

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13. d. Rehabilitative services

~~(1) Physical medicine and rehabilitation as requested and approved.~~~~(2) Alcohol and drug treatment services~~~~(a) Alcohol/drug screening and brief intervention~~~~(i) Description of services~~~~A combination of services designed to screen for risk factors that appear to be related to alcohol and other drug use disorders, provide interventions to enhance patient motivation to change, and make appropriate referral as needed.~~~~(ii) Provider qualifications~~~~Alcohol/drug screening and brief intervention services must be performed by the following practitioners who are licensed and/or certified by the Washington State Department of Health (DOH) according to DOH Revised Code of Washington (RCW) and Washington Administrative Code (WAC) in effect as of July 1, 2009, as follows:~~

- ~~(A) — Advanced registered nurse practitioner (ARNP) — chapter 18.79 RCW and chapter 246-840 WAC. Must be licensed in Washington as a registered nurse and graduated from an advanced nursing education program within the last year.~~
- ~~(B) — Chemical dependency professionals (CDP) — chapter 18.205 RCW and chapter 246-811 WAC. Must have an AA in human services or a related field from an approved school or completion of 90 quarter or 60 semester credits. At least 45 quarter or 30 semester credits must be in courses related to the GDP profession.~~
- ~~(C) — Mental health counselor — chapter 18.225 RCW and chapter 246-809 WAC. Must have a Master's or Doctoral level degree in mental health counseling or a related field from an approved college or university.~~
- ~~(D) — Marriage and family therapist — chapter 18.225 RCW and chapter 246-809 WAC. Must have a Master's or Doctoral degree in marriage and family therapy or in behavioral science, with equivalent course work from an approved school. American Association for Marriage and Family Therapy (AAMFT) clinical membership meets education requirements.~~
- ~~(E) — Social worker — chapter 18.225 RCW and chapter 246-809 WAC. Must have a Master's or Doctoral degree from an educational program accredited by the Council on Social Work Education.~~
- ~~(F) — Physician (MD) — chapter 18.71 RCW and chapter 246-919 WAC. Must be a graduate of a school of medicine approved by the Washington State Medical Quality Assurance Commission (WSMQA) and complete two years of postgraduate medical training in a program acceptable to WSMQA.~~
- ~~(G) — Physician assistant (PA) — chapter 18.71A RCW and chapter 246-918 WAC. Must have a Physician Assistant degree from an accredited program and successfully complete the National Commission on Certification of Physician Assistants (NCCPA) examination.~~
- ~~(H) — Psychologist — chapter 18.83 RCW and chapter 246-924 WAC. Must have a Doctoral degree from a regionally accredited institution.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY~~13. d. Rehabilitative Services (cont)~~~~(iii) Settings~~

~~Services may be delivered in residential facilities that do not exceed 16 beds, outpatient facilities, and Indian Health Service facilities. All service delivery settings must meet the requirements of chapters 388-805 and 246-337 WAC in effect as of July 1, 2010, including but not limited to the following: have a Department of Health or business license, whichever is applicable; have sufficient qualified staff to deliver services; have a department-approved program/treatment plan; and develop and maintain administration, personnel, and clinical policies and procedures.~~

~~(b) Inpatient alcohol and drug detoxification~~

~~(i) Services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol or other drugs are provided during the initial period of care and treatment while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. Services are provided in certified facilities with 16 beds or less and exclude room and board. Services include:~~

~~(A) Screening and detoxification of intoxicated persons; and~~

~~(B) Counseling of persons admitted to a program within a certified facility, regarding their illness in order to stimulate motivation to obtain further treatment, and referral of detoxified chemically dependent (alcoholism or drug addiction) persons to other appropriate chemical dependency services providers (treatment programs).~~

~~(ii) Screening and detoxification of intoxicated persons~~

~~(A) All personnel providing patient care, except licensed medical and nursing staff, must complete a minimum of forty hours of documented training before assignment of patient care duties. Training includes:~~

~~(I) Chemical dependency;~~

~~(II) HIV/AIDS and hepatitis B education;~~

~~(III) TB prevention and control;~~

~~(IV) Detoxification screening, admission, and signs of trauma;~~

~~(V) Cardio-pulmonary resuscitation (CPR); and~~

~~(VI) First aid.~~

~~(B) If providing acute detoxification services, a licensed nurse must be on-site to monitor the screening and detoxification of the intoxicated person.~~

~~(C) If providing sub-acute detoxification services, the certified facility must establish agreements with authorized health care providers or hospitals that include:~~

~~(I) Criteria for determining the degree of medical stability of a resident;~~

~~(II) Monitoring the resident after being admitted;~~

~~(III) Reporting abnormal symptoms according to established criteria;~~

~~(IV) Criteria requiring immediate transfer to a hospital, when necessary; and~~

~~(V) Resident discharge or transfer criteria.~~

~~(iii) Screening, detoxification, and referral services must be performed by the following practitioners, as indicated below, who are licensed and/or certified by DOH according to DOH RCW and WAC:~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

~~13. d. Rehabilitative Services (cont)~~

- ~~(A) Advanced registered nurse practitioner (ARNP): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(B) Chemical dependency professionals (CDP): provides screening and referral. Meets requirements of chapter 18.205 RCW and chapter 246-924 WAC. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(C) Licensed practical nurse (LPN): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. Must be graduated from an approved practical nursing program.~~
- ~~(D) Mental health counselor: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(E) Marriage and family therapist: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(F) Social worker: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(G) Physician (MD): provides screening, detoxification, and referral. Meets requirements of chapter 18.71 RCW and chapter 246-919 WAC. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(H) Physician assistant (PA): provides screening, detoxification, and referral. Meets requirements of chapter 18.71A RCW and chapter 246-918 WAC. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(I) Psychologist: provides screening and referral. Meets requirements of chapter 18.83 RCW and chapter 246-924 WAC. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(J) Registered nurse (RN): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. Must successfully complete an approved nursing education program~~
- ~~(vi) Counseling services for persons admitted must be performed by a Chemical Dependency Professional (CDP) certified in chemical dependency counseling by DOH. To be certified, a CDP must meet the education, training, and experience required in chapter 246-811 WAC in effect as of July 1, 2010. See section (2)(a)(ii) Provider Requirements above.~~
- ~~(vii) Alcohol and drug detoxification is provided on an inpatient basis in certified facilities which are:~~
- ~~(A) Within the physical location and the administrative control of a general hospital; or~~
- ~~(B) Freestanding facilities established to provide these services.~~
- ~~(viii) Provider qualifications~~
- ~~(A) The freestanding facility in which the care is provided must be:~~
- ~~(I) Licensed by DOH, ensuring it meets all health and safety standards for licensure and operations for residential treatment facilities under DOH's WAC; and~~
- ~~(II) Certified by the Division of Behavioral Health and Recovery (DBHR), ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) under DBHR's WAC.~~
- ~~(B) The program under which services are provided must be certified by DBHR, ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) under DBHR's WAC.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

~~13. d. Rehabilitative Services (cont)~~

~~(c) Chemical dependency treatment~~

~~(i) Description of services~~

~~(A) Office or community-based rehabilitative services of diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques performed by Chemical Dependency Professionals (CDP) or Chemical Dependency Professional Trainees (CDP-T) under the supervision of a CDP.~~

~~(I) Diagnostic evaluation: The process by which a clinician evaluates the individual's strengths, resources, preferences, problems and needs and together with the individual develops a treatment plan to address the identified issues.~~

~~(II) Face-to-face individual or group counseling: The use of planned intentional intervention in the health, behavioral personal and/or family life of a person with a Substance Use Disorder. Interventions are designed to facilitate the affected individual to achieve and maintain maximum functional recovery.~~

~~(B) Services are:~~

~~(I) Directed toward individuals who are harmfully affected by the use of mood-altering chemicals or are chemically dependent; and~~

~~(II) Directed toward a goal of recovery for chemically dependent individuals.~~

~~(C) Peer Support: Services provided by peer counselors to Medicaid-enrolled individuals under the consultation, facilitation, or supervision of a CDP who understands rehabilitation and recovery. This service provides scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills.~~

~~Services provided by peer counselors to the individual are noted in the individuals' Individualized Service Plan which delineates specific goals that are flexible, tailored to the individual, and attempt to utilize community and natural supports. Progress notes document individual progress relative to goals identified in the Individualized Service Plan and indicates where treatment goals have not yet been achieved.~~

~~Peer counselors work with their peers (adults and youth) and the parents of children receiving or who have received behavioral health services. They draw upon their experiences to help peers find hope and make progress toward recovery. Peer counselors assist individuals and families in developing their own recovery goals. They provide individual or group peer support, a peer counselor may work in a treatment setting or meet peers where they are at in the community. Peer counselors model skills in recovery and self-management to help individuals meet their rehabilitative goals. Peer counselors assist in a wide range of services to facilitate meeting the recovery goals on treatment plans to help individuals regain control and achieve success in their own lives, such as developing supportive relationships and self-advocacy~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY~~13.d.—Rehabilitative services (cont)~~~~(c)—Chemical dependency treatment (cont)~~~~(ii)— Provided by behavioral health agencies licensed by the Department of Health (DOH).~~~~(A)— Agencies submit an application and fee to DOH and are subject to on-site reviews. The agency is awarded licensure when it demonstrates it can meet requirements of DOH rules in the following areas:~~~~(I)— Documentation and record management~~~~(II)— Quality assurance~~~~(III)— Clinical assessment standards~~~~(IV)— Personnel records and background checks~~~~(V)— Clinical supervision~~~~(VI)— Client rights~~~~(VII)— Appeals and complaints~~~~(VIII)— Medication monitoring and storage~~~~(iii)— Provider Qualifications~~~~(A)— The outpatient behavioral health agency (formerly chemical dependency service treatment center) must meet the requirements to become a behavioral health agency licensed by DOH. Agencies submit an application and fee to DOH and are subject to on-site reviews. The agency is awarded licensure when it demonstrates it can meet requirements of DOH rules in the following areas:~~~~(I)— Documentation and record management~~~~(II)— Quality assurance~~~~(III)— Clinical assessment standards~~~~(IV)— Personnel records and background checks~~~~(V)— Clinical supervision~~~~(VI)— Client rights~~~~(VII)— Appeals and complains~~~~(VIII)— Medication monitoring and storage~~~~(B)— The residential treatment facility in which the care is provided must be certified and licensed by DOH. Room and board and residential treatment facilities over 16 beds are not eligible for reimbursement. Facilities must meet:~~~~(I)— The requirements to become a behavioral health agency described in (A) above, and~~~~(II)— The requirements obtain licensure as a Residential Treatment Facility (RTF) licensed by DOH. To obtain RTF licensure, Facilities submit an application and fee to DOH and are subject to on-site reviews. The facility must also submit a construction review application and fee, and functional program plan. The facility must obtain written approval of the chief of the Washington state patrol, through the director of fire protection. The agency is awarded licensure when it completes the requirements above and demonstrates it can meet requirements of DOH rules in the following areas~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY~~13. d. Rehabilitative services (cont)~~~~(c) Chemical dependency treatment (cont)~~

- ~~(i) Documentation and record management~~
- ~~(ii) Quality assurance~~
- ~~(iii) Personnel records and background checks~~
- ~~(iv) Infection control~~
- ~~(v) Safety and security~~
- ~~(vi) Emergency disaster planning~~
- ~~(vii) Resident care service~~
- ~~(viii) Seclusion and restraint~~
- ~~(ix) Food and nutrition~~
- ~~(x) Clinical supervision~~
- ~~(xi) Client rights~~
- ~~(xii) Appeals and complains~~
- ~~(xiii) Medication monitoring and storage~~

- ~~(iv) Counseling services must be performed by a Chemical Dependency Professional (CDP) or Chemical Dependency Professional Trainee (CDPT) under the supervision of an approved CDP supervisor certified in chemical dependency counseling by DOH. GDPs are licensed by the DOH. To become licensed, GDPs must~~
 - ~~(A) Have an associate's degree in human services or related field from an approved school; or successful completion of ninety quarter or sixty semester college credits in courses from an approved school. At least forty-five quarter or thirty semester credits must be in courses relating to the substance use disorder treatment profession.~~
 - ~~(B) Obtain a minimum number of hours of experience depending on the individual's degree:

 - ~~(I) Two thousand five hundred hours of substance use disorder counseling, for individuals who have an associate degree; or~~
 - ~~(II) Two thousand hours of substance use disorder counseling for individuals who have a baccalaureate degree in human services or a related field from an approved school; or~~
 - ~~(III) One thousand five hundred hours of substance use disorder counseling for individuals who possess a master or doctoral degree in human services or a related field from an approved school; or~~
 - ~~(IV) One thousand hours of substance use disorder counseling for individuals who are credentialed according to a qualified alternative learning program.~~~~
 - ~~(C) Pass the National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors or International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination~~
 - ~~(D) Complete twenty-eight hours of continuing education (CE) every two years.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY~~13. d. Rehabilitative Services (cont)~~~~(c) Chemical dependency treatment (cont)~~~~(E) Complete a training in suicide assessment, including screening and referral.~~~~(v) Chemical Dependency Professional Trainees (CDPT) means an individual working toward the education and experience requirements for certification as a GDP, and who has been credentialed as a CDPT by the DOH. To become credentialed as a CDPT, the individual must meet the following requirements:~~~~(A) Submit an application to the DOH, including a declaration that he or she is enrolled in an approved school and gaining experience required to obtain the GDP credential (experience described above). This documentation is submitted at least annually.~~~~(B) Submit evidence of the completion of four clock hours of AIDS education.~~~~(C) A CDPT certificate can only be renewed four times.~~~~(vi) "Substance Use Peer Counselor" means the individual who: has self-identified as in recovery from substance use disorders; has received specialized training provided or contracted by the Division of Behavioral Health and Recovery (DBHR); has passed a test, which includes both written and oral components of the training; has passed a Washington State background check; obtains and maintains a counselor credential with DOH; and has been certified by DBHR. SUD Peer Counselors must be supervised by a GDP.~~~~Peer Counselors must demonstrate:~~~~(A) That they are well grounded in their own recovery for at least one year;~~~~(B) Reading comprehension and language composition; and~~~~(C) Strong communication skills, ability to work effectively on a clinical team, and willingness share their recovery story.~~~~(vii) Approved GDP supervisors must:~~~~(A) Complete fifteen hundred hours of experience in a state approved behavioral health agency (formerly chemical dependency treatment agency).~~~~(B) Complete twenty-eight clock hours of supervisory training provided by an industry recognized local, state, national, or international organization or institution of higher learning.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

~~13. d. Rehabilitative Services (cont)~~

~~(c) Chemical dependency treatment (cont)~~

~~(C) Complete thirty-six hours of education specific to:~~

- ~~(I) Counselor development;~~
- ~~(II) Professional and ethical standards;~~
- ~~(III) Program development and quality assurance;~~
- ~~(IV) Performance evaluation;~~
- ~~(V) Administration;~~
- ~~(VI) Treatment knowledge; and~~
- ~~(VII) Washington state law regarding substance use disorder treatment~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13. d. Rehabilitative services (cont.)~~

~~7. Mental Health Rehabilitation services are integrated treatment services recommended by a mental health professional furnished by state licensed Community Mental Health Agencies. Services are provided to seriously mentally ill adults and seriously emotionally disturbed children for whom the services are determined to be medically necessary. These services must be provided to reach the goals of an Individualized Service Plan. Payment rates are established per Attachment 4.19-B XVIII.~~

~~The services to be provided are:~~

- ~~• Brief Intervention Treatment;~~
- ~~• Crisis services;~~
- ~~• Day Support;~~
- ~~• Family treatment;~~
- ~~• Freestanding Evaluation and Treatment;~~
- ~~• Group treatment services;~~
- ~~• High Intensity Treatment;~~
- ~~• Individual Treatment Services;~~
- ~~• Intake evaluation;~~
- ~~• Medication Management;~~
- ~~• Medication Monitoring;~~
- ~~• Mental Health Services provided in Residential settings;~~
- ~~• Peer Support;~~
- ~~• Psychological Assessment;~~
- ~~• Rehabilitation Case Management;~~
- ~~• Special population evaluation;~~
- ~~• Stabilization Services; and,~~
- ~~• Therapeutic psychoeducation.~~

~~A. Definition of medical necessity as it relates to mental health services~~

~~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 of 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.~~

~~Additionally, the individual must be determined to 1) have a mental illness covered by Washington State for public mental health services; 2) the individual's impairment(s) and corresponding need(s) must be the result of a mental illness; 3);~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

~~the intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness;~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

~~13 d. 7. Rehabilitative services/Mental health services (cont.)~~

~~4) the individual is expected to benefit from the intervention; and 5) any other formal or informal system of support cannot address the individual's unmet need.~~

~~Medical necessity is determined by a mental health professional. All state plan modality services are accessible based on clinical assessment, medical necessity and individual need. Individuals will develop with their mental health care provider an appropriate individual service plan. The services are provided by Community Mental Health Agencies licensed or certified by the Mental Health Division and provided by, or under the supervision of, a mental health professional. Services are assured in accordance with 1902(a)(23).~~

~~The following is a descriptive list of the employees or contracted staff of community mental health agencies providing care.~~

~~(1) Mental health professional means:~~

- ~~(A) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;~~
- ~~(B) 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;~~
- ~~(C) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.~~
- ~~(D) 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~~
- ~~(E) 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.~~

~~Within the definition above are the following:~~

~~"Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.~~

~~"Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

~~13. d. 7 Rehabilitative services/Mental health services (cont.)~~

~~"Social worker" means a person with a master's or further advanced degree from an accredited school of social work or a degree deemed equivalent under rules adopted by the secretary;~~

~~"Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.~~

~~"Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.~~

~~"Counselor" means an individual, practitioner, therapist, or analyst who engages in the practice of counseling to the public for a fee. A "counselor", engaging in the practice of counseling, can include an agency affiliated counselor, certified counselor, or certified adviser. Specific qualifications and licensing/certification requirements are described in chapter 18.19 RCW and chapter 246-810 WAC.~~

~~(2) "Mental Health Care Provider" means the individual with primary responsibility for implementing an individualized plan for mental health rehabilitation services. Minimum qualifications are B.A. level in a related field, A.A. level with two years; experience in the mental health or related fields.~~

~~(3) "Peer Counselor" means the individual who: has self-identified as a consumer or survivor of mental health services; has received specialized training provided/contracted by the Mental Health Division; has passed a written/oral test, which includes both written and oral components of the training; has passed a Washington State background check; has been certified by the Mental Health Division; and is registered as a counselor with the Department of Health.~~

~~Peer Counselors must self-identify as a consumer or survivor of mental health services. Peer Counselors must demonstrate:~~

- ~~1. That they are well grounded in their own recovery for at least one year;~~
- ~~2. Willingness to a pretest for reading comprehension and language composition; and,~~
- ~~3. Qualities of leadership, including governance, advocacy, creation, implementation or facilitation of peer to peer groups or activities.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13 d. 7. Rehabilitative services/Mental health services (cont.)~~~~Peer Counselors must be able to:~~~~Identify services and activities that promote recovery by instilling hope and experiences which lead to meaning and purpose, and which decrease stigma in the environments in which they serve;~~

- ~~• Articulate points in their own recovery stories that are relevant to the obstacles faced by consumers of mental health services;~~
- ~~• Promote personal responsibility for recovery as the individual consumer or mental health services defines recovery;~~
- ~~• Implement recovery practices in the broad arena of mental health services delivery system;~~
- ~~• Provide a wide range of tasks to assist consumers in regaining control over their own lives and recovery process (e.g., promoting socialization, self-advocacy, developing natural supports stable living arrangements, education, supported employment);~~
- ~~• Serve as a consumer advocate;~~
- ~~• Provide consumer information and peer support in a range of settings; and,~~
- ~~• Model competency in recovery and ongoing coping skills.~~

~~The training provided/contracted by the mental health division shall be focused on the principles and concepts of recovery and how this differs from the medical model, the creation of self-help and coping skills and advocacy. Training will include:~~

- ~~• Understanding the public mental health system;~~
- ~~• What is peer support and how it promotes recovery;~~
- ~~• How to advocate for age appropriate peer support projects;~~
- ~~• How to facilitate groups and teams;~~
- ~~• Understanding self-directed recovery;~~
- ~~• How to create your own self-help coping skills plan;~~
- ~~• How to start and sustain self-help/mutual support groups;~~
- ~~• How to form and sustain a personal support team;~~
- ~~• How to promote recovery, self-determination and community reintegration;~~
- ~~• Assist consumers to do for themselves and each other;~~
- ~~• Assist in skill building, goal setting, problem solving;~~
- ~~• Assist consumers to build their own self-directed recovery tools; and,~~
- ~~• Assist consumers by supporting them in the development of an individual service plan that has recovery goals and specific steps to attain each goal.~~

~~Peer Counselors who were trained prior to the implementation of the Washington Administrative Code by National Consultants to be certified facilitators who pass the test and the background check, and are registered counselors may be grandfathered as Peer counselors until January 2005. After January 2005, it will be necessary for them to take the training.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

~~13~~ ~~d.~~ ~~7.~~ ~~Rehabilitative services/Mental health services (cont.)~~

~~(4) "Registered nurse" means a person licensed to practice registered nursing under chapter 18.79 RCW.~~

~~(5) "Nurse practitioner" means a person licensed to practice advanced registered nursing under chapter 18.79 RCW.~~

~~(6) "Licensed practical nurse" means a person licensed to practice practical nursing under chapter 18.79 RCW.~~

~~(7). "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.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13~~ ~~d. 7. Rehabilitative services/Mental health services (cont.)~~

~~(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.~~

~~**Staff Supervision** means monitoring the administrative, clinical or clerical work performance of staff, students, interns, volunteers or contracted employees by persons with the authority to direct employment activities and require change. When supervision is clinical in nature, it shall occur regularly and may be provided without the consumer present or may include direct observation of the delivery of clinical care. Supervisory activities include the review of all aspects of clinical care including but not limited to review of assessment, diagnostic formulation, treatment planning, progress toward completion of care, identification of barriers to care, continuation of service and authorization of care.~~

~~B. Definitions~~

- ~~(1) **Brief Intervention Treatment:** Solution focused and outcomes oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time limited, solution focused or cognitive behavioral model of treatment. Functional problems and/or needs identified in the Medicaid enrollee's Individual Service Plan must include a specific time frame for completion of each identified goal. This service does not include ongoing care, maintenance/monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Enrollees may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care. This service is provided by or under the supervision of a Mental Health Professional.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13 d. 7. Rehabilitative services/Mental health services (cont.)~~

~~(2) Crisis Services: Evaluation and treatment of mental health crisis to all Medicaid-enrolled individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.~~

~~— Crisis services may be provided prior to completion of an intake evaluation. Services are provided by or under the supervision of a mental health professional.~~

~~(3) Day Support: An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.~~

~~(4) Family Treatment: Psychological counseling provided for the direct benefit of a Medicaid-enrolled individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and their family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their individual service plan. This service is provided by or under the supervision of a mental health professional.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13~~ ~~d. 7. Rehabilitative services/Mental health services (cont.)~~

~~(5) "Freestanding Evaluation and Treatment" Services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to the Medicaid-enrolled individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care.~~

~~Nursing care includes but is not limited to, performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.~~

~~This service is provided for individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self, due to the onset or exacerbation of a psychiatric disorder.~~

~~The severity of symptoms, intensity of treatment needs or lack of necessary supports for the individual does not allow them to be managed at a lesser level of care. This service does not include cost for room and board.~~

~~The Mental Health Division must authorize exceptions for involuntary length of stay beyond a fourteen-day commitment.~~

~~(6) Group Treatment Services: Services provided to Medicaid-enrolled individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self-care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and/or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others; demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more Medicaid-enrolled individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13 d. 7. Rehabilitative services/Mental health services (cont.)~~

~~(7) High Intensity Treatment: Intensive levels of service otherwise furnished under this state plan amendment that is provided to Medicaid-enrolled individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual's needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing server symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.~~

~~The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant positions as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers*, teacher, minister, physician, chemical dependency counselor*, etc. Team members work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.~~

~~Billable components of this modality include time spent by the mental health professionals, mental health care providers, and peer counselors.~~

~~*Although they participate, these team members are paid staff of other Departments and therefore not reimbursed under this modality.~~

~~(8) Individual Treatment Services: A set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in their individual treatment plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include, developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid-enrolled individual. This service is provided by or under the supervision of a mental health professional.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13 d. 7. Rehabilitative services/Mental health services (cont.)~~

~~(9) Intake Evaluation: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.~~

~~(10) Medication Management: The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face to face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.~~

~~(11) Medication Monitoring: Face to face one on one cueing, observing, and encouraging a Medicaid-enrolled individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. This service is provided by or under the supervision of a mental health professional. Time spent with the enrollee is the only direct service billable component of this modality.~~

~~(12) Mental Health Services provided in Residential Settings: A specialized form of rehabilitation service (non-hospital/non-IMD) that offers a sub-acute psychiatric management environment. Medicaid-enrolled individuals receiving this service present with severe impairment in psychosocial functioning or has apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less restrictive environment and do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

~~13 d. 7. Rehabilitative services/Mental health services (cont.)~~

~~The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.~~

~~(13)Peer Support: Services provided by certified Peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.~~

~~Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumer's ability to function in the community. These services may occur where consumers are known to gather (e.g., churches, parks, community centers, etc.) Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.~~

~~Services provided by Peer counselors to the consumer are noted in the consumers' Individualized Service Plan delineates specific goals that are flexible, tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, but treatment goals have not yet been achieved.~~

~~Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams.~~

~~Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20.~~

~~(14)Psychological Assessment: All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to a consumer's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13~~ ~~d.~~ ~~7. Rehabilitative services/Mental health services (cont.)~~

~~(15) Rehabilitation Case Management: A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission community to mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual. Services are provided by or under the supervision of a mental health professional.~~

~~(16) Special Population Evaluation: evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.~~

~~(17) Stabilization Services: Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.~~

~~(18) Therapeutic Psychoeducation: : Informational and experiential services designed to aid Medicaid-enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions; increased knowledge of mental illnesses and understanding the importance of their individual plan of care.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL~~13 d. 7. Rehabilitative services/Mental health services (cont.)~~~~These services are exclusively for the benefit of the Medicaid-enrolled individual and are included in the Individual Service Plan.~~~~The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc.~~~~Services are provided at locations convenient to the consumer, by or under the supervision of a mental health professional. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.~~1) Behavioral health [substance use disorders (SUD), mental health (MH), and MH/SUD co-occurring disorder (COD)] treatment servicesa) Provider Types:The following state-credentialed provider types, working within a state-licensed behavioral health agency may furnish services in accordance with their scope of practice, as defined by state law:

- An individual that meets the state's definition of a **Mental Health Professional** and has one of the following credentials:
 - Advanced Registered Nurse Practitioner working as a Psychiatric Advanced Registered Nurse Practitioner
 - Agency Affiliated Counselor
 - Licensed Marriage and Family Therapist
 - Licensed Marriage and Family Therapist Associate
 - Licensed Mental Health Counselor
 - Licensed Mental Health Counselor Associate
 - Licensed Social Worker (Advanced, Independent Clinical, or Associate)
 - Physician Assistant working under the supervision of a Psychiatrist
 - Physician, working as a Psychiatrist
 - Physician, working as a Child Psychiatrist
 - Psychologist
 - Osteopathic Physician, as a psychiatrist
 - Registered Nurse, as a Psychiatric Nurse
 - A person working under an Agency Affiliated Counselor registration, who has been granted a time-limited exception by the state as meeting the minimum requirements of a Mental Health Professional

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

-
- [Licensed Practical Nurse](#)
 - [Nursing Assistant Certified/Registered](#)
 - [Medical Assistant – Certified](#)
 - [Pharmacist](#)
 - [Osteopathic Physician Assistant](#)
 - [Registered Nurse](#)
 - [Substance Use Disorder Professional](#)
 - [Substance Use Disorder Professional Trainee](#)
 - [Certified Peer Counselor](#) who has self-identified as in recovery from mental health conditions and or substance use disorders or is the parent or legal guardian of a person who has applied for, is eligible for, or has received mental health or substance use services; has received specialized training provided or contracted by the Health Care Authority; has passed a test, which includes both written and oral components of the training; has passed a Washington State background check; has been certified by the Health Care Authority and is working under an Agency Affiliated registration. Certified Peer Counselors work under the supervision of a Mental Health Professional or a Substance Use Disorder Professional.
 - [Mental Health Care Provider](#), working under an Agency Affiliated registration, who has primary responsibility for implementing an individualized plan for mental health rehabilitation services. Minimum qualifications are B.A. level in a related field, A.A. level with two years of experience in mental health or related fields
 - ["Behavioral health specialist"](#) is an individual that hold a state-credential from the list above and meets state requirements for:
 - [A "child mental health specialist"](#)
 - [A "geriatric mental health specialist"](#)
 - [An "ethnic minority mental health specialist"](#)
 - [A "disability mental health specialist"](#)
 - [A "Certified problem gambling counselor specialist"](#)
 - [A "Co-Occurring Disorder Specialist-Enhancement"](#)

b) Services**(i) Crisis Intervention**

[Evaluation, assessment, and clinical intervention are provided to all Medicaid enrolled persons experiencing a behavioral health crisis. A behavioral health crisis is defined as a significant change in behavior in which instability increases, and/or risk of harm to self or others increases. The reasons for this change could be external or internal to the person. If the crisis is not addressed in a timely manner, it could lead to significant negative outcomes or harm to the person or others. Crisis services are available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration, and provide immediate treatment and intervention in a location best suited to meet the needs of the person and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation.](#)

[The following practitioners may furnish crisis intervention services within their scope of practice as defined by state law:](#)

- [Mental Health Professional \(MHP\)](#)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

-
- Mental Health Care Provider, under the supervision of a MHP

(ii) Crisis Stabilization

Services provided to Medicaid enrolled persons who are experiencing a behavioral health crisis. This service includes follow-up after a crisis intervention. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the person and the mental health professional. Stabilization services may include short-term assistance with life skills training and understanding medication effects. It may also include providing services to the person's natural and community supports, as determined by a mental health professional, for the benefit of supporting the person that experienced the crisis. Stabilization services may be provided prior to an intake evaluation for behavioral health services. Stabilization services may be provided by a team of professionals, as deemed appropriate and under the supervision of a mental health professional.

The following practitioners may furnish crisis stabilization services within their scope of practice as defined by state law:

- Mental Health Professional (MHP)
- Mental Health Care Provider, under the supervision of a MHP
- Certified Peer Counselor, under the supervision of a MPH
- Substance Use Disorder Professional, under the supervision of a MHP
- Substance Use Disorder Professional Trainee, under the supervision of a MHP

(iii) Intake evaluation, assessment, and screenings (Mental health)

This service is an evaluation of a person's behavioral health, along with their ability to function within a community, to establish the medical necessity for treatment, determine service needs, and formulate recommendations for treatment. Intake evaluations must be initiated prior to the provision of any other behavioral health services, except those specifically stated as being available prior to an intake. Services may begin before the completion of the intake once medical necessity is established.

Mental Health intake evaluation, assessment and screening services may be provided by a Mental Health Professional within their scope of practice as defined by state law. Psychological tests must be performed by or under the supervision of a licensed psychologist or psychiatrist.

(iv) Intake evaluation, assessment, and screenings (Substance Use Disorder)

This service is a comprehensive evaluation of a person's behavioral health, along with their ability to function within a community, to determine current priority needs and formulate recommendations for treatment. The intake evaluation includes a review of current intoxication and withdrawal potential, biomedical complications, emotional, behavioral, cognitive complications, readiness to change, relapse potential, and recovery

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

environment. Information from the intake is used to work with the person to develop an individualized service plan to address the identified issues.

Intake evaluations must be initiated prior to the provision of any other substance use disorder services. Services may begin before the completion of the intake once medical necessity is established.

Substance Use Disorder intake evaluations, assessments, and screenings may be provided by the following practitioners within their scope of practice as defined by state law:

- Substance Use Disorder Professional (SUDP)
- Substance Use Disorder Professional Trainee (SUDPT), under the supervision of a SUDP
- Licensed Marriage and Family Therapist
- Licensed Marriage and Family Therapist Associate
- Licensed Mental Health Counselor
- Licensed Mental Health Counselor Associate
- Licensed Social Worker (Advanced, Independent Clinical, or Associate)
- Psychologists
- Physician
- Osteopathic Physician
- Physician Assistant
- Osteopathic Physician Assistant
- Advanced Registered Nurse Practitioner
- Persons with a Co-occurring Disorder Specialist-Enhancement, as described in 13.d.2.a)(iv) above.

(v) Medication Management

Medication Management is the prescribing and/or administering and reviewing of medications and their side effects. This service may be provided in consultation with primary therapists, case managers, and/or natural supports, without the person present, but the service must be for the benefit of the person.

Medication management may be provided by the following practitioners within their scope of practice as defined by state law:

- Advanced Registered Nurse Practitioner
- Advanced Registered Nurse Practitioner/Psychiatric Advanced Registered Nurse Practitioner
- Medical Assistant – Certified
- Pharmacist
- Licensed Practical Nurse
- Physician Assistant
- Physician
- Physician/Psychiatrist
- Osteopathic Physician
- Osteopathic Physician/Psychiatrist

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

-
- Registered Nurse

(vi) Medication Monitoring

Medication Monitoring is one-on-one cueing, observing, and encouraging a Medicaid enrolled person to take their psychiatric medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled person. This service is designed to facilitate medication compliance and positive outcomes.

Medication monitoring may be provided by the following practitioners within their scope of practice as defined by state law:

- Mental Health Professional (MHP)
- Mental Health Care Provider, under the supervision of a MHP
- Certified Peer Counselor, under the supervision of a MPH
- Medical Assistant-Certified
- Pharmacist
- Licensed Practical Nurse
- Physician Assistant
- Physician/Psychiatrist
- Osteopathic Physician/Psychiatrist
- Osteopathic Physician Assistant
- Registered Nurse
- Nursing Assistant Registered/Certified

(vii) Mental Health Treatment Interventions

Services delivered in a wide variety of settings that promote recovery, using therapeutic techniques. These services are provided, as medically necessary, along a continuum from outpatient up through inpatient levels of care and include evaluation, stabilization, and treatment. Services provided in residential levels of care are provided in state certified facilities.

Treatment Services include the use of planned interventions to achieve and maintain maximum level of functioning for the person.

Treatment interventions include cognitive and behavioral interventions designed with the intent to stabilize the individual and return them to more independent and less restrictive treatment. Services are conducted with the person, their family, or others at their behest, for the direct benefit of the person. Services may include individual, family, and group therapy. Intensive or brief intervention treatment models may be utilized, as well as using a multi-disciplinary team-based approach. Therapeutic psychoeducation and skill building to develop the individual's self-care/life skills and monitoring the individual's functioning, may also be inclusive of individual treatment or more intensive day support/residential models.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

Mental health treatment interventions may be provided by the following practitioners within their scope of practice as defined by state law:

- Mental Health Professional (MHP)
- Mental Health Care Provider, under the supervision of a MHP
- Peer Support Counselor, under the supervision of a MHP

Additional Information:

- Counseling services related to gambling disorders must be performed by or under the supervision of a licensed/certified practitioner, who holds a Certified Gambling Counselor Certification, as defined in state law.
- Individual and Family treatment may take place without the person present, but the service must be for the benefit of attaining the goals identified for the person in their individualized service plan.

(viii) Peer Support

This service provides scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Services provided by certified peer counselors are provided during/post crisis episode or as noted in the individuals' Individualized Service Plan.

Certified peer counselors work with their peers (adults and youth) and the parents/caregiver of children receiving or who have received behavioral health services. They draw upon their experiences to help peers find hope and make progress toward recovery and wellness goals. Certified peer counselors model skills in recovery and self-management to help individuals meet their self-identified goals.

Certified Peer Counselors must provide peer counseling services, under the supervision of a MHP or SUDP. Services provided by certified peer counselors who are under the supervision of a mental health professional, or a substance use disorder professional, who understands recovery. The peer's and clinical supervisor's expertise should be aligned with the needs of the populations served by the certified peer counselor.

(ix) Behavioral Health Care Coordination and Community Integration

A range of activities furnished to engage persons in treatment and assist them in transitioning from a variety of inpatient, residential, or non-permanent settings back into the broader community. To be eligible, the person must need transition support services in order to ensure timely and appropriate behavioral health treatment and care coordination.

Activities include assessment for discharge or admission to community behavioral health care, integrated behavioral health treatment planning, resource identification and linkage, and collaborative development of individualized service planning that promote continuity of care.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

These specialized behavioral health community integration activities are intended to promote discharge, to maximize the benefits of the transition plan, to minimize the risk of unplanned readmission, and to increase the community tenure for the person. Services focus on reducing the disabling symptoms of mental illness or substance use disorder and managing behaviors resulting from other medical or developmental conditions that jeopardize the person's ability to live in the community. Services are face-to-face individualized interventions for the individual or collateral contacts for the benefit of the person and may include skill-building to develop skills promoting community tenure.

This service may be provided prior to an intake evaluation or assessment.

Behavioral health care coordination and community integration services may be provided by the following practitioners:

- Mental Health Professional (MHP)
- Mental Health Care Provider, under the supervision of MHP
- Peer Support Counselor, under the supervision of a MHP or SUDP
- Substance Use Disorder Professional
- Substance Use Disorder Professional Trainee, under the supervision of a SUDP
- Licensed Practical Nurse
- Pharmacist
- Registered Nurse
- Physician Assistant

x) Substance Use Disorder Case Management

This service is covered under the Targeted Case Management benefit and described in supplement 1F to attachment 3.1.A

xi) Substance Use Disorder Brief Intervention

A time limited, structured behavioral intervention designed to address risk factors that appear to be related to substance use disorders, using substance use disorder screening tools and brief intervention techniques, such as evidence-based motivational interviewing and referral to additional treatment services options when indicated.

This service may be provided prior to an intake evaluation or assessment.

Substance Use Disorder brief intervention services may be provided by the following practitioners:

- Substance Use Disorder Professionals (SUDP)
- Substance Use Disorder Professional Trainee under the supervision of a SUDP
- Licensed Marriage and Family Therapist

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

-
- [Licensed Marriage and Family Therapist Associate](#)
 - [Licensed Mental Health Counselor](#)
 - [Licensed Mental Health Counselor Associate](#)
 - [Licensed Social Worker \(Advanced, Independent Clinical, or Associate\)](#)
 - [Psychologists](#)
 - [Physician](#)
 - [Osteopathic Physician](#)
 - [Physician Assistant](#)
 - [Osteopathic Physician Assistant](#)
 - [Advanced Registered Nurse Practitioner](#)
 - [Persons with a Co-occurring Disorder Specialist-Enhancement, as described in 13.d.2.a\)\(iv\) above](#)

Additional Information:

- [This service does not the use of the SBIRT model, as described in Attachment 3, Section 13c of the State Plan, or have a limitation of 4 sessions per year.](#)

xii) Substance Use Disorder Treatment Interventions

[Services delivered in a wide variety of settings across the continuum that promote recovery, using therapeutic techniques. These services are provided, as medically necessary, along a continuum from outpatient up through inpatient levels of care. Services provided in inpatient levels of care are provided in state certified facilities.](#)

[Treatment interventions include intentional intervention in the health, behavioral personal and/or family life of a person with a substance use disorder. Interventions are designed to facilitate the affected individual to achieve and maintain maximum functional recovery. Examples include: individual treatment, group treatment, family counseling, intensive and team-based approaches.](#)

Provider Qualification:

- [Substance Use Disorder Professionals \(SUDP\)](#)
- [Substance Use Disorder Professional Trainee under the supervision of the SUDP](#)
- [Licensed Marriage and Family Therapist](#)
- [Licensed Marriage and Family Therapist Associate](#)
- [Licensed Mental Health Counselor](#)
- [Licensed Mental Health Counselor Associate](#)
- [Licensed Social Worker \(Advanced, Independent Clinical, or Associate\)](#)
- [Psychologists](#)
- [Physician](#)
- [Osteopathic Physician](#)
- [Physician Assistant](#)
- [Osteopathic Physician Assistant](#)
- [Advanced Registered Nurse Practitioner](#)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

- Persons with a Co-occurring Disorder Specialist-Enhancement, as described in 13.d.2.a)(iv) above

Any limitations:

- Counseling services related to gambling disorders must be performed by or under the supervision of a licensed/certified practitioner, who holds a Certified Gambling Counselor Certification, as defined in state law.

xiii) Substance Use Disorder Withdrawal Management

Services required for the care and/or treatment of persons intoxicated or incapacitated by alcohol or other drugs are provided during the initial period of care and treatment while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. Services are provided in state certified facilities. Services include:

- Screening of persons in need of withdrawal management; and
- The use of different counseling and treatment strategies, such as motivational interviewing and developing an initial service plan for persons admitted to a program. These services are used to refer, stimulate motivation to guild individuals to additional treatment, and sustain recovery.
- Different levels of withdrawal management are provided in a variety of settings, including residential, sub-acute and acute locations.

Substance Use Disorder withdrawal management services may be provided by the following practitioners within their scope of practice as defined by state law:

- Substance Use Disorder Professionals (SUDP)
- Substance Use Disorder Professionals Trainee under the supervision of a SUDP
- Advanced Registered Nurse Practitioner/Psychiatric Advanced Registered Nurse Practitioner
- Osteopathic Physician/Psychiatrist
- Physician Assistant
- Physician/Psychiatrist
- Licensed Marriage and Family Therapist
- Licensed Marriage and Family Therapist Associate
- Licensed Mental Health Counselor
- Licensed Mental Health Counselor Associate
- Licensed Social Worker (Advanced, Independent Clinical, or Associate)
- Psychologists
- Registered Nurse
- Persons with a Co-occurring Disorder Specialist-Enhancement, as described in 13.d.2.a)(iv) above

c) Service Limitations

Services outline within this section that are provided within residential or inpatient settings do not include room and board costs. Facilities over 16 beds are not eligible for reimbursement.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

13. d. Rehabilitative services (cont.)

8. Therapeutic child-care to treat psychosocial disorders in children under 21 years of age based on medical necessity. Services Include: developmental assessment using recognized, standardized instruments play therapy; behavior modification; individual counseling; self esteem building; and family intervention to modify parenting behavior and/or the child's environment to eliminate/prevent the child's dysfunctional behavior. Prior approval is required. Payment rates are established per section X of Attachment 4.19-B

Line staff, responsible for planning and providing these services in a developmentally appropriate manner must have an AA degree in Early Childhood Education or Child-Development or related studies, plus five years' of related experience, including identification, reporting, and prevention of child abuse and/or neglect.

Supervisory staff must have a BA in Social Work or related studies, plus experience working with parents and children at risk of child abuse and/or neglect. Experience can be substituted for education using a 2:1 ratio. Their responsibilities are for development, implementation and documentation of treatment plans for each child.

Agencies and individual providers must be approved as meeting Medicaid agency criteria and certification requirements under state law as appropriate.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

13. d. Rehabilitative services (cont.)

Behavior rehabilitative services are health and remedial services provided to children to remediate debilitating disorders, ordered by a physician or other licensed practitioner of the healing arts within the scope of his or her practice within state law, intended for the maximum reduction of mental disability and restoration of the individual to his or her best possible functional level. Prior approval is required.

Service Settings

BRS may be delivered in a group living setting (in the community), in a treatment foster home, or in a small number of cases, in the child's own home. In all setting, BRS is always provided by the credentialed staff of the BRS provider. Natural parents or foster parents do not provide BRS, nor does the State claim for such.

Service Description

Upon assessment and development of an individual service and treatment plan, specific services include milieu therapy, crisis counseling, regularly scheduled counseling and therapy, and health services. Care management and planning are ongoing and may include coordination with other agencies. When the child returns home, after care may be provided for up to six (6) months.

Milieu therapy: Refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize his or her behavior in any given environment. The child is monitored in structured activities conducive to interpersonal interaction (e.g., group work assignments), with the aim of promoting living skills development. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses which the child may then apply in a broad range of settings. Aggression replacement training is provided to teach children to understand and replace aggression and anti-social behavior with positive alternatives. Providers include Social Service and Care Management staff. Child care staff provide assistance to these staff in the form of day-to-day supervision and behavioral feedback to the youth. (see *Provider Qualifications*).

Crisis counseling: Available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions. Children in the population served by BRS are subject to sudden, escalating disturbed behavior patterns. Crisis counseling is intended to quickly intervene and address escalating behavior, while scheduled counseling and therapy are intended to address the child's problems in the longer term. Example: A short term intervention would include the child having a face-to-face encounter with a counselor to discuss the nature of the child's current emotional/behavioral disturbance and his/her feelings that caused the disturbance. The child has the opportunity to work out a plan to cope with the immediate situation until longer term solutions can be developed. Providers include Social Service staff and Care Management staff (see *Provider Qualifications*)

Regularly scheduled counseling and therapy: May include psychological testing. Each child has an individual services and treatment plan which identifies the child's specific behavioral dysfunctions. Services and treatment are tailored to the child in his/her individual plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

13. d. 9. Rehabilitative services/Behavior rehabilitation (cont.)

Service Description (cont)

Therapy may be in an individual or group setting, which may include members of the child's peer group or family members, but therapy is directed at the child's behavioral problems. Irrespective of the therapeutic setting, counseling and therapy are provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual.

Providers include Social Services and Care Management staff. Child care staff may provide assistance to these staff in the form of day-to-day supervision and behavioral feedback to the youth (*see Provider Qualifications*).

Health Counseling: This component includes any service recommended by a licensed practitioner of the healing arts within the scope of his/her practice, aimed at reducing physical or mental disability of the individual and restoring the individual to his/her best possible functional level. Emergency and routine medical services are not claimed as BRS.

An EPSDT examination for the child must be arranged within the first 30 days of entry into BRS, and any recommendations resulting from the examination must be acted upon.

Youth may receive health counseling regarding health maintenance, disease prevention, nutrition, hygiene, pregnancy prevention, and prevention of sexually transmitted infections in a group setting or on a one-on-one basis with BRS social service staff or care management staff.

The population of youth served by BRS are at a higher risk of unsafe behaviors than the general population of youth in the community. They are also less concerned with maintaining personal habits that promote and sustain health such as nutrition, personal hygiene, and the prevention of disease. The counseling they receive reduces their dysfunctional behaviors.

BRS providers are required to provide or arrange for drug and/or alcohol treatment for all youth who require such treatment irrespective of the setting in which the youth resides, i.e., all settings. Drug and/or alcohol treatment may be sought in the community network of providers and paid for with the youth's Medicaid benefit and is not billed for in the BRS provider's rate. A small number of BRS providers have staff members who possess the required credentials to provide substance abuse treatment. In such cases, treatment could be provided within the facility without an increase in the provider's rate. Whether provided by a subcontracting community resource or within the BRS facility, substance abuse treatment is integrated into the youth's treatment plan and supported by the social service staff, the care management staff, and the child care staff.

Milieu therapy, crisis counseling, scheduled counseling and therapy, and health counseling are provided by care management staff and social service staff. The role of the child care staff is a supporting role to the care management and social service staff (*see Provider Qualifications and Responsibilities*).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

13. d. 9. Behavior Rehabilitative Services (cont)

Demonstrations by staff of recreational or work activities are not claimed as BRS.

Population to be Served

Children who receive these services suffer from conditions that prevent them from functioning normally in their homes, schools, and communities. Dysfunctional behaviors may include drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; behaviors symptomatic of victims of severe family conflict; and behavioral disturbances resulting from psychiatric disorders of the parents.

Provider Qualifications and Responsibilities

Each provider must be licensed by the state's Division of Licensed Resources. Specific qualifications for all BRS providers' staff are listed below. In all settings, it is the providers' credentialed staff who perform BRS services.

Social Services Staff: The minimum qualification is a Masters Degree in social work or a social science such as psychology, counseling, or sociology. Social workers must meet the requirements in 18.225 RCW and chapter 246-809 WAC and have a Master's or Doctoral level degree from an educational program accredited by the Council on Social Work Education. Licensed/certified staff must successfully complete the Department of Health's examination and supervised/supervisory experience requirements. Social service staff without a Master's Degree must have a Bachelor's Degree in social work or a social science such as psychology, counseling, or sociology, and must consult at least eight hours per month with a person who has a Master's Degree.

Responsibilities include development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients.

The social service staff provides the child care staff with oversight and direction, when necessary, in the provision of appropriate treatment for children, in accordance with each child's specific treatment plan. Because the Social Service staff possess a higher educational credential and greater experience than the child care staff, they provide leadership to the child care staff.

Care Management Staff: The minimum qualification is a Master's Degree with major study in social work or a social science such as psychology, counseling, or sociology, or a Bachelor's Degree with major study in social work or a social science such as psychology, counseling, or sociology, and two (2) years' experience working with children and families. Mental health counselors must meet the requirements in 18.225 RCW and chapter 246-809WAC and have a Master's or Doctoral level degree in mental health counseling or a related field from an approved college or university. Licensed/certified staff must successfully complete the Department of Health's examination and supervised/supervisory experience requirements.

Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

13. d. 9. Behavior Rehabilitative Services (cont)

Care managers are in a leadership role to the child care staff. The care manager is responsible for maintaining oversight and providing direction to child care staff on a day-to-day basis for the child's behavior management, in accordance with each child's specific treatment plan. Care managers coordinate with other agencies to ensure that the child, when returned home, will have adequate supports to enable him/her to remain in the community. Examples of such supports could include ensuring that the child has a medical home, has a community treatment resource for drug and/or alcohol abuse, or has counseling for the treatment of sexually aggressive behavior. Coordination with other agencies depends on the specific problems of a specific child.

Therapeutic interventions are provided by social services staff, care management staff, and subcontracted individuals. All providers must meet the qualifications above, and as required, be licensed or certified by the Department of Health (DOH) according to chapter 18.25 RCW to furnish the service(s) provided by the BRS contractor.

Child Care Staff: Minimum qualifications require that no less than 50% of the childcare staff in a facility have a Bachelor's Degree. Combinations of formal education and experience working with children and families may be substituted for a Bachelor's degree.

Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise. Child care staff are responsible for understanding each child's treatment plan and providing day-to-day supervision and behavioral feedback to the child, in accordance with each child's individual treatment plan. These staff may provide input, based on their experience with the child, during case staffing and counseling sessions with the child and/or his/her family.

Master's Level Oversight: In addition to the staffing qualifications listed in this section, the Contractor's program must have Master's level oversight. This requirement may be met through a Master's level Program Director or Social Service staff or by subcontracting with a consultant.

17. Nurse midwife services

Limited to facilities approved by the Medicaid Agency to provide this service, or in the case of home births, to clients and residences approved for this service.