về sự bênh vực và các liên quan đến những khiếu nại về chăm sóc sức khỏe tâm thần. Dịch Vụ Giải Quyết Khiếu Nại có thể cung cấp cho quý vị những chi tiết về các quyền hạn của quý vị và các nguồn tài liệu, thâu thập các chi tiết xác thực về điều phàn nàn, và bảo đảm rằng quý vị sẽ được đối xử công bằng và chính đáng.

Có một tập sách riêng trong đó giải thích đầy đủ về dịch vụ Khiếu Nại và bao gồm chi tiết về quyền hạn của khách hàng.

NHÓM KIỂM ĐIỂM PHẨM CHẤT

(360) 786-5585, extension 6945

TMRSN có Nhóm Kiểm Điểm Phẩm Chất độc lập (QRT). Mục đích của QRT là thu thập những nhận xét, ý kiến, và những đề nghị từ các khách hàng, các thân nhân của họ, và các người bênh vực khác.

Có một tập sách riêng giải thích về các sinh hoạt của QRT.

VĂN PHÒNG CÁC VẤN ĐỀ CỦA KHÁCH HÀNG

1-800-446-0259

Văn phòng này được duy trì do Nha Sức Khỏe Tâm Thần Tiểu Bang Washington.

DỊCH VỤ THÔNG DỊCH

Thông dịch và các dàn xếp cho những nhu cầu đặc biệt sẽ được cung cấp khi có yêu cầu với Cơ Quan Chăm Sóc Chính miễn phí.

CƠ HỘI BÌNH ĐẲNG

Hạt Thurston theo đây xác nhận quy chế về việc dành cơ hội bình đẳng cho tất cả mọi người nào tìm việc làm hoặc là nhân viên, các dịch vụ, và các sinh hoạt; không bị giới hạn vì lý do chủng tộc, màu da, tín ngưỡng, tôn giáo, quốc tịch gốc, tuổi tác, phái tính, tình trạng hôn nhân, tình trạng cựu chiến binh, khuynh hướng sinh lý, hoặc đang bị bất cứ một tàn tật nào.

NHỮNG DỊCH VỤ GIÚP ĐỠ TRONG CÁC TRƯỜNG HỢP KHẨN CẤP VÀ KHỦNG HOẢNG

(thường trực 24 giờ mỗi ngày)

Trong Trường Hợp Khẩn Cấp:

Gọi trợ giúp của cảnh sát số **911** nếu tình trạng khẩn cấp là khi mạng sống bị đe dọa hoặc có thể làm nguy hại ngay đến một người hay tài sản bị phá hoại một cách đáng kể.

Khủng Hoảng về Sức Khỏe Tâm Thần khi đã gia nhập với Cơ Quan Chăm Sóc Chính:

Khi một trường hợp mạng sống KHÔNG bị đe dọa (xem phần Khẩn Cấp ở trên), cá nhân nên dùng kế hoạch khủng hoảng riêng cá nhân của mình trước, kế đến, nếu cần thiết, liên lạc với Cơ Quan Chăm Sóc Chính của họ yêu cầu trợ giúp trực tiếp về các dịch vụ (xem phần danh sách và số điện thoại của các cơ quan chăm sóc trong tập sách này).

Khủng Hoảng về Sức Khỏe Tâm Thần khi CHƯA gia nhập với Cơ Quan Chăm Sóc Chính:

Các cá nhân cư ngụ trong Hạt Thurston hoặc Mason mà không có Cơ Quan Chăm Sóc Chính TMRSN là nơi để liên quan trong trường hợp mạng sống KHÔNG bị đe dọa (xem phần Khẩn Cấp ở trên) nên liên lạc với **Crisis Resolution Services số (360) 754-1338.**

Nhập Viện Tâm Thần:

Các cá nhân bị bệnh tâm thần nghiêm trọng cần nhập viện nội trú sẽ được **Ban Cấp Cứu Bệnh Viện Providence St. Peter** đánh giá về tình trạng bệnh. Chăm sóc nội trú được ủy quyền do TMRSN.

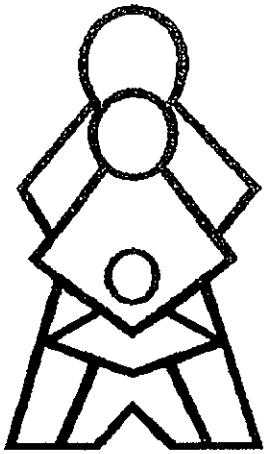
Các Quan Tâm về Sức Khỏe Tâm Thần:

Trong trường hợp KHÔNG phải khẩn cấp muốn thảo luận về các quan tâm, quý vị có thể gọi cho **The Crisis Clinic số (360) 586-2800** và nói chuyện với một người biết lắng nghe để giải bày những cảm xúc, vấn đề và soạn thảo một kế hoạch.

12/99

Dịch Vụ Sức Khỏe Tâm Thần Đặt Nền Tảng Trên Cộng Đồng

Dành Cho Những Người Hưởng Medicaid Cư Ngụ Trong Hạt Thurston và Mason



Hệ Thống Yểm Trợ Địa Phương của Thurston và Mason

Vietnamese

THURSTON COUNTY

1 3/7 777

NHỮNG CÁ NHÂN ĐƯỢC HƯỞNG

Quý vị sẽ hưởng các quyền lợi về sức khỏe tâm thần qua Hệ Thống Yểm Trợ Địa Phương của Thurston và Mason (Thurston/Mason Regional Support Network-TMRSN) nếu quý vị:

- Cư ngụ trong Hạt Thurston hoặc Mason; và
- Có thẻ y tế chứng tỏ rằng quý vị đang trong chương trình Medicaid; và
- Đáp ứng các tiêu chuẩn về "nhu cầu y khoa" của việc chăm sóc sức khỏe tâm thần.

NHU CẦU Y KHOA

Định nghĩa về "nhu cầu y khoa" là từ ngữ giải thích các dịch vụ nào do quý vị yêu cầu mà ước tính được khả dĩ có thể ngăn ngừa, chẩn đoán, sửa sai, chữa lành, làm giảm hoặc ngăn chặn sự suy thoái bệnh trạng của người hội viên có thể bị đe dọa đến tính mạng, hoặc gây khổ sở hay đau đớn, hay đưa đến tình trạng bệnh hoạn suy nhược, hoặc đe dọa gây ra hay làm cho khuyết tật càng nặng hơn, hay gây ra tình trạng biến dạng hoặc trục trặc về thể chất, và không có một dịch vụ tương tự nào khác, bảo toàn hơn hoặc ít tốn kém một cách đáng kể cho tiến trình điều trị hiện có hoặc thích hợp với người yêu cầu dịch vụ. Mục đích của đoạn này , "tiến trình điều trị" có thể bao gồm việc quan sát hoặc, hoặc nếu thích đáng, không có sự điều trị gì hết.

CÁC TRƯỜNG HỢP KHÔNG ĐƯỢC ĐÀI THỌ

Các cá nhân không được hưởng nếu chẩn đoán duy nhất là:

- Rối loạn vì dược chất; hoặc
- Rối loạn vì giới tính; hay
- Chậm phát triển về trí tuệ; hoặc
- Chậm phát triển trên những phương diện đặc biệt.

NGOẠI TRỪ

Một số dịch vụ không được đài thọ trong chương trình này, nhưng có thể được đài thọ qua chương trình Medicaid khác. Có thể bao gồm như:

- Phương tiện di chuyển để đi đến các buổi hẹn
- Trả tiền khi mua thuốc có toa
- Các dịch vụ sức khỏe tâm thần từ những Cơ Quan Chăm Sóc sức khỏe tâm thần KHÔNG được TMRSN ủy quyền

NHỮNG CƠ QUAN CHĂM SÓC CHÍNH ĐƯỢC ỦY QUYỀN - Hạt Thurston & Mason

Behavioral Health Resources
317 East Fourth Avenue
Olympia, WA 98501
(360) 704-7170 hoặc 1-800-825-4820
và
110 West "K" Street
Shelton, WA 98584
(360) 426-1696

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Providence St. Peter Hospital Outpatient Psychiatric Services
413 Lilly Road NE
Olympia, WA 98506
(360) 493-7060

South Sound Mental Health Services
6340 Capitol Blvd SE
Tumwater, WA 98501
(360) 754-7576 hoặc 1-800-339-7581

TMRSN CRISIS SERVICES

Crisis Resolution Services
(360) 754-1338

TMRSN ADMINISTRATION

Thurston/Mason Regional Support Network Administrative Office
529 4th Avenue West
Olympia, WA 98501
(360) 786-5585
1-800-624-1234, extension 5585
TDD# (360) 754-2933
TDD# 1-800-737-7894

CÁC DỊCH VỤ ĐƯỢC ĐÀI THỌ

Các cá nhân hội đủ điều kiện có thể được hưởng một số tài trợ Medicaid cho bệnh nhân ngoại trú về việc chăm sóc sức khỏe tâm thần do TMRSN quản lý. Những dịch vụ này qua các Cơ Quan Chăm Sóc Chính Yếu TMRSN có ghi trong tập sách này.

Thẩm Định:

- **Thẩm Tra và Thuyên Chuyển**
- **Đánh Giá Người Được Nhận Vào**

Những dịch vụ này không đòi hỏi phải có sự ủy quyền trước.

Thẩm tra những chi tiết căn bản thu được để xác định sơ khởi về điều kiện hưởng.

Thẩm định bao gồm việc xác định nhu cầu y khoa về điều trị sức khỏe tâm thần.

Can Thiệp về Điều Trị:

- **Tóm Tắt Vấn Đề-Chú Trọng Điều Trị**
  * Cố vấn cho từng Cá Nhân, Nhóm, Gia Đình
  * Các Can Thiệp về Giáo Dục
  * Duyệt Xét về Thuốc/Toa Thuốc

- **Các Dịch Vụ Hỗ Trợ Cộng Đồng:**
  * Quản Lý Vụ
  * Cố Vấn cho từng Cá Nhân, Nhóm, Gia Đình
  * Nguôi Cơn Khủng Hoảng
  * Đánh Giá về Bệnh Tâm Thần
  * Duyệt Xét về Thuốc/Toa Thuốc

Các can thiệp về điều trị được RSN ủy quyền. Sau khi ủy quyền, kế hoạch điều trị cá nhân và kế hoạch chăm sóc khủng hoảng sẽ được soạn thảo để đồng nhất mục tiêu điều trị, hậu quả, các loại can thiệp và thời gian lâu dài của dịch vụ.

Cơ quan chăm sóc chính có thể cho quý vị được nhận các dịch vụ tâm thần khác, ngoài những dịch vụ đã được nêu ở trên, khi thích đáng. Những dịch vụ này có thể bao gồm nhập viện bán phần, dịch vụ huấn nghệ, dịch vụ chuyển hướng của bệnh viện, và hỗ trợ về nhà ở.

Derechos del consumidor

Usted tiene derecho a:

- Ser tratado con respecto y dignidad.
- Ayudar a desarrollar un plan de cuidado y servicio que satisfaga sus necesidades.
- Rechazar cualquier tratamiento propuesto.
- Recibir cuidado sin discriminación y que sea sensible a su sexo, raza, país de origen, idioma, edad, impedimento físico y orientación sexual.
- No sufrir explotación ni acoso sexual.
- Evaluar sus antecedentes de cuidado médico.
- Recibir una explicación de todos los medicamentos recetados, incluyendo el efecto esperado y los posibles efectos secundarios.
- Confidencialidad.
- Evaluar las normas de la agencia referentes al procesamiento de quejas.
- Presentar una queja o reclamo ante el mediador en asuntos de interés público, la RSN o el proveedor, si considera que se han violado sus derechos.
- No sufrir represalias ni amenazas de represalia.

¿Cómo contacto al mediador en asuntos de interés público cuando necesite ayuda?

Llame a

1-360-754-2982
1-800-624-1234 ext. 2982
Texto para usuarios sordos 754-2933

Si usted llama a cualquiera de estos números de teléfono, se le pondrá en espera hasta que dispongamos de un intérprete.

Visite la

Oficina de la Red de apoyo regional
529 Fourth Avenue, West
(Segundo piso)
Olympia

Horario flexible
De lunes a jueves
8:00 a.m. - 12 del mediodía

Escriba a

Ombuds
Thurston/Mason RSN
529 Fourth Avenue, West
Olympia, WA 98501-1097

Spanish

Red de apoyo regional Thurston/Mason

(Plan de salud prepagado)

OMBUDS

Para consumidores de Servicios públicos de salud mental

Spanish

1 b3 TM

¿Qué es un servicio de mediación en asuntos de interés público?

Se trata de un servicio independiente creado por la ley estatal con la responsabilidad de recibir quejas y reclamos de usuarios de servicios de salud mental en agencias públicas y otros consumidores a fin de proteger sus derechos.

Propósito:

- Recibir quejas y reclamos y asistir en su resolución en el nivel más bajo posible.
- Actuar como servicio de información para los consumidores.

Areas a las que se da servicio:

Condados de Thurston y Mason

Elegibilidad:

Los residentes de los Condados de Thurston y Mason que sean elegibles o estén recibiendo servicios públicos de salud mental. También pueden recibirse quejas de miembros de la familia y otras personas interesadas.

Cargos:

Ninguno

¿Qué puede hacer por mí el mediador en asuntos de interés público?

- ESCUCHAR
  el problema.
- ANALIZAR
  lo que implica.
- INVESTIGAR
  hechos, antecedentes, leyes, normas y procedimientos.
- ASISTIRLE
  en la presentación de una queja y en el seguimiento del procedimiento de reclamo.
- EFECTUAR EL SEGUIMIENTO
  para conseguir que se resuelva la queja o reclamo y que se le mantenga informado.
- RECOMENDAR
  cambios para corregir el problema o prevenir que ocurra nuevamente.
- PROPORCIONAR INFORMACION
  sobre recursos y derechos del consumidor.

Cómo solicitar los servicios:

Llame, escriba o visite la oficina.

¿Qué no puede hacer por mí el mediador en asuntos de interés público?

- No puede actuar como administrador del caso.
- No puede darle asesoría legal.
- No puede asegurar ningún resultado específico.
- No puede representarle como lo hace un abogado.

¿Qué puedo hacer para ayudar a resolver mi reclamo?

- Prepararse para indicar factores relacionados con el problema como, por ejemplo, quién, qué, cuándo y dónde.
- Suministrar cualquier información escrita que tenga.
- Considerar lo que sería una compensación justa. ¿Qué le pediría a la agencia?
- Mantener informado al mediador de cómo contactarle.

ສິດແລະໜ້າທີ່ຂອງຜູ້ໃຊ້ບໍຣິການ

ທ່ານມີສິດຈະ:

- ຖືກປິ່ນປົວດ້ວຍຄວາມເອົາໃຈໃສ່ ແລະຊື່ສັດ
- ຊ່ວຍທ່ານປັບປຸງແຜນການປິ່ນປົວດີຂຶ້ນ ແລະ ການບໍຣິການເຄາມທ່ານຕ້ອງການ.
- ປະຕິເສດຕໍ່ຂໍ້ສເນີຂອງການປິ່ນປົວຕົວທ່ານ.
- ໄດ້ຮັບປິ່ນປົວໂດຍບໍ່ຖືກຈຳແນກເພດວັຍ, ເຊື້ອຊາດ, ສັນຊາດ, ພາສາ ແລະຄວາມພິການຂອງທ່ານ.
- ບໍ່ມີການຣົບກວນດ້ານຫາຜົນປໂຍດ ຫຼືກໍ່ກວນ ທາງເພດ.
- ກວດສອບຖາມປວັດສຸຂະພາບຂອງທ່ານຄືນ.
- ໄດ້ຮັບຄຳອະທິບາຍຂອງການໃຊ້ປາຕາມໝໍສັ່ງ ຊຶ່ງຮ່ວມທັງຜົນສະທ້ອນທີ່ອາດເກີດຂຶ້ນຈາກປາ.
- ຮັບການໄວ້ວາງໃຈດ້ານຄວາມລັບຂອງທ່ານ
- ກວດສອບຖາມນະໂຍບາຍເລື້ອງຄວາມບໍ່ພໍໃຈ ຈາກໜ່ວຍງານ.
- ສເນີຄຳຮ້ອງທຸກ ຫຼືບໍ່ພໍໃຈຕໍ່ພນັກງານຂອງ Ombuds, ຫ້ອງການ RSN ຫຼືຜູ້ໃຫ້ບໍຣິການອື່ນໆ. ຖ້າວ່າທ່ານເຊື່ອວ່າບຸກຄົນເຫຼົ່ານີ້ໄດ້ລະເມີດສິດ ຂອງທ່ານ.
- ບໍ່ມີການຣົບກວນຕໍ່ການແກ້ແຄ້ນ ຫຼືເພື່ອແກ້ແຄ້ນ.

ເຣົາຈະຕິດຕໍ່ Ombuds ໄດ້ແນວໃດ ເວລາຕ້ອງການຄວາມຊ່ວຍເຫຼືອ

ໂທຣະສັບທາ

1-360-754-2982
1-800-624-1234 ext. 2982
(ສຳຫຼັບຄົນຫູໜວກ) TDD# 754-2933

ຖ້າທ່ານໂທຣະສັບຫາເລກໂທເຫຼົ່ານີ້, ທ່ານຈະໄດ້ລໍຖ້າ ໃນເວລາທີ່ພວກເຣົາຕິດຕໍ່ຫາຜູ້ແປພາສາ.

ຍັ່ງມຍາມທີ່

ຫ້ອງການ RSN (ໜ່ວຍງານຊ່ວຍເຫຼືອພາກພື້ນ)
529 Fourth Avenue, West
(ຊັ້ນ 2)
Olympia

ໂມງເຮັດການ (ປ່ຽນແປງ)
ວັນຈັນ ຫາ ວັນພະຫັດ
8:00 ໂມງເຊົ້າ - 12 ຕອນທ່ຽງ

ຂຽນທາ

Ombuds
Thurston/Mason RSN
529 Fourth Avenue, West
Olympia, WA 98501-1097

Thurston/Mason ໜ່ວຍງານ ຊ່ວຍເຫຼືອພາກພື້ນ

(ແຜນສຸຂະພາບຈ່າຍລ່ວງໜ້າ)

OMBUDS

ສຳຫຼັບຜູ້ໃຊ້ບໍຣິການຂອງຜແນກບໍຣິການ
ສຸຂະພາບ ທາງຈິດຂອງສາທາຣະນະ

Laotian

1 b 3 T m

Ombuds ແມ່ນຫຍັງ?

Ombuds ແມ່ນພະແນກບໍລິການບໍ່ຂຶ້ນກັບໃຜ ຊຶ່ງສ້າງຕັ້ງຂຶ້ນຕາມກົດໝາຍຣັດ ໂດຍມີໜ້າທີ່ຮັບຜິດຊອບຕໍ່ການຮັບຄຳຮ້ອງທຸກ ແລະຄວາມບໍ່ພໍໃຈຈາກຜູ້ຮັບບໍລິການຈາກພະແນກສຸຂະພາບທາງຈິດ ຂອງສາທາຣະນະ ແລະຜູ້ອື່ນໆ ເພື່ອປົກປ້ອງສິດແລະຜົນປະໂຫຍດຂອງເຂົາເຈົ້າ.

ຈຸດປະສົງ:

- ຮັບຄຳຮ້ອງທຸກ ແລະຄວາມບໍ່ພໍໃຈ, ແລະຊ່ວຍເຫຼືອການແກ້ໄຂບັນຫາເຫຼົ່ານີ້ໃນຂັ້ນຕ່ຳທີ່ສຸດ.
- ເປັນພະແນກປະຊາສັມພັນສຳຫຼັບຜູ້ຮັບບໍລິການ.

ເຂດຮັບບໍລິການ:

ເຂດເທສບານ Thurston ແລະ Mason

ການມີສິດໄດ້ຮັບການບໍລິການ:

ປະຊາຊົນຜູ້ອາສັຍຢູ່ໃນເຂດເທສບານ Thurston ແລະ Mason ເປັນຜູ້ມີສິດໄດ້ຮັບການບໍລິການ ຫຼື ຜູ້ກຳລັງຮັບການບໍລິການສຸຂະພາບທາງຈິດຂອງສາທາຣະນະ. ຄຳຮ້ອງທຸກຈະແມ່ນຈາກສະມາຊິກພາບໃນຄອບຄົວ ແລະພາກສ່ວນ (ອື່ນໆ) ທີ່ໃຫ້ຄວາມສົນໃຈ ຈະຖືກຮັບເອົາເຂົ້າກັນ.

ຄ່າທຳນຽມ:

ບໍ່ມີ

Ombuds ສາມາດເຮັດຫຍັງ ເພື່ອເຮົາແດ່?

- ຟັງ
  ບັນຫາ.
- ວິຈັຍ
  ພົວພັນເຖິງຫຍັງ.
- ສືບຖາມ
  ຄວາມຈິງ, ນິຕິບັນທຶກ, ກົດໝາຍ, ນະໂຍບາຍ ແລະການປະຕິບັດ.
- ຊ່ວຍເຫຼືອ
  ທ່ານ, ໃນການປະກອບເອກສານເພື່ອຮ້ອງທຸກ ແລະຕິດຕາມຄວາມບໍ່ພໍໃຈທີ່ຈະເກີດຕາມຫຼັງ.
- ຕິດຕາມ
  ເບິ່ງວ່າຄຳຮ້ອງທຸກ ຫຼືຄວາມບໍ່ພໍໃຈຖືກແກ້ໄຂຫຼືບໍ່ ແລະທ່ານບັງໄດ້ລາບລະອຽດຕໍ່ໄປ ຫຼືບໍ່?
- ແນະນຳ
  ປຽນແປງເພື່ອແກ້ໄຂບັນຫາໃຫ້ຖືກຕ້ອງ ຫຼື ຫຼີກລ້ຽງບັນຫາໃນອານາຄົດ.
- ໃຫ້ລາບລະອຽດ
  ກ່ຽວກັບວິທີທາງ ແລະສິດຜົນປະໂຫຍດຂອງຜູ້ຮັບບໍລິການ.

ຂໍຮັບບໍລິການແນວໃດ:

ໂທຣະສັບ, ຂຽນຫາ ຫຼືປັຽມປາມຫ້ອງການ.

Ombuds ບໍ່ສາມາດ ເຮັດຫັງໃຫ້ເຮົາແດ່?

- ບໍ່ສາມາດສະແດງເປັນຜູ້ຈັດການກໍຣະນີໄດ້.
- ບໍ່ສາມາດໃຫ້ຄຳແນະນຳດ້ານກົດໝາຍແກ່ທ່ານໄດ້.
- ບໍ່ສາມາດຮັບປະກັນຜົນຮັບສະເພາະ ກໍຣະນີໃດ ນຶ່ງໄດ້.
- ບໍ່ສາມາດເປັນຕົວແທນແກ່ທ່ານ ຫຼື ທະນາຍຄວາມ.

ເຮົາສາມາດເຮັດຫັງແດ່ ເພື່ອຊ່ວຍເຫຼືອແກ້ໄຂ ຄຳຮ້ອງທຸກຂອງເຮົາ?

- ກຽມຕົວບອກວ່າແມ່ນໃຜ, ແມ່ນຫຍັງ, ເວລາໃດ ແລະບັນຫາເກີດຢູ່ໃສ.
- ຈັດຫາລາບລະອຽດທີ່ເປັນລາບລັກອັກສອນ ຂອງທ່ານ.
- ພິຈາຣະນາວ່າ ແມ່ນຫຍັງຈະເປັນການແກ້ໄຂຢ່າງຂອບທັມ. ທ່ານຕ້ອງການຫຍັງຈາກໜ່ວຍງານ.
- ໃຫ້ລາບລະອຽດແກ່ Ombuds ເພື່ອຈະໄດ້ຕິດຕໍ່ທ່ານແນວໃດ.

NHỮNG QUYỀN HẠN CỦA KHÁCH HÀNG

Quý vị có quyền để:

* Được đối xử kính trọng và xứng đáng.
* Giúp phát triển một kế hoạch chăm sóc và những dịch vụ đạt nhu cầu của quý vị.
* Từ chối bất cứ đề nghị điều trị nào.
* Nhận sự chăm sóc mà không phân biệt đối xử với quý vị, và thích hợp với phái, chủng tộc, quốc tịch gốc, tuổi, phế tật, và sự lựa chọn phái tính của quý vị.
* Không bị lợi dụng hoặc khuấy nhiễu tình dục.
* Xem lại hồ sơ chăm sóc của quý vị.
* Nhận được sự giải thích về tất cả thuốc men kê đơn cho quy vị, kể cả tác dụng và có thể những tác dụng phụ thuộc.
* Giữ sự kín mật.
* Xem lại điều lệ của cơ quan về sự khiếu nại bất bình.
* Nộp đơn khiếu nại hoặc bày tỏ sự bất bình với nhân viên của Ombuds hay người cung cấp dịch vụ, nếu quý vị tin rằng quyền hạn của quý vị bị xâm phạm.
* Không bị trả thù hoặc dọa trả thù.

KHI CẦN SỰ GIÚP ĐỠ TÔI LIÊN LẠC VỚI OMBUDS BẰNG CÁCH NÀO ?

GỌI ĐIỆN THOẠI

1-(360) 754-2982
1-800-624-1234 ext. 2982
TDD 754-2933

VIẾNG THĂM

(Văn Phòng Hỗ Trợ Vùng)
Regional Support Network Office
524 4th Avenue West
(Second Floor)
Olympia.

GIỜ GIẤC LINH ĐỘNG

Nếu quý vị gọi bất cứ một trong những số điện thoại này, quý vị sẽ chờ trong giây lát để chúng tôi chuyển quý vị đến thông dịch viên.

Giờ làm việc: 8:00 - 5:00
Giờ làm việc: 7:30 -5:00

GỞI THƯ ĐẾN:

Ombuds
Thurston/Mason RSN
529 4th Avenue West
Olympia, WA 98501-1097

Vietnamese

HỆ THỐNG HỖ TRỢ VÙNG THURSTON/MASON (CHƯƠNG TRÌNH CHĂM SÓC SỨC KHOẺ ỨNG TIỀN TRƯỚC)

THURSTON/MASON
REGIONAL SUPPORT
NETWORK
(PREPAID HEALTH PLAN)

OMBUDS

DÀNH CHO KHÁCH HÀNG CỦA NHỮNG DỊCH VỤ CÔNG CỘNG VỀ SỨC KHOẺ TÂM THẦN

163TM

OMBUDS LÀ GÌ ?

Ombuds là một dịch vụ độc lập thiết lập bởi luật của Tiểu Bang với trách nhiệm nhận những khiếu nại hoặc bất bình từ những khách hàng của dịch vụ sức khoẻ tâm thần công cộng, và để bảo vệ quyền hạn của họ.

MỤC ĐÍCH:

Để nhận những khiếu nại hoặc sự bất bình và giúp giải quyết vụ việc nhanh chóng ở cấp thấp nhất có thể được.

Để hành động như là một dịch vụ thông tin dành cho khách hàng.

VÙNG PHỤC VỤ:

Quận Thurston và Mason

ĐIỀU KIỆN HỢP LỆ:

Cư dân thuộc quận Thurston và Mason hội đủ điều kiện nhận những dịch vụ sức khoẻ tâm thần tài trợ bởi quỹ công cộng. Những khiếu nại cũng có thể được nhận từ những hội viên trong gia đình và từ các bên liên quan khác.

LỆ PHÍ:

Không có.

NHỮNG GÌ OMBUDS CÓ THỂ LÀM CHO TÔI ?

* **Lắng nghe**
  vụ việc
* **Phân tích**
  những gì liên quan
* **Điều tra**
  sự việc, hồ sơ, luật, điều lệ và thủ tục.
* **Giúp**
  quý vị nộp đơn khiếu nại và tuân theo thủ tục khiếu nại.
* **Theo dõi**
  để xem việc khiếu nại được giải quyết và giữ cho quý vị được thông báo.
* **Khuyên (đề nghị)**
  những thay đổi để sửa chữa vấn đề hoặc ngăn ngừa xảy ra trong tương lai.
* **Cung cấp tin tức**
  về tài nguyên và quyền hạn của khách hàng.

NỘP ĐƠN CÁCH NÀO:

Gọi điện thoại, Viết thơ, hoặc đến văn phòng.

NHỮNG GÌ OMBUDS KHÔNG THỂ LÀM CHO TÔI ?

* Không thể hành động như một người quản lý hồ sơ.
* Không thể cho lời khuyên pháp lý.
* Không thể bảo đảm một kết quả rõ rệt nào.
* Không thể đại diện quý vị như là một luật sư.

TÔI CÓ THỂ LÀM GÌ ĐỂ GIÚP GIẢI QUYẾT VIỆC KHIẾU NẠI CỦA TÔI ?

* Cần sẵn sàng cho biết về: Ai, Cái gì, Lúc nào, Ở đâu của vấn đề.
* Cung cấp bằng văn tự những tin tức mà quý vị có.
* Quan tâm đến một giải pháp công minh.
  Những gì quý vị mong muốn từ cơ quan?
* Giữ cho Ombuds biết cách liên lạc được với quý vị

សិទ្ធិរបស់អ្នកប្រើប្រាស់

អ្នកមានសិទ្ធិដើម្បី ៖

- ទទួលគោរពតាមនិងថ្លៃទូ
- ជួយពន្យឺតកំណត់ពេលព្យាបាល និងការបំពឹ
  ដើម្បីបំពេញសេចក្តីត្រូវការរបស់អ្នក។
- មិនត្រូវទទួលការស្តីព្យាបាល។
- ទទួលការព្យាបាលដែលមិនប្រកាន់
  បំនាស់និងអ្នក ហើយជានិសម្ព្រសបទៅ
  និងកេត ពួជ សញ្ជាតិដើម ភាសា
  អាយុ ពិការភាព និងចំណូលចិត្តខាងកេ
  របស់អ្នក។
- ផ្តល់ពីការពេងប្រវញ្ជ ឬការនាំនាងខាង
  ភេទ។
- ពិនិត្យឯកសារព្យាបាលរបស់អ្នក។
- ទទួលសេចក្តីពន្យល់អំពីផ្នាំដែលផ្តល់ឲ
  ដោយភាប់ជាមួយនិងប្រសិទ្ធិភាព និង
  ផលប្រាន្ធាប់ដ្ឋានដែលអាចកើតមាន។
- ព្យាការសម្ងាត់
- ពិនិត្យឃ្ញាប់ឯកសារបស់ក្រសួង។
- ដាក់ពាក្យបណ្ដឹងជួតវាជាមួយបុគ្គលិ
  RSN ឬអ្នកផ្តល់ការព្យាបាល បើអ្នក
  យើញថាសិទ្ធិរបស់អ្នកត្រូវគេបំពាន។
- ផ្តល់ពីការសងសឹក ឬការគំរាមសងសឹ

តើខ្ញុំតាក់ទងជាមួយ OMBUDS តាម

របៀបណាពេលខ្ញុំត្រូវការឲ្យជួយ ?

ហៅទូរស័ព្ទ

1-(360) 754-2982
1-800-624-1234 ext. 2982
TDD# 754-2933

ទៅសាកសួរ

ទៅការិយាល័យនុបត្ថម្ភតំបន់
Regional Support Network
Office
529 4th Avenue West
(second floor) Olympia.

ពេលវេលា តាមសម្រួល

បើអ្នកទូរស័ព្ទមកលេខណាមួយខាងក្រោមនេះ អ្នកនឹងត្រូ
គេរង់ចាំឲ្យចាំមួយរយៈ ខណៈពេលដែលយើងកំពុងរកអ្នកមក
ប្រាស្រ័យណាមួយវិញ។

ពេលម៉ោងធ្វើការ ម៉ោង ៨:00 - ៥:00
ពេលម៉ោងធ្វើការ ម៉ោង ៧:30 - ៥:00

សរសេរទៅ ៖

ONBUDS
Thurston/Mason RSN
529 4th Avenue West
Olympia, Wa 98501-1097

ប្រពន្ធ័ការពារតំបន់ ទ្រនាប់ស្រុ
ម៉ើស្ពុ និង ម៉ើសុ
(ផែនការសុខភាព បង់ប្រាក់មុន)

**THURSTON/MASON
REGIONAL SUPPORT
NETWORK
(PREPAID HEALTH PLAN)**

OMBUDS

**សម្រាប់អ្នកប្រើប្រាស់ការព្យាប
សាធារណៈខាងសុខភាពនៃការ**

Cambodian

163 TM

តើ OMBUDS ជាអ្វី ?

OMBUDS គឺការបំពឹងជាឯកជនមួយចានបង្កើតឡើងដោយច្បាប់រដ្ឋ មានការកិច្ចនិងទទួលពាក្យបណ្តឹង ឬតវ៉ាពីអ្នកប្រើប្រាស់ការបំពឹងសុខភាពខាងផ្លូវកាយ និងផ្សេងទៀត និងដើម្បីការពារសិទ្ធិរបស់អ្នកទាំងនោះ។

ពាក្យបំណង:

ដើម្បីទទួលពាក្យបណ្តឹងឬតវ៉ា និងជួយដោះស្រាយបញ្ហាទាំងនោះនៅថ្នាក់ទាបបំផុតដែលអាចធ្វើកើត។

តំបន់ប៉ះ:

ស្រុក Thurston និង Mason

លក្ខណៈសម្បត្តិ

អ្នកស្រុក Thurston និង Mason ដែលមានលក្ខណៈសម្បត្តិទទួលការបំពឹងសុខភាពផ្លូវកាយដែលផ្តល់ដោយវិការសាធារណៈ។ ពាក្យបណ្តឹងក៏អាចចានទទួលពីសមាជិកគ្រួសារឬពីខាងផ្សេងទៀតដែលត្រូវការ។

ក៏ប៉ៃ ៖

ស្មាន

តើ OMBUDS អាចធ្វើអ្វីខ្លះសម្រាប់ខ្ញុំ?

- **ស្តាប់**
  ទូរបណ្ណា
- **វិភាគ**
  ប្រ៊ីខ្លះដែលទាក់ទងក្នុងបណ្ណា
- **ស្វែងរកដំណោះ**
  ព្រឿងរ៉ាវ ឯកសារ ច្បាប់ លក្ខន្តិកៈ
  និងរបៀបរបប។
- **ជួយ**
  បំពេញពាក្យបណ្តឹងឲ្យស្របទៅតាម
  របៀបរបបនៃការតវ៉ា។
- **តាមដាន**
  ដើម្បីដឹងថាពាក្យបណ្តឹងឬតវ៉ាចានដោះ
  ស្រាយ ហើយអ្នកចានគេជូនពត៌មានឲ្យ។
- **ស្នើ**
  ការផ្លាស់ប្តូរដើម្បីកែតម្រូវបណ្ណា
  ឬការពារមិនឲ្យកើតឡើងក្នុងអនាគត។
- **ផ្តល់ពត៌មាន**
  អំពីជនចាន និងសិទ្ធិអ្នកប្រើប្រាស់។
- **តើចាត់ពាក្យរបៀបណា ?**
  ទូរសព្ទ សារសរ ឬទៅកាន់ការិយាល័យ

តើ OMBUDS មិនអាចធ្វើអ្វីខ្លះសម្រាប់ខ្ញុំ ?

- មិនអាចធ្វើជាមធ្យមជាអ្នកគ្រប់គ្រងសំណុំរឿង
- មិនអាចឲ្យមិត្តទទួលការងារ ចាន
- មិនអាចចានលទ្ធផលច្បាស់លាស់ណាមួយ
- មិនអាចធ្វើជាកំណាងឲ្យអ្នកមួយជាមេធាវី

តើខ្ញុំអាចធ្វើអ្វីខ្លះដើម្បីជួយដោះស្រាយពាក្យបណ្តឹងរបស់ខ្ញុំ ?

- ត្រូវត្រៀមខ្លួនដើម្បីផ្ទៀងត្រួតអំពីបណ្ណា
  ទូរស័ព្ទជា ឈ្មោះ ប៉ី ពេលណា នៅទីណា
- ផ្តល់ជូនខ្លួនពត៌មាន ដែលអ្នកមាន
  ជាលាយលក្ខណ៍អក្សរ
- យកចិត្តទុកដាក់អំពីការដោះស្រាយដោយ
  យុត្តិធម៌ម្តង។
  តើអ្នកចង់ចានអ្វីពីក្រុមនេះ ?
- ក្បាការជូនតំណឹងឲ្យ Ombuds ដឹងថាតើអាចទាក់ទងជាមួយអ្នកតាមរបៀបណា។

COASTAL CLUBHOUSE

A non-profit
consumer-operated clubhouse

Address:
2323 Sumner Avenue
Hoquiam, WA 98550

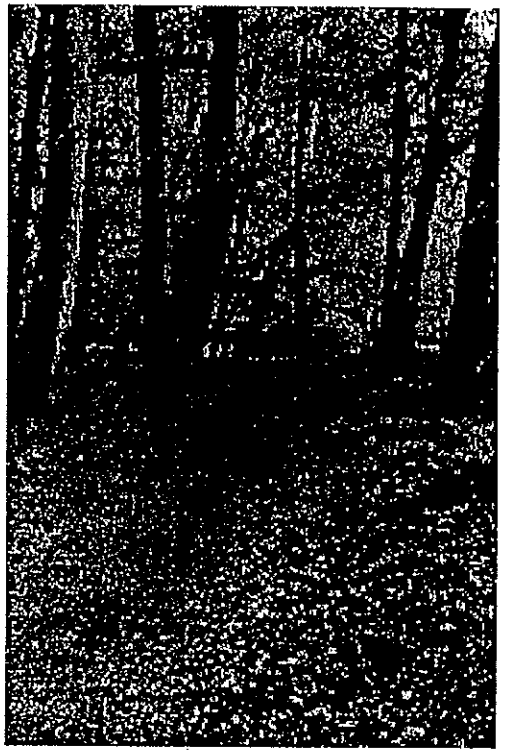
Phone:
(360) 533-1432

Mailing Address:
P.O. Box 598
Aberdeen, WA 98520

FOR MORE INFORMATION CONTACT:

THE GRAYS HARBOR COUNTY REGIONAL SUPPORT NETWORK

2109 Sumner Avenue, Suite 203
Aberdeen, WA 98520



(360) 532-8631 Ext. 285
1-800-258-9430

TDD: (360) 532-8657
FAX: (360) 533-1983

GRAYS HARBOR COUNTY REGIONAL SUPPORT NETWORK

PREPAID MENTAL HEALTH PLAN

PROVIDING

PUBLICLY-FUNDED COMMUNITY MENTAL HEALTH SERVICES TO MEDICAID RECIPIENTS IN GRAYS HARBOR COUNTY

Grays Harbor County
Regional Support Network
Health and Social Services Dept.
2109 SUMNER AVENUE
ABERDEEN, WA 98520

or (360) 532-8631 Ext. 285
1-800-258-9430

TDD: (360) 532-8657
FAX: (360) 533-1983

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HERE ARE SOME ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT THE PREPAID HEALTH PLAN

What is the Prepaid Health Plan?

The Prepaid Health Plan provides community outpatient and inpatient mental health benefits to its members.

Am I a member of the Prepaid Mental Health Plan and eligible for its mental health benefits?

If you live in Grays Harbor County, and if you have a Medicaid coupon, you are a member of the Prepaid Health Plan and are eligible to receive its benefits.

Where do I go to get mental health services?

If you are in a mental health crisis, or if you need outpatient mental health services, you should contact:

EVERGREEN COUNSELING CENTER
205 8TH STREET
HOQUIAM, WA 98550
(360) 532-8629

GRAYS HARBOR CRISIS CLINIC
615 8TH STREET
HOQUIAM, WA 98550
(360) 532-4357
1-800-685-6556
TDD Hearing Impaired:
(360) 532-8778

BEHAVIORAL HEALTH RESOURCES
575 EAST MAIN ST., SUITE C
ELMA, WA 98541
(360) 482-5358
(Adults and Older Adults Only)

What benefits are provided under the Prepaid Health Plan?

The benefits provided by the Prepaid Health Plan include the following services:

CRISIS SERVICES

- **24-Hour telephone information assistance and crisis counseling**
- **Crisis response services**
- **Crisis respite services**
- **24-Hour crisis stabilization services**

ACCESS CENTER

- **Screening and referral**
- **Assessment and evaluation**

COMMUNITY SUPPORT AND TREATMENT

- **Case management**
- **Counseling**
- **Residential support services**
- **Medication monitoring**
- **Pre-vocational and vocational services**
- **Daily living skills and activities**
- **Individualized and tailored care**

For: Children, Adults and Older Adults

ALL SERVICES ARE BASED ON AN INITIAL CLINICAL ASSESSMENT AND IDENTIFED TREATMENT NEEDS.

What if I am not satisfied with services?

If you have a concern about quality of services or the access to services under the Prepaid Health Plan, you may contact:

OMBUDS SERVICES
PERSONAL SERVICE PROVIDERS
720 Levee Street
Hoquiam, WA 98550
(360) 538-1782
1-800-258-9430

OFFICE OF CONSUMER AFFAIRS
WASHINGTON STATE
MENTAL HEALTH DIVISION
1-800-446-0259

QUALITY REVIEW TEAM
FOR INFORMATION,
[redacted]
(360) 532-8631 Ext. 282

What is the Quality Review Team?
The Prepaid Health Plan has a Quality Review Team to monitor and improve mental health services in Grays Harbor County.

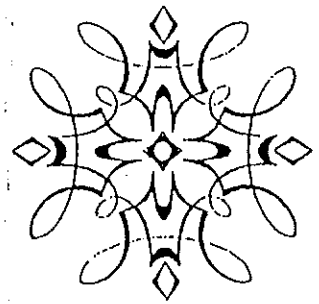
The Team is made up of interested citizens, consumers of mental health services, their family members and advocates. The duties of the Team include:

- **Conducting interviews and surveys**
- **Involving underserved consumers**
- **Making recommendations to the Grays Harbor County Mental Health Advisory Board**

CONSUMER RIGHTS

You have the right to:

- Be treated with dignity and respect.
- Develop a plan of care that meets your unique needs.
- Refuse any proposed treatment
- Be free of sexual harassment or exploitation.
- Review your care record.
- Confidentiality.
- Review the agency's grievance policy.
- Receive care which does not discriminate against you, and is sensitive to your sex, race, national origin, language, age, disability, and sexual preference.
- Receive an explanation of all medications prescribed, including expected effect and possible side effects.
- Lodge a complaint or grievance with the Ombudsman, RSN, or provider if you believe your rights have been violated.
- Be free of retaliation or threat of retaliation.



COMPLAINTS?

QUESTIONS?

NEED INFORMATION?

CONTACT:

GRAYS HARBOR MENTAL HEALTH OMBUDS SERVICE

720 LEVEE STREET
HOQUIAM, WA 98550

(360) 538-1782
1-800-258-9430

OMBUDSMAN:

DIANE TRIGG

GRAYS HARBOR MENTAL HEALTH

Free Service for anyone who receives or applies for public mental health services in Grays Harbor County.

(360) 538-1782
Toll Free 1-800-258-9430
Fax (360) 533-0999

Located:
720 Levee Street
Hoquiam, WA 98550

E-mail ombuds@techline.com
Home Page:
http://www.techline.com/~ombuds

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WHAT IS THE OMBUDS SERVICE?

The Ombuds Service is an independent service created by state law with the responsibility to receive complaints and grievances from publicly funded mental health consumers. Complaints may be made by consumers, their family members, or others.

PURPOSE

To receive complaints and grievances and assist in resolving them quickly, confidentially, and at the lowest possible level.

To act as an information service for consumers.

ELIGIBILITY

Any person receiving services from RSN/PHP funded mental health providers may use the Ombuds Service for assistance with complaints and grievances. Those who are denied services are also eligible. Anyone can access information services or referral services.

WHAT CAN THE OMBUDS SERVICE DO?

- **LISTEN**
  to the person with the problem.
- **INVESTIGATE AND RESEARCH**
  facts, information, policies, procedures, and laws relating to the problem.
- **MEDIATE**
  to resolve the problem by informal means if possible.
- **ASSIST**
  in the complaint process and follow through to see that the complaint is resolved.
- **RECOMMEND**
  changes to correct a problem or to prevent future occurrences.
- **PROVIDE INFORMATION**
  on resources, mental disorders, and consumer rights.

WHAT CAN'T THE OMBUDS SERVICE DO?

Give legal advice.

Enforce a recommendation.

Provide mental health counseling or case management services.

WHAT DOES IT COST TO USE THE OMBUDS SERVICE?

The Ombuds Service is free. There are no charges for using the information, referral, or complaint resolution services.

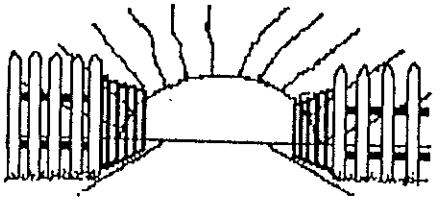
HOW DO I CONTACT THE OMBUDS SERVICE IF I NEED TO?

CALL
1-360-538-1782
1-800-258-9430

VISIT OR WRITE
PERSONAL SERVICE PROVIDERS/
GHMH OMBUDS SERVICE
720 LEVEE STREET
HOQUIAM, WA 98550

Personal Service Providers
720 Levee Street
Hoquiam, WA 98550
(360) 538-1782

360-538-1782
Servicios Ombuds
Se Hacen Citas Los
lunes, martes, miercoles,
y viernes
de las 10 horas a las 15 horas



RSN del Condado De Grays Harbor
Plan Porte Pagado de Salud
2109 Sumner Avenue
Crujia de Piezas 200
Aberdeen, WA 98520-3699
360-532-8665
800-258-9430

Personal Service Providers
720 Levee Street
Hoquiam, WA 98550
(360) 538-1782

Acosta Translation Service
P.O. Box 1752
Aberdeen, WA 98520
(360) 532-7880 FAX (360) 533-8015

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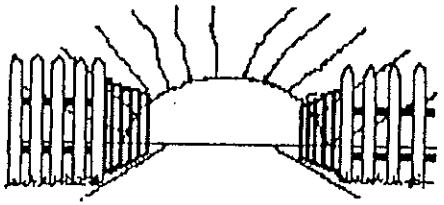
Servicio Gratuito Para los consumidores en el Condado de Grays Harbor de servicios de salud mental consolidados publicamente

Providores de Servicios Personales
720 Levi Street
Hoquiam, WA 98550

360-538-1782
Servicios Ombuds
Se Hacen Citas Los
lunes, martes, miercoles,
y viernes
de las 10 horas a las 15 horas



RSN del Condado De Grays Harbor
Plan Porte Pagado de Salud
2109 Sumner Avenue
Crujla de Piezas 200
Aberdeen, WA 98520-3699
360-532-8665
800-258-9430

¿Que es Ombuds?

Ombuds es un servicio independiente criado por ley estatal con la responsabilidad de recibir quejas de los consumidores de salud mental consolidada publicamente; de otros, de proteger los derechos de ellos.

¿En que me sirve el Ombuds?

- **Escucha su problema**
- **Investiga hechos, registros, leyes, pólizas y procedimientos**
- **Amonesta el estado de su queja o agravio y mantiene a usted informado.**
- **Recomienda cambios para corregir un problema o para prevenir ocurriencsas venideras.**
- **Provee información referente a los recursos y derechos del consumidor**

¿Que es lo que Ombuds no puede hacer para mi?

- No puede actuar como manejador de casos
- No puede darle asesoramiento legal
- No puede asegurarle resultados especificos
- No puede representarle como abogado

¿Que puedo hacer yo para resolver my queja?

- Estar preparado para revelar el Quien, Que, Cuando, y Donde del problema
- Entregar toda informacion por escrito que tiene
- Considerar lo que es un remedio justo. ¿Que es lo que usted quiere que haga la agencia para usted?
- Mantener informado al Ombudspersona de como puede hacer contacto con usted.

Derechos del Consumidor

Usted tiene el derecho de:

- ser tratado con respeto y dignidad;
- ayudar hacer un plan de cuidado y servicios que satisface sus necesidades;
- rehusar cualquier tratamiento propuesto;
- recibir cuidado que no le descrimina, que sea sensible a su género, raza, origen nacional, idioma, incapacidad, debilidad debida a su edad, y preferencia sexual;
- estar libere de toda explotación u hostigamiento sexual;
- revisar los registros de su cuidado;
- recibir una explicación de todas las medicinas receladas, incluyendo efectos esperados, y efectos secundarios;
- confidencialidad;
- revisar la póliza de quejas de la agencia;
- poner queja o agravio con el Obudspersona, RSN o Provisor si usted cree que sus derechos han sido violados; y
- estar libre de desquite o de amenaza.

CLUB COSTEÑO

Un Club operado por el consumidor y que no busca provecho, utilidad ni beneficio

2720 Sumner Avenue
Hoquiam, WA 98550
Teléfono: (360) 533-0546

Para Mas Información Haga Contaco con:

Red de Apoyo Regional del Condado de Grays Harbor
2109 Sumner Avenue,
Crujía de Piezas 200
Aberdeen, WA 98520-3699

Teléfono:

(360)532-8665
1-800-258-9430

Para sordos (360)532-8657
FAX (360)533-1983

Acosta Translation Service
P.O. Box 1752
Aberdeen, WA 98520
(360) 532-7880 FAX (360) 533-8015

Red De Apoyo Regional Del Condado de Grays Harbor

PLAN PORTE PAGADO DE SALUD

Proviendo
Servicios de la Salud Mental
Consolidados Publicamente por la Comunidad
A los Recipientes del Médicaid
En el Condado de Grays Harbor

Red de Apoyo Regional del Condado de Grays Harbor
2109 Sumner Avenue,
Crujía de Piezas 200
Aberdeen, WA 98520-3699

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Respuestas a Algunas Preguntas Frecuentes del Porte Pagado Plan de Salud

¿Que es el porte pagado plan de salud?

El PORTE PAGADO PLAN provee a sus miembros de la comunidad beneficios de paciente no internado.

¿Soy miembro del PORTE PAGADO PLAN de La Salud Mental y Soy eligible para recibir sus beneficios de La Salud Mental?

Si usted vive en el Condado de Grays Harbor y si usted tiene un cupón de Médicaid, entonces usted es miembro del PORTE PAGADO PLAN de SALUD y es eligible para recibir sus beneficios.

¿Donde voy para recibir servicios de la Salud Mental?

Si usted está en un crisis de salud mental o si usted necesita servicios de paciente no internado de La Salud Mental, debe hacer contacto con:

Centro De Asesoramiento Evergreen
205 8th Street
Hoquiam, WA 98550
(360) 532-8629

Clinica de Crisis Grays Harbor
615 8th Street
Hoquiam, WA 98550
(360) 532-4357
1-800-685-6556
TDD Para Sordos
(360) 532-8778

¿Cuales beneficios se proveen bajo el PORTE PAGADO PLAN de SALUD?

Los beneficios provistos por el PORTE PAGADO PLAN de SALUD incluyen los siguientes servicios:

Todos los servicios se basan en una averiguacion clinica inicial y en tratamientos identificados necesitados

---

SERVICIOS DE CRISIS

- Información, Ayuda, y Asesoramiento de crisis 24 horas al día
- Servicios Responsivos de crisis
- Servicios de Truega durante un crisis
- Servicios Para Estabilización durante un Crisis 24 horas al día

CENTRO DE ACCESO

- Acribadura y Referencia
- Asesoramiento y Evaluación

APOYO DE LA COMMUNIDAD Y TRATAMIENTO

- Administración del Caso
- Servicios Residenciales de Apoyo
- Recetas Médicas
- Servicios Pre-vocacionales y Vocacionales
- Destrezas y Actividades de la vida diaria
- Cuidado Individuo y Personalizado

¿Y si no estoy satisfecho con los servicios?

Si tiene una inquietud acerca de la calidad de los servicios o el acceso a los servicios bajo el PORTE PAGADO PLAN de SALUD, puede hacer contacto con:

Servicios Ombuds
Provisores de Servicios Personales
Teléfono (360) 538-1782

Oficina de Asuntos del Consumidor
División de La Salud Mental del Estado de Washington
Teléfono 1-800-446-0259

Equipo de Reviso de Calidad
Información: Llame a
[redacted]
Teléfono (360) 532-8665

¿Que es el Equipo de Reviso de Calidad?

Para amonestar y mejorar los servicios de la Salud Mental, el PORTE PAGADO PLAN de SALUD tiene un Equipo de Reviso de Calidad.

El Equipo de Reviso de Calidad se conpone de ciudadanos interesados y consumidores de los Servicios de La Salud Mental junto con parientes del consumidor, y abogados. El cometido del equipo incluye:

- Conducir entrevistas y encuestas
- Involucrar a consumidores inmerecidos
- El hacer recomendaciones al MHAB del Condado de Grays Harbor.

The following agencies are licensed by the State of Washington to provide mental health services:

Ferry County Community Services
(509) 775-3341
42 Klondike Road
Republic, WA. 99166

Lincoln County Counseling Center
(509) 725-3001
1211 Merriam
Davenport, WA. 99122

Pend Oreille County Counseling Services
(509) 447-5651
P.O. Box 5055
105 S. Garden Ave.
Newport, WA. 99156

Stevens County Counseling Services
(509) 684-4597
E. 165 Hawthorne
Colville, WA. 99114

Northeast Washington Regional Support Network NEWRSN

Prepaid Health Plan for Public Mental Health Services

Benefits Handbook

1 b3 NEWRSN

What is NEWRSN?

NEWRSN provides funding to Mental Health Centers, who provide the services to consumers.

Who is a member of the NEWRSN Prepaid Health Plan?

Any resident of Ferry, Lincoln, Pend Oreille or Stevens County who is eligible for Medicaid Mental Health Services in the region (as indicated on the Medical ID card).

How do I contact a Mental Health Agency for services?

Members of the NEWRSN prepaid health plan may contact a provider in their community directly or call the Regional Support Network toll-free number for information.

Northeast Washington Regional Support Network **1-800-201-4250**
P.O. Box 1249 - E. 301 Clay - Suite 210
Chewelah, WA. 99109
Crisis Line - 1-800-767-6081

What services may I receive from the prepaid health plan?

- Crisis Services - Crisis services are available to all residents of the region, regardless of Medicaid eligibility and require no prior authorization. These services are provided by the local Mental Health Centers on a 24 hour basis.

- The following **outpatient services** may be provided:

  - Assessment services
  - Individual, family or group counseling
  - Medication management
  - Case management
  - Prevocational services
  - Other, as determined medically necessary within the Level of Care assigned.

- In addition, the following services are available when medically necessary:

  - Residential Services
  - Psychiatric Hospitalization

What services are NOT covered by the prepaid health plan?

- Outpatient services from Providers outside the region.
- Services from Providers who do not have a contract with NEWRSN.
- Services from Providers who are not certified and licensed by the Mental Health Division of the Washington State Department of Social and Health Services.
- Alcohol and Drug treatment.
- Eating Disorder treatment.
- Services not determined medically necessary by one of NEWRSN's licensed providers.

The Mental Health Provider Alliance of Ferry, Lincoln, Pend Oreille & Stevens Counties

Outpatient mental health services under the PREPAID MENTAL HEALTH PLAN are available at the following community agencies:

Timberline - Long Term & Behavioral Health Care
42 Klondike Road
Republic, WA. 99166
(509) 775-3341

Lincoln County Counseling Center
1211 Merriem, P.O. Box 278
Davenport, WA. 99122
(509) 725-3001

Pend Oreille County Counseling Center
501 North Newport Ave.
P.O. Box 5055
Newport, WA. 99156
(509) 447-5651

Stevens County Counseling Services
East 165 Hawthorne
Colville, WA. 99114
(509) 684-4597

24 HOUR MENTAL HEALTH CRISIS LINE
1-800-767-6081

What is a Regional Support Network?

The Washington State Community Mental Health System was divided up into 14 regions in 1989. The regions group communities together and are called Regional Support Networks (RSN). Each RSN has a contract with the State of Washington to provide Community Mental Health Services. The contract between the state and a RSN is called a Prepaid Mental Health Plan. The RSN then contracts with local Mental Health agencies to provide mental health services to anyone who has a Medicaid coupon. Northeast Washington Regional Support Network serves Ferry, Lincoln, Pend Oreille and Stevens Counties.

How can staff at NEWRESN help obtain information I may need to get mental health services?

NEWRESN staff are happy to provide information and referrals to anyone in our community. We often assist community members in referrals for specific mental health services within our region. If you have any questions about mental health services in our community, or if you need information about another RSN, please call or stop by our office. NEWRESN is located in Chewelah, on the second floor of the City/ Municipal Building. Our address is 301 E. Clay, P.O. Box 1249, Chewelah, WA. 99109. Phone: (509) 935-6801 or 1-800-201-4250.

Northeast Washington Regional Support Network

PREPAID MENTAL HEALTH PLAN

Providing Community Outpatient Mental Health Services to Medicaid Recipients in: Ferry, Lincoln Pend Oreille & Stevens Counties

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Northeast Washington Regional Support Network
E. 301 Clay, P.O. Box 1249
Chewelah, WA. 99109
1-800-201-4250 - (509) 935-6801

1b3 NEWRSN

What is the Prepaid Mental Health Plan?

The PREPAID MENTAL HEALTH PLAN provides community outpatient mental health benefits to its members.

Am I a Member of the Prepaid Mental Health Plan and Eligible for its Mental Health Benefits?

If you live in Ferry, Lincoln, Pend Oreille or Stevens County and have a Medicaid coupon, you are a member of the PREPAID MENTAL HEALTH PLAN and are eligible to receive benefits.

Where Do I Get Mental Health Services?

If you need outpatient mental health services you should contact one of the Community Mental Health Providers listed on the back of this brochure. As a member of the Prepaid Mental Health Plan, you have the choice of receiving services from any of these providers.

What if I'm in Crisis?

If you are in crisis you can contact the 24-hour a day Mental Health Crisis line at 1-800-767-6081.

What if I'm away from home & need Crisis Mental Health Services?

You can receive Crisis Mental Health Services anywhere in the State of Washington. All 14 RSN's have 24 hour Crisis Lines.

What Benefits are Provided Under the Prepaid Mental Health Plan?

The benefits Provided by the PREPAID MENTAL HEALTH PLAN include the following services:

Crisis services

- 24-hour Telephone Information Assistance & Crisis Intervention
- Crisis Response Services
- Crisis Respite Services

Assessment Services

- Screening & Referral
- Assessment & Evaluation

Counseling Services

- Individual & Group Counseling
- Family Counseling

Intensive Rehabilitation Services

- Case Management
- Residential Support Services
- Medication Prescription & Monitoring
- Pre-vocational & Vocation Services
- Daily Living Skills & Activities
- Individualized & Tailored Care

ALL SERVICES ARE BASED ON CLINICAL ASSESSMENT AND IDENTIFIED TREATMENT NEEDS.

What If I'm Not Satisfied with Services?

If you have a concern about the quality of services or the access to services under the PREPAID MENTAL HEALTH PLAN, you may contact:

Ombuds Service
Julie Helgerson
Telephone: 1-800-735-7857

Office of Consumer Affairs
Washington State Mental Health Division
Telephone: 1-800-446-0259

NEWRESN Quality Review Team
Telephone: 1-800-201-4251

What is the Quality Review Team?

To monitor and improve its mental health services, the PREPAID MENTAL HEALTH PLAN has a Quality Review Team.

The Quality Review Team is made up of consumers of mental health services, their family members and advocates.

The duties of the team include:

- Listening to consumers,
- Gathering opinions and suggestions,
- Conducting interviews and surveys,
- Involving underserved consumers,
- Making recommendations, and
- Safeguarding consumer confidentiality.

For information contact:
NEWRESN
1-800-201-4250 or (509) 935-6801

Consumers Rights

You have the right to:

- Be treated with respect and dignity.
- *Help develop a plan of care and services which meets your needs.*
- *Refuse any proposed treatment.*
- *Receive care which does not discriminate against you, and is sensitive to your sex, race, national origin, language, age, disability and sexual preference.*
- *Be free of any sexual exploitations or harassment.*
- *Review your care record.*
- *Receive an explanation of all medications prescribed, including expected effect and possible side effects.*
- *Confidentiality.*
- *Review the agency's grievance policy.*
- *Lodge a complaint or grievance with the Ombudsperson, RSN or provider if you believe your rights have been violated.*
- *Be free of retaliation or threat of retaliation.*

How do I contact the Ombuds for Help?

For an appointment:

Call: (509) 447-0165

Or

1-800-735-7857

or write

NEWRESN Ombuds Services

P.O. Box 1140

Newport, WA. 99156

Discrimination is prohibited in all programs and activities: No one shall be excluded on the basis of race, color, religion, creed, national origin, sex, marital status, disabled veteran status, Vietnam Era Veteran status, or disability. This material is available in alternate formats.

Ombuds Services

For consumers of Public Mental Health Services

Northeast Washington Regional Support Network (NEWRESN) Funds Mental Health Services In Ferry, Lincoln, Pend Oreille & Stevens Counties

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What is an Ombuds?

The Ombuds is an independent service created by State law with responsibilities to receive complaints and grievances from public mental health consumers and others and to protect their rights.

What is the Purpose?

To receive questions, concerns, complaints and assist in quickly resolving them.

Who is eligible?

Northeast Washington residents who reside in Ferry, Lincoln, Pend Oreille and Stevens Counties are elibile for public funded mental health services.

What can the Ombuds do for me?

- Listens to your problem.
- Analyzes what is involved.
- Investigates facts, records, laws, policies and procedures.
- Assists you in filing a complaint and in following the grievance procedure.
- Follows through to see that the complaint or grievance is resolved and you are kept informed.
- Recommends changes to correct a problem or prevent future occurrences.
- Provides information on resources and consumer rights.

What are the fees?

There are no fees associated with this service.

What can't the Ombuds do for me?

- Cannot act as a Case Manager.
- Cannot give you legal advice.
- Cannot ensure any specific outcome.
- Cannot represent you as an attorney would.

What can I do to help resolve my complaint?

- Be prepared to tell the Who, What, When, and Where of the problem.
- Supply any written information you may have.
- Consider what would be a fair remedy. What is it you want from the agency?
- Keep the Ombudsperson informed of how you can be contacted.

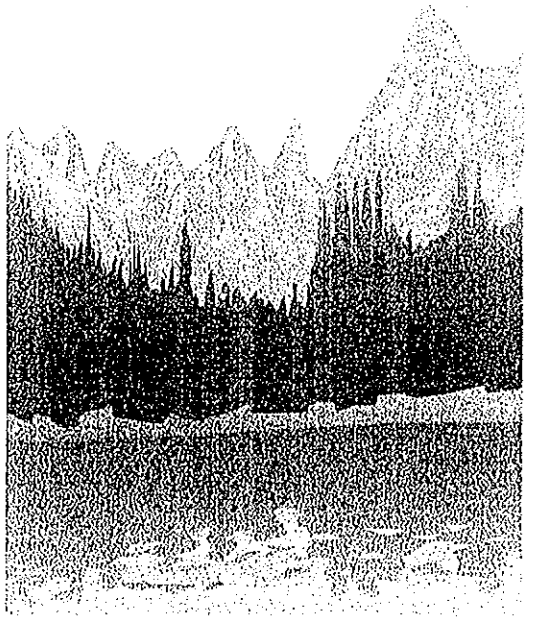
DEVELOPING AN ITC PLAN SOUNDS LIKE A LOT OF WORK. WILL IT BE WORTH IT?

It will be the hardest work you will ever do. The goal of an ITC team is to work closely together in a creative manner to improve your overall quality of life and meet treatment goals as quickly as possible. We know that most people cannot work on their mental health issues if they are worrying about basic necessities. ITC teams will work together creatively to find housing, jobs, day care, furniture, clothes, transportation and money for medication not covered by medical coupons. Different teams will have different goals based on your treatment plan.

For more information, please contact your case manager or Northeast Washington Regional Support Network at 1-800-201-4250.

NEWRESN
P.O. Box 1249
Chewelah, WA 99109
509-935-6801
Fax: 509-935-4862

INDIVIDUALIZED AND TAILORED CARE



Northeast Washington Regional Support Network
P.O. Box 1249
Chewelah, WA. 99109

WHAT IS INDIVIDUALIZED AND TAILORED CARE?

People receiving mental health services often also receive services from other individuals or agencies. For example, you may be working with DSHS to get food stamps or medical coupons, with a church for day care and with a community college to complete your high school diploma. Often, the people working with you see only the needs they are responsible for. Friends and family members are sometimes overlooked and it can take a lot of time for you to go to all of the meetings required to participate in these programs. Forming an ITC team brings everyone together.

WHO IS ON AN ITC TEAM?

Individualized and Tailored Care (also called ITC) is a way for each of the people working with you to meet on a regular basis to hear your needs and work together to meet your goals. This group of people would be your Individualized and Tailored Care Team. The team can also include friends, family members, roommates or any other important person in your life you want to invite. The idea is to get everyone together to plan, brainstorm and coordinate services. The team usually has a leader from the mental health center where you receive services. The leader is responsible for coordinating meetings, making sure that team members are working together and making sure that the team's goals are directed by you.

HOW OFTEN WILL WE MEET?

Most teams meet frequently at first. As your needs are met, meetings happen less frequently. Each team must decide together how often they will meet.

WILL EVERYONE HAVE TO KNOW EVERYTHING ABOUT ME?

The team leader will help you decide what you want to share with the team. Your treatment plan will guide you and your team. For example, if the team is working to help you move into a better housing situation and improve your employment skills, you may decide to tell the team only what they need to know to help you meet these goals. Also, each team member must agree to keep the information confidential.

HOW TO GET FURTHER INFORMATION ON ADVANCE DIRECTIVES:

* Contact your counselor or your local county mental health center.
* Attend an Advance Directives workshop
* Obtain assistance from a lawyer or legal services office
* Request an Advance Directives workbook from your counselor
* Form an Advance Directives support group
* Read additional publications on Advance Directives
* Contact Northeast Washington Regional Support Network

OTHER REFERENCES

NEWRESN
P.O. Box 1249
Chewelah, WA. 99109
(509) 935-6801
1-800-201-4250

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NEWRESN Ombuds Service
1-800-735-7857
(509) 935-6457

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Washington Protection & Advocacy Systems
1-800-562-2702

Advance Directives For Psychiatric Care

A document used by mental health consumers to communicate their wishes about their treatment when they can not do so.

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COMPONENTS OF AN ADVANCE DIRECTIVES:

* Provider contact list
* Hospital preferences
* Notifying family/friends
* Medications
  - What works
  - What hasn't worked
  - Medications that you never want
* Other treatment preferences
* Health information
* Discharge planning
* Must be signed by the consumer to be valid
* Can be changed or revoked at any time by the consumer

Advance Directives are a contract requirement for NEWRESN and your local community mental health center according to the following:

"Establish, implement and maintain written policies and procedures regarding Advance Directives for Psychiatric Care in accordance with 42-CFR-434.28.
42-CFR-434.28 is a federal regulation that lets people know about their rights to have an Advance Directives."

Your mental health provider "...shall comply, respect and utilize Advance Directives for service recipients who are experiencing situations for which they have planned in advance and created this directive so long as they are clinically appropriate."

BENEFITS OF AN ADVANCE DIRECTIVES:

Developing an Advance Directives provides plans for how your responsibilities will be met in the event you become incapacitated. It can provide plans for:

* Childcare
* Pet care/Bill paying
* Notifying your employer
* Plans for preventing a mental health crisis from getting worse
* Communicates your preferences for treatment in the event of a psychiatric emergency
* Establishes a record of your mental health treatment wishes
* This process can lead to self-knowledge and to self-empowerment

在危急情況下

有生命危險的危急情況.....911

24 小時關照危急感召
美國義工組織(VOA)..... 1-800-584-3578

醫助服務機構

第一次在加有星號（*）的醫助服務機構予約和接受服務時，請電.....1-888-693-7200

第一次在沒有星號（*）的醫助服務機構予約和接受服務時，請按相應的號碼打電話。

艾藍縣

*社區精神病保健服務處:
卡馬諾島(Camano Island).....(360) 629-9529
庫伯維爾(Coupeville).....(360) 678-5555
*美國義工組織危急感.....1-800-584-3578

聖胡安縣

*社區精神病保健服務處.....(360) 378-2669
*美國義工組織危急感召.....1-800-584-3578

斯卡吉特縣

*西北天主教社區保健服務處.....(360) 416-7546
*社區精神病保健服務處.....(360) 416-7500
西瑪 (SeaMar) 門診部.....(360) 428-8912
*美國義工組織危急感召.....1-800-584-3578

斯諾霍米許縣

*西北天主教社區保健服務處.....(425) 259-9188
*康帕斯 (Compass) 保健處.....(425) 349-6200
西北青年服務部.....(425) 339-0266
*彩虹 (Rainbow) 醫療中心.....(425) 513-8213
西瑪 (SeaMar) 門診部.....(425) 762-3730
丘拉里普 (Tulalip) 部落.....(360) 651-4400
*美國義工組織危急感召.....1-800-584-3578

華特肯縣

*西北天主教社區保健服務處.....(360) 676-2164
*華特肯湖醫療中心.....(360) 676-6000
西瑪 (SeaMar) 門診部.....(360) 734-5458
*森 (Sun) 社區服務部.....(360) 676-1178
*美國義工組織危急感召.....1-800-584-3578
*華特肯醫療咨詢與精神病門診部..(360) 676-8455

北灣地區醫助網 NSRSN 董事會

董事

北灣地區醫助網董事會主席 Robert Hart
斯卡吉特縣事員.....(360) 336-9300

Michael Shelton,
艾藍縣事員.....(360) 679-7354
Rhea Miller,
聖胡安縣事員.....(360) 378-2898
Bob Drewel,
斯諾霍米許縣行政長官.....(425) 388-3460
Rick Larsen,
斯諾霍米許縣委員會.....(425) 388-3494
Barbara Cothern,
斯諾霍米許縣委員會.....(425) 388-3494
Kirke Sievers,
斯諾霍米許縣委員會.....(425) 388-3494
L... Kremen,
華特肯縣行政長官.....(360) 676-6717
Ward Nelson,
華特肯縣委員會委員.....(360) 676-6690
Gary Ramey,
斯奎拉瓜米許 (Stillaguamish) 部落.....(360) 652-7362
Sharri Dempsey,
丘拉里普 (Tulalip) 部落.....(360) 651-3351

當然董事

Jim King, 主席
北灣地區醫助網顧問委員會.....(360) 336-3136
Judy VanDeen, 副主席
北灣地區醫助網顧問委員會.....(360) 678-5958

欲知詳情，請電：

貴縣的精神病保健協作機構：

艾藍縣精神病
保健處.....(360) 679-7350

聖胡安縣保健
與社區事務處.....(360) 376-6242

斯卡吉特縣人事
環境事務處.....(360) 336-9395

斯諾霍米許縣人事
環境事務處.....(425) 388-7200

華特肯縣保健與
人事環境事務處.....(360) 676-6829

北灣地區醫助網
North Sound Regional Support Network

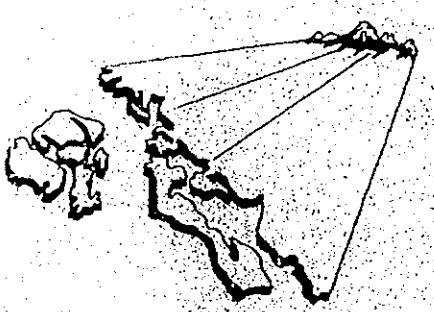
行政辦公室
南一街 117 號，8 室
佛農山
Mount Vernon, WA 98273
電話 (360) 416-7013
免費電話 1-800-684-3555
傳真 (360) 416-7017

Revised 10/98 Chinese

北灣地區醫助網
North Sound Regional Support Network

預付費用保健計劃
Prepaid Health Plan

愛藍、聖胡安、斯卡吉特、斯諾霍米許，以及華特肯等縣的精神病協作保健服務



北灣地區醫助網
電話（306）416-7013
免費電話 1-800-684-3555

173715

承擔的服務項目

如果您領用醫療卷，您就可以有資格加入基本精神病保健計劃成為北灣預付費用保健計劃(PHP)的一位成員。如果您還是低收入且患有慢性或嚴重的精神病，那么您還可以接受精神病保健服務。

預付費用保健計劃將會提出一些醫療計劃以滿足您特有的精神病保健需要。該計劃所承擔的服務可以包括加入計劃的登記/病情的評估、急病的搶救、醫助小組、咨詢及（或）病歷監查以及在必要時提供翻譯服務。醫助服務也可以提供給出患有精神病并且是無家可歸者的病人，以及患有精神病并且牽涉到刑事司法系統的病人。

您在一家精神病保健醫助機構進行初診時，通常要做挂號登記的病情檢查。這種檢查是用來確定哪一種精神病保健服務在醫療上是必需的，并且為您擬出可以確定治療目標和療程的治療計劃。

還包括另外一些精神病保健服務：

醫療服務：
- 精神病診斷
- 醫藥處方的審核

住院服務：
- 自願住院證明
- 非自願治療法案服務
- 醫院聯絡與出院計劃

社區醫助服務：
- 接診和診斷服務
- 急病住家醫助服務
- 各別治療
- 集體治療
- 家庭醫助
- 兒童住院方案計劃(CHAP)服務
- 兒童長期祝願計劃(CLIP)病歷管理
- 住宿醫助服務
- 精神病/毒品濫用（MICA）醫助服務
- 住房/住家醫助服務
- 就業前/就業醫助服務
- 口頭翻譯服務

此外，在北灣地區醫助網的服務區域內居住的所有人都可以獲得以下服務：
- 急病應召
- 非自願診斷
- 非自願狀態的住院
- 非自願的社區內住院

不承擔的服務項目

以下的精神病保健服務是預付費用保健計劃所不予承擔的：
- 救護（非市內救護交通）
- 非精神病處方的藥物
- 由其它非北灣地區醫助網預付費用保健計劃的服務機構所提供的服務。

醫助服務客戶的權利*

(a) 要得到尊敬和禮遇的治療；
(b) 要擬有能夠符合您獨特需要的護理計劃和服務；
(c) 拒絕接受他人所提議任何同非自願治療法案，華州地區法規 RCW 第 71.05 和 71.34 等章所要求相符的治療；
(d) 接受不對您歧視的護理，同時，這種護理不會在您的性別、種族、原來國家、語言、年齡、殘疾，和有性的舉動傾向方面使您感到不快；
(e) 沒有任何性的挑逗或性騷擾；
(f) 可以審查您的病歷記錄；
(g) 要得到對所有處方藥物的解釋，其中包括預期的療效和可能有的副作用；
(h) 要保守秘密，如各有關法令（華州地區法規 RCW 第 70.02，71.05 和 71.34 等章）和條例（華州行政管理法規 WAC 第 275-54 和 275-55 等章和本章）所規定的；以及
(i) 如果您認為您的權利已被侵害，您就可以向服務質量監察人員、地區醫助網、或醫助服務機構提出投訴。如果您提出了投訴或控告的話，您絕不會受到任何報復行動，服務質量監察人員會根據您的要求，來為您的不滿幫助您提出控告。服務質量監察人員的電話號碼是(360) 416-7008 或免費電話 1-888-336-6184。

*華州行政管理法規 WAC

無歧視方針

北灣地區醫助網或其承包經辦機構不會在種族、膚色、宗教、信仰、原來國別、性別、年齡、婚姻狀況、殘疾退伍軍人、越戰退伍軍人、愛滋病病毒攜帶者/患者，或殘疾人士方面對人歧視。

投訴，控告與公正聽證會

地區醫助網已建立起關于投訴、控告和公正聽證會的方針以及時程序，以容許預付費用保健計劃 PHP 的任何一位成員對醫助服務有關的某些方面提出投訴。

關于您在提出投訴，控告或進行公正聽證會方面的權利，您可以打電話(360) 416-7013 或免費電話 1-800-684-3555 同北灣地區醫助網聯系，或打電話(360) 416-7008 或免費電話 1-888-336-6164 同服務質量監察人員聯系，以了解情況。

醫助服務消費者事務辦公室

北灣地區醫助網的消費者事務辦公室對北灣地區的精神病保健服務的消費者給予支持，并給以頃導。消費者事務辦公室處理各種問訊調查、協調公共關系，并且檢查醫助機構的出版物。如果要同醫助消費者事務辦公室聯系，請打電話(360) 416-7013，或打免費電話 1-800-684-3555。

此外，醫助消費者辦公室的精神病保健部還設有一條供所有消費者訊問用的免費電話線路。如果您的事情不便于同地區醫助網講明，請您向消費者事務辦公室打電話，號碼 1-800-446-0529。

服務質量審查小組

為了不斷改進服務，地區醫助網設有由消費者及其家庭成員組成的醫助服務質量審查小組。服務質量審查小組可以在您的治療過程中同您聯系。設置服務質量審查小組的目的是收集您的意見和主張，并且根據這種了解來改進服務。

服務質量監察人員事務處

地區醫助網設有獨立的服務質量監察人員事務處。在整個投訴過程中，服務質量監察人員是始終支持消費者的。在解決投訴，控告及（或）社會保健服務處的公正聽證會上，服務質量監察人員可以幫助消費者，其家庭成員，和其他有關方面（有消費者的同意）。要盡力在最低的層次上把投訴問題解決掉。如果您提出了投訴或控告的話，您絕不會受到任何報復行動的。您可以打電話(306) 416-7008 或免費電話 1-888-336-6164。

នៅក្នុងករណីមានអាសន្ន

ពេលអាសន្នដែលជាការគម្រាមកំបែងរស់វិត.....៩១១
ការព្យួរតម្លៃ២៤ ម៉ោងចំពោះការជែទាំ
ពេលមានវិបត្តិ (VOA).....9-800-666-1848

អ្នកផ្តល់ទូវកិច្ចបម្រើ

ការដាក់ពាលណាក់ជួបលើកទី១ ទំនាក់ទទួលយកកិច្ចបម្រើសម្រាប់អ្នកផ្តល់ទូវកិច្ចបម្រើដែលការមាក់សញ្ញាផ្តាយ *).....9-888-3833-8200
ការដាក់ពាលណាក់ជួបលើកទី១ ទំនាក់ទទួលយកកិច្ចបម្រើសម្រាប់អ្នកផ្តល់ទូវកិច្ចបម្រើដែលមិនមានដាក់សញ្ញាផ្តាយ ឲ្យទូរស័ព្ទទៅលេខទូរស័ព្ទដែលទាក់ទងតាមលំដាប់។

ខេត្ត អាយឡិន
- *Community Mental Health Services
  - Camano Island.....(360) 387-6628
  - Coupeville.....(360) 678-5555
- *Volunteers of America Crisis Response..9-800-666-1848

ខេត្ត ស្នែនវ៉ែ
- *Community Mental Health Services.....(360) 848-2338
- *Volunteers of America Crisis Response..9-800-666-1848

ខេត្ត ស្ការ៉ាមុ៉ូ
- *Catholic Community Services Northwest.(360) 678-3188
- *Community Mental Health Services.....(360) 678-4800
- Seamar Clinc.....(360) 678-6596
- *Volunteers of America Crisis Response..9-800-666-1848

ខេត្ត ស្នូហ្គូម៉ីធ
- *Catholic Community Services Northwest.(425) 258-5188
- *Compass Health.....(425) 348-3100
- Northwest Youth Services.....(425) 348-3233
- *Rainbow Resources.....(425) 673-4293
- Seamar Clinc.....(425) 743-8480
- Tualip Tribes.....(360) 659-5600
- *Volunteers of America Crisis Response..9-800-666-1848

ខេត្ត វ៉ាកូប
- *Catholic Community Services Northwest..(360) 733-7236
- *Lake Whatcom Treatment Center.....(360) 733 3000
- Seamar Clinc.....(360) 738-6666
- *Sun Community Services.....(360) 733-9918
- *Volunteers of America Crisis Response..9-800-666-1848
- *Whatcom Counseling & Psychiatric Clinic.....(360) 733-8666

ក្រុមប្រឹក្សានាយកនៃអង្គការ NSRSN

សមាជិក

ប្រធានក្រុមប្រឹក្សានាយកនៃ NSRSN, Tobert Hart,
សមាជិកនៃគណៈកម្មការនៃស្ការ៉ាមុ៉ូខេត្ត.....(360) 293-5300

Michael Shelton,
សមាជិកនៃគណៈកម្មការនៃអាយឡិនខេត្ត.....(360) 387-8766

Rhea Miller,
សមាជិកនៃគណៈកម្មការនៃស្នែនវ៉ែនខេត្ត.....(360) 848-2255

Bob Drewel,
នាយកនៃស្នូហ្គូម៉ីធ្ជ.....(425) 388-3000

Rick Larson,
ក្រុមប្រឹក្សានៃស្នូហ្គូម៉ីធ្ជ.....(425) 388-3566

Barbara Cothern,
ក្រុមប្រឹក្សានៃស្នូហ្គូម៉ីធ្ជ.....(425) 388-3566

Kirke Sievers,
ក្រុមប្រឹក្សានៃស្នូហ្គូម៉ីធ្ជ.....(425) 388-3566

Pete Kremen,
នាយកនៃវ៉ាកូបខេត្ត.....(360) 733 3191

Ward Nelson,
សមាជិកនៃក្រុមប្រឹក្សានៃវ៉ាកូបខេត្ត.....(360) 733-3200

Gary Ramey,
កុលសម្ព័ន្ធទ្រីស្ការ៉ាហ្ជ៉ីធ្ជ.....(360) 296-7362

Sharri Dempsey,
កុលសម្ព័ន្ធ្ជមាស៊ីធ.....(360) 659-3389

សមាជិកកិត្តិយស

Jim King, ប្រធាន
គណៈក្រុមប្រឹក្សានៃ NSRSN.....(360) 733-3933

Judy Vandeen, អនុប្រធាន
គណៈក្រុមប្រឹក្សានៃ NSRSN.....(360) 3[illegible]-6666

ដើម្បីទទួលព័ត៌មានជាបន្ថែម:

អ្នកសម្រួលខាងសុខមាលភាពនៃទូរស្ការ៉ាលប្រចាំខេត្ត ដ៏ឈ្លាសក្នុង:
ក្រសួងសុខមាលភាពខាងខ្ជូរស្ការ៉ាល
នៃអាយឡិនខេត្ត.....(360) 387-8300
ក្រសួងសុខមាលភាពខាងខ្ជូរស្ការ៉ាល & ខាងកិច្ចបម្រើសហគមន៍
នៃស្នែនវ៉ែនខេត្ត.....(360) 733-3242
ក្រសួងខាងកិច្ចបម្រើបន្ទុស្សនៃស្ការ៉ាមុ៉ូខេត្ត...(360) 733-3466
ក្រសួងខាងកិច្ចបម្រើបន្ទុស្សនៃស្នូហ្គូម៉ីធ្ជ...(425) 388-3200
ក្រសួងសុខមាលភាពខាងខ្ជូរស្ការ៉ាល & បន្ទុស្សកិច្ច
នៃវ៉ាកូបខេត្ត.....(360) 733-3628

North Sound Regional Support Network

ការិយាល័យអតិថិជន
117 North 1st Street, Suite 8
Mount Vernon, WA 98273
(360) 428-7017
លេខទូរស័ព្ទឥតគិតថ្លៃ 9-800-388-3388
លេខទូរសារ (360) 428-7017

Revised 9/98 Cambodian

North Sound Regional Support Network

ផ្នែកការសុខភាពដែលបានបង់ថ្លៃទុកជាមុន

សម្រួលកិច្ចបម្រើខាងសុខមាលភាពខ្ជូរស្ការ៉ាលនៅក្នុងខេត្ត អាយឡិន, ស្នែនវ៉ែន, ស្ការ៉ាមុ៉ូ, ស្នូហ្គូម៉ីធ្ជ និង វ៉ាកូប

North Sound
Regional Support Network
(360) 416-7013
លេខទូរស័ព្ទឥតគិតថ្លៃ ១-៨០០-១៨៨-៣៨៨៨

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កិច្ចបម្រើដែលទទួលការចេញថ្លៃធានារ៉ាប់រងឲ្យ

បើសិនជាលោកអ្នកទទួល រដ្ឋពិនិត្យជម្ងឺ(គូប៉ុង) លោកអ្នកមានសិទ្ធិទទួលផែនការថែទាំសុខភាពផ្នែកខួរក្បាលចាំបាច់មួយដោយសារលោកអ្នកជាសមាជិកនៃផែនការសុខភាព North Sound Prepaid Health Plan (PHP)។ លោកអ្នកប្រហែលជាអាចទទួលកិច្ចបម្រើខាងផ្នែកសុខភាពខួរក្បាលបើសិនលោកអ្នកជាអ្នកដែលមានប្រាក់ចំណូលតិចហើយមានជម្ងឺរ៉ាំរ៉ៃខាងខួរក្បាលឬជម្ងឺខួរក្បាលធ្ងន់។

PHP នឹងបង្កើតនូវផែនការដើម្បីបំពេញនូវសេចក្តីត្រូវការខាងផែនការសុខភាពខួរក្បាល។ កិច្ចបម្រើដែលទទួលការចេញថ្លៃធានារ៉ាប់រងឲ្យអាចមានរួមទាំងការចុះឈ្មោះចូលព្យាបាល/ធ្វើការប៉ាន់ប្រមាណ ការធ្វើអន្តរាគមន៍ពេលមានវិបត្តិ ក្រុមផ្តល់ការទ្រទ្រង់ ការឲ្យឱសថនិង/ឬការត្រួតពិនិត្យករណីនិងកិច្ចបម្រើខាងការបកប្រែភាសានៅពេលត្រូវការ។ កិច្ចបម្រើក៏មានផងដែរសម្រាប់ផ្តល់ការបម្រើដល់អតិថិជនដែលមានជម្ងឺខួរក្បាល គ្មានលំនៅ និងក៏សម្រាប់បម្រើដល់អតិថិជនដែលមានជម្ងឺខួរក្បាលហើយមានការទាក់ទងនឹងប្រព័ន្ធខាងផ្លូវឧក្រិដ្ឋកម្មនិងយុត្តិធម៌។

ការជួបជាលើកទី១របស់លោកអ្នកជាមួយយើងបុគ្គលិកផ្តល់កិច្ចបម្រើខាងការថែទាំសុខភាពខួរក្បាលតាមធម្មតាគឺជាការធ្វើការប៉ាន់ប្រមាណមើលដើម្បីទទួលយកលោកអ្នកមកព្យាបាល។ ការវាយតម្លៃនេះយកមកអនុវត្តដើម្បីឲ្យដឹងថាតើកិច្ចបម្រើខាងសុខភាពខួរក្បាលណាមួយដែលជាការចាំបាច់ខាងផ្នែកសុខាភិបាល ហើយបង្កើតនូវផែនការព្យាបាលរបស់លោកអ្នកដែលនឹងបង្ហាញឲ្យដឹងពីគោលដៅនិងរយៈពេលសម្រាប់កិច្ចបម្រើទាំងនេះ។

កិច្ចបម្រើផ្សេងៗទៀតអាចមានរួមបញ្ចូលទាំង:

កិច្ចបម្រើខាងផ្នែកពេទ្យ:
- ការវាយតម្លៃខាងផ្នែកផ្លូវចិត្ត/ខួរក្បាល
- កិច្ចបម្រើខាងការពិនិត្យថ្នាំព្យាបាលសារជាថ្មីកិច្ចបម្រើសម្រាប់អ្នកជម្ងឺដែលមកសម្រាកព្យាបាលក្នុងមន្ទីរ
- ការបញ្ជាក់ដោយលិខិតអំពីការមកសម្រាកព្យាបាលក្នុងមន្ទីរដោយស្ម័គ្រចិត្ត
- កិច្ចបម្រើខាងបទបញ្ញត្តិសម្រាប់ការព្យាបាលដោយមិនស្ម័គ្រចិត្ត
- កិច្ចបម្រើខាងការទាក់ទងជាមួយនឹងមន្ទីរពេទ្យនិងផែនការ

កិច្ចបម្រើខាងការទ្រទ្រង់សហគមន៍:
- កិច្ចបម្រើខាងភាពអាចទៅទទួលនិងការប៉ាន់ប្រមាណមើល
- កិច្ចបម្រើខាងវិបត្តិនៅតាមលំនៅឯកជន
- វិធីព្យាបាលមួយទល់មួយ
- វិធីព្យាបាលជាក្រុម
- ការទ្រទ្រង់ដល់គ្រួសារ
- កិច្ចបម្រើនៃកម្មវិធីផ្សេងទៀតនៃការសម្រាកព្យាបាលនៅមន្ទីរពេទ្យរបស់កុមារ (CHAP)
- កិច្ចបម្រើនៃកម្មវិធីសម្រាកព្យាបាលនៅមន្ទីរពេទ្យសម្រាប់រយៈពេលយូររបស់កុមារ (CLIP)

ការចាត់ការករណី
- កិច្ចបម្រើនៅតាមលំនៅ
- កិច្ចបម្រើខាងជម្ងឺខាងខួរក្បាល/ការប្រើប្រាស់គ្រឿងញៀនសារធាតុគីមី (MICA)
- កិច្ចបម្រើខាងទីលំនៅ/សម្រាប់តែលំនៅឯកជន
- កិច្ចបម្រើខាងមុខរបរវិជ្ជាជីវៈ/វិជ្ជាជីវៈ
- កិច្ចបម្រើខាងការបកប្រែភាសា

ជាបន្ថែម បុគ្គលទាំងអស់ដែលរស់នៅ នៅក្នុងតំបន់ផ្តល់កិច្ចបម្រើរបស់ NSRSN អាចទទួលកិច្ចបម្រើដូចតទៅ:
- ការឆ្លើយតបទៅនឹងវិបត្តិ
- ការវាយតម្លៃដោយគ្មានការស្ម័គ្រចិត្ត
- ការឲ្យសម្រាកព្យាបាលនៅក្នុងមន្ទីរពេទ្យរដ្ឋដោយគ្មានការស្ម័គ្រចិត្ត
- ការឲ្យសម្រាកព្យាបាលនៅក្នុងមន្ទីរពេទ្យសហគមន៍ដោយគ្មានការស្ម័គ្រចិត្ត

កិច្ចបម្រើដែលមិនទទួលការចេញថ្លៃធានារ៉ាប់រងឲ្យ

កិច្ចបម្រើខាងសុខភាពខួរក្បាលខាងក្រោមនេះមិនទទួលការចេញថ្លៃធានារ៉ាប់រងពីផែនការសុខភាព Prepaid Health Plan ទេ:
- មានសម្រាប់អ្នកនាំ(ក្រៅពី ITA)
- មិនមែនថ្នាំព្យាបាលដែលមានវេជ្ជបញ្ជាខាងជម្ងឺផ្លូវចិត្ត/ខួរក្បាល
- កិច្ចបម្រើមកពីអ្នកផ្តល់កិច្ចបម្រើដែលមិនមែនជារបស់ NSRSN PHP

សិទ្ធិរបស់អតិថិជន*

(a) ទទួលការប្រព្រឹត្តចំពោះប្រកបទៅដោយការគោរពនិងកិត្តិយស
(b) បង្កើតនូវគម្រោងការណ៍ព្យាបាលនិងទទួលការបម្រើដែលបំពេញនូវសេចក្តីត្រូវការពិសេសរបស់លោកអ្នក
(c) បដិសេធនូវការស្នើសុំព្យាបាលដែលស្របទៅតាមសេចក្តីតម្រូវនៅក្នុងសេចក្តីសម្រេចនៃការព្យាបាលដោយមិនស្ម័គ្រចិត្ត ជំពូក 71.05 និង 71.34 RCW
(d) ទទួលការថែទាំដែលមិនមានការប្រកាន់ទីងលោកអ្នកនិងដោយយល់ទៅតាមភេទ សាសន៍ សញ្ជាតិដើម ភាសា អាយុ ពិការភាព និង ចំណង់ខាងភេទ
(e) មិនឲ្យមានការជញ្ជក់យកផលប្រយោជន៍ឬមានការរំលោភខាងផ្នែកភេទណាមួយ
(f) ពិនិត្យបញ្ជីករណីលោកអ្នកសារជាថ្មី
(g) ទទួលនូវការពន្យល់អំពីថ្នាំព្យាបាលដែលបានវេជ្ជបញ្ជាទាំងអស់ដោយរាប់បញ្ចូលទាំងប្រសិទ្ធិភាពដែលអាចកើតមានឡើង និងប្រតិកម្មនិងថ្នាំដែលអាចកើតមានឡើង
(h) ការសម្ងាត់ដូចបានពិពណ៌នាទាក់ទងនៅក្នុងបញ្ញត្តិ: (ជំពូក 70.02, 71.05 និង 71.34 RCW) និងបទបញ្ជា (ជំពូក 275.54 និង 275.55 WAC)
(i) ធ្វើពាក្យបណ្តឹងទៅភ្នាក់ងារទទួលពាក្យបណ្តឹង RSN ឬអ្នកផ្តល់ការបម្រើ បើសិនលោកអ្នកជឿថាគេបានរំលោភបំពានទៅលើសិទ្ធិរបស់លោកអ្នក។ បើលោកអ្នកធ្វើពាក្យបណ្តឹងឬសំដែងនូវការសោកស្តាយ លោកអ្នកនឹងមានទណ្ឌកម្មអ្វីកើតឡើងចំពោះលោកអ្នកវិញទេ។ បុគ្គលិកទទួលពាក្យបណ្តឹងនឹងជួយលោកអ្នកតាមការស្នើសុំពីលោកអ្នកធ្វើពាក្យបណ្តឹង។ លេខទូរសព្ទរបស់បុគ្គលិកទទួលពាក្យបណ្តឹងគឺ(៣៦០) ៤១៦-៧០០៤ ឬលេខទូរសព្ទដែលឥតគិតថ្លៃ ១-៨៨៨-៣៣៦-៦១៦៤។

*275.57.340 WAC

គោលការណ៍សម្រាប់ការមិនប្រកាន់

អង្គការ North Sound Regional Support Network ឬអនុសាខារបស់គេមិនប្រកាន់ដោយសារមកពីសាសន៍ ពណ៌សម្បុរ សាសនា គោលជំនឿ ជាតិដើម ភេទ អាយុ ឋានៈរៀបអាពាហ៍ពិពាហ៍ អតីតយោធាពិការ អតីតយោធាជិតខាងសង្គ្រាមវៀតណាម ជម្ងឺអេដស៍/អេដស៍ ឬពិការភាព។

របៀបធ្វើពាក្យបណ្តឹងតវ៉ា សំដែងនូវការសោកស្តាយ និង សវនាការដ៏ត្រឹមត្រូវ

អង្គការ North Sound Regional Support Network បានរៀបចំនូវគោលការណ៍និងរបៀបធ្វើពាក្យបណ្តឹងតវ៉ា សំដែងនូវការសោកស្តាយនិងសវនាការដ៏ត្រឹមត្រូវដើម្បីអនុញ្ញាតឲ្យសមាជិកណាមួយរបស់ PHP ធ្វើពាក្យបណ្តឹងអំពីផ្នែកខ្លះនៃកិច្ចបម្រើ។

ព័ត៌មានអំពីសិទ្ធិរបស់លោកអ្នកក្នុងការធ្វើពាក្យបណ្តឹងតវ៉ា សំដែងនូវការសោកស្តាយនិងសវនាការដ៏ត្រឹមត្រូវមានសម្រាប់ផ្តល់ទៅលោកអ្នកដោយទាក់ទងទៅអង្គការ North Sound Regional Support Network នៅលេខ (៣៦០) ៤១៦-៧០១៣ ឬលេខដែលឥតគិតថ្លៃ ១-៨០០-៦៨៤-៣៥៥៥ ឬក៏ទាក់ទងទៅការិយាល័យទទួលធ្វើពាក្យបណ្តឹងតវ៉ានៅលេខ (៣៦០) ៤១៦-៧០០៤ ឬលេខដែលឥតគិតថ្លៃ ១-៨០០-៣៣៦-៦១៦៤ ។

ការិយាល័យនៃកិច្ចការរបស់អ្នកប្រើប្រាស់

អង្គការ North Sound Regional Support Network នៃកិច្ចការរបស់អ្នកប្រើប្រាស់ គាំទ្រនិងផ្តល់ ការណែនាំសម្រាប់អ្នកទទួលកិច្ចបម្រើខាងសុខភាពខួរក្បាលនិងគំរោងនៅក្នុងតំបន់ភាគខាងជើងទាំងប្រាំ។ ការិយាល័យនៃកិច្ចការរបស់អ្នកប្រើប្រាស់នេះ ស្រាយនូវសំណួរ សម្រួលទំនាក់ទំនងជាមួយសាធារណៈជននិងធ្វើជាភ្នាក់ងារខាងការដោះស្រាយរបស់ទីភ្នាក់ងារ។ ដើម្បីទាក់ទងនឹងការិយាល័យនៃកិច្ចការរបស់អ្នកប្រើប្រាស់ ចូរទូរសព្ទទៅ(៣៦០) ៤១៦-៧០១៣ ឬលេខដែលឥតគិតថ្លៃ ១-៨០០-៦៨៤-៣៥៥៥។

ជាបន្ថែម ផ្នែកខាងសុខភាពខួរក្បាលនៃការិយាល័យនៃកិច្ចការរបស់អ្នកប្រើប្រាស់បានថែទាំឲ្យមានខ្សែទូរសព្ទដែលឥតគិតថ្លៃសម្រាប់សំនួររបស់អ្នកប្រើប្រាស់ទាំងអស់។ បើសិនលោកអ្នកមានបញ្ហាដែលមិនអាចដោះស្រាយបានដោយ RSN យើងសូមអញ្ជើញលោកអ្នកឲ្យទូរសព្ទមកការិយាល័យនៃកិច្ចការរបស់អ្នកប្រើប្រាស់នៅលេខ១-៨០០-៤៤៦-០២៥៩។

ក្រុមពិនិត្យមើលគុណភាពសារជាថ្មី

នៅក្នុងការកំពុងតែប្រឹងប្រែងធ្វើឲ្យកិច្ចបម្រើបានប្រសើរឡើងជាបន្ត RSN មានក្រុមពិនិត្យមើលគុណភាពសារជាថ្មីដែលមានអ្នកប្រើប្រាស់និងសមាជិកគ្រួសារជាសមាសភាព។ QRT ប្រហែលជាទាក់ទងលោកអ្នកនៅពេលដែលលោកអ្នកកំពុងទទួលការព្យាបាល។ គោលបំណងនៃក្រុមពិនិត្យមើលគុណភាពសារជាថ្មីគឺប្រមូលយកបញ្ហានិងយោបល់របស់លោកអ្នក។ និងប្រើព័ត៌មាននេះដើម្បីធ្វើឲ្យកិច្ចបម្រើផ្សេងៗបានប្រសើរឡើង។

កិច្ចបម្រើខាងការទទួលពាក្យបណ្តឹងតវ៉ា

អង្គការ RSN ផ្តល់នូវកិច្ចបម្រើខាងការទទួលពាក្យបណ្តឹងឯករាជ្យមួយ។ កិច្ចបម្រើខាងការទទួលពាក្យបណ្តឹង គាំទ្រអ្នកទទួលការប្រើប្រាស់នៅក្នុងពេលកំពុងធ្វើពាក្យបណ្តឹងតវ៉ាទាំងមូលនោះ។ កិច្ចបម្រើខាងការទទួលពាក្យបណ្តឹងមានសម្រាប់ផ្តល់កិច្ចបម្រើដល់អ្នកទទួលការប្រើប្រាស់ សមាជិកគ្រួសាររបស់គេនិងភាគីឯទៀតដែលមានទាក់ទងនៅក្នុងរឿងបណ្តឹងតវ៉ា(ដោយមានការយល់ព្រមពីអ្នកទទួលការប្រើប្រាស់) នៅក្នុងការដោះស្រាយរឿងពាក្យបណ្តឹងតវ៉ា សំដែងនូវការសោកស្តាយនិង/ឬសវនាការរបស់ក្រសួង DSHS ដ៏ត្រឹមត្រូវ។ នឹងមានការព្យាយាមដោះស្រាយនៅថ្នាក់ទាបបំផុតបើអាចមានលទ្ធភាពធ្វើទៅបាន។ បើលោកអ្នកធ្វើពាក្យបណ្តឹងឬសំដែងនូវការសោកស្តាយ លោកអ្នកនឹងគ្មានមានទណ្ឌកម្មអ្វីកើតឡើងចំពោះលោកអ្នកវិញទេ។ លោកអ្នកអាចទាក់ទងនឹងការិយាល័យខាងទទួលធ្វើពាក្យបណ្តឹងដោយទូរសព្ទមកលេខ (៣៦០) ៤១៦-៧០០៤ ឬលេខទូរសព្ទដែលឥតគិតថ្លៃ ១-៨៨៨-៣៣៦-៦១៦៤។

Trường Hợp Cấp Cứu

Cấp cứu mạng sống 911
24 giờ đáp ứng cho
chăm sóc khẩn cấp 1-800-584-3578

Cơ quan phục vụ

Hẹn gặp lần đầu và nhận dịch vụ từ cơ quan phục vụ có dấu hoa thị (*), xin gọi số 1-888-693-7200

Hẹn gặp lần đầu và nhận dịch vụ từ cơ quan phục vụ không có dấu hoa thị (*), xin gọi số điện thoại riêng của cơ quan đó như dưới đây:

Quận Island

**Phục vụ Cộng Đồng về Bệnh Tâm Thần*
Camano Island . . . . . (360)629-9529
Coupeville . . . . . (360)678-5555
**Những người tình nguyện của*
America Crisis Response 1-800-584-3578

Quận San Juan

**Phục vụ Cộng Đồng về Bệnh Tâm Thần . . (360)378-2669*
**Những người tình nguyện của*
America Crisis Response 1-800-584-3578

Quận Skagit

**Dịch Vụ Cộng Đồng Thiên Chúa Giáo*
Vùng Tây Bắc . . . . . (360)416-7546
**Dịch Vụ Cộng Đồng về Bệnh Tâm Thần . . . . (360)416-7500*
Bệnh viện SeaMar . . . . . (360)428-8912
**Những người Tình Nguyện của*
America Crisis Response 1-800-584-3578

Quận Snohomish

**Dịch Vụ Cộng Đồng Thiên Chúa Giáo*
vùng Tây Bắc . . . . . (425)259-9188
**Compass Health . . . . . (425)349-6200*
Dịch Vụ Thanh Niên Tây Bắc . . . . . (425)339-0266
**Rainbow Resources . . . . . (425)513-8213*
Bệnh Viện SeaMar . . . . . (425)762-3730
Bộ lạc Tulalip . . . . . (360)651-4400
**Những người tình nguyện của*
America Crisis Response 1-800-584-3578

Quận Whatcom

**Dịch Vụ Cộng Đồng Thiên Chúa Giáo*
Tây Bắc . . . . . (360)676-2164
**Trung Tâm Chữa Trị Lake Whatcom . . . . . (360)676-6000*
Bệnh viện SeaMar . . . . . (360)734-5458
**Dịch Vụ Cộng Đồng Sun . . . . . (360)676-1178*
**Những người tình nguyện của*
America Crisis Response 1-800-584-3578
**Bệnh viện về Cố Vấn và Tâm Lý*
quận Whatcom . . . . . (360)676-8455

Hội Đồng Quản Trị của NSRSN

Hội viên

Chủ tịch Hội Đồng Quản Trị Robert Hart,
Ủy Viên Quận Skagit . . . . . (360)336-9300

Michael Shelton,
Ủy Viên Quận Island . . . . . (360)679-7354

Rhea Miller,
Ủy Viên Quận San Juan . . . . . (360)378-2898

Bob Drewel,
Quận Trưởng Quận Snohomish . . . . . (425)388-3460

Rick Larsen,
Nghị Viên Hội Đồng Quận Snohomish . . . . (425)388-3494

Barbara Cothern,
Nghị Viên Hội Đồng Quận Snohomish . . . . . (425)388-3494

Kirke Sievers,
Nghị Viên Hội Đồng Quận Snohomish . . . . (425)388-3494

Pete Kremen,
Quận Trưởng Quận Whatcom . . . . . (360)676-6717

Ward Nelson,
Nghị Viên Hội Đồng Quận Whatcom . . . . . (360)676-6690

Gary Ramey,
Bộ lạc Stillaguamish . . . . . (360)652-7362

Sharri Dempsey,
Bộ lạc Tulalip . . . . . (360)651-3351

Cựu Hội viên

Jim King, Chủ Tịch,
Hội Đồng Cố Vấn của NSRSN . . . . . (360)336-3136

Judy Van Deen, Phó Chủ Tịch,
Hội Đồng Cố Vấn của NSRSN . . . . . (360)678-5958

Để có thêm Tin tức:

Phối Trí Viên về Bệnh Tâm Thần:
Ty Bệnh Tâm Thần tại
Quận Island. . . . . (360)679-7350
Ty Bệnh tâm thần &
Dịch Vụ Cộng Đồng tại
Quận San Juan . . . . . (360)376-6242
Ty Phục vụ con người
Quận Skagit . . . . . (360)336-9395
Ty Phục vụ con người
Quận Snohomish . . . . . (425)388-7200
Ty Y Tế và Phục vụ con người
Quận Whatcom . . . . . (360)676-6829

Mạng Lưới Hỗ Trợ
Vùng North Sound

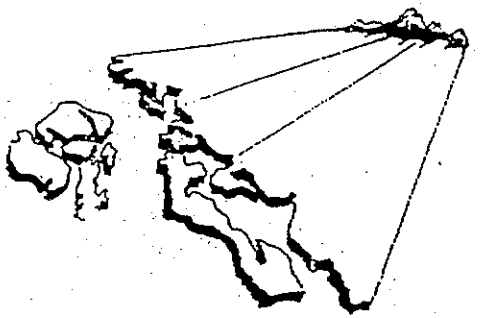
Văn Phòng Hành Chánh
117 N. First St., Suite #8
Mount Vernon, WA 98273
(360)416-7013
Điện thoại miễn phí: 1-800-684-3555
Fax (360)416-7017

Revised 10/98 Vietnamese

Mạng Lưới Hỗ Trợ Vùng North Sound (NSRSN)

Kế Hoạch Y Tế Trả Tiền Trước

Phối hợp những dịch vụ về Bệnh Tâm Thần tại Quận Island, San Juan, Skagit, Snohomish, và Whatcom.



Mạng Lưới Hỗ Trợ
Vùng North Sound (NSRSN)
(360)416-7013
Điện thoại miễn phí: 1-800-684-3555

Những dịch vụ được hưởng

Nếu bạn được nhận phiếu y tế (medical coupon) bạn được hưởng một chương trình chăm sóc về bệnh tâm thần căn bản với tư cách là hội viên của chương trình y tế trả tiền trước North Sound (PHP). Bạn cũng có thể được hưởng dịch vụ về bệnh tâm thần nếu bạn có lợi tức thấp và bị bệnh tâm thần trầm trọng hay kinh niên.

PHP sẽ triển khai những chương trình đáp ứng nhu cầu về bệnh tâm thần của bạn. Những dịch vụ đó có thể bao gồm: tiếp nhận/xét định, giải quyết khủng hoảng, nhóm hỗ trợ, cố vấn và/hoặc quản lý trường hợp và dịch vụ thông dịch nếu cần. Những dịch vụ cũng được cung cấp cho những người bị bệnh tâm thần vô gia cư hoặc liên can đến hệ thống hình sự.

Trong buổi gặp đầu tiên bạn thường được làm thủ tục xét định và nhập chương trình. Buổi xét định này nhằm xác định những dịch vụ y tế nào cần thiết cho bạn và triển khai một chương trình chữa trị có ghi rõ mục tiêu và thời hạn cho những dịch vụ đó.

Vài dịch vụ sau đây có thể được phục vụ thêm:

Dịch Vụ Y Tế:

- Lượng định về tâm lý
- Tái xét toa thuốc

Dịch Vụ cho nội trú

- Chứng nhận tình nguyện nhập viện
- Dịch Vụ về Luật Không Cố Ý Chữa Trị.
- Liên lạc và Kế hoạch xuất viện

Dịch Vụ Hỗ trợ của Cộng Đồng:

- Dịch Vụ tiếp cận và xét định
- Dịch Vụ giải quyết khủng hoảng tại gia
- Chữa trị cá nhân
- Chữa trị tập thể
- Hỗ trợ của gia đình
- Dịch Vụ về chương trình Nhập Bệnh Viện Nhi Đồng (CHAP)
- Chương trình nội trú lâu dài cho trẻ em (CLIP)
- Quản lý Trường hợp
- Phục vụ tại gia
- Dịch Vụ tâm thần/lạm dụng hóa chất (MICA)
- Phục Vụ cư dân
- Tiền huấn nghệ/Huấn nghệ
- Thông dịch

Ngoài ra, những cá nhân nào sống trong khu vực của NSRSN phụ trách có thể được phục vụ thêm:

- Đáp ứng khủng hoảng (Crisis Response)
- Xét định không cố ý
- Nhập viện của Tiểu Bang không cố ý
- Nhập viện Cộng Đồng không cố ý

Những Dịch Vụ Không Được Hưởng

Những dịch vụ về tâm thần sau đây không được trả tiền bởi PHP (chương trình y tế trả tiền trước):

- Chuyên chở (khác hơn Luật Không Cố Ý Trị Liệu)
- Cấp toa thuốc không thuộc về tâm bệnh
- Dịch Vụ từ những cơ quan không phải của chương trình y tế trả tiền trước của NSRSN (NSRSN/PHP)

Quyền Hạn Của Khách Hàng

Được:

(a) Đối xử một cách kính trọng;

(b) Có một chương trình chữa trị phù hợp;

(c) Quyền từ chối những chữa trị không phù hợp theo Bộ Luật Involuntary Treatment Acts, chương 71.05 và 71.34 Điều lệ bang WA;

(d) Nhận sự chăm sóc không kỳ thị và không liên hệ đến phái tính, sắc dân, quốc gia gốc, ngôn ngữ, tuổi, phế tật, và khuynh hướng dục tình;

(e) Không bị khai thác và sách nhiễu tình dục;

(f) Xem hồ sơ của mình;

(g) Giải thích về toa thuốc, gồm những tác dụng chính và phụ;

(h) Bảo mật, như quy định tại những luật lệ liên hệ (chương 70.02, 71.05 và 71.34 của Điều lệ bang WA và chương 275-54 và 275-55 Luật Hành Chánh bang WA và chương này); và

(i) Nạp đơn khiếu nại cho Ủy Viên Khiếu Tố, Mạng Lưới Hỗ Trợ Vùng hay cơ quan phục vụ nếu bạn tin rằng quyền hạn của bạn đã bị vi phạm. Nếu khiếu nại bạn sẽ được miễn mọi sự trả thù. Ủy Viên Khiếu Tố có thể giúp điền đơn khiếu nại nếu bạn yêu cầu. Điện thoại của Ủy Viên Khiếu Tố là (360)416-7008 hay số miễn phí là 1-888-336-6164.

Chính Sách Không Kỳ Thị

Mạng Lưới Hỗ Trợ Vùng North Sound, hay cơ quan ký hợp đồng, không kỳ thị về sắc dân, màu da, tôn giáo, đức tin, quốc gia gốc, phái tính, tuổi, tình trạng hôn phối, phế binh, cựu chiến binh thời chiến tranh Việt Nam, bệnh HIV/AIDS, hay khuyết tật.

Thủ Tục Khiếu Nại và xin buổi Điều Trần Công Minh

Mạng Lưới Hỗ Trợ Vùng đã có quy định chính sách và thủ tục về khiếu nại và xin buổi điều trần công minh để giúp hội viên của PHP nạp đơn khiếu nại về vài khía cạnh của sự phục vụ.

Để có tin tức về quyền nạp đơn khiếu nại và xin buổi điều trần công minh, xin gọi điện thoại cho Mạng Lưới Hỗ Trợ Vùng North Sound số (360)416-7013 hay số điện thoại miễn phí 1-800-684-3555 hay liên lạc với Ủy Viên Khiếu Tố, số (360)416-7008 hay số miễn phí 1-888-336-6164.

Văn Phòng Dịch Vụ Khách Hàng

Văn Phòng Dịch Vụ Khách Hàng của Mạng Lưới Hỗ Trợ Vùng North Sound bênh vực và chỉ đạo những khách hàng bệnh tâm thần và những người biện hộ trong toàn khu vực North Sound. Văn phòng này phụ trách điều nghiên, phối hợp công chúng và giám sát những phổ biến của cơ quan. Muốn liên lạc Văn Phòng Dịch Vụ Khách Hàng xin gọi điện thoại số (360)416-7013 hay số miễn phí 1-800-684-3555.

Thêm vào đó, Bộ phận Bệnh Tâm Thần của văn phòng này có một số điện thoại miễn phí dành cho mọi tham khảo của khách hàng. Nếu sự thắc mắc của bạn không được Mạng Lưới Hỗ Trợ Vùng tiếp nhận, bạn được khuyến khích báo cho Văn phòng Dịch Vụ Khách Hàng tại số 1-800-446-0259.

Toán Tái Xét về Chất Lượng Phục Vụ

Trong nỗ lực liên tục nâng cao chất lượng phục vụ, Mạng Lưới Hỗ Trợ Vùng có một toán tái xét về chất lượng phục vụ (QRT) gồm những khách hàng và thân nhân. QRT có thể liên lạc với bạn ngay trong khi bạn đang được chữa trị. Mục đích của QRT là để thu thập phê bình và ý kiến của bạn nhằm nâng cao chất lượng phục vụ.

Dịch Vụ Ủy Viên Khiếu Tố

Mạng Lưới Hỗ Trợ Vùng cung cấp dịch vụ Ủy Viên Khiếu Tố độc lập. Ủy Viên Khiếu Tố bênh vực khách hàng trong suốt quá trình khiếu nại. Ủy Viên Khiếu Tố có thể giúp khách hàng, thân nhân, và những người có liên can (với sự đồng ý của khách hàng) trong việc giải quyết những khiếu nại, khiếu tố và xin buổi điều trần công minh. Mọi cố gắng nhằm giải quyết khiếu nại tại cấp thấp nhất. Nếu bạn khiếu nại bạn sẽ không bị trả thù. Bạn có thể liên lạc với Ủy Viên Khiếu Tố tại số (360)416-7008 hay số miễn phí 1-888-336-6164.

У термінових випадках

У випадку життєваї загрози . . . 911
Круглодобова служба реагування на кризу 1-800-584-3578

Надання послуг

Для призначення візиту і зв'язку з закладами з зірочкою (*) 1-888-693-7200
Для призначення першого візиту і зв'язку з закладами без зірочки, дзвоніть за відповідним номером.

Графство Айленд
*Служба для психічно хворих у районі Камано Айленд . . . . . (360)629-9529
Купевіль . . . . . (360)678-5555
*Реагування волунтерів на кризу. 1-800-584-3578

Графство Сан Хуан
*Служба для психічно хворих у р-ні 360)378-2669
*Реагування волунтерів на кризу 1-800-584-3578

Графство Скаґіт
*Католицька служба р-ну Нортуест (360)416-7546
*Служба для психічно хворих у р-ні 360)416-7500
Клініка Сімарк . . . . . (360)428-8912
*Реагування волунтерів на кризу. 1-800-584-3578

Графство Снобоміш
*Католицька служба р-ну Нортуест (425)259-9188
*Компасс Гелс . . . . . (425)349-6200
Нортуест служба для молоді . . . (425)339-0266
*Ресурси Рейнбоу . . . . . (425)513-8213
Клініка Сімарк . . . . . (425)762-3730
Племена Тулаліб . . . . . (360)651-4400
*Реагування волунтерів на кризу. 1-800-584-3578

Графство Уотком
*Католицька служба р-ну Нортуест (360)676-2164
*Центр лікування Пейк Уоткам . . . (360)676-6000
Клініка Сімарк . . . . . (360)734-5459
*Служба Сан у району . . . . . (360)676-1178
*Реагування волунтерів на кризу . 1-800-584-3578
*Уотком консульт-лікувальн. центр (360)676-8455

Рада директорів МПРПЗ

Члени
Голова Ради директорів МПРПЗ Роберт Гарт
Уповноважений г. Скаґіт . . (360) 336-9300

Майкл Шелтон
Уповноважений г. Айленд . (360) 679-7354

Рія Міллер
Уповноважений г. Сан Хуан . (360) 378-2898

Боб Друел
Управляючий г. Снобоміш . (425) 388-3460

Рік Парсен
Радник графства Снобоміш (425) 388-3494

Барбара Котерн
Радник графства Снобоміш (425) 388-3494

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Радник графства Снобоміш (425) 388-3494

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Член Ради графства Уотком. (360) 676-6690

Гері Рамей
Племя Сіллагуаміш . . . . . (360) 652-7362

Шеррі Демпсі
Племя Тулаліп . . . . . (360) 651-3351

Активні члени Ради
Д. ім Кінг, Голова
Дорадча рада МПРПЗ. . . . . (360) 336-3136

Джуді ВанДін, Віце-голова
Дорадча рада МПРПЗ. . . . . (360) 678-5958

Для додаткової інформації:

Координатори допомоги з питань психічних захворювань:

Відділ охорони психічного здоров'я графства Айленд . . . (360) 679-7350

Районна служба психічного здоров'я графства Сан Хуан . (360) 376-6242

Служба людських ресурсів графства Скаґіт . . . . (360) 336-9395

Служба людських ресурсів графства Снобоміш . . (425) 388-7200

Служба охорони здоров'я і людських ресурсів графства Уотком (360) 676-6829

Мережа підтримки в регіоні північної затоки
Адміністративний офіс
117 N. First St., Suite #8
Mount Vernon, WA 98273
Телефон (360) 416 7013
Безкоштовний тел.:1-800-684-3555
Факс (360) 416-7017

Revised 10/98 - Ukrainian

МЕРЕЖА ПІДТРИМКИ В РЕГІОНІ ПІВНІЧНОЇ ЗАТОКИ

Передплачений план охорони психічного здоров'я

Координація послуг у охороні психічного здоров'я в графствах Айленд, Сан Хуан, Скаґіт, Снобоміш та Уотком

Мережа підтримки в регіоні північної затоки
(360) 416-7013
Безкоштовний:1-800-684-3555

1 b 3 1/1/5

Послуги, що надаються

Якщо ви отримуєте медичні купони, ви маєте право на загальний план охорони психічного здоров'я як член Передплаченого плану охорони психічного здоров'я в регіоні північної затоки (PHP). Ви можете отримати послуги у лікуванні психічних захворювань, якщо у вас низькі прибутки і виявлено хронічне або серьйозне психічне захворювання.

PHP складе плани для задоволення ваших індивідуальних потреб у лікуванні психічних захворювань. До послуг включено прийом/ оцінка, контроль кризи, групи підтримки, консультації і/або контроль за станом, перекладацькі послуги. Ми надаємо послуги бездомним клієнтам із психічними захворюваннями і психічно хворим, які несуть карну відповідальність.

Під час першого візиту до закладу для психічно хворих проводиться первинна оцінка. Вона використовується для визначення необхідних послуг для розробки плану лікування, в якому визначаються цілі і період надання послуг.

До додаткових послуг з охорони психічного здоров'я належать:

Медичні послуги:
- Психіатрична оцінка
- Перегляд виписаних ліків

Послуги стаціонару:
- Сертифікат добровільної госпіталізації
- Закон про примусове лікування
- План зв'язку і виписки з лікарні

Послуги підтримки в районі:
- Доступ і оцінка
- Послуги на випадок кризи
- Індивідуальна терапія
- Групова терапія
- Підтримка сім'ї
- Альтернативна програма госпіталізації дітей (CHAP)
- Довгострокова стаціонарна програма для дітей
- Управління справою
- Послуги вдома
- Послуги для психічно хворих/ із зловживанням хімічних речовин
- Житлові послуг
- Послуги до і по трудовлаштуванню
- Перекладацькі послуги

Крім цього, всі особи, що мешкають у районі МПРГЗ можуть отримати такі послуги:
- Реагування на кризу
- Примусова оцінку
- Примусова госпіталізація в штатну лікарню
- Примусова госпіталізація в районній лікарні

Послуги, які не надаються

Нижче наведено перелік послуг, які не передбачені Передплаченим планом:
- Транспортування (крім ITA)
- Ліки не за рецептом лікаря
- Послуги за PHP не від МПРГЗ

Права клієнтів*

(а) Достойне і поважне відношення;

(б) Розробка плану догляду і послуг, які задовільняють ваші унікальні потреби;

(в) Відмова від запропонованого лікування, у відповідності до вимог Закону про недобро-вільне лікування, розділ 71.05 і 71.34 RCW;

(г) Отримання догляду без дискримінації проти вас і з урахуванням статі, раси, національної належності, мови, віку, інвалідності і статевої направленості;

(д) Відсутність статевого знущання або домагання;

(е) Перегляд записів вашої справи;

(є) Отримання пояснень щодо виписаних ліків, включаючи очікуваний ефект та можливі побічні дії;

(ж) Конфіденційність, як це визначено відповідними законами (розділи 70.02, 71.05 та 71.34 RCW) і нормативними актами (розділи 275-54 і 275-55 WAC у цьому розділі); і

(з) Подати претензію омбудсмену, PCH, або до медичного закладу, якщо ви вважаєте, що ваші права порушено. Якщо ви подали пре-тензію або скаргу, проти вас не повинно бути застосовано помсту. Омбудсмен може, за вашим проханням, допомогти подати скаргу.

* 275-57-340 WAC

Недискримінаційна політика

Мережа підтримки в регіоні північної затоки, або її субпідрядники, не дискримінує нікого на основі раси, кольору шкіри, віросповідання, переконань, національності, статі, віку, сімейного стану, інвалідності ветеранів, ветеранів періоду В'єтнамської війни, ВІЛ/ СНІД або інвалідності.

Процедура розгляду скарг, претензій та слухання

PCH розробив політику і процедуру подання претензії, скарги та проведення слухання, що дозволяє членам PHP подавати скарги про деякі аспекти послуг.

Інформацію про права щодо подання скарги, претензії або справедливого слухання можна отримати від Мережі підтримки за номером (360) 416-7013 або безкоштовним номером телефону 1-800-684-3555, або зв'язатися з Омбудсменом за номером (360) 416-7008 або безкоштовно 1-888-336-6164.

Офіс у справах споживачів

Офіс у справах споживачів Мережі підтримки в регіоні північної затоки підтримує і працює з клієнтами з психічними захворю-ваннями та захищає їхні права у регіоні. Офіс у справах споживачів займається запитами, координацією зв'язків з громадськістю та здійснює нагляд за публікаціями агентства. Для контакту з Офісом у справах споживачів дзвоніть за телефоном (360) 416-7013 або за безкоштовним номером 1-800-684-3555.

Крім цього Відділ психічних захворювань - Офіс у справах споживачів має безкоштовний телефонний зв'язок для запитань клієнтів. Якщо PCH не може відповісти на ваше запитання, дзвоніть у Офіс у справах споживачів за номером 1-800-446-0259.

Група контролю якості

З метою покращення послуг PCH має Групу контролю якості, що складається з клієнтів та членів їх сімей. ГКЯ може зв'язатися з вами під час лікування. З метою покращення пос-луг вони збирають ваші коментарів та думки.

Послуги омбудсмена

PCH надає послуги незалежних обмудсме-нів. Омбудсмени захищають права клієнтів під час вирішення скарги. Омбудсмени надають послуги клієнтам, членам їхніх сімей та іншим зацікавленим сторонам (із згоди клієнтів) у скарзі, претензії чи процесі справедливого слухання. Вони намагаються вирішити скаргу на найнижчому рівні. Якщо ви подали скаргу або претензію, то до вас не застосовується помста. Ви можете зв'язатися з відділом послуг омбудсмена за номером телефона (360) 416-7008 або безкоштовно - за телефоном 1-888-336-6164.

Sa Kaso Ng Kagipitan

Kung ang buhay ay nanganganib 911

24-Oras na Serbisy o 1-800-584-3758

Mga Tagapagtaguyod Ng Serbisyo

Unang takda ng tipanan sa mga nagtaguyod ng serbisyo na may star (*) 1-888-693-7200

Urang takda ng tipanan sa mga nagtaguyod ng serbisyo na walang star ay tawagan ang kanikanilang telepono.

Island County

*Community Medical Health Services

Coupeville . . . . . (360) 678-5555

*Volunteers of America Crisis Response 1-800-584-3578

San Juan County

*Community Mental Health Services . . . . . (360) 378-2669

*Volunteers of America Crisis Response 1-800-584-3578

Skagit County

*Catholic Community Services Northwest . . . . . (360) 416-7546

*Community Mental Health Services . . . . . (360) 416-7500

SeaMar Clinic . . . . . (360) 428-8912

*Volunteers of America Crisis 1-800-584-3578

Snohomish County

*Catholic Community Services Northwest . . . . (425) 259-9188

*Compass Health . . . . . (425) 349-6200

Northwest Youth Services . . . . . (425) 339-0266

*Rainbow Resources . . . . . (425) 513-8213

SeaMar Clinic . . . . . (425)762-3730

Tulalip Tribes . . . . . (360) 651-4400

*Volunteers of America Crisis Response 800-584-3578

Whatcom County

*Catholic Community Services Northwest. . . . . (360) 676-2164

*Lake Whatcom Treatment Center . . . . . (360) 676-6900

SeaMar Clinic . . . . . (360 734-5458

*Sun Community Services. . . . . (360) 676-1178

Volunteers of America Crisis Response 1-800-584-3578

*Whatcom Counseling & Psychiatric Clinic . . . (360) 676-8455

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Ward Nelson,

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Stillaguamish Tribe . . . . . (360) 652-7362

Sharri Dempsey

The TulalipTribes . . . . . (360) 651-3351

Ex-officio Member

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NSRSN Advisory Board . . . . . .(360) 336-3136

Judy VanDeen, Vice Chair

NSRSN Advisory Board . . . . . .(360) 678-5958

Mga Dagdag na Impormasyon

Ang Tapag-ugnay ng County Mental Health:

Island Mental Health Department . . . . . (306) 679-7350

San Juan Country Health & Community Services . . . . . (360) 376-6242

Skagit County Human Services . . . . . (306) 336-9395

Snohomish County Human Services . . . . . (425) 388-7200

Whatcom County Health & Human Services . . . . . (360) 676-6829

North Sound Regional Support Network

Administration Office

117 N. First St., Suite #8
Mount Vernon, WA 98273

(360) 416-7013

Toll-Free 1-800 684-3555

Fax (360) 416-7017

Revised 9/98 Tagalog

North Sound Regional Support Network

Bayad Na

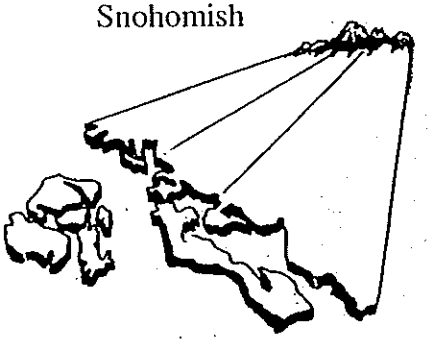
Plano Ng Kalusugan

Tagapag-ugnay Ng

Mga Serbisyo ng Pangkalusugan

Ng Pandiwa

Sa Isla, San Juan Skagit, Snohomish



North Sound

Regional Support Network

(360) 416-7013

Toll-free 1-800-684-3555

1123 1715

Mga Serbisyong Saklaw

Kung tumatanggap kayo ng medikal kopon, may karapatan kayo sa karaniwang plano ng Pangkalusugan ng Pandiwa na maging meimbro ng North Sound Prepaid Health Plan (PHP). At kung kayo ay may mababang kinikita na may talamak o malubhang sakit ng Pandiwa, maari din kayong makatanggap ng serbisyo sa Pangkalusugan ng Pandiwa.

Ang PHP ay magpaplano ng serbisyong angkop sa inyong pangangailangan. Ang mga saklaw na serbisyo ay matingnan, mapakialaman, suportahan ng grupo, mapayuhan, o mamanitor at paliwanagan ang mga meimbro kung kinakailangan. Ang mga serbisyong ito ay maaaring maganit ng mga may sakit sa kaisipan na walang tahanan o nasa kulungan.

Ang unang bisita ninyo sa tagataguyod ng serbisyo ay ang pagkalkula ng inyong kailangang serbisyo, magplano ng oras o hangganan ng paggagamot.

Mga dagdag na serbisyo:

Serbisyong Medikal:

- Pagtingin ng Saykayatris
- Pagsuri ng mga hinatol na panggagamot

Serbiyong Panghospital:

- Magkaroon ng Sertipiko na kayo ay
- Kusang nagpahospital
- Batas ng hindi kusang pagpapahospital
- May tagapamagitan sa mga plano ng hospital at pagpapalabas sa hospital

Serbisyong Suportado ng Komunidad:

Ang pagkalkula at pagkuha ng serbisyo

- Krisis sa pamamahay
- Isahang pagteterapy
- Grupong pagteterapy
- Suportado ng pamilya
- Serbisyong mapagpipilian kung mahospital ang bata(CHAP)
- Programang pangmahabaang pagtira sa hospital ng bata
- Pamamahala ng kaso
- Serbisyong panghahay

Malubhang sakit ng pandiwa/Abuso sa

- komiko (MICA)
- Serbisyong pabahay
- Serbisyong pangbokasyonal
- Serbisyong mapaliwanagan o interpre-tasyon

Lahat ng taong katira sa pook ng NSRSN ay maaari ring makatanggap ng mga serbisyong ito :

- Madaliang sagot sa Krisis
- Hindi-kusang loob na magpakalkula
- Hindi-kusang loob na magpahospital sa estado
- Hindi -kusang magpahospital sa Komunidad

Mga Serbisyong Hindi Saklaw

Ang mga sumusunod ay mga serbisyong hindi saklaw ng Prepaid Health Plan:

- Sasakyan (maliban sa ITA)
- Mga gamot na hindi hatol ng Saykayatris
- Serbisyong hindi galing sa NSRSN o PHP*

Ang mga Karapatan ng Kliyente*

(a) May respeto at dangal ang pagtrato sa inyo;

(b) Magbubuo ng plano para sa tulong at serbiyo ukol sa inyong sariling pangangailangan;

(c) Maaari ninyong tanggihan ang inimungkahing paggamot na kinakailangan, ayon sa Batas ng Hindi-Kusang Pagsangayon, chapter 71.05 at 71.34 RCW;

(d) Ang pagtanggap ng tulong na hindi makakadama at nagtatanggi sa inyong kasarian, lahi, nasyon,wika, edad, kawalang-lakas at angkop na kasarian,

(e) Ligtas sa anumang kasariang pagsasamantala o pangliligalig

(f) Pagsusuri sa inyong kaso

(g) Ang pagtanggap ng paliwanag sa inaasahang at posibling epekto nsa lahat ng iniresitang gamot .

(h) Kompidensiyal, ayon sa Batas, (Chapter 275-54, 275-55 at 275-57 WAC)

(i) Magharap ng sakdal laban sa tauhan ng Ombuds, RSN, o tagapagtaguyod, kung inakala ninyo na kayo ay nilabag, nilapastangan. Maaari pakiusapan ang tauhan ng Ombuds na tumulong sa pagharap ng inyong reklamo o sama ng loob. Kung kayo ay magdedemanda , hindi na kayo magiisip ng paghihiganti.

*275-57-340 WAC

Patakaran ng Walang-Pagtatangi

Ang Norht Sound Regional Support Network at mga Kontratista, ay hindi nagtatangi sa lahi, kulay, relihiyon pananampalataya, nasyon wika, edad, kasarian, kasal o hindi kasal, inutil beterano, Vietnam beterano, HIV/AIDS, o kawalang-lakas.

Paraan sa Makatarungang Paglilitis ng Reklamo at Sama ng Loob

Ang RSN ay nagbuo ng paraan na payagan ang meimbro ng PHP na magkaroon ng makatarungang paglilitis sa kanilang reklamo o hinanakit tungkol sa ibang panig ng serbisyo.

Impormasyong kailangan ninyo sa paghain ng inyong reklamo o hinanakit ay makukuha , kontaking lamang ang NSRSN sa (360) 416-7013 o toll free 1-800-684-3555 o kontaking ang Ombuds sa (360) 416-7008 o toll free 1 888 336-6164.

Opisina ng Consumer Affairs

Ang NSRSN opisina ng Consumer Affairs ay tagapagtangkilik at tagapagtaguyod na Lidirato na Pangkalusugan ng Pandiwa sa buong purok ng North Region Ang opisina ng Consumer Affairs ay namamahala ng mga tanong, tagapag-ugnay ng relasyon sa publiko at ahensya ng pang -ibang Bansang poblikasyon.

Kontakin ang opisina ng Consumer Affair sa (360) 416-7013 o toll free sa 1-800 684-3555

Kung ang RSN ay hindi makatulong sa inyong pagkabalisa o pag-aalala , maaari niyong tawagan ang Consumer Affairs toll free,1-800-446-0259.

Katangihan ng Grupong Tagapagsuri

Sa pagsusumikap na lalong mapabuti ang serbisyo ng RSN, ang mga meimbro ng grupong Tagapagsuri ay mga kliyente at meimbro ng pamilya. Ang grupong ito ay maaring kumontak sa inyo habang kayo ay ginagamot, upang makaipon ng mga kuro-kuro, pansin o puna at ang impormasyon na ito ay magagamit upang mapabuti ang serbisyo.

Mga Serbisyo ng Ombuds

Ang RSN ay naghibigay ng serbisyong sarili ng Ombuds. Ang Ombuds ay tagapagtangkilik ng mga kliyente na may kaso. Ang Ombuds ay maaaring tumulong sa kliyente, meimbro ng amilya at ibang artidong (may pahintulot) interesadong malutas ang kaso,ng reklamo,hinanakit at makatarungan paglilitis ng DSHS. Magsisikap na malutas ang kaso sa pinakamalinis na paraan. At kung kayo ay naghain ng kaso, kayo ay libre sa paghihiganti. Maaaring matawagan ang Ombuds sa (360) 416-7008 o toll free 1=888-336-6164 .

En caso de emergencia

Emergencias graves.....911
Respuesta en cuidado de crisis las 24 horas (VOA).....1-800-584-3578

Proveedores de servicios

Para hacer la primera cita y para servicios de acceso para los proveedores con asterisco (*)...1-888-693-7200
Hacer la primera cita o para servicios de acceso para los proveedores sin asterisco, llame a su número respectivo.

Condado de Island
- **Servicios de salud mental para la comunidad*
  - *Camano Island.....(360) 629-9529*
  - *Coupeville.....(360) 678-5555*
- **Respuesta en crisis de Voluntarios de América.....1-800-584-3578*

Condado de San Juan
- **Servicios de salud mental para la comunidad.....(360) 378-2669*
- **Respuesta en crisis de Voluntarios de América.....1-800-584-3578*

Condado de Skagit
- **Servicios católicos para la comunidad Northwest.....(360) 416-7546*
- **Servicios de salud mental para la comunidad.....(360) 416-7500*
  - *Clínica SeaMar.....(360) 428-8912*
- **Respuesta en crisis de Voluntarios de América.....1-800-584-3578*

Condado de Snohomish
- **Servicios católicos para la comunidad Northwest.....(425) 259-9188*
- **Salud Compass.....(425) 349-6200*
  - *Servicios para jóvenes Northwest.....(425) 339-0266*
- **Recursos Rainbow.....(425) 513-8213*
  - *Clínica SeaMar.....(425) 762-3730*
  - *Tribus Tulalip.....(360) 651-4400*
- **Respuesta en crisis de Voluntarios de America.....1-800-584-3578*

Condado de Whatcom
- **Servicios católicos para la comunidad Northwest.....(360) 676-2164*
- **Centro de tratamiento Lake Whatcom...(360) 676-6000*
  - *Clínica SeaMar.....(360) 734-5458*
- **Servicios para la comunidad Sun.....(360) 676-1178*
- **Respuesta en crisis de voluntarios de América.....1-800-584-3578*
- **Clínica de consejo y psiquiátrica Whatcom.....(360) 676-8455*

Miembros del Directorio NSRSN

Miembros

El presidente de la Comisión Richard Hart, Comisario del Condado de Skagit.....(360) 336-9300

Michael Shelton, Comisario del Condado Island.....(360) 679-7354

Rhea Miller, Comisaria del Condado de San Juan.....(360) 378-2898

Bob Drewel, Ejecutivo del Condado de Snohomish.....(425) 388-3460

Rick Larsen, Ayuntamiento del Condado de Snohomish...(425) 388-3494

Barbara Cothern, Ayuntamiento del Condado de Snohomish...(425) 388-3494

Kirkee Sievers, Ayuntamiento del Condado de Snohomish...(425) 388-3494

Pete Kremen, Ejecutivo del Condado de Whatcom.....(360) 676-6717

Ward Nelson, Concejal del Ayuntamiento del Condado de Whatcom.....(360) 676-6690

Gary Ramey, La tribu Stillaguamish.....(360) 652-7362

Sharri Dempsey, Las tribus de Tulalip.....(360) 651-3351

Miembro de derecho

Jim King, Presidente, Comisión asesora del NSRSN.....(360) 336-3136

Judy VanDeen, Vicepresidente Comisión asesora del NSRSN.....(360) 678-5958

Revised 9/98 Spanish

Para más información:

Su coordinador de la salud mental de su condado:
Departamento de salud mental
Island.....(360) 679-7350

Servicios comunitarios y para la salud del Condado de San Juan.....(360) 376-6242

Servicios Humanos del Condado de Skagit.....(360) 336-9395

Servicios Humanos del Condado de Snohomish.....(425) 388-7200

Servicios Humanos y para la salud del condado de Whatcom.....(360) 676-6829

Red de apoyo regional North Sound

Oficina administrativa
117 N. First St., Suite #8
Mount Vernon, WA 98273
(360) 416-7013
Teléfono gratuito 1-800-684-3555
Fax (360) 416-7017

Red de apoyo regional North Sound

Plan de salud prepagado

Coordinando los servicios para la salud mental en los Condados de Island, San Juan, Skagit, Snohomish, y Whatcom

Red de apoyo regional
North Sound
(360) 416-7013
Teléfono gratuito 1-800-684-3555

123 h/5

Servicios cubiertos

Si usted recibe cupones médicos, tiene derecho a un plan básico de salud mental como miembro del plan de salud prepagado North Sound (*North Sound Prepaid Health Plan* o *PHP*). También puede recibir servicios de salud mental si es una persona con bajos ingresos y con enfermedades mentales graves o crónicas.

El *PHP* desarrollará planes para cumplir sus necesidades individuales de salud mental. Los servicios cubiertos pueden incluir evaluación/valoración, intervención en crisis, grupos de apoyo, consejo, y/o control de casos y servicios de interpretación cuando sean necesarios. También existen servicios disponibles para clientes sin vivienda que padecen de enfermedades mentales, así como para clientes con enfermedades mentales y envueltos con el sistema de justicia criminal.

Su primera visita a un proveedor de servicios mentales normalmente consiste en una evaluación. Dicha evaluación se usa para determinar qué servicios de salud mental son necesarios médicamente y para desarrollar un Plan de Tratamiento que identificará las metas y la duración del tratamiento.

Otras servicios de salud mental adicionales pueden incluir:

Servicios Médicos:

- Evaluación psiquiátrica
- Revisión de recetas médicas

vicios para pacientes internados:

- Certificado de hospitalización voluntaria
- Servicios del Acta de tratamiento involuntario
- Coordinación de hospitales y plan de dada de alta

vicios de apoyo para la comunidad:

- Servicios de acceso y valoración
- Servicios en crisis residenciales
- Terapia individual
- Terapia de grupo
- Apoyo para familias
- Servicios del Programa de alternativa al internado de niños (CHAP)
- Programa para internados prolongados de niños (CLIP)
- Dirección de casos
- Servicios en casa
- Servicios para personas con enfermedades mentales que abusan de drogas (MICA)
- Servicios residenciales/ de vivienda
- Servicios prevocacionales/ vocacionales
- Servicios de interpretación

Además, todas las personas viviendo dentro del área de servicios de NSRSN pueden recibir los siguientes servicios:

- Respuesta en crisis
- Evaluación involuntaria
- Internamiento involuntario por el Estado
- Internamiento involuntario por la Comunidad

Servicios no cubiertos

Los siguientes servicios de salud mental no están cubiertos por el Plan de salud prepagado:

- Transporte (que no sea de la ITA)
- Recetas no psiquiátricas.
- Servicios de proveedores que no sean NSRSN PHP

Derechos del cliente

(a) Ser tratado con respeto y dignidad;
(b) Desarrollar un plan de cuidados y servicios que cumpla con sus necesidades específicas;
(c) Rechazar cualquier tratamiento propuesto, de acuerdo con los requisitos en las Actas de Tratamiento Involuntario, capítulos 71.05 y 71.34 RCW;
(d) Recibir cuidados que no le discriminan y que son sensibles a su sexo, raza, origen, nacionalidad, idioma, edad, incapacidad, y orientación sexual;
(e) Ser libre de cualquier explotación o acoso sexual;
(f) Revisar el registro del caso;
(g) Recibir una explicación de todas las medicinas recetadas, incluyendo los efectos esperados y los posibles efectos secundarios;
(h) Confidencialidad, según aparece descrito en los estatutos relevantes (capítulos 70.02, 71.05 y 71.34 RCW) y reglamentos (capítulos 275-54 y 275-55 WAC y este capítulo), y
(i) Presentar una queja al defensor del pueblo, RSN o proveedor si cree que sus derechos fueron violados. Si usted presenta una queja o un agravio, estará libre de cualquier acto de venganza. El defensor del pueblo puede, a petición suya, ayudarle a presentar un agravio. El número de teléfono del defensor del pueblo es: (360) 416-7008 o el número gratuito: 1-888-446-0259.

275-57-340 WAC

Política de no discriminación

La Red Regional de Apoyo North Sound, o sus subcontratantes, no discrimina en base a la raza, color, religión, creencia, origen nacional, sexo, edad, estado civil, veterano incapacitado, veterano de Vietnam, VIH/ SIDA, o incapacidad.

Procedimientos para quejas, agravios y juicios justos

El RSN ha desarrollado una política y procedimiento para agravios, quejas y juicios justos para que cualquier miembro del PHP pueda presentar una queja sobre algunos aspectos de los servicios.

Información sobre su derecho de presentar una queja, agravio, o juicio justo está disponible comunicándose con la Red Regional de Apoyo North Sound en el número de teléfono (360) 416-7013 o el número gratuito 1-800-684-3555 o comunicándose con el defensor del pueblo en el teléfono (360) 416-7008 o el número gratuito 1-888-336-6164.

Oficina para asuntos de los consumidores

La Red Regional de Apoyo North Sound defiende y proporciona liderazgo para consumidores de salud mental y abogados en toda la región North Sound. La Oficina para asuntos de los consumidores dirige preguntas, coordina las relaciones públicas y controla las publicaciones de la agencia. Para ponerse en contacto con la Oficina para asuntos de los consumidores, llame al número de teléfono (360) 416-7013 o el número gratuito 1-800-684-3555.

Además, la División para la salud mental—La Oficina para asuntos de los consumidores mantiene una línea telefónica gratuita para todas las preguntas de los consumidores. Si sus preocupaciones no pueden ser tratadas por el RSN, se le anima a llamar a la Oficina para asuntos de los consumidores en el número de teléfono gratuito 1-800-446-0259.

Equipo de revisión de calidad

El RSN, intentando seguir mejorando los servicios, tiene un Equipo para revisión de calidad compuesto de consumidores y parientes. El QRT puede contactar con usted durante el período de sus tratamientos. El propósito del Equipo para revisión de calidad es juntar sus comentarios y opiniones y usar esta información para mejorar los servicios.

Servicios del Defensor del pueblo

El RSN provee servicios independientes del Defensor del pueblo. El defensor del pueblo da consejo a los consumidores durante el proceso de queja. Los defensores del pueblo son capaces de ayudar a los consumidores, parientes y otras partes (con el consentimiento del consumidor) en la resolución de quejas, agravios y/o juicios justos del DSHS. Se intentará resolver las quejas al nivel más bajo posible. Si usted presenta una queja o agravio, estará libre de cualquier acto de venganza. Usted puede comunicarse con los servicios del Defensor del pueblo llamando al número de teléfono (360) 416-7008 o al número gratuito 1-888-336-6164.

긴급 연락처

생명이 위협한 긴급 시 911
24 시간 간명 위기
응답 전화(VOA)..... 1-800-584-3578

서비스 제공 기관

(*)를 표시한 기관과 처음 이포인트먼트 날짜 정하기 및 서비스 이용에 관한 문의는 1-800-693-7200

표시없는 기관과 처음 이포인트먼트 날짜 정하기 및 서비스 이용에 관한 문의는 각 기관의 전화로 연락하십시오.

아일랜드 카운티
- *Community Mental Health Services
- Camano Island .....(360) 629-9529
- Coupeville .....(360) 678-5555
- *America Crisis Response 지원봉사자.....1-800-584-3578

산 후안 카운티
- *Community Mental Health Services..... (360) 738-2669
- *American Crisis Response지원봉사자.....1-800-584-3578

스캐질 카운티
- *Catholic Community Services Northwest .....(360) 416-7546
- *Community Mental Health Services .....(360) 416-7500
- SeaMar Clinic .....(360) 428-8912
- *America Crisis Response지원봉사자..... 1-800-584-3578

스노호미쉬 카운티
- *Catholic Community Services Northwest..... (425) 259-9188
- *Compass Health .....(425) 349-6200
- Northwest Youth Services .....(425) 339-0266
- *Rainbow Resources .....(425) 513-8213
- SeaMar Clinic .....(425) 762-3730
- 퓨라립 부족 (인디안) .....(360) 651-4400
- American Crisis Response지원봉사자들..... 1-800-584-3578

왈콤 카운티
- *Catholic Community Services Northwest ..... (360) 676-2164
- *Lake Whatcom Treatment Center ..... (360) 676-6000
- SeaMar Clinic ..... (425) 734-5458
- *Sun Community Services ..... (360) 676-1178
- *American Crisis Response지원봉사자들..... 1-800-584-3578
- *왈콤 카운티 가운슬링 및 정신과 진료소 ..... (360) 676-8455

북 사운드 지역 서비스 연락망 이사회

이사진

북 사운드 지역 서비스 연락망 이사장 Robert Hart,
스캐질 카운티 책임자 ..... (360) 336-9300

Michael Shelton
아일랜드 카운티 책임자 .....(360) 679-7354

Rhea Miller
산 후안 카운티 책임자 ..... (360) 378-2898

Bob Drewel
스노호미쉬 카운티 군수 ..... (425) 388-3460

Rick Larsen
스노호미쉬 카운티 의원 ..... (425) 388-3494

Barbara Cothern
스노호미쉬 카운티 의원 ..... (425) 388-3494

Kirke Sievers
스노호미쉬 카운티 의원 .....(425) 388-3494

Pete Kremen
왈콤 카운티 군수 .....(360, 676-6717

Ward Nelson
왈콤 카운티 의원 .....(360) 676-6690

Gary Ramey
스틸라구와미쉬 부족 .....(360) 652-7362

Sharri Dempsey
퓨라립 인디안 부족 ..... (360) 652-3351

당연 직 위원

Jim King 위원장
북 사운드 지역 지원 연락망 자문 위원회 ..... (360) 336-3136

Judy VanDeem 부위원장
북 사운드 지역 지원 연락망 자문 위원회 ..... (360) 678-5958

더 자세한 문의 사항은:

다음 거주지역 카운티 정신보건 조정자에게 하십시오.

아일랜드 정신보건과..... (360) 679-7350

산 후안 카운티 보건복지부..... (360) 376-6242

스캐질 카운티 복지부..... (360) 336-9395

스노호미쉬 카운티 복지부..... (360) 399-7200

왈콤 카운티 보건복지부..... (360) 676-6829

북부사운드
지역지원연락망

행정 사무소
117 N. First St., Suite #8
Mount Vernon, WA 98273
(360) 416-7013
무료 통화선 1-800-684-3555
팩스 (360) 416-7017

한국어 9/98 수정

북 부 사 운 드 지 역 지 원 연 락 망

아일랜드, 산 후안 스캐질, 스노호미쉬 및 왈콤 카운티 지역 정신 보건 서비스를 조정하는

선 지급 보건 계획

북부 사운드
지역 지원 연락망
(360) 416-7013
무료 통화선 1-800-684-3555

163715

받을 수 있는 서비스

만약 당신이 메디컬 쿠폰 수혜자이면, 북부 사운드 선 지급 건강 플랜 (PHP: North Sound Prepaid Health Plan) 가입자의 자격으로 기본 정신보건 플랜의 혜택을 받을 수 있다. 당신이 만약 만성적 또는 심각한 정신 질환자로서 저소득층에 속하는 경우일 때도 정신보건 서비스를 받을 수 있다.

PHP는 당신의 개인적인 정신보건 문제를 해결하기 위한 계획을 발전시킨다. 받을 수 있는 서비스에는 등록/평가, 비상시 긴급조치, 지원 그룹, 카운슬링 및/또는 사건 관찰, 또한 필요할 때 통역 서비스 등이 포함된다. 정신질환을 가진 사람이 집이 없을 때 그리고 정신질환을 가진 사람이 형사사건에 관련되어 있을 경우에도 서비스를 받을 수 있다.

당신이 처음 정신보건 시설을 방문하게 되면 보통 등록을 위한 평가를 받게 된다. 이 평가는 의학적으로 어떤 정신보건 서비스를 받아야 할 필요가 있는지를 결정하며 목표를 어디에 두고 얼마나 오랫동안 서비스를 받아야 하는 지를 알아보는 데 사용된다.

그 외에 제공 될 수 있는 정신보건 서비스에는 다음과 같은 것들이 있다:

의료 서비스:
- 정신과 검사
- 의료처방 검토

입원환자 서비스
- 자진입원 증명
- 강제 치료법에 의한 서비스
- 병원 연계 및 퇴원 계획

사회지원 서비스
- 이용 및 평가 서비스
- 긴급시 숙소알선 서비스
- 단체 치료
- 가족 지원
- 자녀들의 입원 대안 프로그램 서비스
- 자녀들의 장기 입원환자 프로그램
- 사건 관리
- 가내 서비스
- 정신질환/약물중독 서비스
- 주택/숙소 서비스
- 직업훈련전/직업훈련 서비스
- 통역 서비스

이 외에도 북부 사운드 지역 지원 연락망 지역 내에 살고 있는 사람들은 누구나 다음 서비스를 받을 수 있다.
- 위험시 출동
- 강제 검사
- 강제 주립병원 입원
- 강제 컴뮤니티 병원 입원

제공되지 않는 서비스

다음의 정신보건 서비스는 선 지급 건강 플랜에 따르는 혜택에 포함되지 않는다:
- 교통편 (ITA는 제외)
- 비정신과 처방약
- PHP 서비스 제공 시설이 아닌 곳으로부터의 서비스

환자의 권리*

(ㄱ) 존경심과 존엄성을 지닌 대우를 받을 권리
(ㄴ) 당신의 독특한 필요를 해결하는 간병 및 서비스 플랜을 개발할 권리
(ㄷ) 워싱턴 수정법전 (RCW) 강제치료법 제71.05 및 제71.34의 요건에 일치하는 치료를 제의할 때 이를 거부할 수 있는 권리
(ㄹ) 당신을 차별대우하지 않는 간병을 받을 권리, 즉 당신의 성별, 인종, 출신국, 언어, 연령, 불구 상태 및 성정향 등에 주의를 기울여 주어야 함.
(ㅁ) 성적 학대 또는 업무상 위력에 의한 성추행을 당하지 않을 권리
(ㅂ) 당신의 관련기록을 검토할 수 있는 권리
(ㅅ) 모든 처방약에 관하여, 그 효험 및 부작용 가능성을 포함하는 설명을 들을 수 있는 권리
(ㅇ) 비밀 보장은 관련 법 (WAC 제70.02, 71.05 및 71.34), 규칙 (WAC 제275-54, 제275-55장 및 이 장)의 규정에 따라야 함.
(ㅈ) 만약 당신의 권리가 침해되었다고 느낄 때는, 민원 조사관이나 등록 간호사 또는 해당 의료 시설에 불만을 제기할 권리가 있음. 당신이 불평이나 불만을 제기했어도 보복을 당해서는 안 된다. 민원 조사관은 당신이 요청하면 불만제소를 도와 줄 수 있다. 민원 조사관의 전화번호는 (360) 416-7008 또는 무료 통화선 1-888-336- 6164이다.

*275-57-340 WAC

차별대우 금지 원칙

북부 사운드 지역 지원 조직망 또는 그 하청기관은 인종, 피부색, 종교, 신념, 출신국, 성별, 연령, 결혼 상태, 상이군, 베트남시 군인, HIV/AIDS 또는 신체 장애를 근거로 한 차별대우를 하지 않는다.

불만, 불평 및 공정 청문 절차

지역 지원 조직망 (RSN)은 불만, 불평 및 공정 청문 절차를 마련하여 PHP에 속한 사람은 누구나 서비스 문제에 대하여 불만을 제소할 수 있게 했다.

불만, 불평 또는 공정 청문회에 관한 안내를 받고 싶은 사람은 북부 사운드 지역 지원망에 (360) 416-7013 또는 무료 통화선 1-8000-684-3555, 또는 민원 조사관을 (360) 416-7008 또는 무료 통화선 1-888-336-6164로 연락하여 도움을 받을 수 있다.

소비자 문제 사무소

북부 사운드 지역 지원망의 소비자 문제 사무소는 정신보건 이용자의 권익을 대변하고 지도력을 제공하며 북부 사운드 지역 일원을 대변한다. 소비자 문제 사무소는 문의사항을 처리하고 홍보활동을 조정하며 기관의 출판물을 감독한다. 소비자 문제 사무소에 연락은 전화 (360) 416-7013 또는 무료 통화선 1-800-684-3555로 하면 된다.

이 외에도 정신보건 부 - 소비자 문제 사무소는 모든 소비자 문제에 관한 문의를 받기 위한 전화선을 유지하고 있다. 만약 당신이 우려하는 문제를 지역 지원 연락망이 다룰 수 없을 경우에는 전화 1-800-445-0259로 연락 해보도록 권고한다.

우수한 심사 팀

북부 지방 지원망은 계속 서비스를 향상시키기 위하여 소비자들과 가족들로 구성된 우수한 심사 팀을 두고 있다. 이 심사 팀은 당신이 치료를 받는 과정에서 당신을 접촉할지도 모른다. 이 우수 심사 팀은 당신의 비평과 의견을 수렴하고 그 정보를 서비의 개선에 사용한다.

민원 조사관

북부 지방 지원망은 독립적인 민원 조사 임무를 제공한다. 민원 조사관은 불만제소 절차가 진행되는 동안 이용자 (소비자)의 이익을 대변한다. 민원 조사관은 불만과 불평을 해결 및/또는 사회보건부의 공정 청문절차를 진행하는 동안 이용자, 가족, 및 (이용자의 동의를 얻어) 그 외 관련 당사자들을 돕는다. 불만사항의 해결은 가장 낮은 수준에서 이루어지도록 시도된다. 당신이 불만이나 부당 대우문제를 제소했다는 이유로 어떤 모양으로 던 지 보복을 당해서는 안된다. 민원 조사관의 임무는 (360) 416-7008 또는 무료 통화선 1-888-336-6164로 요청하면 된다.

شبکه ء حمایت منطقوي سوند شمال

پلان پیش پرداخته ء صحي
توازن خدمات صحت رواني
د ر جزیره، سان هوان، سکا جت ،
سنو هو مش و و اتکم

شبکه ء حمایت منطقوي
سوند شما ل
(۳۶۰) ۳۱۶- ۷۰۱۳
رایگان ۱ - ۸۰۰ - ۶۸۳ - ۳۵۵۵

1b3 n/s

براي معلومات اضافي

منتظم شهري صحت رواني شما

شعبه ء صحت رواني(عقلي) جزیره
(۳۶۰) ۶۷۹ - ۷۳۵۰
شعبه ء خد مات صحي و اجتماعي
سان هوان (۳۶۰) ۳۷۶ - ۶۲۴۲
شعبه ء خد مات بشري سکا جت
(۳۶۰) ۳۳۶ - ۹۳۹۵
شعبه ء خد مات بشري سنو هو مش
(۳۶۰) ۳۸۸ - ۷۲۰۰
شعبه ء خد مات صحي و بشري
واتکم (۳۶۰) ۶۷۶ - ۶۸۲۹

شبکه ء حمایت منطقوي
سوند شمال
اداره ء اجرائیه
۳۱۹ جنوب، کوچه ء یکم ، دفتر ۲۰۰
مونت ور نن ، وا ۹۸۲۷۳
(۳۶۰) ۳۱۶ - ۷۰۱۳
رایگان ۱ - ۸۰۰ - ۶۸۳ - ۳۵۵۵
فاکس (۳۶۰) ۳۱۶ - ۷۰۱۷

هیئت مد یره ء شحم سش

اعضاء:

رییس هیئت مد یره: رابرت هارت
کمشنر شهري سکاجت (۳۶۰)۲۲۶-۹۲۰۰
ما یکل شلتن
کمشنر شهري جزیره (۳۶۰)۶۷۹-۷۲۵۴
ریا میلر
کمشنر شهري سان هوان (۳۶۰)۲۷۸-۲۸۹۸
با ب د ریول
آمر اجرائیه ، شهري سنوهومش (۴۲۵)۲۸۸-۳۴۶۰
ریک لارسن
مشاور شهري سنوهومش (۴۲۵)۲۸۸-۳۴۹۴
باربارا کانرن
مشاور شهري سنو هومش (۴۲۵)۲۸۸-۳۴۹۴
کرک سیورز
مشاور شهري سنو هومش (۴۲۵)۲۸۸-۳۴۹۴
پیت کریمن
آمر اجرائیه ، شهري واتکم (۳۶۰)۶۷۶-۶۷۱۷
وا رد نلسن
عضو شوراي شهري واتکم (۳۶۰)۶۷۶-۶۶۹۰
گاري رامي
قبیله ، ستیلاگوامش (۳۶۰)۶۵۲-۷۳۶۲
شري دمپسي
قبایل نو لالپ (۳۶۰)۶۵۱-۳۳۵۱

اعضاي افتخاري

جیم کنگ، رییس هیئت مشورتي
شحم سش (۳۶۰)۲۲۶-۲۱۲۶
جودي وان دین معاون رییس، هیئت
مشورتي (۳۶۰)۶۷۸-۵۹۵۸

د ر موا رد اضطرا ري

خطر جاني ---------- ۹۱۱
بحران توجه ۲۴ ساعته (وي لو آي)...۱ ۸۰۰ ۵۸۴ ۳۵۷۸

تقد یم کنند گا ن خد ما ت

قرا ر اولین ملاقات با د و ا یر نشا ني شده با (×) ۱ ۸۰۰ ۶۹۳ ۷۲۰۰
برا ي اولین ملاقات با دیگرا ن ، به تلفون شا ن تما س گیرید.

شهرستان جزیره

(×) خدما ت صحي عقلي عا مه جزیره ، کمپلو (۳۶۰) ۶۲۹-۹۵۲۹
کوب ویل ..(۳۶۰) ۶۷۸-۵۵۵۵
(×) دا وطلبا ن ا مریکا د ر بحرا نا ت.. ۱-۸۰۰-۵۸۴-۳۵۷۸

شهرستا ن سا ن هو ا ن

(×) خدما ت صحي عقلي عامه..... (۳۶۰)۲۷۸-۲۶۶۹
(×) دا وطلبا ن ا مریکا د ر بحرا نا ت ۱ ۸۰۰-۵۸۴-۳۵۷۸

شهرستا ن سکا جت

(×) خد ما ت عا مه ، کتولیک شما ل غرب، (۳۶۰)۴۱۶-۷۵۴۶
(×) خدما ت صحي عقلي عا مه ..... (۳۶۰)۴۱۶-۷۵۰۰
کلنیک سیما ر..... (۳۶۰)۴۲۸-۸۹۱۲
(×) دا وطلبا ن ا مریکا د ر بحرا نا ت. ۱ ۸۰۰-۵۸۴-۳۵۷۸

شهرستان سنو هومش

(×) خدما ت عا مه ، کتولیک شما ل غرب، (۴۲۵)۲۵۹-۹۱۸۸
(×) صحت جو ز ه ..... (۴۲۵)۳۴۹-۶۲۰۰
خد ما ت جوا نا ن شما ل غرب..... (۴۲۵)۳۳۹-۰۲۶۶
(×) منابع قوس قزح (رینبو رسورسز) ..... (۴۲۵)۵۱۳-۸۲۱۳
کلنیک سیما ر .....(۴۲۵) ۷۶۲ ، ۳۷۳
قبا یل تولا لپ ..... (۳۶۰) ۶۵۱ - ۴۴۰۰
(×) دا و طلبان ا مریکا د ر بحر ا نا ت ۱ ۸۰۰-۵۸۴-۳۵۷۸

شهرستا ن وا تکم

(×) خدما ت عا مه ، کتولیک شما ل غرب (۳۶۰) ۶۷۶-۲۱۶۴
(×) مرکز معا لجوی جهیل وا تکم ..... (۳۶۰)۶۷۶-۶۰۰۰
کلنیک سیما ر ..... (۳۶۰)۷۳۴-۵۴۵۸
(×) خدما ت عا مه ، آ فتا ب (سن).....(۳۶۰)۶۷۶-۱۱۷۸
(×) دا وطلبا ن ا مریکا د ر بحرا نا ت ۱ ۸۰۰-۵۸۴-۳۵۷۸
(×) کلنیک مشورتي و روحیا تي و ا تکم.....(۳۶۰)۶۷۶-۸۴۵۵

خدمات شامل پلان

اگر شما کوپون طبي ميگيريد، بحيث عضو پلان پيش پرداخته ، سوبسيد شما ال (پي ايچ پي)، شما مستحق پلان توجه صحت عقلي اساسي شمرده ميشويد. شما ممتحان ميتوانيد در حالت داشتن عوايد سطح پايين ومريضي مزمن صحت عقلي از خدمات صحي عقلي برخوردار باشيد.

پي ايچ پي پلان موافق احتياجات صحت عقلي تان را تنظيم خواهد كرد. اين خدمات ميتوان به هنگام لزوم ارجاع ، تشخيص ، مداخله بحراني ، گروههاي حمايتي ، مشوري/ ميصري و تشخيص حالت را احتوا كند. به مراجعيني هم كه مرض عقلي دارند و بي خانمان هستند و آنانيكه مريض عقلي اند و درگير سيستم قضايي جنايي هم ميباشند ميتوان اين خدمات را عرضه كرد.

در اولين برخورد با خدمات صحي عقلي وضع شما را براي شمول مطالعه ميكنند . اين ارزيابي براي تعيين نوعيت خدمات و انكشاف پلان تداوي و تدوين هدف و مدت ادامه ، خدمات ميباشد .

خدمات صحي عقلي اضافي شايد شامل انواع زير باشد:

خدمات طبي:

+ ارزيابي روحياني
+ بازبيني نسخه ، طبي

خدمات داخل بيمارستان:

+ تصديق اراده شامل بستر شدن
+ خدمات تابع قانون تداوي غير ارادي
+ پلان گذاري روابط با ، و ترخيص، از بيمارستان
+ خدمات دسترسي و ارزيابي
+ خدمات بحرانات رهايشي
+ تداوي فردي
+ حمايت قانوني
+ پروگرام چاره ، اطفال در بيمارستان (چاپ)
+ پروگرام شمول طويل المدت اطفال در بيمارستان (كلب)

+ خدمات داخل منازل
+ خدمات مريضان روانی/ معتادين كيميادي
+ خدمات رهايشي / منازل
+ خدمات مسلكي و قبل از مسلكي .
+ خدمات ترجماني

بر علاوه، همه افراد يكه داخل شبكه (حمسش) زندگي ميكنند ميتوانند از خدمات زير هم برخوردار باشند :

+ پاسخ به بحرانات
+ ارزيابي غير ارادي
+ بستري ساختن غير ارادي
+ بستري ساختن غير ارادي در بيمارستان دولتي
+ بستري ساختن غير ارادي در بيمارستان منطقوي

خدمات خارج از پروگرام

پلان پيش پرداخته ، صحي شامل خدمات صحي روانی ذيل ليست:

+ حمل و نقل (به استثناي (اي تي اي)
+ نسخه هاي ادويه ، غير روانی
+ خدمات تقديمي توسط پي ايچ پي هاي خارج شبكه ، (حمسش)

حقوق مستهلكين

(به تاييد قانون ۲۷۰-۰۷-۲٤۰ ايالت واشنگتن)

ا - پيش آمد با احترام و وقار
ب - طرح پلان توجه و خدمات موافق با احتياجات خاص
ج - قدرت رد تداوي بر طبق مقتضاي قانون تداوي غير ارادي مذكره در فصلهاي (۷۱٫۰۵ و ۷۳٫۳٤) واشنگتن
د - برخوداري از حركات تبعيضي از نگاه جنس، نژاد، ملليت، زبان ، عمر ، عيب جسماني و احساسات جنسي
ه - آزادي از هر نوع استثمار جنسي و يا تهديدات
و - بازرسي سوابق قضيه ، مورد ملاحظه
ز - تفهيم همه تفصيلات تداوي بشمول تاثيرات متضاده و جانبي ادويه
ح - مراعات محرميت مذكره در قوانين ايالت واشنگتن (فصول ۷۰٫۰۲ - ۷۱٫۰۵ و ۷۳٫۳٤) و مقررات (فصول ۲۷۰٫۰٤ و ۲۷۰٫۰۵) و اين فصل و

ط - ثبت شكايات با امبدز ، پرستار يا تهيه كننده خدمات .

در چنين موارد به هيچ عكس العملي مواجه نخواهيد شد. امبدز مكلف است تا شكايت شما را به ادارخواهش شما ثبت كند. شماره تلفون امبدز (۲٦۰)٤۱٦-۷۰۰۸) يا تلفون رايگان (۱-۸۸۸-۲۲٦-٦۱٦٤) ميباشد.

پاليسي عدم تبعيض

شبكه ، حمايت منطقوي سوبسيد شمالي (حمسش) با اقرار دادي هاي آن در معامله با مراجعين از نگاه نژاد ، رنگ ، مذهب ، آيين ، ملليت ، جنس ، عمر ، حالت ازدواج ، لطامي باز نشسته ، معيوب ، نظامي باز نشسته ، زمان رهتام يا معيوبيت جسماني تبعيض نميكنند.

عمليه ء شكايت و استماع منصفانه

شبكه ، حمايت منطقوي طرز العملي براي شكايات مراجعين و استماع منصفانه ، آن تنظيم كرده است تا هر عضو پي ايچ پي بتواند در مورد نوعيت خدمات ثبت شكايت كند.

براي اخذ معلومات در چنين موارد به شبكه ، حمسش به تلفون (۲٦۰)٤۱٦-۷۰۱۳) يا تلفون رايگان (۱-۸۰۰-٦۸٤-۲۰۰۰) يا با امبدز به تلفون شماره (۲٦۰)٤۱٦-۷۰۰۸) يا تلفون رايگان شماره (۱-۸۸۸-۲۲٦-٦۱٦٤) ميتوان تماس گرفت.

دفتر امور مستهلكين

در سراسر منطقه تفتر شبكه ، حمسش براي امور مستهلكين هم از آنها در موارد صحت روانی دفاع ميكند و هم آنها را رهبري مينمايد. اين تفتر به سوالات پاسخ ميگويد ، ارتباط عامه را هماهنگ ميسازد و نشرات دماندگي را نظارت ميكند. جهت تماس با اين تفتر به تلفون (۲٦۰) ٤۱٦-۷۰۱۳) يا تلفون رايگان (۱-۸۰۰-٦۸٤-۲۰۰۰) تماس گيريد .

علاوتا ، قسمت صحت روانی تفتر امور مستهلكين يك خط تلفون رايگان را براي سوالات همه مستهلكين باز نگهداشته است . اگر شبكه ، حمايت منطقوي نمي تواند خواهشگوي همه احتياجات شما باشد ، شما را تشويق ميكنيم كه با تفتر مذكور به تلفون شماره (۱-۸۰۰-٤٤٦-۲۰۹۹) تماس گيريد.

تيم تجديد نظر بر كيفيت

شبكه ، حمايت منطقوي در جهد دايمي براي بهتر ساختن خدمات يك تيم مركب از مستهلكين و اعضاي فاميل شان را فقط براي تجديد نظر بر كيفيت و نوعيت خدمات تقديمي تشكيل كرده است . اين تيم (كرت) ممكن است به هنگام تداوي شما با شما تماس گيرد . هدف آن فقط جمع معلومات و نظريات است كه بعدا در بهتر ساختن كيفيت خدمات از آنها كار گرفته ميشود.

خدمات امبدز

شبكه ، حمايت منطقوي خدمات مستقل امبدز را تهيه ميكند . امبدز در تمام مراحل شكايت از شاكي طرفداري ميكند. امبدز ها براي مستهلكين ، اعضاي فاميل شان ، و ديگر اشخاص علاقمند (به موافقت مستهلكين) در امر رفع شكايات و اعتراضات و / يا استماع منصفانه ، قضاياي (دي اس ايچ اس) كمك ميكنند. اولتر براي حل قضايا در مراحل پايين كوشش ميشود. اگر شما اعتراضي يا شكايتي كنيد ، به هيچ گونه عكس العمل منفي بر نخواهيد خورد . با تفتر خدمات امبدز از طريق تلفون (۲٦۰) ٤۱٦-۷۰۰۸) يا تلفون رايگان (۱-۸۸۸-۲۲٦-٦۱٦٤) ميتوانيد تماس گيريد.

Revised 9 98 Farsi

CONSUMER RIGHTS

You have the right to:

⇒ Be treated with respect and dignity.

⇒ Help develop a plan of care and services which meets your needs.

⇒ Refuse any proposed treatment.

⇒ Receive care which does not discriminate against you regardless of your race, color, national origin, creed, religion, sex, sexual orientation, age, income, disabled veteran status, Vietnam era status or disability.

⇒ Be free of any sexual exploitation or harassment.

⇒ Receive an explanation of all medications prescribed, including expected effect and possible side effects.

⇒ Review your care record.

⇒ Confidentiality.

⇒ Review the provider's grievance policy.

⇒ Lodge a complaint or grievance with the Ombuds, RSN, or provider if you believe your rights have been violated.

⇒ Be free of retaliation or the threat of retaliation.

Don't know where to turn?

CALL

BRIDGES
Mental Health
Ombuds Service

(360) 377-8174
Toll free:
1 (888) 377-8174

OR WRITE

BRIDGES
Mental Health
Ombuds Service
P.O. Box 555
Bremerton, WA 98337

BRIDGES MENTAL HEALTH OMBUDS SERVICE

Serving CLALLAM, JEFFERSON and KITSAP COUNTIES

The Ombuds is available to assist mental health consumers, their families, and others with concerns or complaints on behalf of any individual who is entitled to, or receives, mental health services from agencies that are funded by the State of Washington.

(360) 377-8174
Toll free: 1 (888) 377-8174

A program of the Dispute Resolution Center of Kitsap County funded by the PRSN.

1 b3 PKSN

WHAT IS THE OMBUDS SERVICE?

The State of Washington has established an independent Ombuds service to receive complaints and grievances from publicly funded mental health consumers. Complaints may be made by consumers, their family members, or others.

WHAT IS THE PURPOSE?

The Ombuds receives complaints concerning quality of service and consumer satisfaction and assists in resolving them quickly and confidentially. The Ombuds' primary goal is to help providers and consumers work together to ensure dignified, quality service.

WHO IS ELIGIBLE?

Residents of Clallam, Jefferson and Kitsap Counties who are eligible to receive, or are receiving, publicly funded mental health services may use the Ombuds service. Concerns or questions from family members and other interested parties may also be directed to the Ombuds.

ARE THERE FEES?

There are no fees associated with this service.

WHAT CAN THE OMBUDS DO FOR ME?

- Listen to your problem.
- Analyze what is involved and help you determine an appropriate solution.
- Investigate facts, records, laws, policies and procedures.
- Provide assistance in resolving the problem on an informal level, if possible.
- Assist you in the complaint and grievance process and, if necessary, follow through to see that the complaint is resolved and that you are kept informed of the process.
- Provide information on resources and consumer rights.
- Recommend changes to correct a problem or prevent future occurrences.
- Maintain confidentiality.

(360) 377-8174
Toll free: 1 (888) 377-8174

WHAT CAN'T THE OMBUDS SERVICE DO?

- Provide mental health counseling or case management services.
- Obtain information on your behalf without your written consent.
- Ensure any specific outcome.
- Give legal advice or act as your attorney.
- Enforce a recommendation.

WHAT CAN YOU DO TO HELP THE OMBUDS RESOLVE YOUR CONCERN OR COMPLAINT?

- Be prepared to tell the WHO, WHAT, WHERE, and WHEN of the problem.
- Supply any written information you may have to the Ombuds.
- Consider what would be a fair resolution. What is it you want from the provider?
- Keep the Ombuds informed of how you can be helped and where you can be reached.

Consumer Rights

As a mental health consumer, you have the right to:

- Be treated with respect and dignity;
- Develop a plan of care and services which meets your unique needs;
- Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, chapters 71.05 and 71.34 RCW;
- Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability and sexual orientation;
- Be free of any sexual exploitation or harassment;
- Review your case record;
- Receive an explanation of all medications prescribed, including expected effect and possible side effects;
- Confidentiality, as described in relevant statutes and regulations;
- Lodge a complaint with the ombuds person, RSN, or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The ombuds person may, at your request, assist you in filing a grievance.

Peninsula Regional Support Network

Quality Review Team

614 Division Street, MS-23
Port Orchard, WA 98366-4676

Phone: (360) 337-4604
1-800-525-5637
Fax: (360) 337-5721
Email: aedgertn@co.kitsap.wa.us

Peninsula Regional Support Network

Quality Review Team

Questions and Answers

QRT

Tel: (360) 337-4604
1-800-525-5637

1 b 3 PK'S N

What is the QRT?

The Quality Review Team (QRT) of the Peninsula Regional Support Network (PRSN) is a state-mandated committee established to monitor and evaluate the delivery of publicly-funded mental health services in the tri-county region of Clallam, Jefferson, and Kitsap Counties.

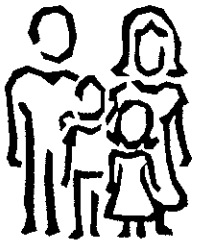
The QRT consists of five to ten members who are appointed by the PRSN Advisory Board and are representative of the demographics of the region. It includes consumers, family members, and advocates.

What is the purpose of the QRT?

It is the purpose of the QRT to assist the PRSN in its quality assurance process, in order to enable consumers to have their needs met and their welfare protected.

How does the QRT achieve this?

The QRT evaluates PRSN and provider services by gathering information from recipients of services, family members, provider staff, allied service providers, and members of the community. Information is gathered by site visits, review of provider records and documents, interviews with interested focus groups, and by surveys—either face-to-face, by telephone, or by mail-out questionnaire.



The QRT evaluates PRSN and provider services regarding:

- System quality of care;
- Degree to which services are consumer-directed;
- Outreach to under-served groups;
- Extent of development of alternatives to hospitalization, cross-system coordination, and range of treatment.

To gather this information, the QRT asks such questions as:

- "How easy was it for you to get the care you need?"
- "Are services provided helpful to you?"
- "What would you change about the way help is provided to you?"
- "Are you treated with respect?"

After gathering this information, the QRT prepares a written report of its findings and recommendations and submits this to the PRSN, to the PRSN Executive and Advisory Boards, to the State of Washington Mental Health Division, and to the provider agency.

Peninsula Regional Support Network

Quality Review Team

614 Division Street, MS-23
Port Orchard, WA 98366-4676

Phone: (360) 337-4604
1-800-525-5637
Fax: (360) 337-5721

AUTHORIZED PRSN COMMUNITY MENTAL HEALTH PROVIDERS

East Clallam County
Peninsula Community Mental Health Center
118 East 8th Street, Port Angeles, WA 98362
(360) 457-0431
Crisis Services (360)452-4500

West Clallam County
Forks Community Hospital--West End Outreach Services
530 Bogachiel Way, Forks, WA 98331
(360) 374-6177 Main number and crisis services

Jefferson County
Jefferson Mental Health Services
884 West Park, PO Box 565
Port Townsend, WA 98368
(360) 385-0321 or 1-800-659-0321 Main numbers and crisis services

Kitsap County
Kitsap Mental Health Services
5455 Almira Drive NE, Bremerton, WA 98311
(360) 373-5031 TDD (360) 478-2715
Emergency Services (360) 373-3425
Crisis Clinic (360)479-3033 or
1-800-843-4793

Peninsula Regional Support Network
614 Division Street, MS-23
Port Orchard, WA 98366-4676
(360) 337-4604
Fax: (360) 337-5721

ADVANCE DIRECTIVES FOR PSYCHIATRIC CARE

A TOOL FOR PLANNING AND PREVENTION

1 b 3 PRSN

Peninsula Regional Support Network
614 Division Street, MS-23
Port Orchard, WA 98366-4676

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a legally enforceable document that allows a person to specify what treatment he/she wishes to receive, or not receive, in the event that he/she later becomes unable to make reasoned treatment decisions.

There are two types of Advance Directives:

1. A Durable Power of Attorney:

   Permits a person to give someone else legal authority to make health care decisions in the event that he/she is unable to do so.

2. Instructional Directive:

   A document that provides specific instructions about the treatment a person wishes to receive in the event that he/she is unable to do so.

Many people with mental illness are highly capable individuals who experience times when their decision making ability breaks down. It is advance planning that allows them to maintain control of their lives during these episodes of illness and to avoid mental health crises altogether. An Advance Directive offers this opportunity for planning.

BENEFITS OF ADVANCE DIRECTIVES

There are many benefits of developing and utilizing an Advance Directive. An Advance Directive:

- Preserves the dignity and self-determination of individuals with mental illness.
- Provides an opportunity for mental health consumers to voice their desires and take active responsibility for their treatment.
- Promotes a cooperative working relationship between mental health consumers and providers.
- Allows family and friends to better support a mental health consumer in crisis.
- Encourages individualized care in which a consumer can specify:

  1. Types of medications that are helpful or harmful.
  2. Who should be notified or allowed to visit if a person is hospitalized.
  3. What arrangements need to be made to care for children or pets.
  4. What type of treatment has been helpful in the past.
  5. Many other things...

HOW DO I PUT TOGETHER AN ADVANCE DIRECTIVE

To develop your individual Advance Directive:

- Talk with your case manager, therapist or psychiatrist. They can provide you with handouts, information or referrals.
- Contact the Washington area trainer on Advance Directives:

  Rhonda Syphax MSW
  Silver Lining Consultants
  P.O. Box 22344
  Seattle, WA 98122-0344
  (206) 323-1877

  She has experience in developing Advance Directives and can provide referrals to low-cost/no-cost attorney services.

- Contact the Peninsula Regional Support Network

  614 Division Street MS-23
  Port Orchard, WA 98366-4676
  (360) 337-4604
  1-800-525-5637

For More Information

call:

Nancy Braswell

BRIDGES Coordinator

1-888-377-8174 (toll free)

or:

360-405- 0707 (Kitsap County)

or write:

Nancy Braswell
BRIDGES Coordinator
P.O. Box 555
Bremerton, WA 98337

Email:
DRCBridgesP@aol.com

Fax: (360) 377-7305

Office located at:

645 Fourth Street, Suite 201
Bremerton, WA 98337

Building
Resources to
Improve the
Delivery of
Genuinely
Effective
Services

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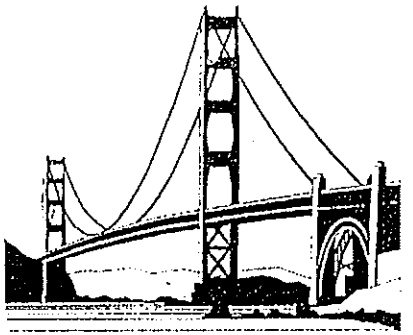


BRIDGES to Parent Voice

A
Partnership
for parents of children
with complex needs
living
in Clallam, Jefferson
and
Kitsap Counties

Coordinated by the Dispute Resolution Center of Kitsap County and funded by the PRSN.

1/03 PRSN

If a child is struggling with behavior problems, difficulty in school, or perhaps acting out at home or in the community, the family is struggling as well. Parents of these children often feel isolated, blamed, guilty and embarrassed. Receiving advice from all sides, they often find it not very helpful. BRIDGES to Parent Voice offers real help by providing support, education and mentoring by other parents with similar experiences.

Building a Partnership Between Families, Systems and Communities.

Cornerstones:

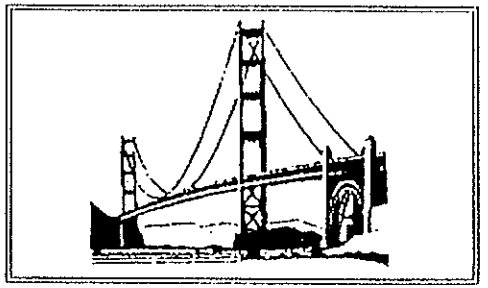
- Parent Support groups held in each county
- Parent to parent support and networking
- Educational workshops
- Resource information
- Help in navigating the mental health system
- Training in the Individualized and Tailored Care Approach
- Technical assistance to child and family teams.

MGA KARAPATAN NG TUMATANGGAP NG SERBISYO

Kayo ay may karapatang:

- Igalang,
- Tumulong na gumawa ng plano para sa pag-gamot at mga serbisyong sumasapat sa inyong mga pangangailangan.
- Tanggihan ang anumang planong paggamot sa inyo.
- Gamutin nang walang diskriminasyon laban sa inyo kahit na ano ang inyong lahi, kulay, barsang pinagmulan, pananampalataya, relihiyon, kasarian, piniling kasarian, gulang, kinikita, kalagayan bilang baldadong beterano, beterano ng digmaan sa Vietnam o naging baldado dahil sa digmaan sa Vietnam.
- Maging ligtas mula sa anumang pagsasamantala o panliligalig na sekswal.
- Ipaliwanag sa inyo ang lahat ng mga inireseta ng gamot para sa inyo, kasama ang mga inaasahang epekto ng gamot o mga malamang na iba pang epekto ng gamot.
- Siyasatin ang rekord tungkol sa paggamot sa inyo.
- Ipaglihim ang mga bagay na nauukol sa inyo.
- Siyasatin ang patakaran ng gumagamot sa inyo tungkol sa pagharap ng reklamo.
- Magreklamo sa Ombuds, RSN, o sa gumagamot sa inyo kung sa palagay ninyo ay may lumabag sa inyong mga karapatan.
- Maging ligtas sa paghihiganti o banta ng paghihiganti.

Hindi ba ninyo alam kung saan tatakbo?



Tumawag Sa

BRIDGES
Mental Health
Ombuds Service

(360) 377-8174
Walang-bayad na tawag:
1 (888) 377-8174

O SUMULAT SA

BRIDGES
Mental Health
Ombuds Service
P.O. Box 555
Bremerton, WA 98337

TAGALOG

BRIDGES MENTAL HEALTH OMBUDS SERVICE

Pinaglilingkuran ang MGA COUNTY NG CLALLAM, JEFFERSON AT KITSAP

Ang Ombuds ay tumutulong sa mga taong tumatanggap ng mga serbisyong nauukol sa kalusugang pangkaisipan, ang kanilang mga pamilya, at ang ibang taong may mga pinag-aalaalahanan o may mga reklamo alang-alang sa sinumang may karapatan, o tumatanggap ng mga serbisyong nauukol sa kalusugang pangkaisipan mula sa mga ahensiyang tumatanggp ng pondo mula sa Estado ng Washington.

(360) 377-8174
Walang-bayad na tawag:
1 (888) 377-8174

Isang programa ng Dispute Resolution Center ng Kitsap County na may pondo mula sa PRSN.

1 b 3 f KSN

ANO ANG SERBISYONG OMBUDS?

Ang Estado ng Washington ay nagtatag ng isang malayang serbisyong ombuds para tumanggap ng mga reklamo ng mga taong tumatanggap ng mga serbisyong nauukol sa kalusugang pangkaisipan mula sa mga ahensiyang tumatanggap ng pondo mula sa estado. Maaaring magreklamo ang mga taong tumatanggap ng serbisyo, ang kanilang mga kamag-anak, o ang ibang tao.

ANO ANG HANGARIN NITO?

Ang Ombuds ay tumatanggap ng mga reklamo tungkol sa kung mahusay o hindi ang serbisyo at kung nasisiyahan sa serbisyo ang mga taong pinaglilingkuran, at tumutulong itong kaagad at lihim na lutasin ang mga reklamo. Ang pangunahing layunin ng Ombuds ay tulungan ang mga naglilingkod at mga pinaglilingkuran na matiyak ang magalang at mahusay na serbisyo.

SINU-SINO ANG MAAARING MASALI?

Ang mga taong naninirahan sa mga county ng Clallam, Jefferson at Kitsap na maaaring tumanggap o tumatanggap ng mga serbisyong nauukol sa kalusugang pangkaisipan sa mga ahensiyang tumatanggap ng pondo mula sa estado, ay maaaring gamitin ang serbisyong Ombuds. Ang mga pinag-aalaalahanan o mga tanong ng mga kamag-anak ng taong pinaglilingkuran o ng ibang taong may interes ay maaari ding itanong sa Ombuds.

MAY BAYAD BA ANG MGA ITO?

Walang-bayad para sa serbisyong ito.

ANO ANG MAGAGAWA PARA SA AKIN NG OMBUDS?

- Pakinggan ang inyong problema.
- Siyasatin ang problema at tulungan kayong alamin kung ano ang naaangkop na solusyon.
- Imbistigahan ang mga pangyayari, mga rekord, mga batas, mga patakaran at mga pamamaraan.
- Tumulong sa paglutas ng problema para hindi dumating sa hukuman, kung maaari.
- Tulungan kayo sa pagharap ng reklamo at, kung kinakailangan ay sundan ang pagharap ng reklamo para matiyak na malutas ang reklamo at malaman ninyo ang ginagawa tungkol sa inyong reklamo.
- Bigyan kayo ng impormasyon tungkol sa mga mapagkukunan ng tulong at tungkol sa inyong mga karapatan.
- Magrekomenda ng mga pagbabgago para maiwasto and isang problema o hadilangan ang mga maaaring maging problema sa hinaharap.
- Ipaglihim ang mga ito.

(360) 377- 8174
Walang-bayad na tawag:
1 (888) 377-8174

ANO ANG HINDI MAGAGAWA PARA SA AKIN NG SERBISYONG OMBUDS?

- Magbigay ng counseling na nauukol sa kalusugang pangkaisipan o pangasiwaan ang inyong kaso.
- Kumuha ng impormasyon para sa inyo nang walang pahintulot ninyo.
- Tiyakin sa inyo ang kalalabasan ang inyong reklamo.
- Magbigay sa inyo ng payong nauukol sa batas o kumatawan bilang inyong abogado.
- Ipatupad ang isang rekomendasyon.

ANO ANG MAGAGAWA <u>NINYO</u> PARA MATUL-UNGAN ANG OMBUDS NA LUTASIN ANG INYONG PINAGAALALAHANAN O REKLAMO?

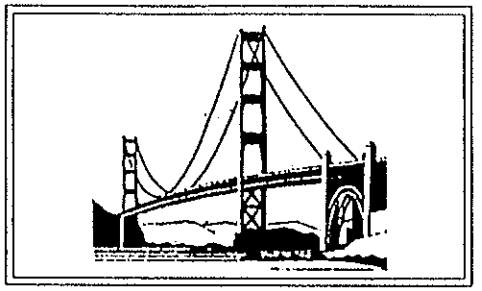
- Handang sabihin ang SINO, ANO, SAAN, at KAILAN tungkol sa problema.
- Ibigay sa Ombuds ang mga nakasulat na impormasyon na nasa inyo.
- Isipin ninyo kung ano ang isang makatarungang solusyon. Ano ang gusto ninyong gawin ng taong nagbibigay sa inyo ng serbisyo?
- Sabihin ninyo sa Ombuds kung paano kayo matutulungan at saan kayo matatawagan o masusulatan.

DERECHOS DEL CONSUMIDOR

Tiene derecho a:

- ⇨ Que se le trate con respeto y dignidad.
- ⇨ Que se le ayude a desarrollar un plan de atención y servicios que satisfagan sus necesidades.
- ⇨ Rechazar cualquier tratamiento propuesto.
- ⇨ Recibir una atención que no haga discriminaciones en su contra sean cuales sean su raza, color, origen nacional, credo, religión, sexo, orientación sexual, edad, ingresos, situación de excombatiente incapacitado, de la época de Vietnam o de incapacidad.
- ⇨ Estar libre de todo acoso o toda explotación sexual.
- ⇨ Recibir una explicación sobre todos los medicamentos recetados, incluyendo los efectos esperados y los posibles efectos secundarios.
- ⇨ Revisar el historial de su caso.
- ⇨ La confidencialidad.
- ⇨ Revisar las normas de reclamos del proveedor.
- ⇨ Presentarle una reclamación o queja al intermediario, el RSN o el proveedor si cree que se han violado sus derechos.
- ⇨ No recibir represalias ni amenazas a ese respecto.

¿No sabe a quién dirigirse?



LLAME AL

BRIDGES
Mental Health
Ombuds Service

(360) 377-8174
Sin cargos:
1 (888) 377-8174

O ESCRIBA A:

BRIDGES
Mental Health
Ombuds Service
P.O. Box 555
Bremerton, WA 98337

SPANISH

BRIDGES MENTAL HEALTH OMBUDS SERVICE (SERVICIO INTERMEDIARIO DE SALUD MENTAL)

Presta servicio a los CONDADOS DE CLALLAM, JEFFERSON y KITSAP

El intermediario se encuentra disponible para ayudar a los clientes de salud mental, sus familias y otros que tengan preocupaciones o quejas relacionadas con cualquier persona que tenga derecho a obtener o esté recibiendo servicios de salud mental de agencias financiadas por el estado de Washington.

(360) 377-8174
Sin cargos: 1 (888) 377-8174

1 b 3 PRSN

Un programa del Centro de Resolución de Disputas del Condado de Kitsap financiado por el PRSN.

¿QUÉ ES EL SERVICIO INTERMEDIARIO (OMBUDS)?

El estado de Washington ha establecido un servicio intermediario independiente para recibir reclamaciones y quejas de los consumidores de salud mental financiados públicamente. Las quejas pueden hacerlas los consumidores, los miembros de sus familias u otras personas.

¿CUÁL ES SU FINALIDAD?

El intermediario recibe quejas relativas a la calidad de los servicios y la satisfacción de los clientes y contribuye a resolverlas con rapidez y de modo confidencial. El objetivo primario del intermediario es ayudar a los proveedores y los consumidores a colaborar unos con otros para asegurar servicios con dignidad y calidad.

¿QUIÉN ES ACEPTABLE?

Los residentes de los condados de Clallam, Jefferson y Kitsap que tengan derecho a obtener o que estén recibiendo servicios de salud mental financiados públicamente podrán utilizar los servicios del intermediario. También se podrán dirigir a este último las inquietudes o las preguntas de los familiares y otras personas interesadas.

¿HAY QUE PAGAR HONORARIOS?

No hay honorarios asociados con este servicio.

¿EN QUÉ PUEDE AYUDARME EL INTERMEDIARIO?

- Escuchará su problema.
- Analizará de qué se trata y le ayudará a determinar una solución apropiada.
- Investigará hechos, registros, leyes, normas y procedimientos.
- Proporcionará ayuda para resolver el problema, si es posible en un nivel extraoficial.
- Le dará ayuda en el proceso de reclamaciones y quejas y, si es necesario, efectuará un seguimiento para asegurarse de que se resuelva la queja y que esté informado sobre el proceso.
- Proporcionará información sobre recursos y derechos del consumidor.
- Recomendará cambios para corregir un problema o evitar que ocurra en el futuro.
- Mantendrá todo en confidencia.

(360) 377-8174
Sin cargos: 1 (888) 377-8174

¿QUÉ ES LO QUE NO PUEDE HACER EL SERVICIO INTERMEDIARIO?

- Proporcionar servicios de administración de casos o asesoramiento de salud mental.
- Obtener información por cuenta de usted sin su consentimiento por escrito.
- Asegurar cualquier resultado específico.
- Dar consejos legales o actuar como abogado.
- Aplicar una recomendación.

¿QUÉ PUEDE HACER USTED PARA AYUDARLE AL INTERMEDIARIO A RESOLVER SU INQUIETUD O QUEJA?

- Estar preparado para describir QUIÉN, QUÉ, DÓNDE y CUÁNDO del problema.
- Proporcionarle al intermediario cualquier información por escrito que podría tener.
- Tomar en consideración lo que sería una resolución justa. ¿Qué es lo que desea del proveedor?
- Mantener al intermediario informado sobre cómo le puede ayudar y dónde puede ponerse en contacto con usted.

Mga Naghahandog ng Pangmadlang Pangkaisipang Kalusugan na Pinahintulutan ng PRSN

(Ano mga tulong sa panahon ng kagipitan ay makukuha 24-oras sa isang araw, 7 araw sa isang linggo. Para sa mga karaniwang oras ng pagtrabaho, tawagan sa numero ng telepono nito ang Naghahandog ng Pangkaisipang Kalusugan.)

East Clallam County
Peninsula Community Mental Health Center
118 East 8th Street, Por Angeles, WA 98362
360-457-0431 Mga Serbisyo
Panahon ng Kagipitan 360-452-4500

West Clallam County
Forks Community Hospital - West End Outreach Service
530 Bogachiel Way, Forks, WA 98331
360-374-6177 (Mga Serbisyo o ***Panahon ng Kagipitan***)

Jefferson County
Jefferson Community Counseling Center
884 W Park, Port Townsend, WA 98368
360-385-0321 o 800-659-0321 (*Mga Serbisyo o* ***Panahon ng Kagipitan***)

Kitsap County
Kitsap Mental Health Services
5455 Almira Dr. NE
Bremerton, WA 98311-8330
360-373-5031 TDD 360-478-2715
Mga Tulong sa Biglang Pangangailangan 360-373-3425
Klinika para sa Panahon ng Kagipitan 360-479-3033 o 800-843-4793

Kasiyahan ng Kliyente
Kung kayo at may mga reklamo tungkol sa mga serbisyo o sa pagkuha ng mga serbisyo mula sa Prepaid Health Plan ng PRSN, matatawagan ninyo ang: Tanod Bayan sa 360-377-8174 o sa walang-bayad na tawag sa 888-377-8174, o ang Office of Consumer Affairs sa Olympia sa 1-800-446-0259, o ang pampangasiwaang tanggapan ng PRSN/PHP sa 1-800-525-5637 o 360-337-4886

PRSN Administration Offices
614 Division Street, MS-23
Port Orchard, WA 98366
360-337-4604 FAX: 360-337-5721

Peninsula Regional Support Network

Mga Serbisyong Pangmadlang Pangkaisipang Kalusugan sa mga County ng Clallam, Jefferson & Kitsap

Prepaid Health Plan (PHP)

Mga Serbisyong Pangmadlang Pangkaisipang Kalusugan para sa mga Tumatanggap ng Medicaid

1 b 3 PRSN

Pinangangasiwaan ng Kagawarang para sa mga Tauhan & Mga Serbisyong Pantao ng Kitsap County

TAGALOG

Ang Pagiging Maaari Para Sa Mga Serbisyo

Ang Prepaid Health Plan (PHP) ng Peninsula Regional Support Network (PRSN) ay ang sistemang pangmadlang pangkaisipang kalusugan na itinataguyod ng estado sa mga County ng Kitsap, Clallam at Jefferson at ito ang namamahala ng mga serbisyo. Ito ay maghahandog sa mga miyembro nito ng *pangmadlang mga tulong na pangkaisipang kalusugan sa labas ng ospital.*

Maaari kayong maging miyembro kung:

- ***Tumatanggap kayo ng Medicaid; at***
- ***Naninirahan kayo sa County ng Kitsap, Clallam o Jefferson.***

Kung kayo ay naninirahan sa ibang county at tumatanggap kayo ng Medicaid, iba ang inyong PHP at dapat ninyong tawagan o sulatan ang mga naghahandog ng pangmadlang pangkaisipang kalusugan sa county na iyon upang malaman kung maaari kayo para sa PHP.

Upang makakuha ng mga sebisyo, tawagan ang mga naghahandog ng serbisyo sa inyong lugar na nakalista sa likod nitong brochure. Sa panahon ng kagipitan, tawagan ang numero ng telepono ng maghahandog ng serbisyo para sa panahon ng kagipitan o tumawag ng 911.

Ang Peninsula Regional Support Network ay walang diskriminasyon sa paghandog ng kanilang mga serbisyo, gawain, tulong na pananalapi, at ibang mga tulong, batay sa lahi, kulay, bansang pinagmulan, kasarian, gulang, relihiyon, pananampalataya, o pagkabaldado.

Kinakailangang Mga Serbisyo

Bilang miyembro ng PHP, kayo ay may karapatan sa kinakailangang pag-aalagang planong pangkaisipang kalusugan na kasama ang:

- **Pamamgitan sa Panahon ng Kagipitan**
- **Pangunang Pagtatasa**
- **Pagpapahintulot ng mga Serbisyong Psychiatric sa Ospital**
- **Maikling Counseling at/o Pangangasiwa ng Kaso**
- **Tulong ng isang Tagapagsalin kapag kinakailangan**

Ang inyong unang pagpapatingin sa naghahandog ng serbisyong pangkaisipang kalusugan ay karaniwang isang pangunang ebalwasyon. Ginagamit ang ebalwasyong ito upang malaman kung alin sa mga serbisyong pangkaisipang kalusugan ang *Kinakailangang Gamutin.* Ginagamit din ito para gumawa ng Plano ng Paggamot na Tanging para sa Inyo Lamang na kinikilala ang mga hangarin at tagal ng panahon para sa mga serbisyo.

Ang *mga **Kinakailangang Gamutin*** ay iyong mga makatwirang kinalkula para hadlangan, suriin, iwasto, gamutin, paginhawahin o hadlangan ang paglala ng mga diperensiyang nagsasapanganib sa buhay ng tao, nagiging sanhi ng mga pagdurusa o sakit, magbubunga ng karamdaman o kapinsalaan sa katawan, maaaring maging sanhi o magpalala sa pagkabaldado, o maging sanhi ng kapinsalaan sa katawan o kasamaan sa katawan. Upang maging kinakailangang gamutin ay dapat na walang iba pang serbisyo na makakatulong, mas maingat, mas mura o naaangkop para sa taong tumatanggap ng serbisyo.

Ang mga Tulong ng isang Tanod Bayan ay hinahandog nang walang-bayad sa mga tumatanggap ng mga serbisyo o mga malamang na tatanggap ng mga serbisyo. Ang mga taong nahihirapang kumuha ng mga serbisyo o may mga alitan o reklamo ay dapat tumawag sa Tanod Bayan ng PRSN sa 360-377-8174 o walang-bayad na tawag sa 888-377-8174.

Mga Patuloy Na Serbisyo

Ang mga *patuloy na serbisyo*, kung pinahintulutan, ay maaaring kasama ang anuman sa mga sumusunod:

- ***Pagtatasa***
  Pagsiyasat at Rekomendasyon
  Pagtatasa at Ebalwasyon

- ***Mga Serbisyo sa Panahon ng Kagipitan***
  24-oras na matawagan sa Telepono para sa Impormasyon at Tulong
  Pamamagitan sa Panahon ng Kagipitan, mga Pagtugon at Pagririlyebo

- ***Mga Counseling***
  Maikli at masinsinang paggamot
  Counseling para sa isang tao at para sa grupo

- ***Mga Masinsinang Rehabilitasyon***
  Pangangasiwa ng Kaso
  Mga Tulong na Pagtataguyod na Pantahanan
  Pagreseta ng mga Gamot & Pagsubaybay
  Mga Tulong para bago maghanapbuhay & Panghanapbuhay
  Mga Ginawang Programang Pang-araw
  Pag-aarugang Sinadya para sa Bawa't Isa

Ang *mga Serbisyong Hindi Saklaw* ng PHP ay maaaring saklaw ng Medicaid sa pamamagitan ng ibang plano. Kasama sa mga ito ang: Mga Paggamot sa Ospital; Transportasyon; Bayad para sa mga Iniresetang Gamot; Higit pa sa 2 oras na mga serbisyo sa panahon ng biglang pangangilangan sa labas ng mga County ng Kitsap, Clallam o Jefferson; Mga Serbisyong mula sa mga hindi kasakop sa PHP (tingnan ang mga pinahintulutang naghahandog ng serbisyo na nakalista sa likod nito); at mga Patuloy na Serbisyong hindi pinahintulutan ng naghahandog ng serbisyo.

Proveedores autorizados de salud mental a la comunidad de PRSN

(Los servicios de crisis están disponibles las veinticuatro horas de los siete días de la semana. Para obtener las horas de atención fuera de crisis, por favor póngase en contacto con el proveedor local de salud mental, llamando a su número correspondiente).

East Clallam County
Peninsula Community Mental Health Center
118 East 8th Street, Port Angeles, WA 98362
Servicios: 360-457-0431
Crisis: 360-452-4500

West Clallam County
Forks Community Hospital - West End Outreach Services
530 Bogachiel Way, Forks, WA 98331
360-374-6177 (servicios o **crisis**)

Jefferson County
Jefferson Community Counseling Center
884 W Park, Port Townsend, WA 98368
360-385-0321 - 1-800-659-0321(servicios o **crisis**)

Kitsap County
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311-8330
360-373-5031 TDD 360-478-2715 (para sordos)
Servicios de urgencia: 360-373-3425
Clínica de crisis: 360-479-3033 u 800-843-4793

Satisfacción de los clientes
Si tiene alguna preocupación relativa a la calidad de los servicios o el acceso a ellos para el Plan Prepagado de Salud de PRSN (PRSN Prepaid Health Plan), deberá ponerse en contacto con: Ombuds (Mediador), llamando al teléfono 360-377-8174, o bien, sin cargos, al 888-377-8174, o a la Oficina de Asuntos del Consumidor (Office of Consumer Affairs) en Olympia, llamando al teléfono 1-800-446-0259, o bien, a la oficina administrativa de PRSN/PHP, en los teléfonos 1-800-525-5637 ó 360-337-4886

PRSN Administration Offices
614 Division Street, MS-23
Port Orchard, WA 98366
360-337-4604 FAX: 360-337-5721

Peninsula Regional Support Network

Servicio de salud mental de la comunidad en los condados de Clallam, Jefferson y Kitsap

Plan de salud prepagado
(Prepaid Health Plan) (PHP)

Servicios de salud mental para beneficiarios de Medicaid

Administrado por el Departamento de Personal y Servicios Humanos del condado de Kitsap

SPANISH
1103 PRSN

Aceptabilidad

El Plan de salud prepagado (Prepaid Health Plan) (PHP) de la Red Península de Respaldo Regional (Peninsula Regional Suport Network) (PRSN) es el sistema de salud mental de la comunidad apoyado por el estado de los condados de Kitsap, Clallam y Jefferson y es el punto de responsabilidad para la administración de esos servicios. Les proporciona a sus miembros *beneficios de salud mental como paciente externo de la comunidad.*

Usted será elegible para ser miembro si:

- ***Recibe beneficios de Medicaid y***
- ***Reside en los condados de Kitsap, Clallam o Jefferson.***

Si vive en otro condado y recibe beneficios de Medicaid, pertenecerá a un PHP diferente y deberá ponerse en contacto con los proveedores de salud mental de ese condado para determinar su aceptabilidad.

Para tener acceso a los servicios, llame al proveedor de su zona que aparece en la lista de la parte posterior de este folleto. En caso de crisis, marque el número de crisis del proveedor o el 911.

La Red Península de Respaldo Regional (Peninsula Regional Support Network) no discrimina en base a raza, color, origen nacional, sexo, edad, religión, credo o incapacidad, para proporcionar todos sus servicios, sus actividades, su ayuda financiera y otros beneficios.

Servicios básicos

Como miembro del PHP, tendrá derecho a un plan básico de atención a la salud mental que puede incluir:

- **Intervención en caso de crisis**
- **Evaluación de admisión**
- **Aprobación de servicios psiquiátricos como paciente internado**
- **Asesoramiento breve y/o administración de casos.**
- **Servicios de interpretación, según se requiera.**

Su primera visita a un proveedor de atención a la salud mental incluye por lo común una evaluación de admisión, que se utiliza para determinar qué servicios de salud mental son *médicamente necesarios.* También se usa para desarrollar su plan de tratamiento individualizado que identificará metas y un marco cronológico para los servicios.

Servicios médicamente necesarios son los que se calculan razonablemente para prevenir, diagnosticar, corregir, curar, aliviar o prevenir el empeoramiento de condiciones que ponen en peligro la vida, causan sufrimiento o dolor, dan como resultado enfermedades o deformidades, amenazan causar o agravar una incapacidad, o provocan un deformidad física o un mal funcionamiento corporal. Para ser médicamente necesario, no habría ningún otro servicio que sea igualmente eficaz, más conservador, substancialmente menos costoso o adecuado para el beneficiario.

Se ofrecen Servicios de Mediación sin costo para el cliente o consumidor potencial. Las personas que tengan dificultades para obtener servicios, o bien, que tengan quejas o desacuerdos deberían llamar all PRSN Ombudsman (Mediador de PRSN) al teléfono 360-377-8174, o bien, sin cargos, al 888-377-8174.

Servicios extendidos

Los servicios extendidos, si se autorizan, pueden incluir lo que sigue:

- **Evaluación**
  Selección y transferencia
  Evaluación y clasificación

- **Servicios de crisis**
  Ayuda e información por teléfono las veinticuatro horas
  Servicios de intervención en casos de crisis, respuesta y alivio

- **Servicios de asesoramiento**
  Asesoramiento individual y en grupo, breve y enfocado en el tratamiento.

- **Servicios intensos de rehabilitación**
  Administración de casos
  Servicios residenciales de apoyo
  Receta de medicamentos y supervisión
  Servicios prevocacionales y vocacionales
  Programas diurnos estructurados

  Atención individualizada y adaptada según el caso.

Algunos servicios no cubiertos por PHP puede satisfacerlos Medicaid por medio de un plan diferente. Incluyen: Servicios para pacientes internados; transporte; costo de medicamentos de receta; más de dos horas de servicios de urgencia fuera de los condados de Kitsap, Clallam y Jefferson; servicios proporcionados por proveedores que no pertenezcan al PHP (vea la lista de proveedores autorizados en el panel posterior) y servicios extendidos no autorizados por el proveedor de servicios.

Revisado en Noviembre 1998

REGIONAL SUPPORT NETWORK

Adams, Grant, and Okanogan Counties have joined together in a **Regional Support Network** to jointly provide mental health services to the public. Emergency services are available 24 hours per day. Other services are available on a sliding fee scale basis, through private Insurance payments, and through the Medicaid system.

MEDICAID MANAGED MENTAL HEALTH SERVICES

This brochure describes the public mental health care plan for the residents of Adams, Grant and Okanogan Counties. Persons eligible for Medicaid are members of this plan.

In this brochure is a list of services available, as well as a list of provider organizations and contact phone numbers.

Service needs will be assessed during the first contact(s) with a service provider. Authorization is then required for the services which an individual receives based on the assessment.

The prepaid Health Plan (PHP) is a system of managed mental health care, where all medically necessary services are provided. Please note that most services must be pre-authorized to each individual's needs. Members may disenroll under certain conditions.

NCW Regional Support Network
131 Basin Street SW
Ephrata, WA 98823-1855

North Central Washington Regional Support Network

1 B 3 - N/C

SERVICE PROVIDERS:

ADAMS COUNTY

Community Counseling Services of
Adams County
165 N. First Street
Othello, WA 99344
(509) 488-5611

For Emergencies Call: (509) 488-5611

GRANT COUNTY

Grant Mental Healthcare
1038 West Ivy
PO Box 1057
Moses Lake, WA 98837
(509) 765-9239

For Emergencies Call: (509) 765-1717

OKANOGAN COUNTY

Okanogan County Counseling Services
107 W. Apple St.
PO Box 3208
Omak, WA 98841
(509) 826-6192

For Emergencies Call: (509) 826-6191

AUTHORIZED SERVICES

Assessment

Review Each Individual's Situation, Leading to Authorization of Services Under This Plan and/or Referral to Other Services.

- Screening
- Referral
- Intake Evaluation

Brief, Focused Treatment

- Individual
- Family
- Group

Intensive Rehabilitation

Extended Support Services for Those With The Most Intensive Needs.

- Case Management
- Housing/Residential Services
- Medication Monitoring
- Pre-Vocational/Vocational Services
- Individualized And Tailored Care

Uniform Benefit Plan Available Upon Request

Administration

Toll Free Information Number:
1-800-251-5350

NCW Regional Support Network
131 Basin Street SW
Ephrata, WA 98823-1855

To Our Customers:

Staff at your provider agency and at the Regional Support Network want our services to be easy to obtain and as helpful as possible. We are very interested in learning from our customers how we can improve the services offered. Please share your thoughts with your counselor. From time to time you may be asked to complete a brief survey, or participate in a discussion, intended to help us provide the best quality services. Your help will be appreciated and the written results of surveys and discussions are always available from the RSN business office or your provider.

Ombuds Service
1(800)346-4529

Office of Consumer Affairs
Division of Mental Health
1(800)446-0259

Consumer Rights

You have a right to:

- Be treated with dignity and respect;
- Help develop a care plan with services which meet your needs;
- Refuse any proposed treatment;
- Receive services without discrimination;
- Receive services free from any sexual exploitation or harassment;
- Review your records;
- Be informed of all prescribed medications, including possible side effects;
- Confidentiality;
- Have the provider's grievance procedure explained to you;
- Access the services of the Mental Health Ombudsman to resolve complaints;
- Be free from retaliation or threats of retaliation.

Mental Health Ombudsman Services

Mental Health Ombudsman
Aging & Adult Care of Central Washington
50 Simon Street SE
East Wenatchee, WA 98802
Phone: 800-346-4529 or 509-886-0700
Fax: 509-884-6943
Email: reinar@dshs.wa.gov

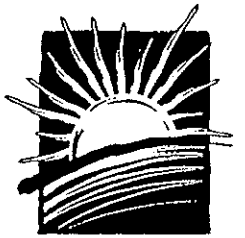
OMBUDSMAN SERVICES

For

Consumers of Public Mental Health Services

Provided by

North Central Washington Regional Support Network



Aging & Adult Care
OF CENTRAL WASHINGTON

800-346-4529
509-886-0700

MENTAL HEALTH OMBUDSMAN SERVICES

103 n/c

What is an Ombudsman?

Ombudsmen are advocates who help ensure individual rights are respected and services respond to consumer needs and preferences. Your mental health ombudsman can help you resolve problems at the lowest level possible, but can also help you through the grievance procedure and/or the fair hearing process.

Ombudsman: Advocate for the Consumer

Mediator or Advocate?

Your mental health ombudsman is an advocate for the consumer. The ombudsman's goal is to help achieve the outcome sought by the consumer.

What about confidentiality?

You can discuss your problem with your mental health ombudsman with confidence. Your ombudsman must have your permission to discuss the problem with anyone.

Who does the Mental Health Ombudsman Work For?

North Central Washington Regional Support Network contracts with Aging & Adult Care of Central Washington to provide mental health ombudsman services in Adams, Grant and Okanogan Counties. The ombudsman functions independently of the Regional Support Network.

Is there any cost?

Mental Health Ombudsman services are free.

Who can access Ombudsman services?

Consumers of public mental health services, family members and friends of consumers.

How Can I Help the Ombudsman Resolve My Complaint?

- ❑ Be ready to supply as much detail as needed to resolve your problem, such as names, dates and specific complaints.
- ❑ Be ready to sign an authorization for the release of information concerning your mental health services.
- ❑ Be ready to tell the ombudsman what specific remedy you want.

MENTAL HEALTH OMBUDSMAN SERVICES

Mental Health Ombudsman
Aging & Adult Care of Central Washington
50 Simon Street SE
East Wenatchee, WA 98802

Phone: 800-346-4529 or 509-886-0700
Fax: 509-884-6943
Email: reinar@dshs.wa.gov

What if I want to make a confidential statement?

Our reports are confidential in nature and are summaries of information that is gathered. All QRT members sign oaths of confidently which are enforced by law. We will go the extra mile to ensure your confidentiality. Please call 1-800-251-5350 and ask for the QRT Coordinator, Heather Horner, if you have questions.

The North Central Washington Regional Support Network
QUALITY REVIEW TEAM
Community Working for Community to Improve Public Mental Health Services

The North Central Washington Regional Support Network

Mental Health

Quality Review Team

Community Working for Community

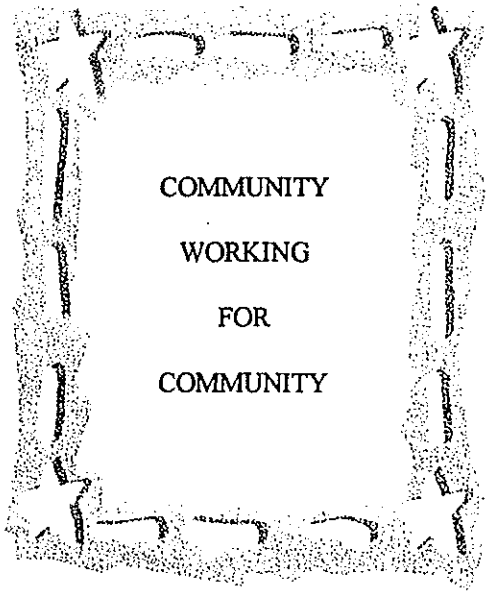
The Quality Review Team

Who are we?

- We are a state mandated community team. We are not professionals, but rather, volunteers who care about mental health services because we, or a family member, or someone we care about has received services. The Regional Support Network employs an independent contractor to assist the team.
- We are required to survey the consumers of the public mental health system.
- We meet with people and agencies that have an interest in the public mental health system.
- We report to local and state agencies to improve the quality of care.
- We are independent of the local and state government.

What can we do for you?

- We can help you with concerns about the public mental health system.
- We can provide you with community resource information.
- We report every three months, on a quarterly basis, to key agencies to continually improve the quality of care.



Do you want to make a difference in your state? We are always looking for community members to assist in our quality review process! Please call 509-754-6577 or 1-800-251-5350 and leave a message for Heather Horner to return your call or write to:

Heather Horner
QRT Coordinator
131 Basin Street SW
Ephrata, WA 98823-1855

¿ Qué pasa si quiero hacer una declaración confidencial?

Nuestros informes son de naturaleza confidencial y son resúmenes de la información reunida. Todos los miembros del QRT (Equipo de Revisión de Calidad) firman declaraciones juradas de confidencialidad, las cuales se hacen cumplir por ley. Haremos todo lo que sea necesario y aún más para asegurar su confidencialidad. Si tiene alguna pregunta, sírvase llamar al 1-800-251-5350 y solicite hablar con la coordinadora del QRT, Heather Horner.

EQUIPO DE REVISIÓN DE CALIDAD
del Sistema Regional de Apoyo del Norte de Washington Central
La comunidad trabajando para la comunidad para mejorar los servicios públicos de salud mental

Sistema Regional de Apoyo del Norte de Washington Central

Salud Mental

Equipo de Revisión de Calidad

La Comunidad
Trabajando para la
Comunidad

El Equipo de Revisión de Calidad

¿ Quiénes somos?

- Somos un equipo comunitario asignado por mandato estatal. No somos profesionales, sino voluntarios a los que nos interesan los servicios de salud mental porque nosotros, o un miembro de nuestra familia o alguien a quien queremos ha recibido servicios.
- El Sistema Regional de Apoyo emplea un contratista independiente para asistir al equipo.
- Se nos requiere que le hagamos una encuesta a los consumidores del sistema público de salud mental.
- Nos reunimos con personas y agencias que tienen interés en el sistema público de salud mental.
- Presentamos nuestro informe a las agencias locales y estatales para mejorar la calidad de la atención.
- Somos independientes del gobierno estatal y local.

¿ Qué podemos hacer por usted?

- Podemos ayudarle con sus preocupaciones acerca del sistema público de salud mental.
- Le podemos brindar información sobre los recursos de la comunidad.
- Presentamos un informe cada tres meses (trimestralmente) a las agencias esenciales para mejorar la calidad de la atención continuamente.

¿ Quiere hacer la diferencia en su estado? Siempre estamos en busca de miembros de la comunidad para que nos ayuden en nuestro proceso de revisión de la calidad! Por favor llame al 509-754-6577 o al 1-800-251-5350 y deje su mensaje para que Heather Horner le devuelva la llamada, o escriba a:

Heather Horner
QRT Coordinator
131 Basin Street SW
Ephrata, WA 98823-1855

Derechos del Consumidor

Ud. tiene el derecho de:

- Ser tratado con dignidad y respeto;
- Ayudar a desarrollar un plan de cuidados con los servicios que llenen sus necesidades;
- Rehusar cualquiera de los tratamientos propuestos;
- Recibir servicios sin discriminación alguna;
- Recibir servicios libres de explotación sexual o asedio;
- Examinar sus expedientes,
- Ser informado de todas las medicinas recetadas para Ud., incluyendo posibles efectos siderales;
- Confidencialidad;
- Tener una explicación de los procedimientos de agravio del proveedor;
- Acceso a los servicios del Defensor Público para la Salud Mental para resolver quejas o problemas;
- Estar libre de venganza o amenazas de venganza.

Aging & Adult Care
OF CENTRAL WASHINGTON

Servicios del Defensor Publico para la Salud Mental

Defensor Publico para la Salud Mental
Aging & Adult Care of Central Washington
50 Simon Street SE
East Wenatchee, WA 98802
Teléfono: 800-346-4529 o 509-886-0700
Fax: 509-884-6943
Email: reinar@dshs.wa.gov

SERVICIOS DEL DEFENSOR PUBLICO

Para

Los Consumidores de Servicios de Salud Mental Públicos

Proveído por

Red Regional de Apoyo del Washington Central del Norte

Aging & Adult Care
OF CENTRAL WASHINGTON

800-346-4529
509-886-0700

SERVICIOS DEL DEFENSOR PUBLICO PARA LA SALUD MENTAL

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¿Qué es un Defensor Público?

Defensores Públicos son abogados que ayudan a asegurar que se respeten los derechos individuales y los servicios responden a las necesidades y preferencias del consumidor. Su defensor público de salud mental puede ayudarle a resolver los problemas al nivel más bajo posible, pero también puede ayudarlo a través del procedimiento de agravio o el proceso de audiencia justa.

¿Mediador o Abogado?

Su defensor público para la salud mental es un abogado para el consumidor. La meta del defensor público es el ayudar al consumidor a lograr el resultado deseado.

Defensor Público: Abogado para el consumidor

Acerca de la confidencialidad

Ud. puede discutir su problema con su defensor público con toda confianza. Su defensor publico debe de obtener el permiso de Ud. para discutir el problema con cualquier otra persona

¿Para quien trabaja el defensor público de Salud Mental ?

La Red Regional de Apoyo del Washington Central del Norte contrata a Aging & Adult Care of Central Washington para proveer servicios de defensor público de salud mental en los Counties de Adams, Grant y Okanogan . El defensor público funciona independientemente de la Red Regional de Apoyo.

¿Cuál es el costo?

Los servicios del defensor público para la salud mental son gratuitos.

¿Quién puede acceder los servicios del defensor Público?

Los consumidores de salud mental pública , miembros familiares y amigos del consumidor.

¿Cómo Puedo Ayudar al Defensor Público a Resolver mi queja?

- ❑ Esté preparado para proporcionar tanto detalle como sea necesario para resolver su problema, así como nombres, fechas y quejas especificas.
- ❑ Esté dispuesto a firmar una autorización para el descargo de información que involucra sus servicios de salud mentales
- ❑ Esté preparado para decirle al defensor publico qué remedio específico Ud. desea para resolver su problema.
- ❑ Mantenga informado al defensor público acerca de cualquier cambio en su situación.

SERVICIOS DEL DEFENSOR PUBLICO PARA LA SALUD MENTAL

Defensor Publico para la Salud Mental
Aging & Adult Care of Central Washington
50 Simon Street SE
East Wenatchee, WA 98802

Teléfono: 800-346-4529 o 509-886-0700
Fax: 509-884-6943
Email: reinar@dshs.wa.gov

Sistema Regional de Apoyo

Los condados de Adams, Grant y Okanogan se han uido en us **Sistema Regional de Apoyo** para juntamente . proveer servicios de salud mental al publico. Los servicios de emergencia estan disponibles las 24 horas al dia. Otros servicios estan disponibles bajo un escala de precios de acuerdo a los ingresos de la persona o familia, a traves de pagos de seguros privados y del sistema Medicaid (cupones medicos).

Servicios de Salud Mental Administrados por Medicaid

Este folleto decribe el plan de cuidado de salud mental publica para los residentes de los condados de Adams, Grant y Okanogan. Las personas que califican para el programa Medicaid son miembros de este plan.

En este folleto se encuentra una lista de servicios asi como de organizaciones proveedoras de servicios y sus numeros telefonicos para contactarlos.

La necesidad de servicios sera evaluada durante la primera visita con un proveedor de servicio. Luego se requiere una autorizacion para los servicios que el individuo recibe basados en la evaluacion.

El Plan de Salud Mental Pre-pagado (PHP) es un sistema de cuidado de salud mental administrado donde se proveentodos los servicios medicamente necesarios. Por favor observe que la mayoria de los servicios deben ser previamente autorizados de acuerdo a las necesidades de cada individuo. El Sistema Regional de Apoyo y sus proveedores son responsables unicamente por el cuidado autorizado y asistira a individuos con referencias para servicios no cubiertos.

NCW Regional Support Network
131 Basin Street SW
Ephrata, WA 98823-1855

Sistema Regional De Apoyo De NCW

153716

PROVEEDORES DE SERVICIOS:

CONDADO ADAMS

Servicios Comunitarios de Consejeria del Condado Adams
165 N. First Street
Othello, WA 99344
(509) 488-5611

Para emergencias llame al telefono:
(509) 488-5611

CONDADO GRANT

Cuidado de la Salud Mental del Condado Grant
1038 West Ivy
Moses Lake, WA 98837
(509) 765-9239

Para emergencias llame al telefono:
(509) 765-1717

CONDADO OKANOGAN

Servicios de Consejeria del Condado Okanogan
107 West Apple St.
P.O. Box 3208
Omak, WA 98841
(509) 826-6192

Para emergencias llame al telefono:
(509) 826-6191

SERVICIOS AUTORIZADOS

EVALUACIONES

Analizar la situacion de cada individuo que conduce a la autorizacion de servicios bajo este plan y/o a ser enviado a otros servicios.

- Entrevista
- Referir (a otros servicios o agencias)
- Evaluacion para admision

SERVICIOS SE APOYO COMUNITARIO

- Consejeria y terapia individual
- Consejeria y terapia familiar
- Consejeria y terapia en grupo

REHABILITACION INTENSIVO

Servicios complementarios de apoyo para aquellos con las necesidades mas intensas.

- Administracion de casos
- Servicios residenciales/alojamiento
- Mantenimiento o administracion de medicamentos
- Servicios pre-vocacionales y vocacionales
- Cuidado individualizado y adaptado

Administracion

Numero gratuito de informacion:
1-800-251-5350

Sistema Regional de Apoyo de NCW
131 Basin Street SW
Ephrata, WA 98823-1855

A NUESTROS CLIENTES:

Los empleados en su agencia proveedora de servicios y en el Sistema Regional de Apoyo quieren que nuestros servicios sean de mucha ayuda y faciles de obtener. Estamos muy interesados en aprender de nuestros clientes como poder mejorar los servicios que ofrecemos. Por favor comparta con su consejero lo que usted piensa. De vez en cuando se le va a pedir que complete un breve estudio o que participe en una platica con la intencion de ayudarnos a proveer servicios de la mejor calidad. Apreciaremos su ayuda, y los resultados de los estudios y las platicas estan a su disposicion por escrito en las oficinas del Sistema Reginal de Apoyo o con su proveedor de servicios.

Servicio de Ombuds
1(800) 346-4529

Officina de Asuntos Consumidores
Division de Salud Mental
1(800) 446-0259

In Case of Emergency

Life Threatening Emergency *911*

24-hour Care Crisis Response (VOA) *1-800-584-3578*

Service Providers

First Appointment Scheduling and Access Services for asterisked (*) Providers: *1-888-693-7200*

First Appointment Scheduling and Access Services for non-asterisked Providers, call their respective phone number.

Island County

- *Community Mental Health Services
  - *Camano Island* . . . . . *(360) 629-9529*
  - *Coupeville* . . . . . *(360) 678-5555*
- *Volunteers of America Crisis Response* . . . *1-800-584-3578*

San Juan County

- *Community Mental Health Services* . . . . . *(360) 378-2669*
- *Volunteers of America Crisis Response* . . . *1-800-584-3578*

Skagit County

- *Catholic Community Services Northwest* . *(360) 416-7546*
- *Community Mental Health Services* . . . . . *(360) 416-7500*
- *SeaMar Clinic* . . . . . *(360) 428-8912*
- *Volunteers of America Crisis Response* . . . *1-800-584-3578*

Snohomish County

- *Catholic Community Services Northwest* . *(425) 259-9188*
- *Compass Health* . . . . . *(425) 349-6200*
- *Northwest Youth Services* . . . . . *(425) 339-0266*
- *Rainbow Resources* . . . . . *(425) 513-8213*
- *SeaMar Clinic* . . . . . *(425) 762-3730*
- *Tulalip Tribes* . . . . . *(360) 651-4400*
- *Volunteers of America Crisis Response* . . . *1-800-584-3578*

Whatcom County

- *Catholic Community Services Northwest* . *(360) 676-2164*
- *Lake Whatcom Treatment Center* . . . . . *(360) 676-6000*
- *SeaMar Clinic* . . . . . *(360) 734-5458*
- *Sun Community Services* . . . . . *(360) 676-1178*
- *Volunteers of America Crisis Response* . *1-800-584-3578*
- *Whatcom Counseling & Psychiatric Clinic* *(360) 676-8455*

NSRSN Board of Directors

Members

NSRSN Board of Directors Chair Robert Hart,
Skagit County Commissioner . . . . . *(360) 336-9300*

Michael Shelton,
Island County Commissioner . . . . . *(360) 679-7354*

Rhea Miller,
San Juan County Commissioner . . . . . *(360) 378-2898*

Bob Drewel,
Snohomish County Executive . . . . . *(425) 388-3460*

Rick Larsen,
Snohomish County Council . . . . . *(425) 388-3494*

Barbara Cothern,
Snohomish County Council . . . . . *(425) 388-3494*

Kirke Sievers,
Snohomish County Council . . . . . *(425) 388-3494*

Pete Kremen,
Whatcom County Executive . . . . . *(360) 676-6717*

Ward Nelson,
Whatcom County Council Member . . . . . *(360)676-6690*

Gary Ramey,
Stillaguamish Tribe . . . . . *(360) 652-7362*

Sharri Dempsey,
The Tulalip Tribes . . . . . *(360) 651-3351*

Ex-officio Member

Jim King, Chair,
NSRSN Advisory Board . . . . . *(360) 336-3136*

Judy VanDeen, Vice Chair
NSRSN Advisory Board . . . . . *(360) 678-5958*

For More Information:

Your County Mental Health Coordinator:

Island Mental Health Department . . . . . (360) 679-7350

San Juan County Health & Community Services . . . . . (360) 376-6242

Skagit County Human Services . . . . (360) 336-9395

Snohomish County Human Services . . . . . (425) 388-7200

Whatcom County Health & Human Services . . . . . (360) 676-6829

North Sound Regional Support Network

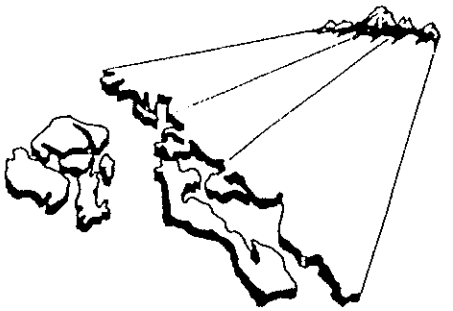
Administrative Office
419 South 1st Street, Suite 200
Mount Vernon, WA 98273
(360) 416-7013
Toll-Free 1-800-684-3555
Fax (360) 416-7017

Revised 9/98 English

North Sound Regional Support Network

Prepaid Health Plan

Coordinating Mental Health Services in Island, San Juan, Skagit, Snohomish, and Whatcom Counties



North Sound
Regional Support Network
(360) 416-7013
Toll-free 1-800-684-3555

1 b 3 n/s

If you receive medical coupons, you are entitled to a basic mental health care plan as a member of the North Sound Prepaid Health Plan (PHP). You may also receive mental health services if you are low income with a chronic or serious mental illness.

The PHP will develop plans to meet your individual mental health needs. Covered services may include intake/assessment, crisis intervention, support groups, counseling and/or case monitoring, and interpretive services as needed. Services are also available for clients who are mentally ill and homeless as well as clients who are mentally ill and involved with the criminal justice system.

Your first visit with a mental health service provider usually involves an intake evaluation. This evaluation is used to determine which mental health services are medically necessary and to develop your Treatment Plan which will identify goals and time frame for services.

Any additional mental health services may include:

Medical Services:

- Psychiatric Evaluation
- Medical Prescription Review

Inpatient Services

- Voluntary Hospitalization Certification
- Involuntary Treatment Act Services
- Hospital Liaison and Discharge Planning

Community Support Services:

- Access and Assessment Services
- Crisis Residential Services
- Individual Therapy
- Group Therapy
- Family Support
- Children's Hospitalization Alternative Program (CHAP) Services
- Children's Long-term Inpatient Program (CLIP)
- Case Management
- Mentally Ill/Chemically Abusing (MICA) Services.
- Housing/Residential Services
- Pre-vocational/Vocational Services
- Interpretive Services

In addition, all individuals residing within the NSRSN service area may receive the following services:

- Crisis Response
- Involuntary Evaluation
- Involuntary State Hospitalization
- Involuntary Community Hospitalization

Services Not Covered

The following mental health services are not covered by the Prepaid Health Plan:

- Transportation (other than ITA)
- Non-Psychiatric Prescription Medications
- Services From Non-NSRSN PHP Providers.

Client Rights*

(a) Be treated with respect and dignity;
(b) Develop a plan of care and services which meets your unique needs;
(c) Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, chapters 71.05 and 71.34 RCW;
(d) Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;
(e) Be free of any sexual exploitation or harassment;
(f) Review your case record;
(g) Receive an explanation of all medications prescribed, including expected effect and possible side effects;
(h) Confidentiality, as described in relevant statutes (chapters 70.02, 71.05 and 71.34 RCW) and regulations (chapters 275-54 and 275-55 WAC
(i) Lodge a complaint with the ombuds person, RSN or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The ombuds person may, at your request, assist you in filing a grievance. The ombuds person's phone number is: (360) 416-7008 or toll-free 1-888-336-6164.

* 275-57-340 WAC

Non-Discrimination Policy

The North Sound Regional Support Network, or its subcontractors, does not discriminate on the basis of race, color, religion, creed, national origin, sex, age, marital status, disabled veteran, Vietnam-era veteran, HIV/AIDS, or disability.

Complaint, Grievance, and Fair Hearing Procedure

The RSN has developed a Complaint, Grievance, and Fair Hearing Policy and Procedure to allow any member of the PHP to file a complaint regarding some aspect of services.

Information about your right to file a complaint, grievance, or Fair Hearing is available by contacting the North Sound Regional Support Network at (360) 416-7013 or toll-free 1-800-684-3555 or by contacting the Ombuds at (360) 416-7008 or toll-free 1-888-336-6164.

Office of Consumer Affairs

The North Sound Regional Support Network Office of Consumer Affairs advocates and provides leadership for mental health consumers and advocates throughout the North Sound Region. The Office of Consumer Affairs handles inquiries, publications. To contact the Office of Consume Affairs, call (360) 416-7013 or toll-free 1-800-684-3555.

Additionally, the Division of Mental Health Office of Consumer Affairs maintains a toll-fre telephone line for all consumer inquiries. If yo concerns cannot be addressed by the RSN, you a encouraged to call the Office of Consumer Affairs 1-800-446-0259.

Quality Review Team

The RSN, in an effort to continuously impro services, has a Quality Review Team made up consumers and family members. The QRT may contacting you during the course of your treatmer The purpose of the Quality Review Team is to gath your comments and opinions, and use t information to improve services.

Ombuds Services

The RSN provides independent Ombu services. Ombuds advocates for consume throughout the complaint process. Ombuds a available to assist consumers, family members, a other interested parties (with consumer's consent) resolving complaints, grievances, and/or DSHS F Hearings. Attempts will be made to resol complaints at the lowest possible level. If you fod a complaint or grievance, you shall be free of any of retaliation. You can contact Ombuds services calling (360) 416-7008 or toll-free 1-888-336-6164.

How do I contact the Ombuds Service?

Toll Free Number
1-888-336-6164

Local Phone Number
360-416-7008

Fax Number
360-416-7017

TTY
360-419-9008

Write to Us
117 North First Street, Suite 8
Mount Vernon, WA 98273

Website
http://nsrsn.org

The NSRSN is ADA accessible.
Please call for accommodations.

The North Sound Regional Support Network or its subcontractors do not discriminate on the basis of race, color, religion, creed, national origin, sex, age, marital status, disabled veteran, Vietnam-era veteran, HIV/AIDS or disability

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Ombuds Service

1-888-336-6164

North Sound Regional Support Network

Providing consumer-directed advocacy for publicly funded mental health consumers and anyone applying for mental health services. Island, San Juan, Skagit, Snohomish, Whatcom Counties

24-hour Care Crisis Response
1-800-584-[illegible]

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Consumer Rights

You have the right to:

a) Be treated with respect and dignity.

b) Develop a plan of care and services that meet your unique needs.

c) Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, chapters 71.05 and 71.34 RCW.

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

e) Be free of any sexual exploitation or harassment.

f) Review your case record.

g) Receive an explanation of all medications prescribed, including expected effect and possible side effects.

h) Confidentiality, as described in relevant statutes (chapters 70.02, 71.05 and 71.34 RCW) and regulations (chapters 275-54 and 275-55 WAC and this chapter).

i) Lodge a complaint with the Ombuds person, RSN or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The Ombuds person may, at your request, assist you in filing a grievance.

How Can Ombuds Help?

Ombuds CAN:

- Advocate on behalf of consumers.
- Receive complaints from consumers, family members and other interested parties.
- Listen to and record complaints.
- Assist in resolving the complaint informally, with the consumer's consent.
- Research and investigate facts, policies, contracts, procedures and laws relating to the complaint.
- Assist consumers through the grievance or fair hearing process when applicable.
- Recommend changes to correct problem or prevent future occurrences.

Ombuds CANNOT:

- Give legal advice.
- Provide medical or clinical opinions.
- Provide case management therapy.

There is no charge for Ombuds services

Your Rights

- Be treated with respect and dignity;
- Develop a plan of care and services which meets your unique needs;
- Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatments Acts, chapters 71.05 and 71.34 RCW;
- Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;
- Be free of any sexual exploitation or harassment;
- Review your case record;
- Receive an explanation of all medications prescribed, including expected effect and possible side effects;
- Confidentiality, as described in relevant statutes (chapters 70.02, 71.05 and 71.34 RCW) and regulations (chapters 275-54 and 275-55 WAC and this chapter); and
- Lodge a complaint with the Ombuds person, RSN, or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The Ombuds person may, at your request, assist you in filing a grievance.

*275-57-340 Washington Administrative Code (WAC)

In the event you have a complaint with which you need assistance, the Ombuds service is available to you.
OMBUDS- contact: **1-888-336-6164**

Consumer Satisfaction Is our goal!

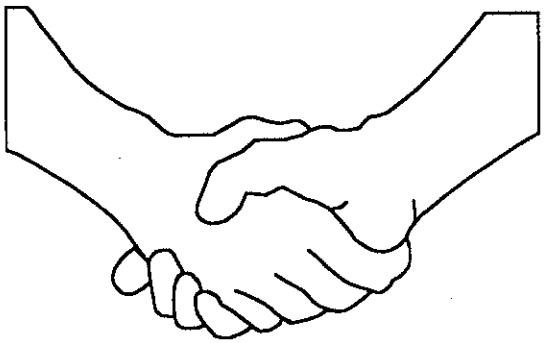
If you would like more information, we would like to hear from you.

Quality **R**eview **T**eam
North Sound Regional
Support Network
117 N. First Street, Suite 8
Mount Vernon, WA 98273-2858

CALL:
1-800-684-3555
or
360-416-7013
TTY
360-419-9008

http://nsrsn.org

Quality Review Team



Serving

Island, San Juan, Skagit, Snohomish, and Whatcom Counties.

NORTH SOUND REGIONAL SUPPORT NETWORK

1-800-684-3555

1 b 3 n/s

MISSION STATEMENT

The Quality Review Team gathers information from consumers and families within the Mental Health System in order to:

- Review, reorganize and improve the quality of current services.
- Educate consumers, providers, and the public.
- Advocate for compassionate treatment of mental illness and the delivery of Mental Health Services in a respectful and confidential manner, in compliance with consumer rights.

QUALITY REVIEW TEAM

The Quality Review Team (QRT) is a free and confidential service working to assure you receive the services you are entitled to in an effective, respectful, and confidential manner.

We serve consumers and their families by conducting:

- On-site visits to mental health facilities.
- Consumers satisfaction surveys.
- Public forums.
- Education of service providers.

SURVEY AREAS FOR CONSUMER SATISFACTION

- How easy was it for you to get the care you need?
- Are the services provided helpful to you?
- What would you change about the way help is provided to you?
- Are you treated with respect?

The Quality Review Team does not discriminate on the basis of race, color, religion, creed, national origin, sex, age, marital status, disabled veteran, Vietnam-era veteran, HIV/AIDS, or disability.

24-hour Care Crisis Response (VOA)

1-800-584-3578

AS A MENTAL HEALTH CONSUMER YOU HAVE THE *'RIGHT'* TO:

→ BE TREATED WITH RESPECT AND DIGNITY

→ DEVELOP AN INDIVIDUAL TREATMENT PLAN

→ REFUSE TREATMENT, EXCEPT:
- IN AN EMERGENCY
- WHERE A COURT SAYS YOU ARE UNABLE TO MAKE A DECISION

→ FREEDOM FROM SEXUAL EXPLOITATION AND HARASSMENT

→ FREEDOM FROM DISCRIMINATION. SERVICES MUST BE PROVIDED IN A MANNER WHICH IS SENSITIVE TO AGE, RACE, GENDER, NATIONAL ORGIN, LANGUAGE, SEXUAL ORIENTATION OR DISABILITY

→ ACCESS TO AN INTERPRETER IF NECESSARY

→ ACCESS TO YOUR RECORDS

→ AN EXPLAINATION OF ALL MEDICATIONS

→ CONFIDENTIALITY

→ ADVOCACY FROM THE OMBUDS TO SUPPORT YOU WHEN YOU FEEL YUR RIGHTS HAVE BEEN VIOLATED OR YOUR SERVICE IS INADEQUATE ** (1-888-336-6164 OR IN SKAGIT COUNTY 416-7008) **

→ INFORMATION ABOUT YOUR *'RIGHTS'*

→ DEVELOP AN ADVANCE DIRECTIVE

AND...

→ HAVE THE 'RIGHT'NOT TO BE RETALIATED AGAINST WHEN YOU ASSERT YOUR *RIGHTS!*

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QUYỀN HẠN CỦA KHÁCH HÀNG:

Bạn có quyền được:

a) Đối xử một cách kính trọng;
b) Có một chương trình chữa trị thích hợp;
c) Từ chối những chữa trị không thích hợp theo Bộ Luật Chữa Trị Không Cố Ý, Chương 71.05 & 71.34 Điều lệ bang WA;
d) Được chăm sóc không kỳ thị và không liên can đến giới tính, sắc dân, quốc gia gốc, ngôn ngữ, tuổi, phế tật, và khuynh hướng tình dục;
e) Không bị khai thác, sách nhiễu tình dục;
f) Xem hồ sơ của mình;
g) Giải thích về toa thuốc cùng tác dụng chính và phụ;
h) Bảo mật như được quy định bởi những luật lệ liên hệ (Chương 70.02,71.05,71.34 của Điều lệ bang WA, và Chương 275-54 va 275-55 Luật Hành Chánh bang WA).
i) Nạp đơn khiếu nại cho Ủy Viên Khiếu Tố, Mạng Lưới Hỗ Trợ Vùng, hay Cơ Quan phục vụ nếu bạn tin rằng quyền lợi của bạn đã bị vi phạm. Nếu nạp đơn khiếu nại, bạn sẽ không bị trả thù. Ủy Viên Khiếu Tố có thể giúp bạn điền đơn khiếu nại, nếu bạn yêu cầu.

Bộ Luật Hành Chánh (WAC) 275-57-340

LÀM SAO LIÊN LẠC VỚI OMBUDS ?

Điện thoại miễn phí:

☎ 1-888-336-6164

Điện thoại địa phương:

☎ ((360)-416-7008

Số máy Fax:

🗁: (360)-416-7017

Địa chỉ:

OMBUDS SERVICE
MẠNG LƯỚI HỖ TRỢ VÙNG
NORTH SOUND
117 N. First St., Suite #8
Mount Vernon, WA 98273

Revised 10/98- Vietnamese

DICH VỤ OMBUDS

PHỤC VỤ NHỮNG KHÁCH HÀNG VÀ NHỮNG NGƯỜI ĐANG XIN HƯỞNG DỊCH VỤ BỆNH TÂM THẦN ĐƯỢC TÀI TRỢ BỞI CÔNG QUY TẠI

MẠNG LƯỚI HỖ TRỢ VÙNG NORTH SOUND

CÁC QUẬN Island, San Juan, Skagit, Snohomish, và Whatcom

163015

OMBUDS LÀ GÌ ?

OMBUDS là dịch vụ biện hộ, bênh vực khách hàng của những dịch vụ về bệnh tâm thần được tài trợ bởi công quỹ. OMBUDS giúp đảm bảo: *quyền cá nhân được tôn trọng, va *dịch vụ bệnh tâm thân, tài trợ bởi công qũy, đáp ứng nhu cầu và nguyện vọng của khách hàng.

AI ĐƯỢC HƯỞNG ?

Bất cứ ai đang hưởng hay xin dịch vụ bệnh tâm thần, tài trợ bởi công quỹ, do Mạng Lưới Hỗ Trợ Vùng North Sound hay đơn vị hợp đồng cung cấp tại quận Island, San Juan, Skagit, Snohomish và Whatcom.

Mạng Lưới Hỗ Trợ Vùng North Sound và đơn vị hợp đồng không kỳ thị về sắc tộc, màu da, tôn giáo, tín ngưỡng, quốc gia gốc, giới tính, tuổi tác, hôn phối, phế binh, cựu binh thời chiến tranh Việt Nam, HIV/AIDS hay khuyết tật.

OMBUDS GIÚP CÁCH NÀO ?

Tiếp Nhận khiếu nại của khách hàng, thân nhân, và người liên hệ.

Lắng Nghe và ghi chép khiếu nại

Điều Nghiên sự việc, chính sách, thủ tục, và luật lệ liên quan.

Giúp giải quyết khiếu nại bán chính thức với sự đồng ý của khách hàng

Bênh vực khách hàng

Giúp khách hàng khiếu nại và xin điều trần công minh.

Khuyến cáo sửa đổi hoặc ngăn ngừa trở ngại trong tương lai.

TỐN KÉM BAO NHIÊU?

Dịch vụ này miễn phí

OMBUDS KHÔNG THỂ LÀM GÌ ?

KHÔNG THỂ cố vấn pháp luật.

KHÔNG THỂ góp ý về y tế và bệnh viện

KHÔNG THỂ cung cấp dịch vụ Quản Lý Trường Hợp về trị liệu

AI LIÊN CAN ĐẾN VỤ KHIẾU NẠI ?

Ombuds sẽ giúp giải quyết khiếu nại ở cấp thấp nhất với những bên trực tiếp liên can.

BẢO MẬT:

Khách hàng phải cho phép bằng văn thư thì OMBUDS mới có thể tiếp xúc và thảo luận với cơ quan hay những người liên can, kể cả thân nhân và bạn bè, để giải quyết khiếu nại.

MGA KARAPATAN NG KLIYENTE

"Ang Mga Karapatan Ninyo:

a) **May respeto** at dangal ang pagtrato sa inyo;
b) **Magbuo** ng plano para sa tulong at serbisyo ukol sa inyong sariling pangangailangan;
c) **Maaaring** tanggihan ang inimungkahing paggamot na kinakailangan, ayon sa Batas ng Hindi Kusang Pag-sangayon, chapter 71.05at 71.34 RCW;
d) **Ang pagtanggap ng** tulong na hindi makakadama at nagtatanggi sa inyong kasarian, lahi, nasyon,wika edad,kawalang - lakas at ai,gkop na kasarian;
e) **Ligtas sa anumang** kasariang, pagsasamantala o pangliligalig;
f) **Pagsusuri ng** inyong kaso;
g) **Pagtanggap ng** mga paliwanag at inaasahang posibleng epekto ng mga gamot na hatol ng Doctor;
h) **Kompidensiyal**, ayon sa Batas,(Chapter 275-54, 275-55 at 275-57 WAC);
i) **Magharap ng sakdal** laban sa tauhan ng Ombuds, RSN, o tagapaglaan kung inaakala ninyo na kayo ay nilabag o nilapastangan. Maaaring pakiusapan ang tauhan ng Ombuds na tumulong sa pagharap ng inyong reklamo 0 sama ng loob. Kung kayo ay magdedemanda, hindi na kayo dapat mag-isip ng paghihiganti."

Washington Administrative Code (WAC) 275-57-340.

Paano Ako Maaaring Makipag-Alam Sa OMBUDS SERVICE?

Toll Free:

☎ 1-(888)-336-6164

Local:

☎(360) -416 -7008

Fax Number:

(360) 416-7017

Tirahan:

OMBUDS SERVICE

Mount Vernon, WA
98273**NORTH SOUND REGIONAL SUPPORT NETWORK**
117 N. First St., Suite #8

Revised 9/98 Tagalog

MGA SERBISYO NG OMBUDS

...Pinagpondohan Ng Publiko Naglilingkod sa mga kliyente at sino mang Nag-aaplay sa Serbisyo ng Pangkalusugan ng Pangkaisipan **North Sound Regiomal Support Network** Sa Isla, San Juan Skagit, Snohomish, at Whatcom Counties

+b3 715

Ano ang Pangkalusugan Ng Pangkaisipan OMBUDS?

Ang OMBUDS ay may nakalaang pondo na galing sa publiko, para sa mga kliyente at sinumang mangailangan ng serbisyo ng Kalusugan ng Pangkaisipan. Sinisiguro ng OMBUDS na igagalang ang inyong karapatan. Ang OMBUDS ay naniniguro na matugon o masagot ang inyong pangangailangan at hangarin.

Sino Ang May Karapatan?
Kahit sino na tumatanggap o nag-aaplay sa serbisyo ng Kalusugan Ng Pandiwa na tinataguyod ng publiko mula sa North Sound Regional Support Network o iba nilang kontratista, sa Isla, San Juan, Skagit ,Snohomish at Whatcom Counties.

Ang North Sound Regional Support Network o ibang nilang Kontratista ay hindi nagtatangi sa lahi,kulay,relihiyon, sampalataya, nasyon,kasarian, edad, kasal o hindi kasal, Beterano o Beterano ng Vietnam, inutil, HIV/AIDS o kawalang-lakas..

Paano makakatulong ang OMBUDS?

TUMANGGAP ng reklamo ng kliyente, miembro ng pamily at ibang interesadong partidos

PAKINGGAN at ilista ang reklamo

MAGSIYASAT at mag-imbestiga sa katutuhan, patakaran, paraan, at batas tungkol sa problema

TUMULONG na malutas ang reklamo na impormal, na may permiso ang kliyente

SUPORTAHAN para sa kapakanan ng kliyente

TULUNGAN ang kliyente mula sa pagreklamo ng hinanakit hanggang sa paglilitis

MAGREKOMENDA ng pagbabago para matuwid ang problema o mapigilan na maulit ang problema

Magkano ang gastos?
Walang bayad sa mga kliyente ang mga serbisyong it

Ano ang Hindi Magagawa ng OMBUDS?

HINDI nagbibigay ng legal na payo,

HINDI nagbibigay ng mediko o klinikal na kuru-kuro

HINDI nagbibigay ng therapy o mamahala ng kaso

Sino ang kasangkop sa Reklamo?

Ang OMBUDS ay tutulong sa paglutas ng reklamo sa pinakapuno ng problema,upang ang reklamo ay malutas sa pinanggalingan partido na kasangkop.

Kompidensiyal: Ang kliyente ay kailangan magbigay ng kasulatan na nagbibigay ng pahintulot sa OMBUDS na makontak o magdiskusyon sa agensya o sa taong maglulutas ng reklamo, kabilang ang pamilya at mga kaibigan.

Derechos del Consumidor:

"Usted tiene derecho a:

(a) **Ser tratado** con respeto y dignidad;
(b) **Desarrollar** un plan de cuidados y servicios que cumple con sus necesidades únicas;
(c) **Rechazar** cualquier tratamiento propuesto, de acuerdo con los requisitos en las Actas de Tratamientos Involuntarios, capítulos 71.05 y 71.34 del RCW;
(d) **Recibir** cuidados que no le descriminen y son sensibles a su genero, raza, nacionalidad, idioma, edad, incapacidad y orientación sexual;
(e) **Estar libre** de cualquier explotación o acoso sexual;
(f) **Revisar** su registro de caso;
(g) **Recibir** una explicación de todas las medicinas recetadas, incluyendo los efectos esperados y posibles efectos secundarios;
(h) **Confidencialidad**, según aparece descrito en los estatutos relevantes (capítulos 70.02, 71.05 y 71.34 del RCW) y reglamentos (capítulos 275-54 y 275-55 del WAC y este capítulo); y
(i) **Presentar una queja** al defensor del pueblo RSN o proveedor si cree que sus derechos han sido violados. Si presenta una queja o un agavio, estará libre de cualquier acto de venganza. El defensor del pueblo puede, a petición suya, ayudarle a presentar u agravio."

*275-57-340 Código Administrativo de Washington (WAC)

¿Cómo me comunico con el SERVICIO DEL DEFENSOR DELPUEBLO?

Teléfono gratuito:
1-(888)-336-6164

Local:
(360) 416-7008

Número de fax:
(360) 416-7017

Dirección:

SERVICIO DEL DEFENSOR DEL PUEBLO
RED REGIONAL DE APOYO NORTH SOUND
117 N. First St., Suite #8
Mount Vernon, WA 98273

rev 10/98 Spanish

SERVICIO DEL DEFENSOR DEL PUEBLO

...Sirviendo a consumidores de salud mental financiada públicamente y a cualquier persona que solicita Servicios de salud mental de

La red regional de apoyo North Sound

En los condados de Island, San Juan, Skagit, Snohomish y Watcom

163 115

¿Qué es un DEFENSOR DEL PUEBLO para la Salud mental?

EL DEFENSOR DEL PUEBLO proporciona abogacía dirigida por el consumidor, a consumidores de servicios de la salud mental financiados públicamente y a cualquier persona que solicite servicios de la salud mental financiados públicamente. EL DEFENSOR DEL PUEBLO ayuda a los consumidores para asegurarse que se cumple con sus derechos Individuales. EL DEFENSOR DEL PUEBLO se asegura de que los servicios de la Salud mental financiados públicamente responden a los deseos y necesidades de los consumidores.

¿Quién puede participar?
Cualquier persona que recibe o está solicitando Servicios de la salud mental financiados públicamente de **LA RED REGIONAL DE APOYO NORTH SOUND** o sus subcontratantes, en los condados de Island, San Juan, Skagit, Snohomish y Whatcom.

LA RED REGIONAL DE APOYO NORTH SOUND o sus subcontratantes no discriminan en base a la raza, color, religión, credo, nacionalidad, sexo, edad, estado civil, veterano incapacitado, veterano de la era de Vietnam, VIH/SIDA o incapacidad.

¿Cómo puede ayudar el DEFENSOR DEL PUEBLO?

RECIBE quejas de los consumidores, miembros de la familia y otras partes interesadas.
ESCUCHA y registra quejas
INVESTIGA hechos, políticas, procedimientos y leyes relacionadas con el problema
AYUDA a resolver la queja informalmente con el consentimiento del consumidor
ABOGA a favor de los consumidores
AYUDA a los consumidores durante los procesos de agravio y juicio justo
ACONSEJA cambios para corregir un problema o prevenir ocurrencias futuras.

¿Cuánto cuesta?

No exite ningún tipo de cargo a los consumidores por este servicio.

¿Qué es lo que no puede hacer el DEFENSOR DEL PUEBLO?

NO PUEDE dar consejo legal,
NO PUEDE proporcionar opciones médicas ni clínicas
NO PUEDE proporcionar dirección de casos ni terapia

¿Quién participa en la queja?
EL DEFENSOR DEL PUEBLO le ayudará a resolver la queja al nivel más bajo posible, para que la queja pueda resolverse directamente con las partes implicadas.

Confidencialidad: El consumidor debe autorizar por escrito para que el EL DEFENSOR DEL PUEBLO pueda contactar o discutir con las agencias o las personas necesarias para resolver la queja, incluyendo la familia y los amigos.

利用者の権利

利用者には以下の権利がある。

a) 尊敬と尊厳のある扱いを受ける。
b) 個人のユニークなニーズに基いた治療・サービス計画を立てる。
c) 強制治療法令RCW71.05 および 71.34 章に準じ、薦められた治療を断る。
d) 差別のない治療、また、性別・人種・国籍・言語・年齢・障害・性的傾向に敏感な治療を受ける。
e) 性的搾取・セクハラを受けない。
f) 自分の治療記録を入手する。
g) 効果・副作用を含め、処方された薬すべての説明を受ける。
h) 関連法規(RCW70.02、71.05、71.34 章)と規約(WAC275-54 章、275-55 章、およびこの章)に書かれた秘密厳守。
i) 人権が侵害されたと思われる場合、苦情調査官・RSNあるいはサービス機関に苦情を申し立てる。苦情・不平を申し立てても、報復行為を一切受けない。要請すれば、苦情調査官が不平の申し立ての手助けをする。

ワシントン州行政規約 (WAC) 275-57-340

苦情調査官サービス 連絡方法

フリーダイヤル:

1-(888)-336-6164

市内から:

(360) 416−7008

ファックス:

(360) 416−7017

住所:

OMBUDS SERVICE
NORTH SOUND
REGIONAL SUPPORT NETWORK
117 N. First St., Suite #8
Mount Vernon, WA 98273

REVISED 9/98 JAPANESE

苦情調査官 (オンブズマン) サービス

アイランド郡・サンファン郡
スカジット郡
スノホミッシュ郡・ワトコム郡
の
ノースサウンド
地域サポート
ネットワーク
精神医療サービス
利用者
および
公的精神医療援助
利用者
を対象とする

163715

質管理チーム

質管理チーム(QRT)は、利用者が保証されたサービスを効果的に、尊敬されつつ、秘密厳守のもとに受けているかどうかを無料で秘密を守りながら確かめる。

利用者とその家族を対象に以下を行う。

- 精神医療機関への直接訪問
- 利用者満足調査
- 公開フォーラム
- サービス機関の教育

利用者満足調査事項

- 必要とするケアはすぐに受けられたかどうか。
- サービスは効果があったかどうか。
- 受け取ったサービスはどのように改善できるか。
- 尊敬をされながら治療を受けたかどうか。

質管理チームは、人種・肌の色・宗教・信条・国籍・性別・年齢・結婚しているか否か・退役軍人障害者・ベトナム退役軍人・HIVやエイズ感染・障害などに基く差別は行わない。

使命

質管理チームは以下の目的で、精神医療システムの枠内で利用者やその家族から情報を収集する。

- 現在受けているサービスを調べ、再構成し、改善する。
- 利用者、サービス機関、一般人の教育
- 利用者の権利を守る一方、精神障害者が同情深く扱われ、尊敬に満ち秘密厳守の精神医療サービスを受けることを擁護する。

سرویس شکایات

در خدمت استهلاک کنندگان امور صحي عقلي از وجوه عامه و براي همه کساني که به خدمات صحي عقلي به دوایر ذیل درخواست میدهند

شبکه ء حمایه ء منطقوي
سوند شمالي

در شهرستانهاي جزیره ،
سان هوان ، سکاجت ،
سنوهومش ووا تکم

چگونه میتوانم با سرویس شکایات تماس بگیرم ؟

از طریق تلفون :

رایگان:

۱ ۸۸۸ ۳۳۶ ٦١٦٤

محلي :

(۳٦۰) ٤١٦ ۷۰۰۸

نمبر فاکس :

(۳٦۰) ٤١٦ ۷۰۱۷

آدرس :

سرویس شکایات
شبکه ء حمایت
منطقوي سوند شمالي
٤١٩ جنوب جاده ء یکم دفتر ۲۰۰
مونت ورنن ، واشنگتن ۹۸۲۷۳

Revised 9 98 Farsi

حقوق مستهلک

* شما حق دارید که---

ا - با شما به احترام و وقار معامله شود ؛

ب - بلان توجه و خدمات طرح شود که با احتیاجات خاص شما موافق باشد ؛

ج - بتوانید مداوایي را رد کنید که طبق مقتضاي قانون تداوي غیر ارادي متذکره فصلهاي 7 1.0 5 و 7 1.3 4 باشد ؟

د - از توجهي برخوردار باشید که تبعیضي و بر علیه شما نباشد و به جنس نژاد ملیت زبان عمر عیب جسماني و احساسات جنسي شما بر نخورد ؟

ه - از هر نوع استثمار جنسي یا تهدید آزاد باشید؟

و - سوابق قضیه تان بازدید شود ؟

ز - به شما همه تفصیلات تداوي تان بشمول تاثیرات منتظره و جناحي ادویه داده شود ؟

ح - محرمیت متذکره در قوانین واشنگتن (فصول (7 1.3 4 7 1.0 5 7 0.0 2 و مقررات 27 5/5٤ 27 5/5 5 و این فصل مراعات شود ؛ و

و - اگر بنظر تان حقوق تان مراعات نشده باشد به دفتر شکایات برستار یا تهیه کننده مراجعه کنید در چنین حالت هیچ عکس العملي نخواهید دید مامور شکایات به خواهش شما شکایت نامه شما را ثبت خواهد کرد . *

۲۷۵ - ۵۷ - ۳۳۰ قانون اداري ایالت واشنگتن

1b3n/5

امبدز صحي عقلي چيست ؟

امبدز به مستهلکين صحي عقلي که از منبع عامه تمويل ميشوند خدمات صحي عقلي را را عرضه ميدارد . امبدز ها به مستهلکين کمک ميکنند تاحقوق فردي شان رعايت شده باشد . ايشان تضمين ميکنند که خدمات صحي عقلي تمويلي از مدارک عامه با احتياج و آرزو هاي شان مطابق باشند .

کي مستحق است؟

هرکه کمک صحي عقلي را يگان (از مدارک عامه) ميگيرد يا براي حصول آن به **شبکه ء حمايت منطقوي سوند شمال** يا قراردادي هاي آن در جزيره ، سان هوان ، سکاجت، سن وهو مس و واتکم درخواست ميدهد .

شبکه ء حمايت منطقوي سوند شمال با قرار دادي هاي آن به کسي از نگاه نژاد، رنگ، مذهب آيين، مليت، جنس، عمر، حالت ازدواج، معيوبيت نظامي، نظامي زمان ويتنام، ايچ آي وي ، ايدز يا معيوبيت حرکت تبعيضي نميکنند .

امبدز ها چگونه کمک ميکنند؟

شکايات مستهلکين و فاميل شان و همچنان ديگر اشخاص ذيدخل را **ميگيرند** .

شکايات را **ميشنوند** و ثبت ميکنند .

حقايق، خط مشي ،طرز العمل و قوانين مربوط مسايل را **جستجو** و تحقيق ميکنند .

در حل غير رسمي شکايات با موافقت مستهلکين **کمک** ميکنند .

به وکالت مستهلکين **نظاع** ميکنند .

به هنگام تا رضايتها و استماع متصفانه ، قضايا با مستهلکين **کمک** ميکنند .

تغييرات را براي اصلاح يک موضوع يا جلوگيري از وقوع مجدد آن **توصيه** ميکنند .

چند قيمت دارد ؟

براي مستهلکين ، هيچ ، يعني رايگانست .

امبدز چه نميتواند بکند ؟

نميتواند مشوره ، حقوقي بدهد،

نميتواند نظريات طبي يا کلينيکي بدهد،

نميتواند اداره ، قضيه اي يا درماني را بدست گيرد.

چه کساني در شکايت سهيم اند ؟

امبدز ها ميتوانند در سطوح پايين شکاي را حل و رفع کنند تا موجبه ، شکايت را سا به حضور طرفين قضيه حل و رفع شود.

محرميت: مستهلک بايد طور تحريري به **امبدز** صلاحيت بدهد تا به غرض رفع مشکلي با اشخاص و نمايندگي ها به شمول فاميل و رفقا تماس گيرد يا موضوعي را در ميان گذارد.

消費者的權利：

"您有以下權利：

1) 受到尊敬和禮遇的對待；
2) 擬定能夠符合您特殊需要的護理和服務的醫助計劃；
3) 拒絕接受人家所提議的任何一種符合華州地區醫護法規第 71.05 和 71.34 章非自願治療法令要求的治療方法；
4) 只接受不對您歧視的護理，而且不涉及您的性別、種族、原來國別、語言、年令、殘疾、和有關性的敏感問題；
5) 免除任何涉及性的動作或性騷擾；
6) 可以審閱您的醫案記錄；
7) 要對處方上所有的藥劑得到說明解釋，其中包括預期的療效和可能產生的副作用；
8) 要有保密性，如有關各種法令（華州地區醫療法規第 70.02, 71.05 和 71.34 等章）和條例（華州行政管理法規第 275-54, 275-55 和本章）中所述；
9) 如果您認為您的權利已被侵犯，您 就可以向 Ombuds 監察人員。地區醫助網、或醫護人員提出投訴。如果您提出了控告或投訴，您一定不會遭到報復的。Ombuds 監察人員還會根據您的要求，來幫助您提出控告的呈請。"

華盛頓州行政管理法規（WAC）275-57-340.

我如何可以同 OMBUDS 監察人員服務處取得聯系？

免費電話：

1-(888)-336-6164

本地電話：

(360)-416-7008

傳真號碼：

(360)-416-7017

地址：

OMBUDS 監察人員服務處
北灣地區醫助網
NORTH SOUND
REGIONAL SUPPORT NETWORK
南一街 117 號， 8 室
117 N. First Street, Suite 8
佛農山
Mount Vernon, WA 98273

Revised 10/98 Chinese

OMBUDS

檢察人員服務處

...為由政府籌資建立的精神病保健機構的消費者以及向愛藍、聖胡安、斯卡吉特、斯諾霍米許，以及華特肯等縣的

北灣地區醫助網

申請精神病保健服務的任何人效力

163 n/s

精神病保健服務的 OMBUDS 監察人員是什么樣的人?

OMBUDS 監察人員對由政府籌集資金的精神病保健服務的消費者以及向政府籌集資金的精神病保健服務提出申請的任何人提供為消費者着想的支持。**OMBUDS** 監察人員會幫助消費者們保證獲得已向他們承諾過的各種權利。**OMBUDS** 監察人員還會保證讓政府籌集資金所建立的精神病保健服務機構對消費者的需要和希望承擔責任。

誰適宜于擔任監查人員?

從**北灣地區醫助網 North Sound Regional Support Network** 或該醫助網在愛藍、聖胡安、斯卡吉特、斯諾霍米許、以及華特肯等縣的承包經辦機構接受或申請由政府籌集資金而建立的精神病保健服務的任何人都有資格。

北灣地區醫助網或其承包經辦機構都不會根據種族、膚色、宗教、信仰、原來國別、性別、年齡、婚姻狀況、傷殘退伍軍人、越戰退伍軍人、愛滋病患者、或殘疾而對人加以歧視。

OMBUDS 檢察人員如何提供幫助?

從消費者、家庭成員以及其他有關方面**接受**投訴

聽取和記錄投訴意見

研究和調查與投訴問題有關的事實、政策、手續和法律

在消費者的同意之下、非正式地**幫助**解決投訴問題

代表消費者**進行辯護**

在控告和聽證會過程中**幫助**消費者

推薦一些改進工作以糾正問題或防止將來再發生

這要花多少錢?

對這種服務、消費者是不付錢的。

OMBUDS 監察人員不可以做什么?

不可以在法律方面做指點

不可以提有關醫藥或臨診方面的意見

不可以進行病案管理或治療活動

誰會牽涉到投訴?

OMBUDS 監察局察人員將會在最低可能的程度上來解決投訴問題、所以投訴問題可以由牽涉到的幾方面來直接解決。

保密性: 醫助消費者必須以書面方式委托 **OMBUDS** 監察人員同醫助機構或解決投訴問題所必需的人們聯系或討論、其中包括家庭和朋友們。

Quyền Hạn Của Khách Hàng

Bạn có quyền được:

a) Đối xử một cách kính trọng;
b) Có một chương trình chữa trị thích hợp;
c) Từ chối những chữa trị không thích hợp theo Bộ Luật Chữa Không Cố Ý, Chương 71.05 & 71.34 Điều lệ Tiểu Bang WA;
d) Được chăm sóc không kỳ thị và không liên can đến giới tính, sắc dân, ngôn ngữ, tuổi, phế tật, và khuynh hướng tình dục;
e) Không bị khai thác, sách nhiễu tình dục;
f) Xem hồ sơ của mình;
g) Giải thích về toa thuốc cùng tác dụng chính và phụ;
h) Bảo mật như được quy định bởi những luật lệ liên quan, (Chương 70.02,71.05,71.34 của Điều lệ tiểu bang WA, và Chương 275-54 và 275-55 Luật Hành chánh tiểu bang WA).
i) Nạp đơn khiếu nại cho ủy Viên Khiếu Tố, Mạng Lưới Hỗ trợ vùng, hay cơ quan phục vụ nếu bạn tin rằng quyền lợi của bạn đã bị vi phạm. Nếu nạp đơn khiếu nại, bạn sẽ không bị trả thù. Ủy Viên Khiếu Tố có thể giúp bạn điền đơn Khiếu nại, nếu bạn yêu cầu.

*Bộ Luật Hành Chánh (WAC) 275-57-340

Nếu bạn cần giúp đỡ trong việc khiếu nại thì OMBUDS sẵn sàng phục vụ bạn; Điện Thoại số OMBUDS-CONTACT: 1-888-336-6164

Làm Vui Lòng Khách Hàng là Mục Đích Của Chúng Tôi!

Nếu Bạn Cần Thêm Thông Tin, Xin Hãy Gọi Chúng Tôi.

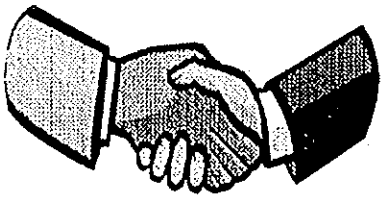
Toán **D**uyệt **X**ét **C**hất **L**ượng **P**hục **V**ụ
Mạng Lưới Phục Vụ Vùng North Sound
117 N. First St., Suite #8

Mount Vernon, WA
98273-3806

Xin Gọi:
1-800-684-3555
1-360-416-7013

Revised 10/98 Vietnamese

Toán **D**uyệt **X**ét **C**hất **L**ượng **P**hục **V**ụ



Phục Vụ Tại Quận

Island, San Juan, Skagit, Snohomish, và Whatcom.

Mạng Lưới Phục Vụ Vùng North Sound
1-800-684-3555

1b 3 n/s

Toán Duyệt Xét Chất Lượng Phục Vụ

Toán Duyệt Xét Chất Lượng Phục Vụ (TDXCLPV) phục vụ miễn phí và kín đáo nhằm đảm bảo khách hàng nhận được những dịch vụ mà bạn được quyền hưởng một cách hữu hiệu, trân trọng và kín đáo.

Chúng tôi phục vụ khách hàng và thân nhân bằng cách

- Đến thăm tại chỗ những cơ sở bệnh tâm thần.
- Nghiên cứu sự hài lòng của khách hàng.
- Diễn đàn công cộng.
- Giáo dục nhân viên phục vụ.

Những Lãnh Vực Tham Khảo Về Sự Hài Lòng Của Khách Hàng

- Bạn có được nhận những dịch vụ này một cách dễ dàng không?
- Những dịch vụ này có ích lợi cho bạn không?
- Bạn muốn thay đổi gì trong cách phục vụ bạn?
- Bạn có được đối sử một cách trân trọng không?

Toán Duyệt Xét Chất Lượng Phục Vụ không kỳ thị về sắc dân, mầu da, tôn giáo, tín ngưỡng, giới tính, tuổi, tình trạng hôn phối, phế binh, cựu chiến binh thời chiến tranh Việt Nam, HIV/AIDS, hay khuyết tật.

Bản Công Bố Về Nhiệm Vụ

Toán Duyệt Xét Chất Lượng Phục Vụ thu thập thông tin từ khách hàng và gia đình trong phạm vi bệnh tâm thần để:

- Duyệt xét, củng cố tổ chức nhằm nâng cao chất lượng phục vụ hiện hành.
- Giáo dục khách hàng, người phục vụ, và công chúng.
- Đề cao sự chữa trị tận tâm trong lãnh vực bệnh tâm thần và cung cấp những dịch vụ thuộc bệnh tâm thần một cách trân trọng, kín đáo phù hợp với quyền hạn của người thụ hưởng.

Mga karapatan ng mga kliyente

(a). Pagtrato na may respeto at may dangal;
(b) Magbuo ng plano para sa pagalaga at pagbigay ng serbisyong angkop sa pangangailangan
(c) Karapatang tumanggi sa inimungkahing gamot ,base sa patakarah ng chapter 71.05 at 71.34 RCW;
(d) Tumanggap ng alaga na hindi nagtatangi ng lahi, kulay,salita, relihiyon edad, pagkainutil o kasarian;
(e) Ligtas sa pagsasamantala o pagkaligalig;
(f) Pagsuri ng inyong kaso;
(g) Mapaliwanagan sa lahat ng gamot at epekto ng gamot na hatol ng Doktor
(h) Kompidensyal , kaugnay ng kalagayan (70.01,70,15 at 71.34 RCW) regulasyon (chapter 275-54 at 275 -55 WAC),
(i) Magsumbong sa tauhan ng Ombuds,RSN o tagapag-alga kung inaakalang may lumabag sa inyong karapatan na walang gantihan. Kung kinakailangan ang tauhan ng Ombuds ay tumulong sa paghain ng reklamo.

*275-570340 Washington Administrative Code (WAC)

Ang Ombuds ay nakalaang tumulong sa inyo kung kinakailanga. Tawagan ang numerong ito:

1-888-336-6164

Ang Kasiyahan ng Kliyente ang Aming Layunin!

Kung kinakailangan Ninyo ng Higit na Impormasyon, Ikasisiya Namin na Marinig ang Inyong Mga Tanong.

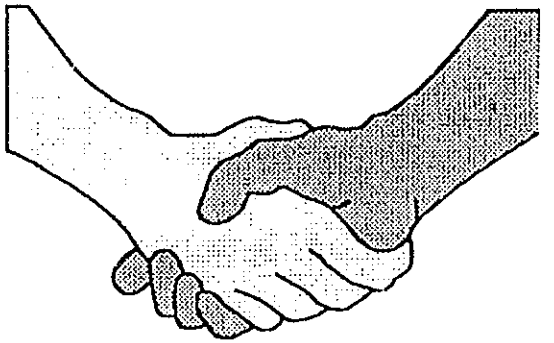
Quality Review Team
North Sound Regional
Support Network
117 N. First St., Suite #8
Mount Vernon, WA 98273

TAWAGAN :
1-800-684-3555
o
1-360-416-7013

Revised 9/98 Tagalog

Katangihan ng Grupong Taga-pagsuri

Quality Review Team



Naglilingkod

Isla, San Juan, Skagit, Snohomish, and Whatcom Counties.

NORTH SOUND REGIONAL SUPPORT NETWORK

1-800-684-3555

1b3 n/s

Ang Katangian ng Grupong Tagapagsuri

Ang Katangian ng Grupong Tagapagsuri ay naniniguronna kayo ay makatanggap ng serbisyo na epektibo, may respeto at kompidensyal.

Pinamamahalaan namin ang mga kliyente sa:

*Kliniko ng Mental Health

*Pagsuri sa kasiyahan ng kliyente

*Sa miting ng publiko

*Turuan ang mga nagbibigay ng serbisyo.

Mga Tanong ng nagsusuri para sa kasiyahan ng mga kliyente

*Gaano kadali ninyo natanggap ang mga serbisyong kailangan ninyo?

*Nakatulong ba ang mga serbisyong natanggap ninyo?

*Ano ang mga maimumungkahi ninyo paraan na mapahusay ang serbisyong binibigay sa inyo?

*May respeto ba ang pagtrato sa inyo?

Ang grupo ng tagapagsuri ay hindi nagtatangi ng lahi, kulay, relihiyon, nasyon, kasarian, edad, ,relasyon, beterano, Vietnam beterano, HIV/AIDS o inutil.

ANG MISYON NG TAGAPAGSURI

Ang pahayag ng grupong tagasuri ay ang mag-ipon ng mga impormasyong galing sa mga kliyente o pamilya ng nasa Mental Health upang :

*Masuri, magbagong tatag at mapabuti ang kasalukuyang serbisyo

*Turuan ang mga kliyente, publiko at ang mga nagbibigay ng serbisyo .

*Tangkilikin at tratuhin ng may pagkahabag ang may sakit sa kaisipan at ang pagbigay ng may serbisyo na may respeto at kompidensyal na paraan .

Sus derechos

(a) Ser tratado con respeto y dignidad;
(b) Desarrollar un plan de cuidados y servicios que cumple con sus necesidades únicas;
(c) Rechazar cualquier tratamiento propuesto, de acuerdo con los requisitos en las Actas de Tratamientos Involuntarios, capítulos 71.05 y 71.34 del RCW;
(d) Recibir cuidados que no le descriminen y son sensibles a su genero, raza, nacionalidad, idioma, edad, incapacidad y orientación sexual;
(e) Estar libre de cualquier explotación o acoso sexual;
(f) Revisar su registro de caso;
(g) Recibir una explicación de todas las medicinas recetadas, incluyendo los efectos esperados y posibles efectos secundarios;
(h) Confidencialidad, según aparece descrito en los estatutos relevantes (capítulos 70.02, 71.05 y 71.34 del RCW) y reglamentos (capítulos 275-54 y 275-55 del WAC y este capítulo); y
(i) Presentar una queja al defensor del pueblo RSN o proveedor si cree que sus derechos han sido violados. Si presenta una queja o un agavio, estará libre de cualquier acto de venganza. El defensor del pueblo puede, a petición suya, ayudarle a presentar u agravio.

*275-57-340 Código Administrativo de Washington (WAC)

En el caso de que tenga una queja para la que necesita ayuda, el servicio del defensor del pueblo está disponible para usted. **Defensor del pueblo**- llame al: **1-888-336-6164**

¡La satisfacción del consumidor es nuestra meta!

Si desea más información, nos gustaría saber de usted.

Equipo de **R**evisión de **C**alidad
La red regional de apoyo North Sound

117 N. First St., Suite #8
Mount Vernon, WA 98273

LLAME AL:
1-800-684-3555
o
1-360-416-7013

Revised 9/98 Spanish

Equipo de Revisión de Calidad

Sirviendo

a los condados de Island, San Juan, Skagit, Snohomish y Whatcom.

LA RED REGIONAL DE APOYO NORTH SOUND
1-800-684-3555

163 M/S

EQUIPO DE REVISIÓN DE CALIDAD

El Equipo de revisión de calidad (QRT) es un servicio gratis y confidencial que trabaja para asegurar que usted recibe los servicios a los que tiene derecho de manera confidencial, respetuosa y efectiva.

Servimos a los consumidores y a sus familias realizando:

- Visitas a establecimientos de la salud mental.
- Encuestas sobre la satisfacción del consumidor.
- Foros públicos.
- Formación de los proveedores de servicios.

ÁREAS DE ENCUESTA PARA LA SATISFACCIÓN DEL CONSUMIDOR

- ¿Con qué facilidad consiguió el cuidado que necesitaba?
- Los servicios proporcionados, ¿son útiles para usted?
- ¿Qué cambiaría sobre la manera en que se le proporciona la ayuda?
- ¿Le tratan con respecto?

El Equipo de revisión de calidad no discrimina en base a la raza, color, religión, credo, nacionalidad, sexo, edad, estado civil, veterano incapacitado, veterano del Vietnam, VIH/SIDA o incapacidad.

AFIRMACIÓN DE LA MISIÓN

El Equipo de revisión de calidad reúne información de los consumidores y familias en el Sistema de la salud mental para:

- Revisar, reorganizar y mejorar la calidad de los servicios actuales.
- Formar a los consumidores, proveedores y al público.
- Abogar por un tratamiento de compasión ante las enfermedades mentales y la entrega de Servicios para la salud mental de una manera confidencial y respetuosa, cumpliendo con los derechos del consumidor.

당신의 권리

(가) 존경심과 존엄성을 지켜주는 대우를 받을 권리가 있다.

(나) 당신의 특별한 필요에 맞는 간병 및 서비스 계획을 세울 수 있다.

(다) RCW (워싱턴 수정법전) 강제치료법 제71.05장 및 제71.34장의 요건에 일치하는 치료계획은 일체 거부할 수 있다.

(라) 당신을 차별하지 않으며 당신의 성, 인종, 출신국, 언어, 연령, 불구 및 성정향을 존중하는 간병을 받을 권리가 있다.

(마) 모든 성적 약취 또는 업무상 위력에 의한 성추행을 당하지 않을 권리가 있다.

(바) 당신의 관련기록을 검토할 권리가 있다.

(사) 모든 처방약에 관하여, 그 효과 및 부작용 가능성을 포함하는 설명을 들을 수 있는 권리가 있다.

(아) 비밀 보장은 관련 법 (WAC 제70.02, 71.05 및 71.34), 규칙 (WAC 제275-54과 275-55장 및 이 장)의 규정대로 이다.

(자) 만약 당신의 권리가 침해되었다고 느낄 때는, 민원 조사관이나 등록 간호사 또는 해당 의료시설에 불만을 제기할 권리가 있다. 당신이 불평이나 불만을 제기했어도 보복을 당해서는 안 된다. 민원 조사관은 당신이 요청하면 불만 제소를 도와 줄 수 있다.

*WAC(워싱턴주 행정법전) 275-57-340

불만을 제소하는데 도움이 필요할 때는 민원 조사관의 도움을 받을 수 있다.

민원 조사관-연락처: 1-800336-6164

우리의 목표는 소비자의 만족에 있습니다!

더 알고 싶으시면
저희들은 듣고 싶으니
연락 주시기 바랍니다.

우수한 심사 팀
북 사운드
지역 지원 조직망
117 N. First St., Suite #8
Mount Vernon, WA 98273

다음 전화로 연락 주십시오:
1-800-684-3555
또는
1-360-416-7013

Revised 9/98 Korean

우 수 한

심 사

팀

서비스 대상 지역

아일랜드, 산 후안, 스캐짙,
스노호미쉬 및 왈콤 카운티

북 사운드
지역 지원 조직망
1-800-684-3555

163715

정신보건 문제 민원 조사관이란 무엇인가?

민원 조사관은 소비자가 주장하는 요구사항을 정부자금을 지원 받는 정신보건 서비스 이용자 또는 정부자금을 지원 받는 정신보건 서비스 신청자 누구에게나 제공합니다. 민원 조사관은 이용자들의 개인 권리가 준수될 수 있도록 돕는 일을 합니다. 민원 조사관은 정부자금을 지원 받는 정신보건 서비스가 이용자들의 필요와 원의에 부응하도록 해 줍니다.

대상자는 누구인가?

아일랜드, 산 후안, 스캐질, 스노호미쉬 및 왈콤 카운티 지역의 **북 사운드 지역 지원 조직망** 또는 하청기관에서 정부의 자금지원하에 있는 정신보건 서비스를 받거나 신청중에 있는 사람은 누구나 이 도움을 받을 수 있다.

북 사운드 지역 지원 조직망 또는 그 하청기관은 인종, 피부색, 종교, 신념, 출신국, 성별, 연령, 결혼상태, 신체장애 제대군인, 베트남 전시 참전군인, HIV/AIDS 또는 신체장애를 이유로 차별대우하지 않는다.

민원 조사관이 어떻게 도울 수 있는가?

이용자, 가족 및 기타 관련 당사자들로부터 불만을 접수하고
불만을 청취 및 기록하고
그 문제에 관한 사실, 정책, 절차 및 법을 연구 조사하며
이용자의 동의하에서 불만 사항을 비공식적으로 해결할 수 있게 도와주며
이용자의 주장을 대변해 주며
불만제소 및 공정 청문 절차를 통하여 이용자를 도와 주고
문제를 시정하거나 장차 문제의 발생을 방지하기 위한 변경조치를 추천한다.

도움을 받는데 비용이 얼마나 드는가?

이용자는 무료로 이 서비스를 받는다.

민원 조사관이 할 수 없는 일은 무엇인가?

법률적인 자문을 할 수 없다.
의학 또는 임상적 의견을 제공할 수 없다.
사건 관리 또는 치료를 할 수 없다.

불만해결 과정에 관련되는 사람은 누구인가?

민원 조사관은 제기 된 불만을 가능한한 가장 기초적인 수준에서 해결함으로써 불만 사항을 관련 당사자들과 직접 해결할 수 있는 방향으로 돕는다.

비밀보장: 이용자는, 자신의 가족이나 친구들을 포함하여, 민원 조사관이 불만사항을 해결하는데 필요한 기관이나 사람들을 접촉하거나 대화를 나누어도 좋다는 서면 허락을 해 주어야 한다.

利用者の権利

(a) 尊敬と尊厳のある扱いを受ける。
(b) 個人のユニークなニーズに基いた治療・サービス計画を立てる。
(c) 強制治療法令RCW71.05 章・71.34 章に準じ、薦められた治療を断る。
(d) 差別のない治療、また性別・人種・国籍・言語・年齢・障害・性的傾向に敏感な治療を受ける。
(e) 性的搾取・セクハラを受けない。
(f) 自分の治療記録を入手する。
(g) 効果・副作用を含め、処方された薬すべての説明を受ける。
(h) 関連法規(RCW70.02、71.05、71.34 章)と法則(WAC275-54、275-55 章およびこの章)に書かれた秘密厳守。
(i) 人権が侵害されたと思われる場合、苦情調査官・RSNあるいはサービス機関に苦情を申し立てる。苦情・不平を申し立てても、報復行為は一切受けない。要請すれば、苦情調査官が不平の申し立ての手助けをする。

ワシントン州行政規約(WAC)275-57-340)

不平があり、援助を必要とする場合、苦情調査官サービスが受けられる。連絡は:
苦情調査官——1-888-336-6164 まで。

利用者の満足保証をゴールに

ご意見、ご質問は
下記までお寄せください。

Quality Review Team
North Sound Regional
Support Network
117 N. First St., Suite #8
Mount Vernon, WA 98273

電話
1－800－684－3555
または
1－360－416－7013

revised 9/98 Japanese

Quality Review Team (質管理チーム)

対象

アイランド郡・サンファン郡・スカジット郡・スノホミッシュ郡・ワトコム郡

ノースサウンド
地域サポートネットワーク

1-800-684-3555

163715

精神医療苦情調査官（オンブズマン）とは。。。

苦情調査官は、公的援助を受ける精神医療サービスの利用者と申込む者すべての権利を擁護する。苦情調査官は、利用者の個人の権利が確実に尊ばれているようにする。また苦情調査官は、公的援助を受ける精神医療サービスが利用者のニーズや願いに応えていることを保証する。

対象者は。。。

アイランド郡・サンファン郡・スカジッド郡・スノホミッシュ郡・ワトコム郡におけるノースサウンド地域サポートネットワークあるいはその下請け契約機関から精神医療サービスを受けている者と申し込みをしている者。

ノースサウンド地域サポートネットワークとその下請け契約機関は、人種・肌の色・宗教・信条・国籍・性別・年齢・結婚しているか否か・退役軍人障害者・ベトナム退役軍人・HIV やエイズ感染・障害などに基く差別は行わない。

苦情調査官の役割

利用者・家族・その他関係者からの苦情を受ける。

苦情を聞き、記録をする。

苦情に関わる事実・方針・手順・関連法規について調査を行う。

利用者の同意のもと、非公式な苦情の解決に助力する。

利用者の擁護をする。

不平・公正な事情聴取の手続き一貫して利用者を助ける。

問題修正・問題未然防止のための改革を推薦する。

費用

苦情調査官のサービスは、無料で受けられる。

苦情調査官にできないこと

法的忠告はできない。
医学的意見は言えない。
ケースマネージメントやセラピー。

苦情に関わる者

苦情調査官は、当事者間のみで問題解決ができるよう、最小のレベルで苦情が解決できるよう助力する。

秘密保護

苦情調査官が苦情の解決を計る目的で利用者の家族や知人など、あるいは機関に連絡を取るには、利用者の文書による同意が必要である。

您的權利

(a) 人家必須對您尊敬和禮遇;
(b) 擬定一個符合您的特殊需要的護理計劃;
(c) 拒絕人家所提議的任何一種符合華州地區醫護法規第 71.05 和 71.34 章非自願治療法令要求的治療方法;
(d) 只接受不對您歧視的護理, 而且不會涉及您的性別, 種族, 原來國別, 語言, 年齡, 殘疾, 和有關性的敏感問題;
(e) 免除任何涉及性的動作或性騷擾;
(f) 可以審閱您的醫案紀錄;
(g) 要對處方上所有的藥劑得到說明解釋, 其中包括預期的療效和可能產生的副作用;
(h) 要有保密性, 如有關各種法令 (華州地區醫療法規第 70.02, 71,05 和 71,34 等章) 和條例 (華州行政管理法規第 275-54, 275-55 和本章) 中所述;
(i) 如果您認為您的權利已被侵犯, 您就可以向 Ombuds 監察人員, 地區醫護網, 或醫護人員提出控訴。如果您提出了控告或投訴, 您一定不會遭到報復的。Ombuds 監察人員還會根據您的要求, 來幫助您提出控告的呈請。

*275-57-340 華州行政管理法規 (WAC)

在您提出投訴而需要幫助的情況下, 您可以利用 Ombuds 監察人員的服務。
OMBUDS 的聯系電話: 1-888-336-6164

使消费者满意
就是我们的目的!

如果您還想要知道
更多情況的話、
我們想聽聽您的意見。

醫助質量審查小組
北灣地區醫助網
南一街 117 號、 8 室
117 N. First Street, Suite 8
佛農山(Mount Vernon),
WA 98273-3806

請打電話:
1-800-684-3555
1-360-416-7013

醫助質量
審查小組

(Quality Review Team)

服 務 于

愛藍, 聖胡安, 斯卡吉特,
斯諾霍米許和華特肯等縣.

北灣地區醫助網
1-800-684-3555

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服務質量審查小組

服務質量審查小組（QRT）是一個免費的保密性服務組織，是保證您能够獲得應有的有效而受到尊重且得到保守秘密的服務進行工作的。

我們在以下各個方面為消費者及其家庭服務：

- 對各精神病保健機構設施進行現場參觀。
- 對消費者進行滿意程度的調查。
- 舉行公衆討論會。
- 對醫助人員進行教育培訓。

對醫助消費者

滿意程度的調查範圍

- 您容易不容易得到您所需要的護理?
- 所提供的醫助服務對您有幫助嗎?
- 您對于向您提供的醫助服務的方式有什么須要改變的嗎?
- 人家對待您尊敬嗎?

服務質量審查小組絕不會在種族，膚色，宗教信仰，原來國別，性別，年齡，婚姻狀況，傷殘退伍軍人，越戰老兵，艾滋病毒攜帶者/患者或殘疾人方面對消費者歧視。

任務的說明

服務質量審查小組在精神病保健系統內從醫助消費者和家庭方面收集咨詢和意見是為了：

- 對現在的醫助服務的質量進行審查，整頓和改進。
- 對醫助服務的消費者，服務人員和公衆提供教育培訓。
- 提倡對精神病患進行富有同情心的治療，并且按照消費者的權利，以對之尊重和為之保守秘密的方式來提供精神病保健服務。

សិទ្ធិរបស់លោកអ្នក

(a) ទទួលការប្រព្រឹត្តចំពោះប្រកបទោដោយការគោរពនិងកិត្តិយស
(b) បង្កើតនូវផែនការព្យាបាលនិងទទួលការបម្រើដែលបំពេញនូវសេចក្តីត្រូវការពិសេសរបស់លោកអ្នក
(c) បដិសេធនូវការស្នើសុំព្យាបាលដែលស្របទោតាមសេចក្តីតម្រូវនៅក្នុងសេចក្តីសម្រេចនៃការព្យាបាលដោយចិត្តស្ម្ភ័ត្រចិត្ត ជំពូក 71.05 និង 71.34 RCW
(d) ទទួលការថែទាំដែលមិនមានការប្រកាន់ទីតាំងលោកអ្នកនិងដោយយល់ទោតាមភេទ សាសន៍ សញ្ជាតិកំណើត ភាសា អាយុ ពិការភាព និង ចំណាប់ខាងភេទរបស់លោកអ្នក
(e) មិនត្រូវមានការផ្លាស់យកផលប្រយោជន៍ឬមានការរំខានខាងផ្នែកភេទណាមួយ
(f) ពិនិត្យបញ្ជីកត់ត្រាលោកអ្នកសារជាថ្មី
(g) ទទួលនូវការពន្យល់អំពីថ្នាំព្យាបាលដែលមានវេជ្ជៈបញ្ជាទាំងអស់ដោយរាប់បញ្ចូលទាំងប្រសិទ្ធិភាពដែលយល់ថានឹងកើតមានឡើងនិងប្រតិកម្មនឹងថ្នាំដែលអាចកើតមានឡើង
(h) ការការពារជាសម្ងាត់ដូចបានពិពិណនា ទាក់ទងនៅក្នុងលក្ខន្តិក: (ជំពូក 70.02, 71.05 និង 71.34 RCW) និងបទបញ្ជា (ជំពូក 275.54 និង 275.55 WAC)
(i) ធ្វើពាក្យបណ្តឹងទៅភ្នាក់ងារទទួលពាក្យបណ្តឹង RSN ឬអ្នកផ្តល់การบម្រើ បើសិនលោកអ្នកមើលថាគេបានរំលោភបំពានទៅលើសិទ្ធិរបស់លោកអ្នក។ ប្រសិនលោកអ្នកធ្វើពាក្យបណ្តឹងឬសំណើសុំនូវការស្រាវជ្រាវ លោកអ្នកនឹងគ្មានទណ្ឌកម្មធ្វើអំពើសងសឹកទៅលោកអ្នកវិញទេ។ បុគ្គលិកទទួលពាក្យបណ្តឹងនឹងជួយលោកអ្នកធ្វើពាក្យបណ្តឹងតាមការស្នើសុំពីលោកអ្នក។

*275-57-340 ច្បាប់គ្រប់គ្រងនៃវ៉ាស៊ីงตัน (WAC)

ទៅក្នុងគ្រាដែលលោកអ្នកមានពាក្យបណ្តឹងហើយត្រូវការជំនួយ
<u>កិច្ចបម្រើខាងទទួលពាក្យបណ្តឹង</u>មានកិច្ចបម្រើ
សម្រាប់ផ្តល់ដល់លោកអ្នក។
<u>**កិច្ចបម្រើខាងទទួលពាក្យបណ្តឹង**</u> ចូរទាក់ទង:
លេខទូរសព្ទដែលឥតគិតថ្លៃ:
<u>**១-៨៨៨-៣៣៦-៦១៦៤**</u>

ការពេញចិត្តរបស់
អ្នកទទួលកិច្ចបម្រើ
គឺជាគោលដៅរបស់យើង!

បើសិនលោកអ្នកត្រូវការនូវពិតមានជាបន្ថែម
យើងចង់ឮពីលោកអ្នក។

ក្រុមពិនិត្យមើលគុណភាពសារជាថ្មី
North Sound Regional
Support Network
117 North 1st Street, Suite 8
Mount Vernon, WA 98273

ចូរទូរសព្ទមក:
១-៨០០-៦៨៤-៣៥៥៥
ឬ
១-៣៦០-៤១៦-៧០១៣

Revised 9/98 Cambodian

ក្រុមពិនិត្យ

មើលគុណភាព

សារជាថ្មី

បម្រើ

ខ្មែរ ភាសាលិន ស្ប៉ានីស ស្ការ៉ាហ្ជ
ស្ហូហ្ម៉ាំង និង រ៉ូសៃ

NORTH SOUND REGIONAL
SUPPORT NETWORK
9-800-684-3555

1 1/3 1/15

ក្រុមពិនិត្យមើលគុណភាពសារជាថ្មី

ក្រុមពិនិត្យមើលគុណភាពសារជាថ្មី (QRT) ជាកិច្ចបម្រើដែលធ្វើការមិនតិតវ៉ាទ្ធនិងការការពារទុកជាសម្ងាត់ដើម្បីធ្វើឲ្យបានដឹងច្រាកដថាលោកអ្នកបាន ទទួលកិច្ចបម្រើដែលលោកអ្នកមានសិទ្ធិទទួលនៅក្នុងរយៈពេលដែលធ្វើឲ្យមានប្រសិទ្ធិភាព សេចក្តីគោរពនិងការការពារទុកជាសម្ងាត់។

យើងបម្រើអ្នកទទួលកិច្ចបម្រើនិងគ្រួសាររបស់គេដោយធ្វើការ:

- ពិនិត្យនៅតាមមន្ទីរខាងសុខភាពខ្លួនការការពារផ្ទាល់។
- ស្តង់មតិ៖ៈ ការពេញចិត្តរបស់អ្នកទទួលកិច្ចបម្រើ។
- ប្រមូលពិភាក្សាជាសាធារណៈ។
- ការឆប់រំអិលពីអ្នកផ្តល់កិច្ចបម្រើ។

ចំណុចសម្រាប់ការស្តង់មើលមតិ សម្រាប់ការពេញចិត្តរបស់អ្នកទទួលកិច្ចបម្រើ

- តើវាស្រួលយ៉ាងណាខ្លះសម្រាប់លោកអ្នកនៅក្នុងការទទួលការថែទាំដែលលោកអ្នកត្រូវការ?
- តើកិច្ចបម្រើដែលបានផ្តល់មកលោកអ្នកមានប្រយោជន៍សម្រាប់លោកអ្នកឬទេ?
- តើលោកអ្នកចង់ផ្ទាស់ប្តូរនូវរយៈពេលផ្តល់ជំនួយដល់លោកអ្នកអ្វីខ្លះ?
- តើគេបានប្រព្រឹត្តចំពោះលោកអ្នកដោយសេចក្តីគោរពឬទេ?

ក្រុមពិនិត្យមើលគុណភាពសារជាថ្មីមិនប្រកាន់ដោយសារមកពីសាសន៍ ពិណសម្បុរ សាសនា គោលជំនឿ ជាតិដើម ភេទ អាយុ ប៉ាន: រវាងប្តីប្រ ពន្ធ អតីតយោធាពិការ អតីតយោធាជំនាន់សង្គ្រាមវៀតណាម ជម្ងឺអេដ្ស អាយវី/អេម៉ូ ឬពិការភាព។

សេចក្តីថ្លែងអំពីបេសកកម្ម

ក្រុមពិនិត្យមើលគុណភាពសារជាថ្មីប្រមូលពីតមានពីអ្នកទទួលកិច្ចបម្រើនិងសមាជិកគ្រួសាររបស់គេនៅក្នុងប្រព័ន្ធនៃសុខភាពខ្លួនការាលនេះដើម្បីនឹង:

- ពិនិត្យសារជាថ្មី ចាត់ចែងឲ្យស្រួលសារជាថ្មី និងធ្វើឲ្យគុណភាពនៃកិច្ចបម្រើបច្ចុប្បន្នបានប្រសើរឡើង។
- ឆប់រំអ្នកទទួលកិច្ចបម្រើ អ្នកផ្តល់កិច្ចបម្រើនិងសាធារណៈជន។
- គាំទ្រការព្យាបាលជម្ងឺខាងខ្លួនការាលដោយសេចក្តីមេត្តា និងការផ្តល់នូវកិច្ចបម្រើខាងសុខភាពខ្លួនការាលនៅក្នុងលក្ខណៈដែលពេញទៅដោយការគោរពនិងការការពារទុកជាសម្ងាត់ដើម្បីឲ្យបានប្រព្រឹត្តស្របទៅតាមសិទ្ធិរបស់អ្នកទទួលកិច្ចបម្រើ។

Authorized PRSN Community Mental Health Providers

(Crisis services are available 24 hours a day, 7 days a week. For non-crisis hours of operation, please contact the individual Mental Health Provider at its local number).

East Clallam County

Peninsula Community Mental Health Center
118 East 8th Street
Port Angeles, WA 98362
360-457-0431 Services
360-452-4500 Crisis

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West Clallam County

Forks Community Hospital – West End Outreach Services
530 Bogachiel Way
Forks, WA 98331
360-374-6177 (Services or Crisis)

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Jefferson County

Jefferson Mental H Health Services
884 W Park
Port Townsend, WA 98368
360-385-0321 or 800-659-0321 (Services or Crisis)

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Kitsap County

Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311-8330
360-373-5031 TDD 360-478-2715
Emergency Services 360-373-3425
Crisis Clinic 360-479-3033 or 800-843-4793
From North Kitsap 360-535-5400
From Bainbridge Island 206-694-4655

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PRSN Administration Offices
614 Division Street, MS-23
Port Orchard, WA 98366-4676
360-337-4604 FAX 360-337-5721
Toll Free 1-800-525-5637

Peninsula Regional Support Network

Community Mental Health Services in Clallam, Jefferson & Kitsap Counties

Prepaid Health Plan (PHP)

Mental Health Services for Medicaid Recipients

Administered by the Kitsap County Department of Personnel & Human Services

Eligibility

The Peninsula Regional Support Network (PRSN) Prepaid Health Plan (PHP) is the state-supported mental health system in Kitsap, Clallam and Jefferson Counties and is responsible for administration of these services. It provides outpatient mental health benefits and inpatient, psychiatric authorization to its members.

You are eligible for membership if:

- **You receive Medicaid benefits; and**
- **You reside in Kitsap, Clallam or Jefferson County.**

If you live in another county and receive Medicaid benefits you belong to a different PHP and should contact the community mental health providers in that county to determine your eligibility.

To access services in the PRSN, call the provider in your area as listed on this brochure. In a crisis, dial the provider's crisis number or dial 911.

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Basic Services

As a PHP member you are entitled to a basic mental health care plan that may include:

- ***Crisis Intervention***
- ***Screening Assessment***
- ***Inpatient Psychiatric Services Approval***
- ***Referral***
- ***Interpretive services as needed***

Your first visit with a mental health service provider may involve a screening assessment. This assessment is used to determine which mental health services are Medically Necessary. This may result in Specialized Services. If services are needed, they will be identified on your Individualized Treatment Plan.

Medically Necessary Services are those which are reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or deformity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. To be medically necessary there would be no other service that would be equally effective, more conservative, substantially less costly or suitable for the recipient.

Core Services

Core services, if authorized, may include any of the following:

- ***Intake Assessment***
  Screening and referral
  Assessment and Evaluation
- ***Counseling Services***
  Brief, Focused Treatment
  Individual and Group Counseling
- ***Intensive Rehabilitation Services***
  Case Management
  Psychiatric Evaluation
  Medication Prescription & Monitoring
  Individualized and Tailored Care

Specialized Services

Specialized services, if authorized, may include any of the following:

- ***Residential Support Services***
- ***Pre-vocational and Vocational Services***
- ***Structured Day Programs***
- ***MICA Services***
  (Mentally Ill/Chemically Addicted)

Non-covered Services under the PHP may be covered by Medicaid through a different plan. They include: Transportation; Cost of prescription medication; More than two hours of emergency services outside Kitsap, Clallam or Jefferson Counties; Services provided by non-PHP providers (see authorized providers listed on back panel); and Extended Services not authorized by the service provider.

Customer Satisfaction

If you have a concern about the quality of services or access to services under the PRSN Prepaid Health Plan (PHP), you may contact: Ombuds services at 360-377-8174 or toll free 888-377-8174, or the Office of Consumer Affairs in Olympia at 1-800-446-0259, or the PRSN/PHP administrative office at 1-800-525-5637 or 360-337-4886.

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Ombuds Services are offered at no cost to the consumer or potential consumer. Individuals having difficulty accessing services or who have complaints or grievances should call the PRSN Ombuds at 360-377-8174, or toll free 888-377-8174.

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The Peninsula Regional Support Network does not discriminate on the basis of race, color, national origin, sex, age, religion, creed, or disability in the provision of all of its services, activities, financial aid, and other benefits.

Revised March 2000
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