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CLARK COUNTY
WASHINGTON

Clark County Regional Support Network Policy Statement

Policy No.:	**CM08**	**MIS Data Dictionary**
Policy Title:	**Eligibility Criteria and Access to Care Standards – Child**	
Effective Date:	**January 1, 2002**	

Policy: Clark County Regional Support Network shall determine eligibility for medically necessary mental health services for Medicaid-eligible consumers who reside in Clark County. Eligibility criteria include medical necessity, verified Medicaid eligibility, and Washington Mental Health Division Access to Care Standards.

CCRSN contracted providers shall evaluate individuals who request mental health services and make an initial recommendation about whether the eligibility criteria outlined in these procedures are met when requesting authorization for payment for mental health services. Providers shall document eligibility in a mental health assessment in the clinical record and in the CCRSN management information system as described in MIS policies and procedures.

References: CFR 438, WAC 388-865, Washington Mental Health Division RSN Contract, Washington Mental Health Division Data Dictionary, CCRSN Policy and Procedures: AD09 Financial Eligibility for Services for RSN funded Consumers, CM04 Authorization for Services, CM08-A Access to Care Standards- Child/Youth, CM19 Inpatient Services Authorization, QM05 Level/Elements of Care Clinical Guidelines

Definitions: *Medical Necessity* is defined as 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 and pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the person requesting service. "Course of Treatment," may include mere observation, or, where appropriate, no treatment at all.

Procedure:

1. **Medical Necessity and Clinical Eligibility Requirements for Access to Care**

   a) CCRSN contracted providers are responsible for evaluating medical necessity based on a mental health assessment. To meet clinical eligibility, individuals requesting mental health services must:

      i) Have a mental illness covered by Washington State for public mental health services;
      ii) Have impairment(s) and corresponding needs that are the result of a mental illness;

iii) Be expected to benefit from proposed interventions.

b) CCRSN providers are responsible for ensuring that:

i) Consumers receive interventions deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness;

ii) any other formal or informal system or support cannot address the individual's unmet need.

c) At admission, for consumers who meet medical necessity criteria, CCRSN providers shall determine the Level of Care needed based on their diagnosis, assessment of functioning, behavior, supports, and allied system involvement as described in the Access to Care Standards attached to this policy and procedure.

2. **Financial Eligibility**

CCRSN contracted providers shall verify that consumers meet financial eligibility criteria for RSN-funded services as described in CCRSN Policy and Procedure AD09 Financial Eligibility for Services for RSN funded Consumers.

Approved By: _____ Date: 12/6/05

Michael Piper, Director
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