

Public Mental Health Overview

DSHS/Medicaid contracts for mental health services via three avenues:

- Contracts with the Regional Support networks (RSNs)
- Contracts with Healthy Options Managed Care Organizations (MCO)
- Individual Core Provider Agreements with professionals who will accept payment on a fee-for-service basis for people who are eligible for Medicaid, but who are not enrolled with a Healthy Options MCO or eligible for care through the Regional Support Networks.

Regional Support Networks

The RSNs subcontract with local community mental health clinics which provide the services. Assessments are available to all Medicaid covered individuals who request them, and emergency services are available 24/7. However, ongoing care is determined on the basis of severity, using the “Access to Care Standards.”

Summary of the DSHS/RSN Access to Care Standards

An individual must meet all of the following before being considered for a level of care assignment with a RSN:

- The individual is determined to have a mental illness. The diagnosis must be included as a covered diagnosis in the list of Covered Childhood Disorders. That list, maintained on the DSHS website listed below, contains most major Axis I and Axis II disorders. The covered diagnosis list does not include Autism, Aspergers Disorder and PDD.
- Some mental health diagnoses require some additional criteria documenting that there is a high level of impairment in order to qualify for services.
- The individual’s impairment(s) and corresponding need(s) must be the result of a mental illness.
- The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
- The individual is expected to benefit from the intervention.
- The individual’s unmet need would not be more appropriately met by any other formal or informal system or support.
- Children under the age of six may not readily fit diagnostic criteria. For them eligibility is determined on the basis of functional impairment related to the symptoms of an emotional disorder.

Functional Criteria: Children’s Global Assessment Scale (CGAS)

There must be demonstrated functional impairment including a C-GAS score of less than 60, and requiring assistance to meet the need in at least one life domain for Brief Services (up to 6 months, or low intensity for 12 months). For Community Support services (up to 12 months) there must be a C-GAS score of less than 50 and requiring assistance to meet the need in at least one life domain.

CGAS is generally not considered valid for children under the age of six, therefore these children are exempt from such Axis V scoring. A “DC:0-3” rating score may be substituted for that evaluation. Functional impairment for very young children is further described in the published Access to Care Standards.)

Life domains for the Access to Care Standards include:

- Health & Self-Care, including the ability to access medical, dental and mental health care to include access to psychiatric medications
- Cultural Factors
- Home & Family Life Safety & Stability
- Work, school, daycare, pre-school or other daily activities
- Ability to use community resources to fulfill needs

To read more detailed information about the Access to Care Standards, visit DSHS on-line at: <http://www1.dshs.wa.gov/Mentalhealth/publications.shtml>

Requesting Services from the RSN System

If your patient presents as having serious emotional disturbance, such that more intensive mental health services are warranted for more than the 20 hours per year provided through Healthy Options or Fee-For-Service, you should refer the child to the local RSN for assessment.

Crisis mental health services are provided upon request, 24-hours a day, 7 days a week and are available to anyone who needs them regardless of ability to pay. All RSNs publish a toll free crisis number in local phone books.

To refer someone for crisis intervention services, you or the family should call the appropriate crisis line listed below.

RSNs ensure an intake evaluation is made available within 10 business days of the request for routine mental health services, unless an intake evaluation has been provided in the last 12 months, that establishes Medical necessity based upon the Access to Care Standards. This is true no matter how the request for services is made. To view a map of the RSN's, go to <http://www.dshs.wa.gov/mentalhealth/rsnmap.shtml>

Requests for RSN services may be made to an RSN or to an RSN contracted provider via:

- A telephone call
- An in person request for services by family
- A written request for services by family
- Through a written EPSDT referral (Early and Periodic Screening, Diagnosis and Treatment)

Unless the individual requests a later appointment date or the scheduled clinician is unexpectedly unavailable, the individual will be seen by their assigned provider within 28 days of their intake assessment.

RSN Name	Counties Served	Address & Phone Number	Ombudsman Services	Crisis Lines
Clark County www.clark.wa.gov/mental-health	Clark	PO Box 5000 Vancouver, WA 98666-5000 360-397-2130 or 800-410-1910	866-666-5070	800-626-8137
Grays Harbor www.ghphss.org/page.aspx?id=99590	Grays Harbor	2109 Sumner Ave Suite 203Aberdeen, WA 98520-3699 360-532-8665x285 or 800-464-7277	888-816-6546	800-685-6556

RSN Name	Counties Served	Address & Phone Number	Ombudsman Services	Crisis Lines
Greater Columbia Behavioral Health www.gcbh.org	Asotin Benton Columbia Franklin Garfield Kittitas Klickitat Skamania Walla Walla Whitman Yakima	101 N Edison Street Kennewick, WA 99336-1958 509-735-8681 or 800-795-9296	800-257-0660	Asotin: 888-475-5665 Benton 800-548-8761 Columbia: 800-734-9927 Franklin: 800-548-8761 Garfield: 888-475-5665 Kittitas: 509-925-9861 Klickitat: 509-733-5801/ 800-572-8122 Skamania: 509-427-9488 Walla Walla: 509-522-4278 Whitman: 866-871-6385 Yakima: 509-575-4200/ 800-572-8122 Yakima Children: 509-576-0934, or 800-671-5437
King County http://www.kingcounty.gov/healthServices/MHSA.aspx	King	821 Second Avenue, Suite 610 Seattle, WA 98104 206-296-5213 or 800-790-8049	800-790-8049	866-427-4747 TDD: 206-461-3219
North Central Washington	Adams Ferry Grant Lincoln Okanogan Pend Oreille Stevens	119 Basin Street SW Ephrata, WA 98823-1855 509-754-6577 or 800-251-5350	800-346-4529	Adams (collect):509-488-5611 Ferry 866-268-5105 Grant: 877-467-4303 Lincoln: 888-380-6823 Okanogan: 866-826-6191 Pend Oreille: 866-847-8540 Stevens: : 888-380-6823
North Sound Mental Health www.nsmha.org	Island San Juan Skagit Snohomish Whatcom	117 N. 1 st Street Suite 8 Mount Vernon, WA 98273-2858 800-684-3555 or 888-693-7200	888-336-6164	800-584-3578
Peninsula	Clallam Jefferson Kitsap	614 Division Street, MS 23 Port Orchard, WA 98366-4676 360-337-4886 or 800-525-5637	888-377-8174	East Jefferson County: 360-385-0321 or 800-659-0321, East Clallam County: 360-452-4500 Kitsap County: 800-843-4793 or 360-479-3033 West Jefferson and West Clallam County: 360-374-5011 (Non Business Hours: 360-374-6271)
Pierce County http://www.co.pierce.wa.us/pc/services/health/mental/services.htm	Pierce	3580 Pacific Ave Tacoma, WA 98418-7915 253-798-4500 or 800-531-0508	800-531-0508	800-576-7764
Southwest http://www.co.cowlitz.wa.us/humanresources/mental_health_services.html	Cowlitz	1952 9 th Ave Longview, WA 98632-4045 800-803-8833 or 800-347-6092	360-414-0237	800-803-8833
Spokane www.spokanecounty.org/mentalhealth	Spokane	312 West 8 th Avenue 4th Floor; Spokane, WA 99204-2506 509-477-5722 or 800-273-5864	866-814-3904	877-678-4428

RSN Name	Counties Served	Address & Phone Number	Ombudsman Services	Crisis Lines
Thurston-Mason http://www.co.thurston.wa.us/health/ssrsn/index.html	Thurston Mason	412 Lilly Road NE Olympia, WA 98506-5132 360-786-5830 or 800-658-4105 TDD 360-786-5602 or 800-658-6384	800-658-4105	800-754-1338
Timberlands	Lewis Pacific Wahkiakum	PO Box 217 Cathlamet, WA 98612-0217 360-795-3118 or 800-392-6298	888-662-8776	Lewis: 800-559-6696 Pacific: 800-884-2298, Wahkiakum: 800-635-5989

Future updates to these RSN listings:

Crisis line number updates can be found at <http://www.dshs.wa.gov/Mentalhealth/crisis.shtml>

RSN contact information updates can be found at

<http://www1.dshs.wa.gov/mentalhealth/rsndirectory.shtml>

Healthy Options

As of the date of this publication, the following Managed Care Organizations contract with DSHS under the Healthy Options Program. If your patient is enrolled with a Healthy Options plan, you may call that health plan for assistance in coordination of benefits.

Plan	Phone Number	Medicaid Provider ID Number
Asuris Northwest Health Plan P.O. Box 91130 Seattle, WA 98111-9230	1-866-240-9560	7502685
Columbia United Providers 19120 SE 34th Street, Suite 201 Vancouver, WA 98683	1-800-315-7862	7500416
Community Health Plan 720 Olive Way, Suite 300 Seattle, WA 98101	1-800-440-1561	7502453
Group Health Cooperative 320 Westlake Ave. N., Suite 100 Seattle, WA 98109-5233	1-888-901-4636	7502602
Molina Healthcare of Washington, Inc. Post Office Box 4004 Bothell, WA 98041-4004 21540 – 30th Dr. SE, Suite 400 Bothell, WA 98021	1-800-869-7165	7520158
Regence BlueShield 1501 Market Street, MS: MK510 Tacoma, WA 98402	1-800-669-8791	7502677

For an updated list of currently contracted Healthy Options providers,
<http://hrsa.dshs.wa.gov/healthyoptions/newwho/client/planlinks.htm>

Not all Healthy Options plans serve all counties. To obtain more information about Healthy Options and all other managed care programs, visit DSHS on line at:
<http://hrsa.dshs.wa.gov/HealthyOptions/>

Fee-For-Service

If your patient is *not* enrolled with a Healthy Options plan and is not likely to meet medical necessity (per the Access to Care Standards), you may contact DSHS by calling **1-800-562-3022 (TTY: 1-800-848-5429)** to find a mental health provider who will accept payment from DSHS to provide mental health services to your patient on a “fee-for-service” basis.

Mental Health Benefit Expansion!

Dear Provider:

Knowing where to refer individuals with mental health needs can be challenging. DSHS is working to support you in your efforts to find the right services for your patients. In fact, recent legislation has allowed DSHS to expand the number of sessions available and the number of providers eligible to accept mental health referrals for children age 18 and younger who receive medical benefits from DSHS (and are Medicaid eligible). The intention of this expansion is to increase access to mental health services for children and youth who do not meet the RSN Access to Care Standards.

As of July 1, 2008:

- ✓ The number of outpatient mental health treatment hours, including evaluation, that may be paid in a calendar year for individuals under age 19 is being increased from 12 to 20, and
- ✓ The type of provider who may bill for these services, previously limited to psychiatrists, is being expanded to include the following:
 - Licensed Psychologists
 - Licensed Psychiatric Advanced Registered Nurse Practitioners
 - Licensed Independent Clinical Social Workers
 - Licensed Advanced Social Workers
 - Licensed Marriage and Family Therapists
 - Licensed Mental Health Counselors

These expanded resources are available to individuals with Medicaid who are enrolled in a DSHS contracted Managed Care Program under the Health Options program or who see a individual provider who accepts payment from DSHS on a fee-for-service basis.

To learn more about these services and how you may bill for them for dates of service on and after July 1, 2008, visit DSHS on or after May 19, 2008 at:

<http://hrsa.dshs.wa.gov/download/BI.html>

Where do I call if I have questions?

You may call any of the numbers listed on the tool kit, or you may call provider relations at 1-800-562-3022. Providers wishing to enroll as a DSHS reimbursable provider as above should call the Provider Relations number or access <http://hrsa.dshs.wa.gov/providerenroll/>

Additional Tools from DSHS

12 Month Service History Reports

In order to provide a comprehensive medical history for you regarding your patients, DSHS has developed a rolling 12-month client medical profile. It includes prescriptions, emergency room usage and other services. To obtain a profile:

- Fax patient's signed release form to 360-725-1328 Attn: Carolyn Geimer. You may use your own release or the DSHS release.
- Include on the request: Your return fax and phone numbers, including area code, and the client's name and DSHS identification number.

Requests are processed Monday through Friday, 8am to 5pm and will be sent to you within 24-48 hours. The client will also be sent a notification to their last known address.

To obtain a 12 month history of Rx, ER and other services, visit DSHS on line at:

<http://hrsa.dshs.wa.gov/pharmacy/ToolKit.htm>

Patient Review and Coordination (PRC) Program

PRC (formerly PRR) helps to prevent patients from inappropriate use of services by limiting patients to the following for a period of at least 24 months:

- One primary care provider
- One narcotic prescriber
- One pharmacy
- One hospital for non-emergent services

To refer your patient for enrollment in the Patient Review and Coordination (PRC) program, call DSHS at: (360) 725-1780 (Calls are returned within 24 hours) or visit DSHS on line at:

<http://hrsa.dshs.wa.gov/PRR/>

CHET (Child Health & Education Tracking) screening tools for foster care

The purpose of Child Health & Education Tracking is to identify the well-being, needs and strengths of children in out-of-home care and to review and monitor the outcomes of the services provided to meet the needs or to support the strengths of the child.

What this means practically is that for children placed in foster care (for whom a greater than 30 day out of home placement is anticipated), a series of health screening questionnaires are administered by Children's Administration within that child's first 30 days of placement. The actual instruments in the CHET may be changing in the near future, but historically the CBCL and ASQ-SE would have been the two items of particular interest to someone looking into a child's mental health needs.

The CHET rating scales are collected and maintained by Children's Administration, and *can be accessed by asking for any CHET results for the child from the child's foster care case worker.*

Adolescent Substance Abuse Treatment and Prevention

HRSA's Division of Alcohol and Substance Abuse (DASA) oversees the provision of substance abuse treatment for adolescents in Washington State.

To learn more about DASA, visit: <http://www.dshs.wa.gov/dasa/default.shtml>

Drug and Alcohol Treatment for Adolescents

Adolescents who need alcohol/drug treatment should be referred to the Teen Line 1-877-345-TEEN to arrange for an assessment, to locate a treatment agency, and to verify that they are eligible for state-funded services.

- **Adolescent Chemical Dependency Treatment 24-Hour Referral: 1-877-345-TEEN**
- For help screening patients in need of alcohol/drug treatment, providers can access a Screening and Referral Pocket Card found at <http://www.dshs.wa.gov/pdf/hrsa/dasa/PocketScreeningGuide.pdf>
- Information on youth treatment services: Referral & Resource Guide for Adolescent Chemical Dependency Treatment found at <http://www.dshs.wa.gov/pdf/hrsa/dasa/youthreferralguide.pdf>
- Regional treatment managers are available Monday-Friday from 8-5 for assistance placing youth or updates on services. The web address for reaching them is:
<http://hrsa.dshs.wa.gov/pharmacy/DASA%20Region%20Treatment%20Administrators%20listed%20by%20County.doc>
- For additional information about chemical dependency and support services for pregnant women go to: <http://www.dshs.wa.gov/pdf/hrsa/dasa/PregnantWomenGuide.pdf>
- Recently updated DASA youth residential treatment bed availability can be found at http://www.theteenline.org/dasa_youth_residential_treatment.htm

Youth Residential Treatment Providers

- **Full descriptions of each facility below can be found via web links at**
http://www.theteenline.org/dasa_youth_residential_treatment.htm

Inpatient Facilities

[Fresh Start](#)

[Healing Lodge of the Seven Nations](#)

[Sundown M Ranch](#)

[Daybreak](#)

[Excelsior Youth Center](#)

[Lakeside Milam](#)

[Providence St. Peter](#)

[Ryther Child Center](#)

[SeaMar Visions](#)

[SeaMar Renacer](#)

Recovery House

[Skagit Recovery \(John King\)](#)

Youth Detox/Stabilization Facilities

[Lakeside Milam Recovery Center- Kirkland](#)

[Recovery Centers of King County- Seattle](#)

[Tacoma Detoxification Center- Tacoma](#)

[Skagit Recovery Center- Mount Vernon](#)

[Community Detox Services- Spokane](#)

[Providence St. Peter- Lacey](#)

[Dependency Health Services- Yakima](#)

Reduce Underage Drinking

Find resources parents can use to prevent underage drinking at Start Talking Now, the Washington State Coalition to Reduce Underage Drinking (RUaD Coalition) website. That web address is:

<http://www.starttalkingnow.org/stateefforts/index.shtml>

Fact Sheet: ADHD Drug Utilization Review Program:

<http://maa.dshs.wa.gov/Pharmacy/>



What: HRSA is interested in the safe and effective use of ADHD medications in children. Specific areas include use of medication in children between the ages of 0-4 and appropriate dosing limits in the prescribing of these medications. This program is being implemented to assure prescriptions covered by HRSA are within the guidelines established in collaboration with the members of the Mental Health Stakeholder Workgroup.

When:

- Patient is < 5 years of age: *Requires prior authorization & HRSA approved second opinion*
- Methylphenidate (generics, Metadate CD, Concerta, Methylin ER Ritalin SR/LA, Metadate ER) *for age 5 and older doses @ >120mg/day*
- Methylphenidate DAYTRANA transdermal *for age 5 and older doses @ >30mg/day*
- Dexmethylphenidate- (generics, Focalin /XR) *for age 5 and older @ >60mg per day*
- Amphetamines (generics, Adderall /XR, Dexedrine SA, Dextrostat, Liquadd, Procentra) *for age 5 and older doses @ > 60mg/day*
- Lisdexamfetamine (Vyvanse) *for age 5 & older doses @ >70mg/day*
- Atomoxetine (Strattera) *for age 5 and older doses @ >120mg/day*
- Combinations of medications in 2 or more categories:

	Methylphenidate	Dexmethylphenidate	Amphetamines	Atomoxetine
Methylphenidate		X	X	X
Dexmethylphenidate	X		X	X
Amphetamines	X	X		X
Atomoxetine	X	X	X	

- New orders for ADHD medications should not exceed these guidelines recommended by the Mental Health Stakeholders Workgroup
- Anyone under 18 years of age requires a second opinion if the prescription exceeds these limitations

Why:

- Of the 16,115 of clients receiving ADHD medications in 2009:
- 258 clients <5 years of age
 - 432 clients exceed dosage limits
 - 248 clients with combinations that have no effectiveness evidence

How:

- Prescriptions exceeding the Age and Dose Limitations:
- Will be authorized **only** for continuation of therapy (same medication/same dose) until a final decision can be made by HRSA.
 - Will require a consult by a member of HRSA’s second opinion network for clients under 18 years of age.
 - *Providers are encouraged to consult with a physician member of HRSA’s second opinion network before initiating a prescription that exceeds these limits. Contact Children’s Hospital Psychiatry Department to initiate a review.*

Who:

Seattle Children’s Hospital
 Child Psychiatry: 4800 Sand Point Way NE, Mail-Stop W3636, Seattle, WA 98105-3916
 Phone: 206-987-1771, Fax: 206-987-2246

Note:

If you participate in a phone consult with the second opinion network provider, you may be reimbursed for this service by billing with procedure code 99371

DSHS Drug Utilization Review Program-Antipsychotics

The following safety guidelines regarding other child psychiatric medications were agreed upon by the by the DSHS Pediatric Advisory Group, and community practice consensus in 2009. The DSHS second opinion review program which was previously restricted to just ADHD medications now reviews these other safety standards.

Child in crisis: Unlike with ADHD medications, families can receive an urgent medication fill of an antipsychotic prescription that will trigger a review per the below guidelines if they indicate at the pharmacy that their child is in crisis, or if the provider records that same information on the prescription.

Drug	Dosing Limits**		
	Age 3-5 years*	Age 6-12 years	Age 13-17 years
Abilify® (aripiprazole)	0	20 mg per day	30 mg per day
Clozaril®, Fazaclo® (clozapine)	0	600 mg per day	900 mg per day
Geodon® (ziprasidone)	0	80 mg per day	160 mg per day
Haldol® (haloperidol)	0	10 mg per day	15 mg per day
Invega® (paliperidone)	0	0	0
Risperdal®/M-Tab® (risperidone)	2 mg per day	4 mg per day	8 mg per day
Seroquel®/XR (quetiapine)	0	300 mg per day	600 mg per day
Trilafon® (perphenazine)	0	12 mg per day	24 mg per day
Zyprexa®/Zydis® (olanzapine)	2.5 mg per day	10 mg per day	20 mg per day

*A zero indicates the need for a DSHS-approved second opinion.

**Prescriptions exceeding dosing limitations for age require a DSHS-approved second opinion.

Other criteria accepted by the DSHS Pediatric Advisory Group as appropriate reasons to initiate a required second opinion review of a psychiatric medication include:

1	Absence of a DSM-IV diagnosis in the child's claim record
2	Five (5) or more psychotropic medications prescribed concomitantly after 60 days
3	Two (2) or more concomitant antipsychotic medications after 60 days
4	Three (3) or more concomitant mood stabilizer medications {i.e. defined as not including the AAP/AP class} for a mental health diagnosis (i.e. no seizure diagnosis in a claim file) after 60 days.
5	The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed
6	Psychotropic poly-pharmacy for a given mental disorder is prescribed before utilizing psychotropic mono-therapy as new start noted from pharmacy claims data
7	Psychotropic medications are prescribed for children of very young age, including children receiving an antipsychotic in less than five (5) years of age

Generics First for New Starts of Psychiatric Medications

Effective for dates of service on and after October 1, 2009, DSHS will cover only preferred generic drugs as a client's first course of therapy within the following drug classes:

Atypical Antipsychotics (for ages 17 and younger only)
Attention Deficit Hyperactivity Disorder (ADHD) Drugs

Note: Only clients who are new to the above drug classes will be required to start on a preferred generic product over a brand name product. Prescriptions filled for any one of the above drug classes within the preceding 180 days establishes that the patient is not new to the drug class. DSHS is not requiring clients who are established and doing well on a drug to be changed to a generic product. See DSHS Memo 09-61 found at <http://maa.dshs.wa.gov/> for more details.

Atypical antipsychotic generics (as of 11/09) *that may be prescribed first* include:
risperidone

Attention Deficit Hyperactivity Disorder generics (as of 11/09) *that may be prescribed first* include:

amphetamine salt combo
amphetamine salt combo XR
dexamethylphenidate
dextroamphetamine
dextroamphetamine SA
methylphenidate
methylphenidate SA
Methylin® (*methylphenidate HCl*) tablet
Methylin ER® (*methylphenidate HCl*)