

## WASHINGTON

*This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.*

### Types of Facilities

*Mental Health (MH) and Substance Use Disorder (SUD):* Washington regulates Residential Treatment Facilities (RTFs) which include 24-hour private, county, or municipal RTFs providing health care services to persons with mental disorders or SUDs.

*Mental Health (MH):* Washington regulates the following MH services provided in RTFs:

- Voluntary or involuntary triage facilities: A triage facility is a short-term facility or a portion of a facility that is designed to assess and stabilize an individual or determine the need for involuntary commitment of an individual. A triage facility may be structured as either a voluntary or involuntary placement facility or both.
- Evaluation and treatment services (E&T): E&T services can include evaluation for competency or other evaluation and treatment.
- Crisis stabilization units (CSUs): To the extent possible, CSUs are envisioned to hold someone for no more than 12 hours involuntarily before they are moved to an E&T facility. However, individuals may be voluntarily retained at a CSU for longer durations.
- Mental health outpatient services may be provided in an RTF.

*Substance Use Disorder (SUD):* Washington regulates the following SUD services provided in RTFs:

- Withdrawal management (WDM) services for adults are provided to an individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, in accordance with ASAM criteria. These include but are not limited to secure withdrawal management and stabilization services for those who have been committed.
- Intensive inpatient services (IIS) are included in Washington's definition of residential treatment services, as ASAM level 3.5.
- Recovery house (RH) treatment services are ASAM level 3.1.

- Long-term resident (LTR) treatment services are ASAM level 3.1. They include services that provide a program for an individual needing consistent structure over a longer period of time to develop and maintain abstinence, develop recovery skills, and to improve overall health.

*Unregulated Facilities:* There are no unregulated RTFs in Washington. The behavioral health regulations explicitly do not apply to state psychiatric hospitals or facilities owned or operated by the U.S. Department of Veterans Affairs or other agencies of the Federal Government.

## **Approach**

The Washington State Department of Health (DOH) regulates, licenses, and certifies RTFs.

## **Processes of Licensure or Certification and Accreditation**

*Mental Health (MH) and Substance Use Disorder (SUD):* Licensure by the DOH is required for operation of all RTFs. Operation without a license is subject to fine and/or imprisonment. The application must include a copy of a current DOH RTF certificate. There are many types of certificates that may apply to residential facilities, depending on the services offered.

- Accreditation is not required but, if an agency has accreditation by a national accreditation organization that is recognized by and has a current agreement with the DOH, the DOH must deem the agency to be in compliance with state standards for licensure and certification. To be considered for deeming, an agency must submit a request to the DOH signed by the agency's administrator. There are regulatory limits on what can be excused by deeming. An agency operating under a department-issued provisional license or provisional program-specific certification is not eligible for deeming.
- An inspection is required for licensure and may occur at renewal but also may occur at any time after initial licensure.
- A Certificate of Need is not required.
- Licensure duration is one year.

## **Cause-Based Monitoring**

*Mental Health (MH) and Substance Use Disorder (SUD):* The DOH may conduct unannounced site surveys and investigate complaints. The licensee must assist and cooperate during surveys. If deficiencies are identified that are not major, broadly systemic, or of a recurring nature, the

department will issue the administrator a statement of deficiency and require a plan of correction. If the deficiency is broadly systemic, recurring, or of a significant threat to public health and safety, DOH will issue a directed plan of correction. Licenses may be denied, suspended, modified, or revoked.

## **Access Requirements**

*Mental Health (MH) and Substance Use Disorder (SUD):* Behavioral health agencies licensed by the DOH must provide reasonable access for individuals with disabilities and comply with all state and federal nondiscrimination laws, rules, and plans. No RTF-specific requirements for wait times were located.

*Substance Use Disorder (SUD):* A secure withdrawal management facility must have procedures for admitting individuals needing secure withdrawal management and stabilization services seven days a week, twenty-four hours a day; procedures to ensure that once an individual has been admitted, if a medical condition develops that is beyond the facility's ability to safely manage, the individual will be transported to the nearest hospital for emergency medical treatment; and procedures to assure access to necessary medical treatment, including emergency life-sustaining treatment and medication.

## **Staffing**

*Mental Health (MH) and Substance Use Disorder (SUD):* All behavioral health agencies have staffing requirements, including ones related to supervision, training, and credentialing. RTFs must ensure residents receive care from qualified staff authorized and competent to carry out assigned responsibilities. A sufficient number of staff must be present on a twenty-four hour per day basis to: (a) Meet the care needs of the residents served; (b) Manage emergency situations; (c) Provide crisis intervention; (d) Implement individual service plans; and (e) Carry out required monitoring activities. At least one staff trained in basic first aid and age appropriate cardiopulmonary resuscitation (CPR) must be on-site twenty-four hours per day. Staff must be trained, authorized, and where applicable credentialed to perform assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual service plan. The licensee must document that staff receive specified orientation and ongoing training, including but not limited to training regarding restraint or seclusion, if used in the facility. Additional medical staffing requirements apply if RTFs conduct staff administration of medication or use any restraint or seclusion. Other medical requirements apply to RTFs that have a health care prescriber initiate or adjust medication for residents to self-administer.

*Mental Health (MH):* The general behavioral health requirements related to those working in a MH setting include but are not limited to requirements regarding supervision, violence

prevention, and consultation. For RTFs, the agency must have an individualized annual training plan and must have procedures to assure that a mental health professional, chemical dependency professional, if appropriate, and physician, physician assistant, or psychiatric advanced registered nurse practitioner (ARNP) are available for consultation and communication with the direct patient care staff twenty-four hours a day, seven days a week.

- Triage facilities, at a minimum, must have: (a) a designated person in charge of administration of the triage unit; and (b) a mental health professional (MHP) on-site twenty-four hours a day, seven days a week.
- E&T facilities must designate a physician or other mental health professional as the professional person in charge of clinical services at the facility.
- A CSU must ensure that a licensed physician, physician assistant, or psychiatric advanced registered nurse practitioner (ARNP) is available for consultation to direct care staff twenty-four hours a day, seven days a week.

*Substance Use Disorder (SUD):* The general behavioral health regulations establish requirements related to those working in a SUD setting, including but not limited to requirements regarding use of Chemical Dependency Professionals (CDPs) or CDP-Ts, clinical supervisors, TB testing, and universal precautions regarding communicable disease.

- Adult WDMs must ensure that each staff member providing withdrawal management services, with the exception of licensed staff members and chemical dependency professionals, completes a minimum of forty hours of documented training before being assigned individual care duties addressing specific topics.

## **Placement**

*Mental Health (MH) and Substance Use Disorder (SUD):* The requirements for all behavioral health agencies require an in-person clinical assessment completed by a professional appropriately credentialed or qualified to provide one or more of the following services as determined by state and federal law: Substance use disorder, mental health, and problem and pathological gambling. An RTF must limit admission, transfer, discharge, and referral processes to residents for whom the RTF is qualified by staff, services, equipment, building design and occupancy to give safe care.

*Mental Health (MH):* All MH residential facilities must document that each individual has received evaluations to determine the nature of the disorder and the treatment necessary, including: (a) A health assessment of the individual's physical condition to determine if the individual needs to be transferred to an appropriate hospital for treatment; (b) Examination and medical evaluation within 24 hours of admission by a licensed physician, advanced

registered nurse practitioner, or physician assistant; ... (d) Consideration of less restrictive alternative treatment at the time of admission. An individual who has been delivered to the facility by a peace officer for evaluation must be evaluated by a mental health professional within 3 hours of arrival. If the mental health professional or chemical dependency professional and physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the needs of an individual would be better served by placement in another type of service facility then the individual must be referred to a more appropriate placement.

- Triage facilities must assess each individual for SUD and co-occurring MH and SUD as measured by the Global Appraisal on Individual Need-Short Screen (GAIN-SS). This assessment must be conducted within 3 hours of arrival by a MH professional.
- For E&T facilities, for individuals who are being evaluated as dangerous mentally ill offenders, the professional in charge of the E&T facility must consider filing a petition for a 90 day less restrictive alternative in lieu of a petition for a 14-day commitment.
- For CSUs, the agency must have a policy management structure that establishes: (a) Procedures to ensure that for persons who have been brought to the unit involuntarily by police, the stay is limited to 12 hours unless the individual has signed voluntarily into treatment; (b) Procedures to ensure that within 12 hours of arrival, individuals who have been detained by a designated crisis responder are transferred to a certified evaluation and treatment facility; (c) Procedures to assure appropriate and safe transportation of persons who are not approved for admission or detained for transfer; (d) Procedures to detain arrested persons who are not approved for admission for up to 8 hours; and (e) Procedures to ensure that when an individual is brought to the facility by a peace officer under the emergency detention law, within 12 hours of arrival, a designated crisis responder must determine if the individual meets statutory detention criteria.

*Substance Use Disorder (SUD):* Agencies providing SUD services must ensure the assessment includes: (a) A statement regarding the provision of an HIV/AIDS brief risk intervention, and any referral made; and (b) A placement decision, using ASAM criteria dimensions when the assessment indicates the individual needs substance use disorder services.

- Adult WDM agencies must use ASAM criteria for admission, continued services, and discharge planning and decisions.
- Secure adult WDMs must document that each individual has received evaluations to determine the nature of the disorder and the treatment necessary, including: (a) A telephone screening reviewed by a nurse or medical practitioner prior to admission that includes current level of intoxication, available medical history, and known medical risks; (b) An evaluation by a chemical dependency professional within seventy-two hours of admission to the facility; and (c) An assessment for substance use disorder and additional mental health disorders or conditions, using the Global Appraisal on Individual Need-Short Screen (GAIN-SS) or its successor.

## Treatment and Discharge Planning and Aftercare Services

*Mental Health (MH) and Substance Use Disorder (SUD):* RTFs must develop and implement an individual service plan for each resident based on the resident's: (a) Initial health on admission; and (b) Health assessment(s). Among other things, individual service plans must be updated as additional needs are identified; include a discharge plan; and be completed by appropriated qualified professionals. An agency that provides any behavioral health service must ensure the individual service plan is initiated during the first individual session following the assessment.

*Mental Health (MH):* Behavioral health agencies providing MH treatment services in a residential setting must develop an individual treatment plan that documents, among other things: (a) Diagnostic and therapeutic services prescribed by the attending clinical staff; (b) A plan for discharge including a plan for follow-up where appropriate; and (c) That a mental health professional or chemical dependency professional, as appropriate, has contact with each involuntary individual at least daily for the purpose of determining the need for continued involuntary treatment.

- CSUs must have a plan for discharge, including a plan for follow up. For persons admitted to the crisis stabilization unit on a voluntary basis, the clinical record must contain a crisis stabilization plan developed collaboratively with the person within twenty-four hours of admission.
- Triage facilities must develop a triage stabilization plan for each individual voluntarily or involuntarily admitted for longer than twenty-four hours. The triage stabilization plan must be developed collaboratively with the individual within twenty-four hours of admission. A triage facility also must develop a discharge plan and follow-up services from the triage facility.

*Substance Use Disorder (SUD):* Behavioral health agencies providing SUD services in a residential setting must review the individual service plan to determine the need for continued services and discharge planning and decisions using ASAM criteria. WDMs must also include a continuing care recommendation in the person's discharge summary.

- Secure WDMs must ensure the treatment plan includes: (a) A protocol for safe and effective withdrawal management, including medications as appropriate; and (b) Discharge assistance provided by chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual.

- Providers of IISs must complete the individual service plan within five days of admission and document at least weekly, an individual service plan review which determines continued stay needs and progress towards goals.
- RHs and LTRs must conduct and document an individual service plan review at least monthly.

## **Treatment Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* An RTF must ensure residents' health care needs are met.

*Mental Health (MH):*

- E&T facilities must have procedures to document that each individual has received evaluations to determine the nature of the disorder and the treatment necessary, including a psychosocial evaluation by a mental health professional.
- CSUs must provide assessment and stabilization services; coordinate with the person's current treatment provider, if applicable; and, for persons admitted on a voluntary basis, the clinical record must contain a crisis stabilization plan.
- Triage facilities must provide services that assess and stabilize an individual or determine the need for involuntary commitment. A qualified staff member must coordinate with the individual's current treatment provider, if applicable, to assure continuity of care during admission and upon discharge.

*Substance Use Disorder (SUD):*

- Adult WDMs must, among other things, use ASAM criteria for admission, continued services, and discharge planning and decisions; and provide counseling to each individual that addresses the individual's: (i) Substance use disorder and motivation; and (ii) Continuing care needs and need for referral to other services.
- Adult secure WDMs must have procedures to assure at least daily contact between each involuntary individual and a chemical dependency professional or a trained professional person. An agency providing secure withdrawal management and stabilization services must document that each individual has received evaluations. An agency certified to provide secure withdrawal management and stabilization services must ensure the treatment plan includes the following: (a) A protocol for safe and effective withdrawal management, including medications as appropriate; and (b) Discharge assistance provided by chemical dependency professionals, including facilitating transitions to appropriate

voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual.

- LTRs, among other things, must: (a) Provide an individual a minimum of two hours each week of individual or group counseling; (b) Provide no less than five hours per week of treatment services in line with ASAM 3.1 components; and (c) Provide an individual, during the course of services, with: (i) Education on social and coping skills, relapse prevention, and recovery skills development; (ii) Social and recreational activities; (iii) Assistance in seeking employment, when appropriate; and (iv) Assistance with reentry living skills to include seeking and obtaining safe housing.
- IIS facilities must provide treatment services in line with ASAM 3.5 components appropriate to adults.
- RHs must provide no less than five hours per week of treatment services in line with ASAM level 3.1.

## **Patient Rights and Safety Standards**

*Mental Health (MH) and Substance Use Disorder (SUD):* An RTF must establish processes to assure resident rights are protected, including but not limited to notification of rights, how to file a complaint with the DOH, policies around restraint and seclusion, treatment with dignity, privacy and confidentiality, and communication. RTFs that use restraint or seclusion must have policies addressing their use and satisfy certain standards. Regulations pertinent to all behavioral health agencies contain similar requirements, as well as the right to nondiscrimination, exploitation, or harassment.

*Mental Health (MH):* All MH RTFs must post all statutory patient rights related to involuntary detention in a language or format the individual can understand; patients have a right to make an informed decision regarding antipsychotic use and a facility must document specific information if there is involuntary administration of an antipsychotic.

*Substance Use Disorder (SUD):*

- An adult WDM must post any rules and responsibilities for individuals receiving treatment, including information on potential use of increased motivation interventions or sanctions, in a public place in the facility.
- Among other things, an adult secure WDM must have procedures to assure rights related to antipsychotic medication and regarding individual property.



## **Quality Assurance or Improvement**

*Mental Health (MH) and Substance Use Disorder (SUD):* All behavioral health facilities must develop and maintain a written internal quality management plan/process that meets specific criteria. An RTF must establish policies and procedures to ensure ongoing maintenance of a coordinated quality improvement program to improve the quality of care provided to residents and to identify and prevent serious or unanticipated resident and facility outcomes. The licensee must, among other things: (1) Establish a written performance improvement plan that is periodically evaluated. (2) Collect, measure, and assess data on policies and procedures, and outcomes related to resident care and the environment. (3) Review serious or unanticipated resident or facility outcomes in a timely manner. (4) Implement and document changes or improvements made to prevent future occurrences of any serious or unanticipated resident outcomes.

## **Governance**

*Mental Health (MH) and Substance Use Disorder (SUD):* RTFs must establish a governing body with responsibility for operating and maintaining the facility. The governing body must provide organizational guidance and oversight to ensure that resources support and staff provides safe and adequate resident care, addressing specified areas.

## **Special Populations**

*Mental Health (MH) and Substance Use Disorder (SUD):* The behavioral health regulations require that the individual service plan address the needs of a mother and baby during pregnancy and after delivery, if applicable. These regulations also contemplate the use of co-occurring treatment where appropriate and define it as a “unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting.”

*Substance Use Disorder (SUD):* An agency that provides services to a pregnant woman must: (a) Have a written procedure to address specific issues regarding the woman's pregnancy and prenatal care needs; and (b) Provide referral information to applicable resources.

## Location of Regulatory and Licensing Requirements

Department of Health, RTF Regulations<sup>1</sup>; Department of Health, Behavioral Health Administrative Requirements<sup>2</sup>; Revised Code Washington Chapter 71.12<sup>3</sup>. Regulatory data collected July 8, 2019.

## Other Information Sources

N.L. Tyson (DOH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

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<sup>1</sup> See <https://apps.leg.wa.gov/wac/default.aspx?cite=246-337>.

<sup>2</sup> See <https://apps.leg.wa.gov/wac/default.aspx?cite=246-341>.

<sup>3</sup> See <https://app.leg.wa.gov/RCW/default.aspx?cite=71.12>.

# WASHINGTON MEDICAID

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## Approach

The Washington State Health Care Authority (HCA) oversees the state Medicaid program. Washington also has a Section 1115 waiver permitting Medicaid expenditures for short-term residential services provided in facilities that meet the definition of an institution for mental diseases (IMD). Washington relies on the in lieu of provision and Disproportionate Share Hospital (DSH) Payments for payment of some services provided in IMDs.

## Types of Facilities

*Mental Health (MH):* Crisis stabilization services for MH conditions are covered by Washington Medicaid. Crisis Stabilization Units (CSUs) may retain individuals voluntarily for longer periods than the 12 hour limit for involuntary retention.

*Substance Use Disorder (SUD):* By state Medicaid regulation, chemical dependency detoxification services are provided to a person to assist in the process of withdrawal from psychoactive substances in a safe and effective manner. These services may be provided in an RTF that is licensed by the DOH as a behavioral health agency; meets the applicable behavioral health agency licensure, certification, administration, personnel, clinical requirements, and behavioral health services administrative requirements; and otherwise complies with relevant regulations.

Pursuant to the Section 1115 waiver, the following SUD residential treatment facilities may enroll in Medicaid:

- Residential Treatment: Length of stay is not fixed, although some treatment programs are oriented to offer 30-60 day programs. Actual length of stay is dependent on progress towards treatment goals and reassessment. This is intended for individuals who have completed withdrawal management.
  - Level 3.1
  - Level 3.5

- Medically Supervised Withdrawal Management
  - Level 3.2-WM: Clinically Managed Residential Facilities (sub-acute detoxification)
  - Level 3.7 and 3.7-WM: Medically Monitored Inpatient Programs (acute detoxification)

Medication-assisted treatment will also be available in IMD settings.

## **Processes of Medicaid Enrollment**

*Mental Health (MH) and Substance Use Disorder (SUD):* To participate in the Washington Medicaid program, health care providers must apply for enrollment, have an approved agreement with the agency, and be appropriately certified or licensed for their scope of practice, among other things. The agency may deny or terminate enrollment.

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, all Level 3 facilities must be appropriately licensed. The waiver indicates that these requirements ensure that treatment agencies are surveyed within 12 months of initial approval and every three years; are in compliance with regulations; and are evaluated rapidly when complaints are received.

## **Staffing**

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The state must assess the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT. According to the waiver, the state has promoted the use of MAT in residential settings through provider trainings.

## **Placement**

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, the state must establish a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state also must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are

appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

Placement for Level 3 services, both withdrawal management and otherwise, are dependent on initial and ongoing ASAM assessments. The ASAM Patient Placement Criteria (PPC) are used to guide admission, continued service, and discharge planning. The behavioral health organization/managed care organization (BHO/MCO) authorization process is an independent review of residential authorization treatment. The residential agency providing the services must obtain independent approval from the BHO or MCO. This review process varies by managed care organization but in all cases is required to be based upon medical necessity and ASAM placement criteria. In the Fee-for-Service (FFS) system there are no managed care or administrative services organizations providing review of admissions to residential SUD facilities. In most cases, an individual in the FFS system is assessed by a licensed outpatient provider not associated with the residential facility. This independent provider determines whether the individual meets the ASAM residential level of care and when appropriate makes a referral to a residential facility.

- For nonwithdrawal management, which is intended for individuals who have completed withdrawal management, length of stay is not fixed, although some treatment programs are oriented to offer 30-60 day programs. Actual length of stay is dependent on progress towards treatment goals and reassessment.
- For withdrawal management, assessment of severity, medical complications, and specific drug or alcohol withdrawal risk determine placement within each level of service.

## **Treatment and Discharge Planning and Aftercare Services**

*Substance Use Disorder (SUD):* As described in the state 1115 waiver, the state requires all SUD providers to assess and provide treatment services using the ASAM criteria. Facilities must also use the ASAM criteria while conducting and developing SUD assessments, individual service plans and treatment plan reviews for transitioning individuals to alternate levels of care. For Level 3.5, the individual service plan must be completed within five days of admission.

## **Treatment Services**

*Substance Use Disorder (SUD):* Chemical dependency detoxification services provided in an RTF must provide counseling to each person that addresses the person's: (i) Chemical dependency and motivation; and (ii) Continuing care needs and need for referral to other services. Among other things, they must maintain a list of resources and referral options that can be used by staff members to refer a person to appropriate services.

Under the Section 1115 waiver, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. The state must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

Providers are not required to utilize any specific evidence-based practices. However, state law requires agencies to develop and maintain a written internal quality management plan and process that continuously improves the quality of care through use of evidence-based and promising practices.

As part of the waiver, Washington is implementing a requirement that RTFs offer MAT on-site or facilitate access off-site. Tribal providers that do not provide or facilitate access to MAT as a treatment choice will not be included in the demonstration because CMS will not exempt them from this requirement.

- Services for nonwithdrawal management facilities include individual and group counseling, education, and activities for clients who have completed withdrawal management services.
  - Level 3.1: Social, vocational, and recreational activities to assist individuals adjust to abstinence, and to assist aid in job training, employment, or participating in other types of community services.
  - Level 3.5: A minimum of 20 hours of treatment services, including a program of individual and group counseling, education, and activities.
- Services in withdrawal management facilities include:
  - Level 3.2-WM: Limited medical coverage by staff and counselors who monitor patients and generally, any treatment medications are self-administered.
  - Level 3.7-WM: Medical coverage by nurses with physicians on-call for consultation. They use “standing orders” and available medications to help with withdrawal symptoms. Facilities for these programs are not hospitals but do have referral relationships.

## Care Coordination

*Mental Health (MH) and Substance Use Disorder (SUD):* Care coordination services are to be offered to eligible beneficiaries through contracted managed care organizations. Care management entities provide care coordination and assistance to beneficiaries in Medicaid FFS who are not eligible for enrollment in managed care.

*Substance Use Disorder (SUD):* By state Medicaid regulation, chemical dependency detoxification services provided in an RTF must provide counseling to each person that addresses the person's continuing care needs and need for referral to other services. They must maintain a list of resources and referral options that can be used by staff members to refer a person to appropriate services.

Under the Section 1115 waiver, beneficiaries will have improved care coordination and care for comorbid physical and mental health conditions. The state must ensure establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities. As part of the waiver implementation, Washington will implement a requirement that MCOs, residential treatment providers, and outpatient providers work to develop policies and practices that enhance care coordination, including transitions between levels of care following residential treatment stays.

## Quality Assurance or Improvement

*Mental Health (MH) and Substance Use Disorder (SUD):* State Medicaid regulations require that a behavioral health administrative service organization (BH-ASO) and MCO must have a quality plan for continuous quality improvement in the delivery of culturally competent behavioral health services.

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

## Special Populations

*Substance Use Disorder (SUD):* Extended services for pregnant women, through the sixty days postpartum period, include rehabilitation alcohol and drug treatment services, excluding room and board, for pregnant and postpartum women in residential treatment facilities with 16 beds or less certified by the Division of Alcohol and Substance Abuse.

## Location of Medicaid Requirements

Washington Medicaid Transformation Project 1115 Waiver Demonstration<sup>4</sup>; Washington Medicaid Health Care Authority Title 182 Rules<sup>5</sup>. Regulatory data collected December 2019.

## Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

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<sup>4</sup> See <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=35120>.

<sup>5</sup> See <https://apps.leg.wa.gov/wac/default.aspx?cite=182>.