

Document Type:¹

- Policy & Procedure Process Guideline
 Plan System Description

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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH and its network providers².
- The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: The purpose of this agreement is to provide a guidance document between the MCOs and the BH-ASO in regards to the responsibilities of operations as well as the role of the CLIP Liaison when coordinating the care for youth in the RSA who are applying for voluntary placement into a CLIP facility.

DEFINITIONS:

- I. Children’s Long Term Inpatient Program (CLIP): A medically based treatment approach, available to all Washington State residents, ages 5 to 18 years of age, providing 24-hour psychiatric treatment in a highly structured setting designed to assess, treat, and stabilize youth diagnosed with psychiatric and behavioral disorders.

POLICY

1. **Facilitation of CLIP Committee:** Each member of this agreement will designate a CLIP Liaison. The designated individual will be familiar with local resources and services and will participate in the twice monthly Regional CLIP Committee (also referred to herein as the “CLIP Committee”) meeting when they are presenting a case for review. The BH-ASO CLIP Liaison will be responsible for organizing the twice monthly CLIP Committee meeting as well as dispersing the application to the CLIP Committee members. The MCO CLIP Liaison will be responsible for submitting the completed presentation form of their member to the BH-ASO CLIP Liaison for distribution. The MCO CLIP Liaison or designee will also be responsible for presenting the case to the CLIP committee.
2. **Committee Structure and Requirements:**
 - A. Roles and Responsibilities of Participation in the monthly CLIP Committee meetings
 - i. The MCO CLIP Liaison will send a completed presentation form to the BH-ASO CLIP Liaison. The BH-ASO CLIP Liaison will send this presentation form out to the CLIP Committee members via secure email and will schedule the youth to be reviewed at the next scheduled CLIP Committee meeting.
 - ii. The MCO that initiated the request for a CLIP placement will present the completed presentation form to the CLIP Committee. They may have a

¹See definitions of document types in AD100, “Development, Approval & Review of Formal GCBH Documents”

²“Network Provider” – An organization with which GCBH is contracted for the provision of direct services.

reasonable designee (such as an outpatient provider) assist with the presentation of the completed presentation form. This presentation should include clinical history and profile, treatment needs of the youth, and any less restrictive services that have been attempted prior to CLIP consideration.

- iii. The MCO CLIP Liaison that is presenting the case must appear in person to the Regional CLIP Committee meeting.
- iv. All Members of the Regional CLIP Committee must sign a confidentiality agreement.

B. The Schedule of the CLIP Committee

- i. The Greater Columbia Regional CLIP Committee will occur every 2nd and 4th Wednesday of each month. The time will be at 1:30 and the address is 101 N. Edison St. Kennewick, WA 99336. If there is not a completed presentation form to be reviewed, the CLIP Committee meeting will be cancelled and the BH-ASO CLIP Liaison will send out an email notifying the committee of this cancellation 5 business days prior to the scheduled CLIP Committee meeting.

C. The Regional CLIP Committee membership will include a parent peer professional as well as an individual who is a child- service cross system partner such as DCFY, JR, or DDA. These individuals will be members of the core CLIP Committee and will attend every CLIP Committee meeting to the extent to which they are able. Special consideration shall be taken regarding the makeup of the committee to ensure the membership is representative of the Greater Columbia region, is responsive to the ethnically diverse needs of the youth being served, and maintains a culturally inclusive environment welcome to all who attend.

D. It is essential that the CLIP Committee remain family-focused, youth centered and strengths-based. The family is invited to participate in the CLIP Committee. They may attend in person or over the phone. The family may bring any supports that they feel are relevant to the presentation. When a family is in attendance, they may participate in presenting the case if they feel comfortable to do so. The CLIP Committee will be able to ask questions of the family and there will be time for the family to present the barriers they feel are preventing treatment outside of CLIP. They will also be encouraged to express what they feel the benefit of CLIP will be and the outcome they are hoping for. Once the family has completed their presentation, they will be asked to step out while the CLIP Committee makes a decision. The MCO CLIP Liaison that is presenting the case will make all reasonable efforts to overcome barriers that may prevent the family from attending a CLIP Committee meeting, such as the need for an interpreter, transportation or other barriers that may prevent family from attending if they desire.

E. If an MCO CLIP Liaison wants to request a consultation for the CLIP Committee to review a youth's case prior to the presentation form being completed, they will contact the BH-ASO CLIP Liaison and the BH-ASO CLIP Liaison will schedule this aside from the regularly scheduled CLIP Committee meetings.

F. The CLIP Committee will make a determination for all voluntary CLIP applicants within thirty (30) calendar days from the receipt of a completed CLIP presentation form. This determination will either be:

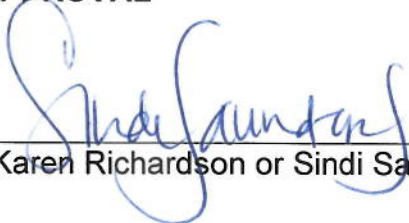
- i. *Recommended* – CLIP treatment based on medical necessity criteria;
 - ii. *Not Recommended* - CLIP treatment is not recommended because it is not the most appropriate treatment to address the needs of the client, including consideration of less restrictive service available to meet the youth's needs.
- G. If the CLIP Committee Recommends the application:
 - i. The BH-ASO Liaison will send a letter to the CLIP Administration notifying them that the CLIP Committee met and the recommendation of the CLIP Committee.
 - ii. The MCO CLIP Liaison must provide a written response to the legal guardian and/or as applicable, youth aged thirteen (13) years and older. This response must specify the services available to the youth and family while the youth awaits final determination of medical necessity by the CLIP Administration Office. The MCO CLIP Liaison must work to ensure that all medically necessary services continue for the enrollee and family to ensure intensive community-based services and the plan of care continue while the youth awaits admission a CLIP facility.
 - iii. The MCO CLIP Liaison will submit a completed application to the CLIP Administration. A CLIP application is not considered complete until the MCO CLIP Liaison submits the application and all required material to the CLIP Administration office.
- H. If the CLIP Committee Does Not Recommend the application;
 - i. The BH-ASO CLIP Liaison will send a letter the CLIP Administration notifying them that the CLIP Committee met and the recommendation of the CLIP Committee.
 - ii. The MCO CLIP Liaison must provide the legal guardian and youth age thirteen (13) years and over with a written notice of the Appeal Process and timeline to appeal to the CLIP Administration Office for a final determination. This is considered an Adverse Benefits Determination and the written notice must include the reasons for not recommending CLIP and an outline of recommendations for alternative less restrictive services for the youth. It also must include the right to appeal directly to the CLIP Administration within 30 days of receiving written notification of the CLIP Committee's recommendation as well as the Medicaid enrollees appeal rights.
- I. When requested, the Regional CLIP Committee will offer a plan of less restrictive and available alternatives to CLIP when an individual is hospitalized involuntarily.
- J. When requested, the Regional CLIP Committee will serve as a resource to families or agencies for the purpose of identifying services or supports that may have not yet been considered or utilized.
- K. CLIP is not intended to be utilized as a placement resource. If the MCO Liaison feels that this is the reason the family is asking for CLIP or if the family is seeking respite. It is the responsibility of the MCO CLIP Liaison to assist the enrollee and/or family with assessing less restrictive alternatives. Similarly, if the MCO CLIP Liaison does not feel the CLIP request is indicated, then the Liaison should also assist the family with finding alternative resources.

- L. No later than June 30th of each year, the ASO CLIP Liaisons will submit to the CLIP Administration the following data points broken out by MCO:
 - i. The total number of CLIP referrals received for the year (June to June).
 - ii. Total number of referrals that were reviewed by the Regional CLIP Committee
 - iii. Total number of referrals Not Recommended for CLIP.
 - iv. Documentation of all participating members at each committee meeting.

If there are data elements that the ASO CLIP Liaison is missing, the MCO CLIP Liaisons will assist with providing this data to the ASO.

- M. The BH-ASO and MCO CLIP Liaisons will coordinate with the CLIP Administration in accordance with the CLIP Policies and Procedures Manual, January 2016, or its successors.
- N. If requested, families may have the opportunity to observe the CLIP decision process if clinically appropriate.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors

11/29/2001

Date

Children's Long-term Inpatient Program (CLIP) Administration Voluntary Application

Dear Parent or System Partner,

You have agreed to complete a voluntary application form to request your youth be admitted to a Children's Long-term Inpatient Program (CLIP). We need the information we ask for to make sure your youth currently needs this level of care. We are required to review this type of information by our state and federal funding sources for CLIP. **Please include the Intensive Behavioral Health Screening Form with this voluntary application.**

The CLIP Application and all of the supporting documents need to be to the CLIP Administration within 90 days from the Intensive Behavioral Health Staffing.

Some General points to remember while filling out the application:

- Long statements of information are not necessary; clear, simple to the point answers are sufficient.
- Copies will be made of this material, please give us single sided copies without staples whenever possible.
- For most treatment and background information, **the last Two Years of services and functioning is what we will be reviewing.** Most children/youth referred to CLIP have received multiple services through many years, but qualifications for CLIP are largely based on current functioning, current strengths, and services received for the past two years.
- The Behavioral Health-Administrative Services Organization (private or no insurance) or your Managed Care Organization (Medicaid) will be able to assist you with the completion of this application.

Contents

1. Demographics
2. Narrative Section of Voluntary Application
3. CLIP Application Materials Checklist.
4. Youth Agreement to CLIP Treatment
5. Help Guide for CLIP Voluntary Application Form

Children's Long-term Inpatient Program (CLIP) Administration Voluntary Application

DEMOGRAPHICS

Application Date:

Youth's Name: Click or tap here to enter text.	Birth date:
Gender Identity :	Age:
Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid Plan: ProviderOne Client ID#: 000000000WA	Private Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Private Insurance Name:
Parent/Guardian Name: Click or tap here to enter text. Click or tap here to enter text. Address:	Tel: Tel: EMAIL : Click or tap here to enter text. Click or tap here to enter text.
Does youth have a DCYF caseworker/social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name and Office Location of Caseworker/social worker: Tel: EMAIL: Click or tap here to enter text.
<i>For Managed Care Organization (MCO) or Behavioral Health-Administrative Service Organization (BH-ASO)</i> OFFICIAL USE ONLY	
Referral Source: Click or tap here to enter text.	Tel:
Date of local Review: Click or tap to enter a date.	Youth's County of Origin: Click or tap here to enter text.
MCO designee to follow youth while in CLIP: Click or tap here to enter text.	Tel:

1. Current Psychiatric Evaluation dated within 6 months included? Yes No

A current psychiatric evaluation is required, (please note the application will be considered incomplete if a current psychiatric evaluation is not included). This can be done either through an inpatient or outpatient treatment provider. This must be:

- Completed and signed by a psychiatrist or a psychiatric ARNP (PhD are *not* acceptable)
- Dated within the last 6 months
- Includes a DSM V Diagnostic classification
- Includes at a minimum a Mental Status Exam, and Complete Assessment of Treatment needs of the applicant.

2. Inappropriate Sexual Behavior: Yes No

If yes, please describe: Click or tap here to enter text.

Psychosexual Evaluation completed? Yes No *if "yes" please include

Narrative Section of Voluntary Application

Identify the **youth's 3-5 MOST CRITICAL** clinical issues that need to be addressed in treatment. Please be specific/detailed.

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

Please describe the **family's 3-5 MOST CRITICAL** needs to be addressed in treatment. Please be specific/detailed. (i.e. family therapy, behavior management skills, improved communication, coping skills specific to youth's needs, education/knowledge regarding psychiatric disorders, support to cope with youth's challenges, etc.)

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

Where will youth be going after treatment in CLIP?

Click or tap here to enter text.

Barriers **family** may have to participate in treatment?

Click or tap here to enter text.

CLIP Application Materials Checklist

In addition to the previous pages additional documentation is required to meet the complete application requirements. Please provide the following information in the form of copies of existing documents which contain the required information. You may also choose to prepare an outline of the required material. Please use this document to check off the documents you have attached.

1. Please attach completed Intensive Behavioral Health Screening Form

This form was used to determine this level of care was needed. Please attach the form along with the current Psychiatric evaluation completed and dated within 6 months.

****Please attach current Psychiatric evaluation completed within 6 months.**

2. Current Psychiatric Evaluation

A current psychiatric evaluation is required for all referrals. This can be done either through an inpatient or outpatient treatment provider. This must be:

- Completed and signed by a psychiatrist or a psychiatric ARNP (PhD are *not* acceptable)
- Dated within the last 6 months
- Includes a DSM IV Diagnostic classification
- Includes at a minimum a Mental Status Exam, and Complete Assessment of Treatment needs of the applicant.

3. Inpatient Psychiatric Treatment

If youth has been hospitalized please provide the following for **each admission**:

- Admission History and Physical
- Discharge Summary
- Any Special Testing or Evaluations completed

4. Outpatient Mental Health Treatment and Substance Use Disorder (SUD) Treatment

If youth has received outpatient mental health or substance use/alcohol use disorder services please provide documents which describe the services and treatment provided, outcomes/progress and reason for termination.

- Last 6-months of medication management notes/psychiatric notes
- Psychiatric assessments
- Medication History
- Crisis Service Summary
- Substance/Alcohol Use Disorder Assessment if applicable
- CANS Screen (not required for no insurance or private insurance)
- Outpatient Treatment Plan(s)

5. Foster Care, In-home Services and Residential Care

If youth has received in or out of home services please provide the following documents from **each provider**.

- Treatment Reviews (past 6 months)
- Discharge Summaries
- Family Team Decision Making Meeting (FTDM) Notes
- Foster Care Assessment Program (FCAP) Assessments
- Specialized evaluations done within those settings

6. Department of Children, Youth and Families (DCYF)

If a youth has an open case with DCYF please provide:

- Legal and Placement History
- Most recent Court Report
- Dependency Order
- CPS History for the past two years

7. School

Please provide information regarding the youth's educational history to include

- Current IEP/504 plan
- Most recent Summary Assessment Review or Reevaluation (this document qualifies youth for Special Education Services, is done every 3 years)

8. Other Specialized Evaluations

If the youth has received any specialized evaluations please provide these documents. Such evaluations may include:

- Neuropsychological Evaluations
- Psychosexual Evaluations
- IQ Testing
- Fetal Alcohol Evaluations
- Autism Evaluation
- Developmental Disability Evaluations
- Any medical evaluation specific to the youth's individual issues
- Parenting Plan/visitation orders if currently applicable to parent visits/custody situation
- Any Legal contact or visitation restrictions

9. Other

- CLIP Application must be received within 90 days from the Intensive Behavioral Health Screening
- You may also include any other pertinent information to overall treatment
- Youth Agreement to CLIP Treatment (*final page, filled out by hand, required for youth ages 13+, optional for youth ages 5-12years*)

If you have any questions regarding the application process please call your local MCO, BH-ASO or the CLIP Coordinator at the CLIP Administration at (206) 420-3559.

Application Completed by:	
Name:	Affiliation/Relationship:
Phone Number:	Email:

Please print and include all pages of this application, sign and date below, and include with the above attached materials.

Signature of BH-ASO/MCO representative:

Date:

Youth Agreement to CLIP Treatment (Print and Complete)
Required for youth 13-17, optional for youth 5-12

Read:

Your family and community treatment team have recommended you for inpatient treatment at the Children's Long Term Inpatient Program (CLIP).

CLIP is a voluntary residential treatment program for youth ages 5-17 years old. Any youth over the age of 13 years old must agree with the need for treatment and sign in as a voluntary client upon admission.

CLIP treatment is provided in a secure environment that is supervised 24 hours a day, 7 days a week. CLIP program staff includes doctorate-level clinical staff, psychiatrists, nurses, social workers and direct care staff. Each CLIP program has a school on campus as well as recreational therapy, family therapy, skills groups, and individual therapy. The facility runs on a structured schedule. Treatment focuses on addressing the clinical needs you, your family and community team have identified prior to admission. Treatment is geared towards assisting you in becoming safe and to gain the skills necessary to transition back to your community. The average length of stay is from 6-12 months. A plan for your return to your community starts to be developed as soon as you begin treatment. It is called a discharge plan. Your discharge plan will be made with your input; as well as input from your treatment team and family. You can request discharge from the program at any time. Each program will explain the process for requesting discharge during your admission.

By agreeing to residential treatment you accept the need for inpatient treatment, have identified what you would like to work on while in treatment are willing to sign in to the program when an admission date is confirmed. Your family and community team will continue to be involved in your treatment through visitations, treatment planning meetings and ongoing contact and should be able to assist in answering any of the questions you may have about CLIP application and treatment process. Please feel free to look at our website which may provide you with more information about CLIP as well as pictures of the various CLIP programs, www.clipadministration.org

Please list or describe what you would like to achieve while in treatment:

- 1.
- 2.
- 3.

Please sign below indicating you understand and are willing to accept treatment in a CLIP facility.

Signature of Youth requesting CLIP Treatment

Help Guide for CLIP Voluntary Application Form

Narrative:

1. **Youth's Critical Issues and Needs:** Please use this section to be specific about the most important items to address in the youth's mental and behavioral functioning, and the most important family needs related to caring for the youth.
2. **Family's Critical Issues and Needs:** Please use this section to be specific about the most important items to address in the youth's behavioral health functioning, and the most important family needs related to caring for the youth.
3. **Where will the youth go after CLIP?** At completion of CLIP's medical treatment period, the youth will return home to their residence. If there is an alternative placement in mind, (DCYF placements or other family) please let us know here. For DCYF cases please list desired discharge placement.
4. **Barriers:** Problems family may have working with CLIP program on visitation, therapy such as (schedule, geography. Child care, medical issues, transportation etc.) Knowing these early helps us plan for them.

CLIP Application Materials Checklist/ Documents required:

Please provide relevant documents on this page for the last **Two Years of Services**. Older documents are not required, but you may submit them if you believe they are helpful to reviewers and do not repeat information reported elsewhere.

1. **Intensive Behavioral Health Screening Form:** This form was reviewed by your local CLIP Team to determine if CLIP level of care was needed.
2. **Psychiatric Evaluation:** Must be done in the past 6 months, by a Psychiatrist (M.D), a; (medical doctor), or by a Psychiatric Advanced Registered Nurse Practitioner (ARNP). This is required to make sure the youth needs this level of medical/psychiatric treatment.
3. **Inpatient Treatment:** Documents from last 2 years only needed; testing or evaluations done only when youth was in this inpatient program.
4. **Outpatient Treatment:** Include Treatment or Discharge Summary, if available. Include Psychiatric Assessments if done. Include agency's mental health intake or admission assessment and any chemical dependency assessment. Include crisis service summary and crisis plan, if available. Do not include copies of daily chart or session notes.
5. **Foster Care, In-home services, Residential care:** Include Treatment or Discharge Summary, if available.
6. **Department of Children, Youth and Families:** Provide only the most recent Court Report and Dependency Order. Provide group care summaries and/or CPS interventions for past two years.
7. **School:** Provide only the most current IEP and the last Evaluation Report/ Summary Evaluation (done every three years) for special education students.
8. **Other:** Parenting plan or visitation orders if currently applicable to parent visits/custody situation. Any legal contact or visitation restrictions.