

WSR 21-04-132

PROPOSED RULES

DEPARTMENT OF HEALTH

[Filed February 2, 2021, 11:49 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 20-14-121.

Title of Rule and Other Identifying Information: Chapter 246-341 WAC, Behavioral health services administrative requirements, the department of health (DOH) is proposing to update the chapter of rules for licensed and certified behavioral health agencies that includes (1) changes to align with legislation; (2) changes related to federal requirements; (3) requests from partners and interested parties for clarification; and (4) areas of clean up that have been identified since DOH began regulating behavioral health agencies in 2018. DOH is proposing to change the chapter title to "Behavioral health licensing and certification requirements."

Hearing Location(s): On March 9, 2021, at 9:30 a.m. In response to the coronavirus disease 2019 (COVID-19) public health emergency, DOH will not provide a physical location for this hearing to promote social distancing and the safety of the citizens of Washington state. A virtual public hearing, without physical meeting space, will be held instead. We invite you to participate in our public rules hearing using your computer, tablet or smartphone. Please register at <https://attendee.gotowebinar.com/register/5639101981853076238>. After registering, you will receive a confirmation email containing information about joining the webinar; or participants can use their telephone or computer mic and speakers (VoIP). United States +1(631)992-3221.

Date of Intended Adoption: March 16, 2021.

Submit Written Comments to: Stephanie Vaughn, P.O. Box 47852, Olympia, WA 98504-7852, email <https://fortress.wa.gov/doh/policyreview>, fax 360-236-2321, by March 9, 2021.

Assistance for Persons with Disabilities: Contact Stephanie Vaughn, phone 360-236-4617, TTY 711, email stephanie.vaughn@doh.wa.gov, by March 2, 2021.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: DOH is proposing to amend chapter 246-341 WAC to revise the rules regulating licensure and certification of behavioral health services, implement changes enacted by the legislature, make changes related to responding to a public health emergency, and incorporate recommendations of behavioral health partners and interested parties for clarification. An example of these considerations is addressing new RCW 18.205.160 (from ESHB 1768, chapter 444, Laws of 2019), which requires DOH to amend WAC 246-341-0515 to reflect the new cooccurring disorder specialist enhancement credential, as well as reflecting the new terminology for substance use disorder professional. This proposal also incorporates the Special Terms and Conditions of the 1115 Medicaid Transformation Waiver signed by the health care authority and the federal Centers for Medicare and Medicaid regarding medication assisted treatment and care coordination in agencies that provide residential substance use disorder services, which are also reflected in statutory changes made by SSB 5380 (chapter 314, Laws of 2019). Additionally, the department has worked with partners and interested parties to specifically examine the rules and identify where changes could be made to align with RCW 71.24.870 (from E2SHB 1819, chapter 207, Laws of 2017) and RCW 71.24.872 (from E2SSB 5432, chapter 325, Laws of 2019) which direct the department to reduce

duplicative, inefficient, and burdensome regulations for behavioral health agencies where possible.

Reasons Supporting Proposal: In 2018, the legislature transferred authority and responsibility for behavioral health agency licensing and certification from the department of social and health services (DSHS) to DOH. Over the last two years, DOH has become aware of a number of policy issues that must be addressed to bring these regulations up to date and in alignment with DOH's mission.

Chapter 246-341 WAC implements three main statutes that have been significantly amended since DOH assumed responsibility for these rules:

- Chapter 71.24 RCW governs community behavioral health services and agencies and was significantly amended by E2SSB 5432 (chapter 325, Laws of 2019).
- Chapter 71.05 RCW governs involuntary behavioral health services for adults and was significantly amended by 2E2SSB 5720 (chapter 302, Laws of 2020) and also changed by several other bills including 2SHB 1907 (chapter 446, Laws of 2019).
- Chapter 71.34 RCW governs behavioral health services for minors and was significantly amended by several recent bills, including E2SHB 1874 (chapter 381, Laws of 2018 [2019]) and SHB 2883 (chapter 185, Laws of 2020).

DOH has published several guidance and interpretive statements to temporarily address several of the policy issues. DOH examined and discussed the rules with interested parties and partners to incorporate the statements into permanent rules, consider what changes might be made to the licensure and certification of services in behavioral health facilities, and to consider incorporating and implementing other recommendations and legislative directives.

DOH held weekly rules workshops over four months in the summer and autumn of 2020 that was open to all partners and interested parties where every section in this WAC chapter was researched and scrutinized. This draft represents the collective best efforts to improve these regulations and take the next step forward in improving the delivery of behavioral health services in the state of Washington.

Statutory Authority for Adoption: RCW 71.24.037, 71.05 560, 71.34.380, 18.205.160.

Statute Being Implemented: RCW 71.24.037; chapters 71.24, 71.05, and 71.34 RCW.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: DOH, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Julie Tomaro, 111 Israel Road S.E., Tumwater, WA 98504, 360-236-2937.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Stephanie Vaughn, P.O. Box 47843, Olympia, WA 98504-7843, phone 360-236-4617, fax 360-236-2321, TTY 711, email stephanie.vaughn@doh.wa.gov.

The proposed rule does not impose more-than-minor costs on businesses. Following is a summary of the agency's analysis showing how costs were calculated. The department worked with stakeholders to determine that the relevant portions of this rule making constitute no new significant costs to small businesses.

February 2, 2021
 Jessica Todorovich
 Chief of Staff
 Umair A. Shah, MD, MPH
 Secretary

OTS-2836.2

Chapter 246-341 WAC
BEHAVIORAL HEALTH ((SERVICES ADMINISTRATIVE)) LICENSING AND CERTIFICATION REQUIREMENTS

((SECTION ONE)) BEHAVIORAL HEALTH SERVICES—PURPOSE AND SCOPE

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0100 Behavioral health services—Purpose and scope.

(1) ~~((The rules in)) This chapter ((provide a single set of rules)) establishes state minimum standards for licensed behavioral health agencies ((to follow that provide any one or more of the following behavioral health services:~~

~~(a) Mental health services;~~

~~(b) Substance use disorder services;~~

~~(c) Co-occurring services (services to individuals with co-existing mental health and substance use disorders); and~~

~~(d) Problem and pathological gambling;~~

~~(2) These rules establish the following for agencies that provide behavioral health services:~~

~~(a) Licensure and certification requirements;~~

~~(b) Agency administrative requirements;~~

~~(c) Agency personnel requirements; and~~

~~(d) Agency clinical policies and procedures)).~~

(2) This chapter does not apply to state psychiatric hospitals as defined in chapter 72.23 RCW or facilities owned or operated by the department of veterans affairs or other agencies of the United States government.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0100, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 20-07-091, filed 3/17/20, effective 5/1/20)

WAC 246-341-0110 Behavioral health services—Available certifications. A behavioral health agency licensed by the department may become certified to provide one or more of the mental health, substance use disorder, and problem gambling and (~~pathological~~) gambling disorder services listed below:

- (1) Outpatient and recovery support:
 - (a) Individual mental health treatment services;
 - (b) Brief mental health intervention treatment services;
 - (c) Group mental health therapy services;
 - (d) Family therapy mental health services;
 - (e) Rehabilitative case management mental health services;
 - (f) Psychiatric medication (~~mental health services and medication support~~) management services;
 - (g) Medication monitoring services;
 - (h) Day support mental health services;
 - ~~((h) Mental health outpatient services provided in a residential treatment facility (RTF);)~~
 - (i) Recovery support: Supported employment mental health services;
 - (j) Recovery support: Supported employment substance use disorder services;
 - (k) Recovery support: Supportive housing mental health services;
 - (l) Recovery support: Supportive housing substance use disorder services;
 - (m) Recovery support: Peer support mental health services;
 - (n) Recovery support: Peer support substance use disorder services;
 - (o) Recovery support: Mental health peer respite center;
 - ~~((o) Recovery support: Wraparound facilitation mental health services;~~
 - ~~(p) Recovery support: Applied behavior analysis (ABA) mental health services;~~
 - ~~(q))~~ (p) Consumer-run recovery support: Clubhouse mental health services;
 - ~~((r))~~ (q) Substance use disorder level one outpatient services;
 - ~~((s))~~ (r) Substance use disorder level two intensive outpatient services;
 - ~~((t))~~ (s) Substance use disorder assessment only services;
 - ~~((u))~~ (t) Substance use disorder alcohol and drug information school services;
 - ~~((v))~~ (u) Substance use disorder information and crisis services;
 - ~~((w))~~ (v) Substance use disorder emergency service patrol services;
 - ~~((x) Substance use disorder screening and brief intervention services; and~~
 - ~~(y))~~ (w) Problem gambling and (~~pathological~~) gambling disorder services.
- (2) Involuntary and court-ordered outpatient services:
 - (a) Less restrictive alternative (LRA) or conditional release support behavioral health services;
 - (b) (~~Emergency involuntary detention~~) Designated crisis responder (DCR) (~~mental health and substance use disorder~~) services;

(c) Substance use disorder counseling services subject to RCW 46.61.5056; and

(d) Driving under the influence (DUI) substance use disorder assessment services.

(3) Crisis mental health services:

(a) Crisis mental health telephone support services;

(b) Crisis mental health outreach services; and

(c) Crisis mental health stabilization services (~~(and~~

~~(d) Crisis mental health peer support services)~~).

(4) Opioid treatment program (OTP) services.

(5) Withdrawal management, residential substance use disorder treatment, and mental health inpatient services:

(a) Withdrawal management facility services:

(i) Withdrawal management services - Adult;

(ii) Withdrawal management services - Youth;

(iii) Secure withdrawal management and stabilization services - Adult; and

(iv) Secure withdrawal management and stabilization services - Youth.

(b) Residential substance use disorder treatment services:

(i) Intensive substance use disorder inpatient services;

(ii) Low-intensity (recovery house) residential treatment services;

(iii) Long-term treatment services; and

(iv) Youth residential services.

(c) Mental health inpatient services:

(i) Evaluation and treatment services - Adult;

(ii) Evaluation and treatment services - Youth;

(iii) Intensive behavioral health treatment services;

(iv) Child long-term inpatient program services;

(v) Crisis stabilization unit services;

(vi) Triage - Involuntary services;

(vii) Triage - Voluntary services; and

(viii) Competency evaluation and restoration treatment services.

[Statutory Authority: 2019 c 324, RCW 71.24.037, 71.24.648, and 71.24.649. WSR 20-07-091, § 246-341-0110, filed 3/17/20, effective 5/1/20. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0110, filed 4/16/19, effective 5/17/19.]

~~((SECTION TWO))~~ BEHAVIORAL HEALTH SERVICES—DEFINITIONS

AMENDATORY SECTION (Amending WSR 20-07-091, filed 3/17/20, effective 5/1/20)

WAC 246-341-0200 Behavioral health services—Definitions. The definitions in this section (~~(contain words and phrases used for behavioral health services)~~) and RCW 71.05.010, 71.24.025, and 71.34.020

apply throughout this chapter unless the context clearly requires otherwise.

~~(("Absentee coverage" means the temporary replacement a clubhouse provides for the clubhouse member who is currently employed in a time-limited, part-time community job managed by the clubhouse.))~~

(1) "Administrator" means the designated person responsible for the day-to-day operation of either the licensed ((treatment)) behavioral health agency, or certified treatment service, or both.

(2) "Adult" means an individual eighteen years of age or older. For purposes of the medicaid program, adult means an individual twenty-one years of age or older.

(3) "ASAM criteria" means admission, continued service, transfer, and discharge criteria for the treatment of substance use disorders as published by the American Society of Addiction Medicine (ASAM).

(4) "Assessment" means the process of obtaining all pertinent bio-psychosocial information, as identified by the individual, and family and collateral sources, for determining a diagnosis and to plan individualized services and supports.

~~(("Authority" means the Washington state health care authority.~~

~~"Background check" means a search for criminal history record information that includes nonconviction data. A background check may include a national fingerprint-based background check, including a Federal Bureau of Investigation criminal history search.))~~

(5) "Behavioral health" means the prevention, treatment of, and recovery from any or all of the following disorders: Substance use disorders, mental health disorders, co-occurring disorders, or problem gambling and ((pathological)) gambling disorders.

(6) "Behavioral health agency," "licensed behavioral health agency," or "agency" means an entity licensed by the department to provide behavioral health services under chapter 71.24, 71.05, or 71.34 RCW.

~~(("Behavioral health organization" or "BHO" means any county authority or group of county authorities or other entity recognized by the health care authority in contract in a defined region.))~~

(7) "Branch site" means a physically separate licensed site, governed by ((a)) the same parent organization as the main site, where qualified staff provides certified treatment services.

(8) "Campus" means an area where all of the agency's buildings are located on contiguous properties undivided by:

(a) Public streets, not including alleyways used primarily for delivery services or parking; or

(b) Other land that is not owned and maintained by the owners of the property on which the agency is located.

(9) "Care coordination" or "coordination of care" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs of an individual. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies, organizing, facilitating and participating in team meetings, and providing for continuity of care by creating linkages to and managing transitions between levels of care.

(10) "Certified" or "certification" means the status given by the department that authorizes the agency to provide specific substance use disorder, mental health, and problem gambling and ((pathological)) gambling disorder program-specific services.

~~(("Certified problem gambling counselor" is an individual certified gambling counselor (WSCGC) or a nationally certified gambling counselor (NCGC), certified by the Washington State Gambling Counselor~~

~~Certification Committee or the International Gambling Counselor Certification Board to provide problem and pathological gambling treatment services.~~

~~"Change in ownership" means one of the following:~~

~~(a) The ownership of a licensed behavioral health agency changes from one distinct legal owner to another distinct legal owner;~~

~~(b) The type of business changes from one type to another, such as, from a sole proprietorship to a corporation; or~~

~~(c) The current ownership takes on a new owner of five per cent or more of the organizational assets.~~

~~"Chemical dependency professional" or "CDP" means a person credentialed by the department as a chemical dependency professional (CDP) under chapter 246-811 WAC.)~~

~~(11) "Child," "minor," and "youth" mean:~~

~~(a) An individual under the age of eighteen years; or~~

~~(b) An individual age eighteen to twenty-one years who is eligible to receive and who elects to receive an early and periodic screening, diagnostic, and treatment (EPSDT) medicaid service. An individual age eighteen to twenty-one years who receives EPSDT services is not considered a "child" for any other purpose.~~

~~("Child mental health specialist" means 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 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 their families under the supervision of a child mental health specialist.)~~

~~(12) "Clinical record" means either a paper, or electronic file, or both that is maintained by the behavioral health agency and contains pertinent psychological, medical, and clinical information for each individual served.~~

~~(13) "Clinical supervision" means regular and periodic activities performed by a mental health professional ((licensed or certified)), co-occurring disorder specialist, or substance use disorder professional licensed, certified, or registered under Title 18 RCW (((practicing within their scope of practice))). Clinical supervision may include ((s)) review of assessment, diagnostic formulation, ((treatment planning)) individual service plan development, progress toward completion of care, identification of barriers to care, continuation of services, authorization of care, and the direct observation of the delivery of clinical care. In the context of this chapter, clinical supervision is separate from clinical supervision required for purposes of obtaining supervised hours toward fulfilling requirements related to professional licensure under Title 18 RCW.~~

~~("Clubhouse" means a community-based, recovery-focused program designed to support individuals living with the effects of mental illness, through employment, shared contributions, and relationship building. A clubhouse operates under the fundamental principle that everyone has the potential to make productive contributions by focusing on the strengths, talents, and abilities of all members and fostering a sense of community and partnership.~~

~~"Community mental health agency" means the same as "behavioral health agency."~~

~~"Community relations plan" means a plan to minimize the impact of an opioid treatment program as defined by the Center for Substance~~

~~Abuse Guidelines for the Accreditation of Opioid Treatment Programs, section 2.C.(4).~~

~~"Community support services" means services authorized, planned, and coordinated through resource management services including, at a minimum:~~

~~(a) Assessment, diagnosis, emergency crisis intervention available twenty-four hours, seven days a week;~~

~~(b) Prescreening determinations for persons who are mentally ill being considered for placement in nursing homes as required by federal law;~~

~~(c) Screening for patients being considered for admission to residential services;~~

~~(d) Diagnosis and treatment for children who are mentally or severely emotionally disturbed discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment (EPSDT) program;~~

~~(e) Investigation, legal, and other nonresidential services under chapter 71.05 RCW;~~

~~(f) Case management services;~~

~~(g) Psychiatric treatment including medication supervision;~~

~~(h) Counseling;~~

~~(i) Psychotherapy;~~

~~(j) Assuring transfer of relevant patient information between service providers;~~

~~(k) Recovery services; and~~

~~(l) Other services determined by behavioral health organizations.)~~

~~(14) "Complaint" means an alleged violation of licensing or certification requirements under chapters 71.05, 71.12, 71.24, 71.34 RCW, and this chapter, which has been authorized by the department for investigation.~~

~~(15) "Consent" means agreement given by an individual after ((the person is)) being provided with a description of the nature, character, anticipated results of proposed treatments and the recognized serious possible risks, complications, and anticipated benefits, including alternatives and nontreatment, that must be provided in a terminology that the ((person)) individual can reasonably be expected to understand. Consent can be obtained from an individual's parent or legal representative, when applicable.~~

~~(16) "Consultation" means the clinical review and development of recommendations by persons with appropriate knowledge and experience regarding activities or decisions of clinical staff, contracted employees, volunteers, or students.~~

~~(17) "Co-occurring disorder" means the coexistence of both a mental health and a substance use disorder. Co-occurring treatment is a unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting.~~

~~("Crisis" means an actual or perceived urgent or emergent situation that occurs when an individual's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health, or to prevent the need for referral to a significantly higher level of care.~~

~~"Critical incident" means any one of the following events:~~

~~(a) Any death, serious injury, or sexual assault that occurs at an agency that is licensed by the department;~~

~~(b) Alleged abuse or neglect of an individual receiving services, that is of a serious or emergency nature, by an employee, volunteer, licensee, contractor, or another individual receiving services;~~

~~(c) A natural disaster, such as an earthquake, volcanic eruption, tsunami, urban fire, flood, or outbreak of communicable disease that presents substantial threat to facility operation or client safety;~~

~~(d) A bomb threat;~~

~~(e) Theft or loss of data in any form regarding an individual receiving services, such as a missing or stolen computer, or a missing or stolen computer disc or flash drive;~~

~~(f) Suicide attempt at the facility;~~

~~(g) An error in program-administered medication at an outpatient facility that results in adverse effects for the individual and requires urgent medical intervention; and~~

~~(h) Any media event regarding an individual receiving services, or regarding a staff member or owner(s) of the agency.)~~

(18) "Cultural competence" or "culturally competent" means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of culturally competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.

(19) "Deemed" means a status that ((may be)) is given to a licensed behavioral health agency as a result of the agency receiving accreditation by a recognized behavioral health accrediting body which has a current agreement with the department.

~~(("Department" means the Washington state department of health.~~

~~"Designated crisis responder" or "DCR" means a mental health professional appointed by the county or the BHO who is authorized to conduct investigations, detain persons up to seventy-two hours at the proper facility, and carry out the other functions identified in chapters 71.05 and 71.34 RCW. To qualify as a designated crisis responder, a person must complete substance use disorder training specific to the duties of a designated crisis responder.)~~

(20) "Disability" means a physical or mental impairment that substantially limits one or more major life activities of the individual and the individual:

(a) Has a record of such an impairment; or

(b) Is regarded as having such impairment.

~~(("Early and periodic screening, diagnosis and treatment" or "EPSDT" means a comprehensive child health medicaid program that entitles individuals age twenty and younger to preventive care and treatment services. These services are outlined in chapter 182-534 WAC.~~

~~"Governing body" means the entity with legal authority and responsibility for the operation of the behavioral health agency, to include its officers, board of directors or the trustees of a corporation or limited liability company.~~

~~"Grievance" means the same as defined in WAC 182-538D-0655.~~

~~"HIV/AIDS brief risk intervention" means a face-to-face interview with an individual to help the individual assess personal risk for~~

HIV/AIDS infection and discuss methods to reduce infection transmission.

"Individual" means a person who applies for, is eligible for, or receives behavioral health services from an agency licensed by the department.

"Less restrictive alternative (LRA)" means court ordered outpatient treatment in a setting less restrictive than total confinement.)

(21) "Licensed" or "licensure" means the status given to behavioral health agencies by the department under its authority to license and certify mental health and substance use disorder programs under chapters 71.05, 71.12, 71.34, and 71.24 RCW and its authority to certify problem gambling and ((pathological)) gambling disorder treatment programs under RCW 43.20A.890.

((("Medical necessity" or "medically necessary" is a term for describing a required service that 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 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.))

(22) "Medical practitioner" means a physician licensed under chapter 18.57 or 18.71 RCW, advance registered nurse practitioner (ARNP) licensed under chapter 18.79 RCW, or ((certified)) physician assistant licensed under chapter 18.71A or 18.57A RCW. ((An ARNP and a midwife with prescriptive authority may perform practitioner functions related only to specific specialty services.

"Medication administration" means the direct application of a medication or device by ingestion, inhalation, injection or any other means, whether self-administered by a resident, or administered by a guardian (for a minor), or an authorized health care provider.))

(23) "Mental health disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on a person's cognitive or volitional functions.

(24) "Mental health professional" or "MHP" means ((a designation given by the department to an agency staff member or an attestation by the licensed behavioral health agency that the person meets the following:

(a) A psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner (ARNP), psychiatric nurse, or social worker as defined in chapters 71.05 and 71.34 RCW;

(b) A person who is licensed by the department as a mental health counselor or mental health counselor associate, marriage and family therapist, or marriage and family therapist associate;

(c) A person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university who has at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, experience that was gained under the supervision of a mental health professional recognized by the department or attested to by the licensed behavioral health agency;

(d) A person who meets the waiver criteria of RCW 71.24.260, and the waiver was granted prior to 1986; or

~~(e) A person who had an approved waiver to perform the duties of a mental health professional (MHP), that was requested by the behavioral health organization (BHO) and granted by the mental health division prior to July 1, 2001.~~

~~"Minor" means the same as "child."~~

~~"Off-site" means the provision of services by a provider from a licensed behavioral health agency at a location where the assessment or treatment is not the primary purpose of the site, such as in schools, hospitals, long-term care facilities, correctional facilities, an individual's residence, the community, or housing provided by or under an agreement with the agency.~~

~~"Outpatient services" means behavioral health treatment services provided to an individual in a nonresidential setting. A residential treatment facility (RTF) may become certified to provide outpatient services.~~

~~"Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment) a person who meets the qualifications in WAC 246-341-0515(5).~~

~~(25) "Peer counselor" means the same as defined in WAC 182-538D-0200.~~

~~(("Probation" means a licensing or certification status resulting from a finding of deficiencies that requires immediate corrective action to maintain licensure or certification.))~~

~~(26) "Problem gambling and ((pathological)) gambling disorder" means one or more of the following disorders:~~

~~(a) "((Pathological)) Gambling disorder" means a mental disorder characterized by loss of control over gambling, progression in preoccupation with gambling and in obtaining money to gamble, and continuation of gambling despite adverse consequences;~~

~~(b) "Problem gambling" is an earlier stage of ((pathological)) gambling disorder that compromises, disrupts, or damages family or personal relationships or vocational pursuits.~~

~~(27) "Progress notes" means permanent written or electronic record of services and supports provided to an individual documenting the individual's participation in, and response to, treatment, progress in recovery, and progress toward intended outcomes.~~

~~(("Recovery" means the same as defined in RCW 71.24.025.~~

~~"Relocation" means a physical change in location from one address to another.~~

~~"Remodeling" means expanding existing office space to additional office space at the same address, or remodeling interior walls and space within existing office space to a degree that accessibility to or within the facility is impacted.))~~

~~(28) "Secretary" means the secretary of the department of health.~~

~~(("Service area" means the geographic area covered by each behavioral health organization (BHO) for which it is responsible.~~

~~"Short-term facility" means a facility licensed and certified by the department of health under RCW 71.24.035 which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization. Length of stay in a short-term facility is less than fourteen days from the day of admission.))~~

~~(29) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement~~

((this)) chapters 71.05, 71.24, and 71.34 RCW for delivery of behavioral health services.

~~("Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.)~~

(30) "Substance use disorder professional" or "SUDP" means a person credentialed by the department as a substance use disorder professional (SUDP) under chapter 18.205 RCW.

(31) "Substance use disorder professional trainee" or "SUDPT" means a person credentialed by the department as a substance use disorder professional trainee (SUDPT) under chapter 18.205 RCW.

(32) "Summary suspension" means the immediate suspension of either a facility's license or program-specific certification or both by the department pending administrative proceedings for suspension, revocation, or other actions deemed necessary by the department.

(33) "Supervision" means the regular monitoring of the administrative, clinical, or clerical work performance of a staff member, trainee, student, volunteer, or employee on contract by a person with the authority to give direction and require change.

(34) "Suspend" means termination of a behavioral health agency's license or program specific certification to provide behavioral health treatment program service for a specified period or until specific conditions have been met and the department notifies the agency of the program's reinstatement of license or certification.

~~("Triage facility" means a short-term facility or a portion of a facility licensed and certified by the department under RCW 71.24.035 that is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual. A triage facility must meet department residential treatment facility standards and may be structured as either a voluntary or involuntary placement facility or both.~~

~~"Triage involuntary placement facility" means a triage facility that has elected to operate as an involuntary facility and may, at the direction of a peace officer, hold an individual for up to twelve hours. A peace officer or designated crisis responder may take or cause the person to be taken into custody and immediately delivered to the triage facility. The facility may ask for an involuntarily admitted individual to be assessed by a mental health professional for potential for voluntary admission. The individual has to agree in writing to the conditions of the voluntary admission.~~

~~"Triage voluntary placement facility" means a triage facility where the individual may elect to leave the facility of their own accord, at any time. A triage voluntary placement facility may only accept voluntary admissions.~~

~~"Tribal authority" means, for the purposes of behavioral health organizations and RCW 71.24.300 only, the federally recognized Indian tribes and the major Indian organizations recognized by the secretary as long as these organizations do not have a financial relationship with any behavioral health organization that would present a conflict of interest.~~

~~"Vulnerable adult" has the same meaning as defined in chapter 74.34 RCW.~~

~~"Withdrawal management" means services provided during the initial period of care and treatment to an individual intoxicated or incapacitated by substance use.~~

~~"Work-ordered day" means a model used to organize clubhouse activities during the clubhouse's normal working hours. Members and staff are organized into one or more work units which provide meaningful and engaging work essential to running the clubhouse. Activities include unit meetings, planning, organizing the work of the day, and performing the work that needs to be accomplished to keep the clubhouse functioning. Members and staff work side-by-side as colleagues. Members participate as they feel ready and according to their individual interests. While intended to provide members with working experience, work in the clubhouse is not intended to be job-specific training, and members are neither paid for clubhouse work nor provided artificial rewards. Work-ordered day does not include medication clinics, day treatment, or other therapy programs.~~

~~"Youth" means the same as "child.")~~)

[Statutory Authority: 2019 c 324, RCW 71.24.037, 71.24.648, and 71.24.649. WSR 20-07-091, § 246-341-0200, filed 3/17/20, effective 5/1/20. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0200, filed 4/16/19, effective 5/17/19.]

~~((SECTION THREE—)) BEHAVIORAL HEALTH SERVICES—AGENCY LICENSURE AND CERTIFICATION~~

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0300 Agency licensure and certification—General information. The department licenses behavioral health agencies and certifies them to provide behavioral health treatment services. To ~~((gain))~~ obtain and maintain licensure and certification, an applicant must meet the requirements of this chapter, applicable local and state rules, and applicable state and federal statutes and regulations. In addition, the applicant must meet the applicable specific ~~((program))~~ service requirements for all behavioral health treatment services certified by the department.

~~((1))~~ An applicant currently accredited by a national accreditation agency recognized by and having a current agreement with the department may be eligible for licensing through deeming. See WAC ~~246-341-0310~~.

~~(2)~~ An agency must report to the department any changes that occur following the initial licensing or certification process. The department may request a copy of additional disclosure statements or background inquiries if there is reason to believe that offenses specified under RCW 43.43.830 have occurred since the original application was submitted.

~~(3)~~ The department may grant an exemption or waiver from compliance with specific licensing or program certification requirements if

~~the exemption does not violate an existing state, federal, or tribal law.~~

~~(a) To request an exemption to a rule in this chapter, the applicant must:~~

~~(i) Submit the request in writing to the department;~~

~~(ii) Assure the exemption request does not jeopardize the safety, health, or treatment of an individual; and~~

~~(iii) Assure the exemption request does not impede fair competition of another service agency.~~

~~(b) The department approves or denies an exemption request in writing and requires the agency to keep a copy of the decision.~~

~~(c) Appeal rights under WAC 246-341-0370 do not apply to exemption to rule decisions.~~

~~(4) In the event of an agency closure or the cancellation of a program-specific certification, the agency must provide each individual currently being served:~~

~~(a) Notice of the agency closure or program cancellation at least thirty days before the date of closure or program cancellation;~~

~~(b) Assistance with relocation; and~~

~~(c) Information on how to access records to which the individual is entitled.~~

~~(5) If an agency certified to provide any behavioral health service closes, the agency must ensure all individual clinical records are kept and managed for at least six years after the closure before destroying the records in a manner that preserves confidentiality. In addition:~~

~~(a) The closing agency must notify the department that the agency will do one of the following:~~

~~(i) Continue to retain and manage all individual clinical records; or~~

~~(ii) Arrange for the continued storage and management of all individual clinical records.~~

~~(b) The closing agency must notify the department in writing and include the name of the licensed agency or entity storing and managing the records, provide the method of contact, such as a telephone number, electronic address, or both, and provide the mailing and street address where the records will be stored.~~

~~(c) When a closing agency that has provided substance use disorder services arranges for the continued storage and management of clinical records by another entity, the closing agency must enter into a specific qualified services organization agreement with a department licensed agency or other entity. See 42 C.F.R. Part 2, Subpart B.~~

~~(d) When any agency or entity storing and maintaining individual clinical records receives an authorized request for a record, the record must be provided to the requester within a reasonable period of time.) The following licensure process in this section does not apply to a tribe that is licensed or seeking licensure via attestation as described in WAC 246-341-0367.~~

(1) Initial licensure of a behavioral health agency - Main site. The applicant shall submit a licensing application to the department that is signed by the agency's designated official. The application must include the following:

(a) The physical address of the agency;

(b) A list of the specific services for which the applicant is seeking certification;

(c) A statement assuring the location where the services will be provided meets the Americans with Disabilities Act (ADA) standards and

that any agency-operated facility where behavioral health services will be provided is:

(i) Suitable for the purposes intended, including having adequate space for private personal consultation with an individual and clinical record storage that adheres to confidentiality requirements;

(ii) Not a personal residence; and

(iii) Approved as meeting all local and state building and safety requirements, as applicable.

(d) Payment of associated fees according to WAC 246-341-0365;

(e) A copy of the applicant's master business license that authorizes the organization to do business in Washington state;

(f) A copy of the disclosure statement and report of findings from a background check of the administrator completed within the previous three months of the application date; and

(g) A copy of the policies and procedures specific to the agency and the services for which the applicant is seeking certification that address all of the applicable requirements of this chapter.

(2) The department may issue a single agency license when the applicant identifies behavioral health treatment services will be provided in multiple buildings and either:

(a) The applicant operates the multiple buildings on the same campus as a single integrated system with governance by a single authority or body over all staff and buildings; or

(b) All behavioral health treatment services will be provided in buildings covered under a single hospital license.

(3) Initial licensure of a behavioral health agency - Branch site. To add a branch site, an existing behavioral health agency shall meet the application requirements in subsection (1)(a) through (c) of this section and submit to the department:

(a) A written declaration that a current copy of agency policies and procedures that address all of the applicable requirements of this chapter are accessible to the branch site;

(b) A copy of policies and procedures for any behavioral health service that is unique to the branch site location, if applicable; and

(c) A copy of the disclosure statement and report of findings from a background check of the administrator completed within the previous three months of the application date, if the administrator of the branch site is different than the administrator of the main site location.

(4) License renewal.

(a) To renew a main site or branch site license and certification, an agency shall submit to the department a renewal request signed by the agency's designated official. The renewal request must:

(i) Be received by the department before the expiration date of the agency's current license; and

(ii) Include full payment of the specific renewal fee according to WAC 246-341-0365.

(b) The department shall renew an agency's main site or branch site license if all the requirements for renewal are met and the renewal request is received before the expiration date of the agency's current license.

(5) Amending a license. A license amendment is required when there is a change in the administrator, when adding or removing a service, or when closing a location. To amend a license the agency shall submit to the department a licensing application requesting the amendment that is signed by the agency's designated official. The ap-

plication process shall include the following requirements as applicable to the amendment being requested:

(a) Change of the administrator. The application must include a copy of the disclosure statement and report of findings from a background check of the new administrator completed within the previous three months of the application date and within thirty days of the change;

(b) Adding a service. The application must include:

(i) The physical address or addresses of the agency-operated facility or facilities where the new service(s) will be provided;

(ii) A copy of the agency's policies and procedures relating to the new service(s); and

(iii) Payment of fees according to WAC 246-341-0365.

(c) Canceling a service.

(i) The agency must provide notice to individuals who receive the service(s) to be canceled. The notice shall be provided at least thirty days before the service(s) are canceled and the agency must assist individuals in accessing services at another location.

(ii) The application must include the physical address or addresses of the agency-operated facility or facilities where the service(s) will no longer be provided.

(d) Closing a location.

(i) The application must include the name of the licensed agency or entity storing and managing the records, including:

(A) The method of contact, such as a telephone number, electronic address, or both; and

(B) The mailing and street address where the records will be stored.

(ii) When a closing agency that has provided substance use disorder services arranges for the continued storage and management of clinical records by a qualified service organization (QSO), the closing agency must enter into a written agreement with the QSO that meets the requirements of 42 C.F.R. Part 2.

(iii) In the event of an agency closure the agency must provide each individual currently being served:

(A) Notice of the agency closure at least thirty days before the date of closure;

(B) Assistance with accessing services at another location; and

(C) Information on how to access records to which the individual is entitled.

(6) Change of ownership.

(a) Change of ownership means one of the following:

(i) The ownership of a licensed behavioral health agency changes from one distinct legal owner to another distinct legal owner;

(ii) The type of business changes from one type to another, such as, from a sole proprietorship to a corporation; or

(iii) The current ownership takes on a new owner of five percent or more of the organizational assets.

(b) When a licensed behavioral health agency changes ownership, the department shall require:

(i) An initial license application from the new owner in accordance with subsection (1) of this section. The new agency must receive a new license under the new ownership before providing any behavioral health service; and

(ii) A statement from the current owner regarding the disposition and management of clinical records in accordance with applicable state and federal statutes and regulations.

(7) Change in location. A licensed behavioral health agency must receive a new license under the new location's address before providing any behavioral health service at that address. The agency shall submit to the department a licensing application requesting a change in location that is signed by the agency's designated official. The application must include:

(a) The new address;

(b) A statement assuring the location meets the Americans with Disabilities Act (ADA) standards and that any agency-operated facility where behavioral health services will be provided is:

(i) Suitable for the purposes intended, including having adequate space for private personal consultation with an individual and clinical record storage that adheres to confidentiality requirements;

(ii) Not a personal residence; and

(iii) Approved as meeting all local and state building and safety requirements, as applicable.

(c) Payment of initial licensure fees.

(8) Granting a license. A new or amended license or service-specific certification will not be granted to an agency until:

(a) All of the applicable notification and application requirements of this section are met;

(b) The department has reviewed and approved the policies and procedures for initial licensure or addition of new services;

(c) The department has conducted a review of any new main site or branch site locations and the agency corrects any noted deficiencies from those reviews within the agreed upon time frame; and

(d) The department determines the agency is in compliance with the licensure and service-specific certification standards.

(9) Effective date. An agency's license and any behavioral health services certification is effective for up to twelve months from the effective date, subject to the agency maintaining compliance with the minimum license and certification standards in this chapter.

(10) After receiving the license. The agency shall post the department-issued license and certification(s) in a conspicuous place on the agency's premises, and, if applicable, on the agency's branch site premises.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0300, filed 4/16/19, effective 5/17/19.]

NEW SECTION

WAC 246-341-0302 Agency licensure and certification—Exemptions and alternative means or methods. The department may grant an exemption or approve alternative means or methods of compliance from any part of this chapter so long as it does not violate an existing state or federal statute or regulation, or tribal law.

(1) An agency can request an exemption or alternative means or methods of compliance by submitting a written request to the department that includes:

(a) The specific section or sections of rules for which the exemption or alternative means or methods of compliance is requested;

(b) An explanation of the circumstances involved;

(c) A proposed alternative that would ensure the safety, health, and treatment of clients meeting the intent of the rule; and

(d) Any supporting research or other documentation, as applicable.

(2) The department shall approve or deny an exemption or alternative means or methods request in writing and the agency shall keep a copy of the decision for as long as the approval for exemption or alternative means or methods is in place.

(3) Appeal rights under WAC 246-341-0370 do not apply to exemption or alternative means or methods request decisions.

(4) The department may consider granting exemptions to a section or sections of this chapter during a governor declared state of emergency to ensure continued access to behavioral health treatment.

[]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0310 Agency licensure and certification—Deeming.

(1) ~~((If an agency is currently accredited))~~ The department shall deem an agency or branch site as meeting state minimum standards for licensing and certification described in this chapter as a result of accreditation by a national accreditation organization that is recognized by and has a current agreement with the department ~~((, the department must deem the agency to be in compliance with state standards for licensure and certification))~~.

(2) ~~((To be considered for deeming, an agency must submit a request to the department signed by the agency's administrator.))~~ To implement deemed status when opening a new main site agency, adding a new service to a main site agency, or adding a new service to a branch site location that is not currently offered at the main site agency, an agency must:

(a) Submit proof of accreditation for the services provided by the agency to the department; and

(b) Complete a department post-licensure on-site review.

(3) To implement deemed status when opening a new branch site location that is providing the same services as a deemed main site agency, or a service is being added to a branch site location that is a deemed service at a main site location, an agency must submit proof of accreditation for the services provided by the agency to the department.

(4) The department will not conduct an on-site review as part of the deeming process for tribal behavioral health agencies who seek licensure pursuant to WAC 246-341-0310.

(5) Deeming will be in accordance with the established written agreement between the ~~((accrediting agency))~~ national accreditation organization and the department.

~~((4))~~ (6) Specific licensing and certification requirements of any:

(a) State rule may only be waived through a deeming process consistent with the established written agreement between the ~~((accrediting agency))~~ recognized behavioral health accrediting body and the department.

(b) State or federal (~~law~~) statute or regulation will not be waived through a deeming process.

~~((5) An agency operating under a department-issued provisional license or provisional program-specific certification is not eligible for deeming.~~

~~(6) An) (7) A deemed main site agency((~~

~~(a) Must provide) or branch site must submit to the department a copy of any relevant reports ((regarding accreditation from the accrediting agency;~~

~~(b) Must meet the requirements in WAC 246-341-0325 and 246-341-0345 before adding any additional service(s); and~~

~~(c) Is not eligible for deeming until the service(s) has been reviewed by the accrediting agency.~~

~~(7) Any branch site added to an existing agency:~~

~~(a) Must meet the requirements in WAC 246-341-0340; and~~

~~(b) Is not eligible for deeming until the site has been reviewed by the accrediting agency)) such as audits, findings, or documentation related to accreditation status.~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0310, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0320 Agency licensure and certification—On-site reviews and plans of correction. To obtain and maintain a department-issued license and to continue to provide department-certified behavioral health services, each agency is subject to an on-site review to determine if the agency is in compliance with the minimum licensure and certification standards.

(1) A department review team representative(s) conducts an entrance conference with the agency and an on-site review that may include:

(a) A review of:

(i) Agency policies and procedures;

(ii) Personnel records;

(iii) Clinical records;

(iv) Facility accessibility;

(v) The agency's internal quality management plan, process, or both, that demonstrates how the agency evaluates program effectiveness and individual participant satisfaction; and

(vi) Any other information, including the criteria in WAC 246-341-0335 (1) (b), that the department determines to be necessary to confirm compliance with the minimum standards of this chapter; and

(b) Interviews with:

(i) Individuals served by the agency; and

(ii) Agency staff members.

(2) The department review team representative(s) concludes an on-site review with an exit conference that includes a discussion of findings.

(3) The department will send the agency a statement of deficiencies report that will include instructions and time frames for submission of a plan of correction.

(4) The department requires the agency to correct the deficiencies listed on the plan of correction:

(a) By the negotiated time frame agreed upon by the agency and the department review team representative; or

(b) Immediately if the department determines health and safety concerns require immediate corrective action.

(5) On-site reviews of branch sites will occur at the same time as the main site review and take place at the main site location so long as the department can access the following either electronically or by hard copies brought to the main site agency location:

(a) Personnel records of employees hired since the previous review;

(b) A sample of individual clinical records that reflect the services provided at each branch site location; and

(c) Policies and procedures that are unique to the services provided at the branch site locations.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0320, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0335 Agency licensure and certification—Denials, suspensions, revocations, and penalties. (1) The department will deny issuing or renewing an agency's license or specific ((program)) service certification(s), place an agency on probation, or suspend, or revoke an agency's license or specific ((program)) service certification for any of the following reasons:

(a) The agency fails to meet requirements in this chapter.

(b) The agency fails to cooperate or disrupts department representatives during an on-site ((survey)) review or complaint investigation.

(c) The agency fails to assist the department in conducting individual interviews with either staff members or individuals receiving services, or both.

(d) The agency owner or governing person of a nonprofit corporation or agency administrator:

(i) Had a license or specific ((program)) service certification issued by the department subsequently denied, suspended, ((or)) revoked, or any other sanction placed upon a license;

(ii) Was convicted of child abuse or adjudicated as a perpetrator of a founded child protective services report;

(iii) Was convicted of abuse of a vulnerable adult or adjudicated as a perpetrator of substantiated abuse of a vulnerable adult. A vulnerable adult means the same as defined in chapter 74.34 RCW;

(iv) Obtained or attempted to obtain a health provider license, certification, or registration by fraudulent means or misrepresentation;

(v) Committed, permitted, aided or abetted the ((commission)) committing of an illegal act or unprofessional conduct as defined under RCW 18.130.180;

- (vi) Demonstrated cruelty, abuse, negligence, misconduct, or indifference to the welfare of (~~a patient~~) an individual or displayed acts of discrimination;
 - (vii) Misappropriated patient (individual) property or resources;
 - (viii) Failed to meet financial obligations or contracted service commitments that affect (~~patient~~) care of individuals;
 - (ix) Has a history of noncompliance with state or federal rules in an agency with which the applicant has been affiliated;
 - (x) Knowingly, or with reason to know, made a false statement of fact or failed to submit necessary information in:
 - (A) The submitted application or materials attached; or
 - (B) Any matter under department investigation.
 - (xi) Refused to allow the department access to view records, files, books, or portions of the premises relating to operation of the program;
 - (xii) Willfully interfered with the preservation of material information or attempted to impede the work of an authorized department representative;
 - (xiii) Is currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in transactions involving certain federal funds (this also applies to any person or business entity named in the agency's application for licensure or certification);
 - (xiv) Does not meet background check requirements;
 - (xv) Fails to provide satisfactory application materials; or
 - (xvi) Advertises the agency as certified when licensing or certification has not been granted, or has been revoked or canceled.
- (e) The department determines there is imminent risk to health and safety.
- (f) The agency's licensure or specific (~~program~~) service certification is in probationary status and the agency fails to correct the noted health and safety deficiencies within the agreed-upon time frames.
- (2) The department may deny issuing or renewing an agency's license or specific (~~program~~) service certification(s), place an agency on probation, or suspend or revoke an agency's license or specific (~~program~~) service certification(s) for any of the following reasons:
- (a) The agency voluntarily cancels licensure or certification(s).
 - (b) The agency fails to pay the required license or certification fees.
 - (c) The agency stops providing the services for which the agency is certified.
 - (d) The agency fails to notify the department before changing ownership.
 - (e) The agency fails to notify the department before relocating its licensed location.
- (3) If the department (~~sends a written notice to deny~~) denies, suspends, revokes, or (~~modify the licensure~~) modifies the agency's license or specific service certification (~~status~~), the department will send a written notice including the reason(s) for the decision and the agency's right to appeal a department decision according to the provisions of RCW 43.70.115, chapter 34.05 RCW, and chapter 246-10 WAC.
- (4) The department may summarily suspend an agency's license or specific service certification(s) of a behavioral health service when an immediate danger to the public health, safety, or welfare requires emergency action.

(5) If an agency fails to comply with the requirements of this chapter, the department may:

(a) Assess fees to cover costs of added licensing and (~~(program-specific))~~ service-specific certification activities, including when the department determines a corrective action is required due to a complaint or incident investigation;

(b) Stop referral(s) of an individual who is a (~~(program))~~ service recipient of either a state or federally funded (~~(program))~~ service or both; and

(c) Notify the health care authority(~~(r))~~ and the (~~(behavioral health organization (BHO) and/or local media))~~ managed care organization of stopped referrals, suspensions, revocations, or nonrenewal of the agency's license or (~~(program-specific))~~ service-specific certification(s).

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0335, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0342 Agency licensure and certification—Off-site locations. (1) A behavioral health agency that provides outpatient services at an established off-site location(s) (~~(must))~~ shall:

(a) Maintain a list of each established off-site location where services are provided(~~(r))~~ on a regularly scheduled ongoing basis and (~~(b))~~ include, for each established off-site location:

(i) The name and address of the location the services are provided;

(ii) The primary purpose of the off-site location;

(iii) The service(s) provided; and

(iv) The date off-site services began at that location;

(b) Maintain an individual's confidentiality at the off-site location; and

(c) Securely transport confidential information and individual records between the licensed agency and the off-site location, if applicable.

(2) In addition to meeting the requirements in subsection (1) of this section, an agency providing ((in-home)) services to an individual in their place of residence or services in a public setting that is not an established off-site location where services are provided on a regularly scheduled ongoing basis must:

(a) Implement and maintain a written protocol of how services will be offered in a manner that promotes individual, staff member, and community safety; and

(b) For the purpose of emergency communication and as required by RCW 71.05.710, provide access to a wireless telephone or comparable device to any (~~(mental health professional who makes))~~ employee, contractor, student, or volunteer when making home visits to individuals.

(3) (~~An agency must:~~

~~(a) Maintain an individual's confidentiality at the off-site location;~~

~~(b) Securely transport confidential information and individual records between the licensed agency and the off-site location, if applicable;~~

~~(c) Ensure the type of behavioral health service offered at each off-site location is certified by the department; and~~

~~(d) Ensure the behavioral health services provided at off-site locations meet the requirements of all applicable local, state, and federal rules and laws.)~~ For the purposes of this section:

(a) "Off-site" means the provision of services by a licensed behavioral health agency at a location where the assessment or treatment is not the primary purpose of the site, such as in schools, hospitals, long-term care facilities, correctional facilities, an individual's residence, the community, or housing provided by or under an agreement with the agency.

(b) "Established off-site location" means a location that is regularly used and set up to provide services rather than a location used on an individual, case-by-case basis.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0342, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 20-07-091, filed 3/17/20, effective 5/1/20)

WAC 246-341-0365 Agency licensure and certification—Fee requirements. (1) Payment of licensing and specific (~~program~~) service certification fees required under this chapter must be included with the initial application, renewal application, or with requests for other services.

(2) Payment of fees must be made by check, bank draft, electronic transfer, or money order made payable to the department.

(3) The department may refund one-half of the application fee if an application is withdrawn before certification or denial.

(4) Fees will not be refunded when licensure or certification is denied, revoked, or suspended.

(5) The department charges the following fees for approved substance use disorder treatment programs:

Application fees for agency certification for approved substance use disorder treatment programs	
New agency application	\$1,000
Branch agency application	\$500
Application to add one or more services	\$200
Application to change ownership	\$500
Initial and annual certification fees for withdrawal management, residential, and nonresidential services	
Withdrawal management and residential services	\$100 per licensed bed, per year, for agencies not renewing certification through deeming

Application fees for agency certification for approved substance use disorder treatment programs	
	\$50 per licensed bed, per year, for agencies renewing certification through deeming per WAC 246-341-0310
Nonresidential services	\$750 per year for agencies not renewing certification through deeming
	\$200 per year for agencies certified through deeming per WAC 246-341-0310
Complaint/critical incident investigation fees	
All agencies	\$1,000 per substantiated complaint investigation and \$1,000 per substantiated critical incident investigation that results in a requirement for corrective action

(6) (~~Agency providers~~) Agencies must annually complete a declaration form provided by the department to indicate information necessary for establishing fees and updating certification information. Required information includes, but is not limited to:

(a) The number of licensed withdrawal management and residential beds; and

(b) The agency provider's national accreditation status.

(7) The department charges the following fees for approved mental health treatment programs:

Initial licensing application fee for mental health treatment programs	
Licensing application fee	\$1,000 initial licensing fee
Initial and annual licensing fees for agencies not deemed	
Annual service hours provided:	Initial and annual licensing fees:
0-3,999	\$728
4,000-14,999	\$1,055
15,000-29,999	\$1,405
30,000-49,999	\$2,105
50,000 or more	\$2,575
Annual licensing fees for deemed agencies	
Deemed agencies licensed by the department	\$500 annual licensing fee
Complaint/critical incident investigation fee	
All residential and nonresidential agencies	\$1,000 per substantiated complaint investigation and \$1,000 per substantiated critical incident investigation that results in a requirement for corrective action

(8) Agencies providing nonresidential mental health services must report the number of annual service hours provided (~~based on the department's current published "Service Encounter Reporting Instructions~~

for BHOs" and the "Consumer Information System (CIS) Data Dictionary for BHOs.").

(a) Existing licensed agencies must compute the annual service hours based on the most recent state fiscal year.

(b) Newly licensed agencies must compute the annual service hours by projecting the service hours for the first twelve months of operation.

(9) Agencies providing mental health peer respite services, intensive behavioral health treatment services, evaluation and treatment services, and competency evaluation and restoration treatment services must pay the following certification fees:

(a) Ninety dollars initial certification fee, per bed; and

(b) Ninety dollars annual certification fee, per bed.

[Statutory Authority: 2019 c 324, RCW 71.24.037, 71.24.648, and 71.24.649. WSR 20-07-091, § 246-341-0365, filed 3/17/20, effective 5/1/20. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0365, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 20-02-116, filed 1/2/20, effective 1/2/20)

WAC 246-341-0367 Agency licensure and certification—Fee requirements for tribal attestations. (1) A tribe may attest that its behavioral health agency meets state minimum standards for a licensed or certified behavioral health agency, as described by the definition of "licensed or certified behavioral health agency" in RCW 71.24.025 (~~((26)(c))~~).

(2) A tribe that is pursuing attestation with the department must submit a two hundred sixty-one dollar administrative processing fee to the department for any new or renewed attestation.

[Statutory Authority: RCW 43.70.250, 43.70.280, 71.24.037, and 71.24.025. WSR 20-02-116, § 246-341-0367, filed 1/2/20, effective 1/2/20.]

~~((SECTION FOUR))~~ BEHAVIORAL HEALTH SERVICES—AGENCY ADMINISTRATION

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0400 Agency administration—Governing body requirements. A governing body is the entity with legal authority and responsibility for the operation of the behavioral health agency, to include its officers, board of directors or the trustees of a corporation or limited liability company. An agency's governing body is re-

sponsible for the conduct and quality of the behavioral health services provided. The agency's governing body must:

- (1) Assure there is an administrator responsible for the day-to-day operation of services;
- (2) Maintain a current job description for the administrator, including the administrator's authority and duties; and
- (3) Notify the department within thirty days of ~~((changes of))~~ changing the administrator.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0400, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0410 Agency administration—Administrator key responsibilities. (1) The agency administrator is responsible for the day-to-day operation of the agency's provision of certified behavioral health treatment services, including:

- (a) All administrative matters;
- (b) Individual care services; and
- (c) Meeting all applicable rules, policies, and ethical standards.

(2) The administrator may delegate the responsibilities assigned to them under this section to appropriate staff. The administrator retains overall responsibility for responsibilities delegated to appropriate staff.

(3) The administrator must delegate to a staff person the duty and responsibility to act on the administrator's behalf when the administrator is not on duty or on call.

(4) The administrator or their designee must ensure:

(a) ~~((Delegate to a staff person the duty and responsibility to act in the administrator's behalf when the administrator is not on duty or on call;~~

~~(b) Ensure))~~ Administrative, personnel, and clinical policies and procedures are adhered to and ((kept current to be in compliance)) compliant with the rules in this chapter((, as applicable)) and other applicable state and federal statutes and regulations;

~~((c) Employ))~~ (b) There is sufficient qualified personnel to provide adequate treatment services and facility security;

~~((d) Ensure))~~ (c) All persons providing clinical services are appropriately credentialed for ((their scope of practice as required by the department)) the clinical services they provide;

~~((e) Identify at least one person to be responsible for))~~ (d) Clinical supervision ((duties)) of all clinical services including clinical services provided by trainees, students, and volunteers;

~~((f) Ensure that))~~ (e) There is an up-to-date personnel file for each employee, trainee, student, volunteer, and for each contracted staff person who provides or supervises an individual's care; ((and

~~(g) Ensure that))~~ (f) Personnel records document that Washington state patrol background checks consistent with chapter 43.43 RCW have been completed for each employee in contact with individuals receiving services ((-

~~(3) The administrator must ensure the agency develops and maintains); and~~

(g) A written internal quality management ((plan/process)) plan, human resources plan or similarly specialized plan, as appropriate, is developed and maintained that:

~~((a)) (i) Addresses the clinical supervision and training of ((clinical)) staff providing clinical services;~~

~~((b)) (ii) Monitors compliance with the rules in this chapter, and other state and federal rules and laws that govern agency licensing and certification requirements; and~~

~~((e)) (iii) Continuously improves the quality of care in all of the following:~~

~~((i)) (A) Cultural competency that aligns with the agency's local community and individuals the agency serves or may serve;~~

~~((ii)) (B) Use of evidence based and promising practices; and~~

~~((iii)) (C) In response to((+)~~

~~(A) Critical incidents;~~

~~(B) Complaints; and~~

~~(C) Grievances and appeals)) critical incidents and substantiated complaints.~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0410, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0420 Agency ((administration)) policies and procedures. Each agency licensed by the department to provide any behavioral health service must develop, implement, and maintain policies and procedures that address all of the applicable licensing and certification requirements of this chapter including administrative and personnel policies and procedures ~~((to meet the minimum requirements of this chapter))~~. ~~((The))~~ Administrative policies and procedures must demonstrate the following, as applicable:

(1) Ownership. Documentation of the agency's governing body, including a description of membership and authorities, and documentation of the agency's:

(a) Articles and certificate of incorporation and bylaws if the owner is a corporation;

(b) Partnership agreement if the owner is a partnership; or

(c) Sole proprietorship if one person is the owner.

(2) Licensure. A copy of the agency's master business license that authorizes the organization to do business in Washington state that lists all addresses where the entity performs services.

(3) Organizational description. An organizational description detailing all positions and associated licensure or certification, updated as needed.

(4) Agency staffing ~~((and supervision))~~. Documentation that shows the agency has ~~((staff members who))~~ adequate staffing to provide treatment in accordance ~~((to))~~ with regulations relevant to their specialty or specialties and registration, certification, licensing, and trainee or volunteer status.

(5) Interpreter services for individuals with limited-English proficiency (LEP) and individuals who have sensory disabilities. Documentation that demonstrates the agency's ability to provide or coordinate services for individuals with LEP and individuals who have sensory disabilities. This means:

(a) Certified interpreters or other interpreter services must be available for individuals with (~~limited-English-speaking proficiency~~) LEP and individuals who have sensory disabilities; or

(b) The agency must have the ability to effectively provide, coordinate or refer individuals in these populations for appropriate assessment or treatment.

(6) Reasonable access for individuals with disabilities. A description of how reasonable accommodations will be provided to individuals with disabilities.

(7) Nondiscrimination. A description of how the agency complies with all state and federal nondiscrimination laws, rules, and plans.

(8) (~~Fee schedules. A copy of the agency's current fee schedules for all services must be available on request.~~

~~(9) Funding options for treatment costs. A description of how the agency works with individuals to address the funding of an individual's treatment costs, including a mechanism to address changes in the individual's ability to pay.~~

~~(10)) State and federal rules on confidentiality. A description of how the agency implements state and federal rules on individuals' confidentiality consistent with the service or services being provided.~~

~~((11)) (9) Reporting and documentation of suspected abuse, neglect, or exploitation. A description how the agency directs staff to report and document suspected abuse, neglect, or exploitation of a child or vulnerable adult consistent with chapters 26.44 and 74.34 RCW.~~

~~((12)) (10) Reporting of impaired practitioners in accordance with chapters 18.130 RCW and 246-16 WAC.~~

~~(11) Protection of youth. Documentation of how the agency addresses compliance with ((program-specific)) service-specific rules and the protection of youth participating in group or residential treatment with adults and how the agency will follow the requirements of chapter 71.34 RCW when an adolescent seeks treatment for themselves and for family initiated treatment of an adolescent.~~

~~((13)) (12) Completing and submitting reports. A description of how the agency directs staff to(~~

~~(a)) complete and submit in a timely manner, all reports required by entities such as the courts, department of corrections, department of licensing, the department of social and health services, the health care authority, and the department of health(~~

~~(b) Include a copy of the report(s) in the clinical record and document the date submitted.~~

~~(14) Reporting the death of an individual seeking or receiving services. A description of how the agency directs staff to report to the department or behavioral health organization (BHO), as applicable, within one business day the death of any individual which occurs on the premises of a licensed agency).~~

~~((15)) (13) Reporting critical incidents. A description of how the agency directs staff to report to the department ((or BHO, as applicable,)) within ((one business day)) forty-eight hours any critical incident that occurs involving an individual, and actions taken as a~~

result of the incident. A critical incident is a serious or undesirable outcome that occurs in the agency including:

- (a) Allegations of abuse, neglect, or exploitation;
 - (b) Death, including death by suicide;
 - (c) Injuries resulting in admission to a hospital as an inpatient; or
 - (d) Outbreak of communicable disease within the agency.
- ~~((16))~~ (14) A smoking policy. Documentation that a smoking policy consistent with chapter 70.160 RCW (~~(smoking in public places)~~), and in compliance with applicable county ordinances, is in effect.
- ~~((17) Outpatient))~~ (15) Evacuation plan. Documentation that the residential or inpatient agency has an evacuation plan consistent with chapter 246-320, 246-322, 246-324, or 246-337 WAC. For a nonresidential agency, documentation of an evacuation plan for use in the event of a disaster or emergency that addresses:
- (a) Different types of disasters or emergencies;
 - (b) Placement of posters showing routes of exit;
 - (c) The need to mention evacuation routes at public meetings;
 - (d) Communication methods for individuals, staff, and visitors, including persons with a visual or hearing impairment or limitation;
 - (e) Evacuation of mobility impaired individuals; and
 - (f) Evacuation of children if child care is offered.
- ~~((18))~~ (16) Individual rights. A description of how the agency has individual participation rights and policies consistent with WAC 246-341-0600.
- ~~((19))~~ (17) Individual complaints (~~and grievances~~). A description of how the agency addresses an individual's ~~(+ (a))~~ right to report an alleged violation of chapter ~~((s))~~ 70.41, 71.05, 71.12, 71.24, or 71.34 RCW, and this chapter consistent with WAC 246-341-0605;
- ~~((b) Grievance or appeal consistent with WAC 182-538D-0654 through 182-538D-0680.))~~
- (18) Personnel policies and procedures must address the following:
- (a) Background checks and disclosure statements. Identification of how the agency conducts Washington state background checks and obtains disclosure statements on each agency employee with unsupervised access to individuals receiving services, consistent with RCW 43.43.830 through 43.43.842.
 - (b) Drug-free workplace. Identification of how the agency provides for a drug-free workplace that includes:
 - (i) Agency program standards of prohibited conduct; and
 - (ii) Actions to be taken in the event a staff member misuses alcohol or other drugs, including referral to a department-approved impaired practitioner or voluntary substance use monitoring program.
 - (c) Supervision. Identification of how supervision is provided to assist clinical and nonclinical staff and volunteers to increase their skills and improve quality of services to individuals and families.
 - (d) Staff training. A description of how the agency provides training initial orientation and annual training thereafter in accordance with WAC 246-341-0510.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0420, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0425 Agency administration—Individual clinical record system. Each agency (~~(licensed by the department to provide any behavioral health service)~~) must:

(1) Maintain a comprehensive clinical record system that includes policies and procedures that protect an individual's personal health information;

(2) Ensure that the individual's personal health information is shared or released only in compliance with applicable state and federal law;

(3) If maintaining electronic individual clinical records:

(a) Provide secure, limited access through means that prevent modification or deletion after initial preparation;

(b) Provide for a backup of records in the event of equipment, media, or human error; ~~((and))~~

(c) Provide for protection from unauthorized access, including network and internet access;

(d) Provide that each entry made in an individual's clinical records clearly identifies the author and who approved the entry, if applicable; and

(e) Prohibit agency employees from using another employee's credentials to access, author, modify, or delete an entry from an individual's clinical record;

(4) Retain an individual's clinical record, including an electronic record, for a minimum of six years after the most recent discharge or transfer of any individual;

(5) Retain a youth's or child's individual clinical record, including an electronic record, for at least six years after the most recent discharge, or ~~((at least three years following))~~ until the youth's or child's ((eighteenth)) twenty-first birthday, whichever is longer; and

(6) ~~((Meet the access to clinical records requirements in WAC 246-341-0650.))~~ Ensure secure storage of active or closed confidential records.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0425, filed 4/16/19, effective 5/17/19.]

~~((SECTION FIVE—))~~ BEHAVIORAL HEALTH SERVICES—PERSONNEL

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0510 Personnel—Agency record requirements. Each agency (~~(licensed by the department to provide any behavioral health~~

service)) must maintain a personnel record for each person employed by the agency.

(1) The personnel record must contain all of the following:

(a) ~~((Documentation of annual training, including documentation that the employee successfully completed training on cultural competency.))~~ A signed position description.

(b) A signed and dated commitment to maintain patient (individual) confidentiality in accordance with state and federal confidentiality requirements.

(c) A record of an orientation to the agency within ninety days of hire that includes all of the following:

(i) An overview of the agency's policies and procedures.

(ii) ~~((The duty to warn or to take reasonable precautions to provide protection from violent behavior when an individual has communicated an actual imminent threat of physical violence against a reasonably identifiable victim or victims. Taking reasonable precautions includes notifying law enforcement as required and allowed by law.~~

~~((iii))~~ Staff ethical standards and conduct, including reporting of unprofessional conduct to appropriate authorities.

~~((iv))~~ (iii) The process for resolving client ((complaints and grievances)) concerns.

~~((d))~~ (iv) Cultural competency.

(v) Violence prevention training on the safety and violence prevention topics described in RCW 49.19.030.

(vi) If providing substance use disorder services, prevention and control of communicable disease, bloodborne pathogens, and tuberculosis.

(d) A record of annual training that includes:

(i) Cultural competency; and

(ii) If providing substance use disorder services, prevention and control of communicable disease, bloodborne pathogens, and tuberculosis.

(e) A record of violence prevention training on the safety and violence prevention topics described in RCW 49.19.030; annually for employees working directly with clients receiving mental health services per RCW 71.05.720 or according to the agency's workplace violence plan required per RCW 49.19.020.

(f) A copy of the staff member's valid current credential issued by the department ((for their scope of practice)) if they provide clinical services.

(2) Staff members who have received services from the agency must have personnel records that:

(a) Are separate from clinical records; and

(b) Have no indication of current or previous service recipient status, unless the information is shared voluntarily for the purposes of employment as a certified peer counselor.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0510, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0515 Personnel—Agency staff requirements. Each agency (~~licensed by the department to provide one or more behavioral health service~~) must ensure that all of the following staff requirements are met:

~~(1) (An agency providing mental health services must ensure all of the following:~~

~~(a) Each mental health service is provided by qualified staff members who meet the following for their scope of practice and services provided:~~

~~(i) Professional standards, including documented coursework, continuing education, and training;~~

~~(ii) Clinical supervision requirements; and~~

~~(iii) Licensure and credentialing requirements.~~

~~(b) Each staff member working directly with an individual receiving mental health services receives:~~

~~(i) Clinical supervision from a mental health professional who has received documented training and competency in clinical supervision approved by the department; and~~

~~(ii) Annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030.~~

~~(c) Staff) All staff providing clinical services are appropriately credentialed for the services they provide, which may include a co-occurring disorder specialist enhancement.~~

~~(2) All staff providing clinical services receive clinical supervision;~~

~~(3) All staff providing clinical mental health services have access to consultation with a psychiatrist, physician, physician assistant, advanced registered nurse practitioner ((~~ARNP~~)), or psychologist who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder.~~

~~((2) An agency providing substance use disorder treatment services must ensure all of the following:~~

~~(a) All substance use disorder assessment and counseling services are provided by a chemical dependency professional (CDP), or a department-credentialed chemical dependency professional trainee (CDPT) under the supervision of an approved supervisor.~~

~~(b) There is a designated clinical supervisor who:~~

~~(i) Is a CDP;~~

~~(ii) Is an approved supervisor who meets the requirements of chapter 246-811 WAC; and~~

~~(iii) Has not committed, permitted, aided, or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180.~~

~~(c) Each chemical dependency professional trainee has at least one approved supervisor who meets the qualifications in WAC 246-811-049. An approved supervisor must decrease the hours of individual contact by twenty percent for each full-time CDPT supervised.~~

~~(d) Each staff member that provides individual care has a copy of an initial tuberculosis (TB) screen or test and any subsequent screenings or testing in their personnel file.~~

~~(e) All staff members are provided annual training on the prevention and control of communicable disease, bloodborne pathogens, and TB, and document the training in the personnel file.~~

~~(3-))~~ (4) An agency providing group counseling or group therapy must have a staff ratio of at least one staff member to every sixteen individuals during group counseling or therapy sessions.

(5) A Mental health professional is:

(a) A psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner (ARNP), psychiatric nurse, or social worker as defined in chapters 71.05 and 71.34 RCW;

(b) A person who is licensed by the department as a mental health counselor or mental health counselor associate, marriage and family therapist, or marriage and family therapist associate; or

(c) An agency staff member with a designation given by the department or an attestation by the licensed behavioral health agency that the person meets the following:

(i) Holds a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university who has at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, experience that was gained under the supervision of a mental health professional recognized by the department or attested to by the licensed behavioral health agency;

(ii) Who meets the waiver criteria of RCW 71.24.260, and the waiver was granted prior to 1986; or

(iii) Who had an approved waiver to perform the duties of a mental health professional (MHP), that was requested by the behavioral health organization (BHO) and granted by the mental health division prior to July 1, 2001.

(6) An agency providing problem gambling and ((pathological)) gambling disorder treatment services must ensure ((all of the following):

~~(a) All problem and pathological gambling treatment services are provided by:~~

~~(i) A certified Washington state, national, or international gambling counselor who is credentialed by the department under chapter 18.19, 18.83, or 18.225 RCW; or~~

~~(ii) An individual credentialed by DOH under chapter 18.19, 18.83, or 18.225 RCW, under the supervision of a certified problem gambling counselor, in training to become a certified problem gambling counselor.~~

~~(b) Before providing problem and pathological treatment services, an individual in training to become a certified problem gambling counselor must have a minimum of:~~

~~(i) At least one thousand five hundred hours of professionally supervised postcertification or postregistration experience providing mental health or substance use disorder treatment services; and~~

~~(ii) Thirty hours of unduplicated gambling specific training, including the basic training; one of the following state, national, or international organizations must approve the training:~~

~~(A) Washington state gambling counselor certification committee;~~

~~(B) National or international gambling counselor certification board; or~~

~~(C) The department.~~

~~(c) An individual who meets subsection (3) (b) (ii) of this section must complete training to become a certified problem and pathological gambling counselor within two years of beginning problem and pathological gambling clinical practice.~~

~~(d) All staff members in training to become a certified problem gambling counselor must receive clinical supervision. The clinical supervisor must:~~

~~(i) Hold a valid international gambling counselor certification board-approved clinical consultant credential, a valid Washington state certified gambling counselor II certification credential, or a valid national certified gambling counselor II certification credential; and~~

~~(ii) Complete training on gambling specific clinical supervision approved by a state, national, or international organization including, but not limited to, the:~~

~~(A) Washington state gambling counselor certification committee;~~

~~(B) National or international gambling counselor certification board; or~~

~~(C) The department)) staffing in accordance with WAC 246-341-0754.~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0515, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0520 Personnel—Agency requirements for supervision of trainees, interns, volunteers, and students. Each agency licensed by the department to provide any behavioral health service must ensure the following supervision requirements are met for trainees, interns, volunteers, and students:

(1) Each trainee, intern, volunteer, and student ((~~passes~~)) with unsupervised access to individuals receiving services obtains a background check and submits a disclosure statement consistent with RCW 43.43.830 through 43.43.842;

(2) Each trainee, intern, volunteer, and student who receives clinical training ((~~at an agency must be assigned a supervisor who has been approved by the agency administrator or designee. The assigned supervisor:~~

~~(a) Must be credentialed by the department for their scope of practice;~~

~~(b) Is responsible for all individuals assigned to the trainee or intern they supervise; and~~

~~(c)) must receive clinical supervision that includes review of clinical documentation with the trainee ((~~or~~), intern, volunteer, or student as part of the supervision process; and~~

(3) The agency must obtain and retain a confidentiality statement signed by the trainee, intern, volunteer, and student and the person's academic supervisor, if applicable.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0520, filed 4/16/19, effective 5/17/19.]

~~((SECTION SIX))~~ BEHAVIORAL HEALTH SERVICES—CLINICAL

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0600 Clinical—Individual rights. (1) Each agency must protect and promote individual participant rights applicable to the services the agency is certified to provide in compliance with this chapter, and chapters 70.41, 71.05, 71.12, 71.24, and 71.34 RCW, as applicable.

(2) ~~Each agency ((licensed by the department to provide any behavioral health service))~~ must develop a statement of individual participant rights applicable to the services ~~((categories))~~ the agency is ~~((licensed for))~~ certified to provide, to ensure an individual's rights are protected in compliance with chapters 70.41, 71.05, 71.12, 71.24, and 71.34 RCW~~((. In addition))~~, as applicable. To the extent that the rights set out in those chapters do not specifically address the rights in this subsection or are not applicable to all of the agency's services, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements. "You have the right to:"

(a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;

(b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;

(c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;

(d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others;

(e) Be free of any sexual harassment;

(f) Be free of exploitation, including physical and financial exploitation;

(g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;

(h) Participate in the development of your individual service plan and receive a copy of the plan if desired;

(i) Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; and

~~((i) Receive a copy of agency grievance system procedures according to WAC 182-538D-0654 through 182-538D-0680 upon request and to~~

~~file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated; and)~~

(j) Submit a report to the department when you feel the agency has violated a WAC requirement regulating behavioral health agencies.

~~((2))~~ (3) Each agency must ensure the applicable individual participant rights described in subsection (1) of this section are:

(a) Provided in writing to each individual on or before admission;

(b) Available in alternative formats for individuals who are visually impaired;

(c) Translated to the most commonly used languages in the agency's service area;

(d) Posted in public areas; and

(e) Available to any participant upon request.

~~((3) Each agency must ensure all research concerning an individual whose cost of care is publicly funded is done in accordance with chapter 388-04 WAC, protection of human research subjects, and other applicable state and federal rules and laws.~~

~~(4) In addition to the requirements in this section, each agency providing services to medicaid recipients must ensure an individual seeking or participating in behavioral health treatment services, or the person legally responsible for the individual is informed of their medicaid rights at time of admission and in a manner that is understandable to the individual or legally responsible person.~~

~~(5) The grievance system rules in WAC 182-538D-0654 through 182-538D-0680 apply to an individual who receives behavioral health services funded through a federal medicaid program or sources other than a federal medicaid program.)~~ (4) At the time of admission and upon client request, the agency must provide each client with information on how to file a report to the department if they feel their rights or requirements of this chapter have been violated.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0600, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0605 Complaint process. (1) Any person may submit a report to the department of an alleged violation of licensing and certification laws and rules.

(2) Health care professionals credentialed by the department must comply with the mandatory reporting requirements in chapters 18.130 RCW and 246-16 WAC.

(3) If the department determines a report should be investigated, the report becomes a complaint. If the department conducts a complaint investigation, agency representatives must cooperate to allow department representatives to:

(a) Examine any part of the facility at reasonable times and as needed;

(b) Review and evaluate agency records including, but not limited to:

(i) An individual's clinical record and personnel file; and

(ii) The agency's policies, procedures, fiscal records, and any other documents required by the department to determine compliance and to resolve the complaint; and

(c) Conduct individual interviews with staff members and individuals receiving services.

(4) An agency or agency provider must not retaliate against any:

(a) Individual or individual's representative for making a report with the department or being interviewed by the department about a complaint;

(b) A witness involved in the complaint issue; or

(c) An employee of the agency.

(5) The department may assess a ((fee)) fine under RCW 43.70.250, or deny, suspend, or modify a license or certification under RCW 43.70.115, if:

(a) Any allegation within the complaint is substantiated; or

(b) The department's finding that the individual or individual's representative, a witness, or employee of the agency experienced an act of retaliation by the agency as described in subsection (4) of this section during or after a complaint investigation.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0605, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0640 Clinical (~~(—Additional)~~) record content. Each agency (~~(licensed by the department to provide any behavioral health service)~~) is responsible for the components and documentation in an individual's clinical record content unless specified otherwise in specific service certification requirements.

(1) The clinical record must include:

~~((1))~~ (a) Documentation the individual received a copy of counselor disclosure requirements as required for the counselor's credential ~~((7))~~.

~~((2) Demographic)~~ (b) Identifying information ~~((7))~~.

~~((3))~~ (c) An assessment ~~((7)~~

~~(4) Documentation of the individual's response when asked if:~~

~~(a) The individual is under department of corrections (DOC) supervision;~~

~~(b) The individual is under civil or criminal court ordered mental health or substance use disorder treatment; and~~

~~(c) There is a court order exempting the individual participant from reporting requirements. A copy of the court order must be included in the record if the participant claims exemption from reporting requirements.~~

~~(5) Documentation that the agency is in compliance with RCW 71.05.445 regarding mental health services for individuals under department of corrections supervision;~~

~~(6) Documentation the individual was informed of applicable federal and state confidentiality requirements;~~

~~(7))~~ which is an age-appropriate, strengths-based psychosocial assessment that considers current needs and the individual's relevant behavioral and physical health history according to best practices,

completed by a person appropriately credentialed or qualified to provide the type of assessment pertaining to the service(s) being sought, which includes:

(i) Presenting issue(s);

(ii) An assessment of any risk of harm to self and others, including suicide, homicide, and a history of self-harm and, if the assessment indicates there is such a risk, a referral for provision of emergency/crisis services;

(iii) Treatment recommendations or recommendations for additional program-specific assessment; and

(iv) A diagnostic assessment statement, including sufficient information to determine a diagnosis supported by the current and applicable *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* or a placement decision, using ASAM criteria dimensions, when the assessment indicates the individual is in need of substance use disorder services.

(d) Individual service plan that:

(i) Is completed or approved by a person appropriately credentialed or qualified to provide mental health, substance use, co-occurring, or problem gambling disorder services;

(ii) Addresses issues identified in the assessment and by the individual or, if applicable, the individual's parent(s) or legal representative;

(iii) Contains measurable goals or objectives and interventions;

(iv) Must be mutually agreed upon and updated to address changes in identified needs and achievement of goals or at the request of the individual or, if applicable, the individual's parent or legal representative;

(v) Must be in a terminology that is understandable to the individuals and the individual's family or legal representative, if applicable.

(e) If treatment is not court-ordered, documentation of informed consent to treatment by the individual or individual's parent, or other legal representative.

(f) Progress and group notes including the date, time, duration, participant's name, response to interventions or clinically significant behaviors during the group session, and a brief summary of the individual or group session and the name and credential of the staff member who provided it.

(g) If treatment is for a substance use disorder, documentation that ASAM criteria was used for admission, continued services, referral, and discharge planning and decisions.

(h) Discharge information as follows:

(i) A discharge statement if the individual left without notice;

or

(ii) Discharge information for an individual who did not leave without notice, completed within seven working days of the individual's discharge, including:

(A) The date of discharge;

(B) Continuing care plan; and

(C) If applicable, current prescribed medication.

(2) When the following situations apply, the clinical record must include:

(a) Documentation of confidential information that has been released without the consent of the individual under:

((a)) (i) RCW 70.02.050;

~~((b))~~ (ii) The Health Insurance Portability and Accountability Act (HIPAA); and
~~((e))~~ (iii) RCW 70.02.230 and 70.02.240 if the individual received mental health treatment services;
(iv) 42 C.F.R. Part 2.

~~((8))~~ (b) Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters 26.44 and 74.34 RCW has occurred~~((7))~~.

~~((9) If treatment is not court-ordered, documentation of informed consent to treatment by the individual or individual's parent, or other legal representative;~~

~~(10))~~ (c) If treatment is court-ordered, a copy of the order~~((7))~~.

~~((11))~~ (d) Medication records~~((, if applicable;))~~.

~~((12))~~ (e) Laboratory reports~~((, if applicable;))~~.

~~((13))~~ (f) Properly completed authorizations for release of information~~((, if applicable;))~~.

~~(14) Copies of applicable correspondence;~~

~~(15) Discharge information as follows:~~

~~(a) A discharge statement if the individual left without notice;~~

~~(b) Discharge information for an individual who did not leave without notice, completed within seven working days of the individual's discharge, including:~~

~~(i) The date of discharge;~~

~~(ii) Continuing care plan;~~

~~(iii) Legal status, and if applicable; and~~

~~(iv) Current prescribed medication).~~

~~((e) When an individual is transferring to another service provider,))~~ (g) Documentation that copies of documents pertinent to the individual's course of treatment were forwarded to the new service provider with the individual's permission.

~~((16))~~ (h) A copy of any report required by entities such as the courts, department of corrections, department of licensing, and the department of health, and the date the report was submitted~~((7))~~.

~~((17) Progress notes must include the date, time, duration, participant's name, response to interventions, and a brief summary of the session and the name and credential of the staff member who provided it;~~

~~(18))~~ (i) Documentation of coordination with any systems or organizations the individual identifies as being relevant to treatment, with the individual's consent or if applicable, the consent of the individual's parent or legal representation~~((7-and))~~.

~~((19))~~ (j) A crisis plan, if one has been developed.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0640, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0650 Clinical—Access to clinical records. (1) Each agency ~~((licensed by the department to provide any behavioral health service must:~~

~~(1) Provide access to an individual's clinical record at the request of the individual or, if applicable, the individual's designated representative, or legal representative, or both. The agency must:~~

~~(a) Ensure that any material confidential to another person, agency, or provider is not redisclosed.~~

~~(b) Make the clinical record available to the requester within fifteen days of the request.~~

~~(c) Allow appropriate time and privacy for the review.~~

~~(d) Have)) must only provide access to clinical records in compliance with applicable state and federal statutes and regulations.~~

~~(2) When providing access to clinical records to an individual, the agency must allow appropriate time and privacy for the review and have a clinical staff member available to answer questions.~~

~~((c) Assure the charge for duplicating or searching the record is at a rate not higher than the "reasonable fee" as defined in RCW 70.02.010.~~

~~(2) Make an individual's)) (3) If the agency maintains electronic clinical records, the agency must make the records available in hard-copy form.~~

~~(4) The agency must allow the department access to individual clinical records ((available to department staff as required for department program review.~~

~~(3) If the agency maintains electronic individual clinical records, the agency must:~~

~~(a) Make the clinical record available, in paper form if requested; and~~

~~(b) Meet the criteria in subsections (1) and (2) of this section)).~~

~~((4)) (5) When an individual receiving mental health services is under the supervision of the department of corrections (DOC), the agency must make information available to DOC, in accordance with RCW 71.05.445. The information released does not require the consent of the individual.~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0650, filed 4/16/19, effective 5/17/19.]

~~((SECTION SEVEN))~~ OUTPATIENT AND RECOVERY SUPPORT SERVICES

AMENDATORY SECTION (Amending WSR 20-07-091, filed 3/17/20, effective 5/1/20)

WAC 246-341-0700 Outpatient and recovery support services—General. Outpatient behavioral health services and recovery support services are intended to improve or reduce symptoms and help facilitate resolution of situational disturbances for individuals in the areas of relationships, employment, and community integration.

(1) Outpatient services include the ~~((following:~~

- ~~(a) Individual mental health treatment services;~~
 - ~~(b) Brief mental health intervention treatment services;~~
 - ~~(c) Group mental health therapy services;~~
 - ~~(d) Family therapy mental health services;~~
 - ~~(e) Rehabilitative case management mental health services;~~
 - ~~(f) Psychiatric medication mental health services and medication support;~~
 - ~~(g) Day support mental health services;~~
 - ~~(h) Mental health outpatient services provided in a residential treatment facility (RTF);~~
 - ~~(i) Level one outpatient substance use disorder services;~~
 - ~~(j) Level two intensive outpatient substance use disorder services;~~
 - ~~(k) Substance use disorder assessment only services;~~
 - ~~(l) Alcohol and drug information school;~~
 - ~~(m) Substance use disorder information and crisis services;~~
 - ~~(n) Substance use disorder emergency service patrol services;~~
 - ~~(o) Substance use disorder screening and brief intervention services; and~~
 - ~~(p) Problem and pathological gambling services)) certifications described in WAC 246-341-0702 through 246-341-0754.~~
- (2) Recovery support services include the ((following:
- ~~(a) Supported employment mental health and substance use disorder services;~~
 - ~~(b) Supportive housing mental health and substance use disorder services;~~
 - ~~(c) Peer support mental health services;~~
 - ~~(d) Wraparound facilitation mental health services;~~
 - ~~(e) Applied behavior analysis (ABA) mental health services;~~
 - ~~(f) Consumer run clubhouse mental health services; and~~
 - ~~(g) Mental health peer respite services.~~
- ~~(3) A behavioral health agency that provides outpatient or recovery support services must:~~
- ~~(a) Be licensed by the department as a behavioral health agency; and~~
 - ~~(b) Meet the applicable program-specific requirements for each behavioral health service provided)) certifications described in WAC 246-341-0720 through 246-341-0730.~~

[Statutory Authority: 2019 c 324, RCW 71.24.037, 71.24.648, and 71.24.649. WSR 20-07-091, § 246-341-0700, filed 3/17/20, effective 5/1/20. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0700, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0702 Outpatient services—Individual mental health treatment services. ((~~1~~)) Individual mental health treatment services are services designed to assist an individual in attaining the goals identified in the individual service plan. The treatment services are conducted with the individual and any natural supports as identified by the individual.

~~((2) An agency certified to provide individual treatment services must meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650.))~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0702, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0704 Outpatient services—Brief mental health intervention treatment services. ~~((1))~~ Brief mental health intervention treatment services are solution-focused and outcome-oriented cognitive and behavioral interventions, intended to resolve situational disturbances. These services do not require long-term treatment, are generally completed in six months or less, and do not include ongoing care, maintenance, or monitoring of the individual's current level of function or assistance with self-care or life skills training.

~~((2) An agency certified to provide brief mental health intervention treatment services must meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650.))~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0704, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0706 Outpatient services—Group mental health therapy services. Group mental health therapy services are provided to an individual in a group setting to assist the individual in attaining the goals described in the individual service plan. ~~((In addition to meeting the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650, an agency certified to provide group mental health services must:~~

- ~~(1) Have a written description of each group's purpose;~~
- ~~(2) Ensure group therapy services are provided with a staff ratio of one staff member for every sixteen individuals;~~
- ~~(3) Ensure any group containing more than twelve individuals has at least one facilitator or cofacilitator that is an appropriately credentialed professional; and~~
- ~~(4) Ensure group notes are recorded in each individual's clinical record and include the requirements of WAC 246-341-0640(17) for discharge information.))~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0706, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0708 Outpatient services—Family therapy mental health services. (1) Family therapy mental health services are services provided for the direct benefit of an individual, with either family members, or other relevant persons, or both, in attendance, with the consent of the individual.

(2) Interventions must identify and build competencies to strengthen family functioning in relationship to the individual's identified goals. The individual may or may not be present.

~~((3) An agency certified to provide family therapy mental health services must meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650.))~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0708, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0710 Outpatient services—Rehabilitative case management mental health services. Rehabilitative case management mental health services are services that meet the ongoing assessment, facilitation, care coordination and advocacy for options and services to meet an individual's needs through communication and available resources, to promote quality and effective outcomes during and following a hospitalization.

(1) Rehabilitative case management services support individual employment, education, and participation in other daily activities appropriate to the individual's age, gender, and culture, and assist individuals in resolving crises in the least restrictive setting.

(2) Rehabilitative case management services include specific rehabilitative services provided to:

(a) Assist in an individual's discharge from an inpatient facility; and

(b) Minimize the risk of readmission to an inpatient setting.

(3) An agency ((certified to provide rehabilitative case management services must meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650)) providing rehabilitative case management is not required to complete the assessment requirement in WAC 246-341-0640 (1)(c).

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0710, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0712 Outpatient services—Psychiatric medication ((mental health)) management services ((and medication support)).

Psychiatric medication ((mental health)) management services are a variety of activities related to prescribing and administering medication, including monitoring an individual for side effects and changes as needed. ((These services may only be provided with one of the outpatient mental health services in WAC 246-341-0700 (1)(a) through (e).))

(1) An agency providing psychiatric medication management services ((may also provide medication support services, described in subsections (2) and (3) of this section.

((An agency providing psychiatric medication services)) must:

(a) Ensure that medical direction and responsibility are assigned to a:

(i) Physician who is licensed to practice under chapter 18.57 or 18.71 RCW, and is board-certified or board-eligible in psychiatry;

(ii) Psychiatric advanced registered nurse practitioner (ARNP) licensed under chapter 18.79 RCW; or

(iii) Physician assistant licensed under chapter 18.71A or 18.57A RCW working with a supervising psychiatrist.

(b) Ensure that the services are provided by a prescriber licensed by the department who is practicing within the scope of that practice;

(c) Ensure that all staff administering medications are ((administered by staff practicing within the scope of their practice)) appropriately credentialed;

(d) Have a process by which the medication prescriber informs either the individual, the legally responsible party, or both, and, as appropriate, family members, of the potential benefits and side effects of the prescribed medication(s);

(e) Must ensure that all medications maintained by the agency are safely and securely stored, including assurance that:

(i) Medications are kept in locked cabinets within a well-lit, locked and properly ventilated room;

(ii) Medications kept for individuals on medication administration or self-administration programs are clearly labeled and stored separately from medication samples kept on-site;

(iii) Medications marked "for external use only" are stored separately from oral or injectable medications;

(iv) Refrigerated food or beverages used in the administration of medications are kept separate from the refrigerated medications by the use of trays or other designated containers;

(v) Syringes and sharp objects are properly stored and disposed of;

(vi) Refrigerated medications are maintained at the required temperature; and

(vii) If the individual gives permission for disposal, outdated medications are disposed of in accordance with the regulations of the ((state board of)) pharmacy quality assurance commission and no outdated medications are retained.

(2) An agency providing psychiatric medication management services may utilize a physician or ARNP without board eligibility in psy-

chiatry if unable to employ or contract with a psychiatrist. In this case, the agency must ensure that:

(a) Psychiatrist consultation is provided to the physician or ARNP at least monthly; and

(b) A psychiatrist or psychiatric ARNP is accessible to the physician or ARNP for emergency consultation.

~~((3) Medication support services occur face-to-face and:~~

~~(a) Include one-on-one cueing, observing, and encouraging an individual to take medication as prescribed;~~

~~(b) Include reporting any pertinent information related to the individual's adherence to the medication back to the agency that is providing psychiatric medication services; and~~

~~(c) May take place at any location and for as long as it is clinically necessary.~~

~~(4) An agency providing medication support services must:~~

~~(a) Ensure that the staff positions responsible for providing either medication monitoring, or delivery services, or both, are clearly identified in the agency's medication support services policy;~~

~~(b) Have appropriate policies and procedures in place when the agency providing medication support services maintains or delivers medication to the individual that address:~~

~~(i) The maintenance of a medication log documenting medications that are received, prescribed, and dispensed;~~

~~(ii) Reasonable precautions that need to be taken when transporting medications to the intended individual and to assure staff safety during the transportation; and~~

~~(iii) The prevention of contamination of medication during delivery, if delivery is provided.)~~

(c) Ensure that the individual's clinical record contains ~~((the individual service plan, including))~~ documentation of medication ~~((support))~~ management services.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0712, filed 4/16/19, effective 5/17/19.]

NEW SECTION

WAC 246-341-0713 Outpatient services—Medication monitoring

services. (1) Medication monitoring services occur face-to-face and:

(a) Include one-on-one cueing, observing, and encouraging an individual to take medication as prescribed;

(b) Include reporting any pertinent information related to the individual's adherence to the medication back to the agency that is providing psychiatric medication services; and

(c) May take place at any location and for as long as it is clinically necessary.

(2) An agency providing medication monitoring services must:

(a) Ensure that the staff positions responsible for providing either medication monitoring, or delivery services, or both, are clearly identified in the agency's medication monitoring services policy;

(b) Have appropriate policies and procedures in place when the agency providing medication monitoring services maintains or delivers medication to the individual that address:

- (i) The maintenance of a medication log documenting the type and dosage of medications, and the time and date;
 - (ii) Reasonable precautions that need to be taken when transporting medications to the intended individual and to assure staff safety during the transportation; and
 - (iii) The prevention of contamination of medication during delivery, if delivery is provided.
- (c) Ensure that the individual's clinical record includes documentation of medication monitoring services.

[]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0714 Outpatient services—Day support mental health services. (1) Day support mental health services provide a range of integrated and varied life skills training. Day support services are designed to assist an individual in the acquisition of skills, retention of current functioning, or improvement in the current level of functioning, appropriate socialization, and adaptive coping skills.

(2) Services include training in basic living and social skills, and educational, vocational, prevocational, and day activities. Day support services may include therapeutic treatment.

~~((3) An agency certified to provide day support services must meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650.))~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0714, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 20-07-091, filed 3/17/20, effective 5/1/20)

WAC 246-341-0718 Recovery support services—Recovery support—General. Recovery support services are intended to promote an individual's socialization, recovery, self-advocacy, development of natural support, and maintenance of community living skills.

(1) Recovery support services include:

- (a) Supported employment services;
- (b) Supportive housing services;
- (c) Peer support services;
- (d) Mental health peer respite services;
- (e) ~~((Wraparound facilitation services;~~
- ~~(f))~~ Applied behavior analysis (ABA) services; and
- ~~((g))~~ (f) Consumer-run clubhouse services.

(2) An agency that provides any recovery support service may operate through an agreement with a licensed behavioral health agency that provides certified outpatient behavioral health services ~~((listed in WAC 246-341-0700))~~ described in WAC 246-341-0702 through 246-341-0754. The agreement must specify the responsibility for ini-

tial assessments, the determination of appropriate services, individual service planning, and the documentation of these requirements in order to meet the requirements in WAC 246-341-0640. Subsections (3) ~~((through (5)))~~ and (4) of this section list the abbreviated requirements for assessments, staff, and clinical records.

(3) When providing any recovery support service, a behavioral health agency must:

(a) Have an assessment process to determine the appropriateness of the agency's services, based on the individual's needs and goals;

(b) Refer an individual to a more intensive level of care when appropriate; and

(c) With the consent of the individual, include the individual's family members, significant others, and other relevant treatment providers as necessary to provide support to the individual.

~~(4) ((An agency providing recovery support services must ensure:~~

~~(a) Each staff member working directly with an individual receiving any recovery support service has annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030; and~~

~~(b) The staff member's personnel record documents the training.~~

~~(5))~~ An agency providing any recovery support service must maintain an individual's clinical record that contains:

(a) Documentation of the following:

(i) The name of the agency or other sources through which the individual was referred;

(ii) A brief summary of each service encounter, including the date, time, and duration of the encounter; and

(iii) Names of participant(s), including the name of the individual who provided the service.

(b) Any information or copies of documents shared by, or with, a behavioral health agency certified for outpatient mental health services.

[Statutory Authority: 2019 c 324, RCW 71.24.037, 71.24.648, and 71.24.649. WSR 20-07-091, § 246-341-0718, filed 3/17/20, effective 5/1/20. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0718, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0720 Outpatient services—Recovery support—Supported employment mental health and substance use disorder services. Supported employment mental health and substance use disorder services assist in job search, placement services, and training to help individuals find competitive jobs in their local communities.

~~(1) ((An agency that provides certified supported employment services must meet the general requirements for recovery support services in WAC 246-341-0718.~~

~~(2))~~ A behavioral health agency that provides supported employment services must have knowledge of and provide individuals access to employment and education opportunities by coordinating efforts with one or more entities that provide other rehabilitation and employment services, such as:

(a) The department of social and health services' division of vocational rehabilitation (DVR) (~~(, which provides supported employment under WAC 388-891-0840 by community rehabilitation program contract as described in WAC 388-892-0100)~~);

(b) The department of social and health services' community services offices;

(c) State board for community (~~(, trade,)~~) and technical colleges;

(d) The business community;

(e) WorkSource, Washington state's official site for online employment services;

(f) Washington state department of employment security; and

(g) Organizations that provide job placement within the community.

~~((3))~~ (2) A behavioral health agency that provides supported employment services must:

(a) Ensure all staff members who provide direct services for employment are knowledgeable and familiar with services provided by the ~~((department's))~~ department of social and health services' division of vocational rehabilitation;

(b) Conduct and document a vocational assessment in partnership with the individual that includes work history, skills, training, education, and personal career goals;

(c) Assist the individual to create an individualized job and career development plan that focuses on the individual's strengths and skills;

(d) Assist the individual to locate employment opportunities that are consistent with the individual's skills, goals, and interests;

(e) Provide and document any outreach, job coaching, and support at the individual's worksite when requested by the individual or the individual's employer; and

(f) If the employer makes a request, provide information regarding the requirements of reasonable accommodations, consistent with the Americans with Disabilities Act (ADA) of 1990 and Washington state antidiscrimination law.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0720, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0722 Outpatient services—Recovery support—Supportive housing mental health and substance use disorder services. Supportive housing mental health and substance use disorder services support an individual's transition to community integrated housing and support the individual to be a successful tenant in a housing arrangement.

~~(1) ((An agency that provides certified supportive housing services must meet the general requirements for recovery support services in WAC 246-341-0718.~~

~~(2))~~ A behavioral health agency that provides supportive housing services must have knowledge of and provide housing related collaborative activities to assist individuals in identifying, coordinating, and securing housing or housing resources with entities such as:

- (a) Local homeless continuum of care groups or local homeless planning groups;
 - (b) Housing authorities that operate in a county or city (~~in the behavioral health organization's (BHO) regional service area~~);
 - (c) Community action councils (~~that operate in a county or region in the BHO's regional service area~~);
 - (d) Landlords of privately owned residential homes; and
 - (e) State agencies that provide housing resources.
- ~~((3))~~ (2) A behavioral health agency that provides supportive housing services must:
- (a) Ensure all staff members who provide direct services for supportive housing are knowledgeable and familiar with fair housing laws;
 - (b) Conduct and document a housing assessment in partnership with the individual that includes housing preferences, affordability, and barriers to housing;
 - (c) Conduct and document a functional needs assessment in partnership with the individual that includes independent living skills and personal community integration goals;
 - (d) Assist the individual to create an individualized housing acquisition and maintenance plan that focuses on the individual's choice in housing;
 - (e) Assist the individual to locate housing opportunities that are consistent with the individual's preferences, goals, and interests;
 - (f) Provide any outreach, tenancy support, and independent living skill building supports at a location convenient to the individual;
 - (g) Provide the individual with information regarding the requirements of the Fair Housing Act, Americans with Disabilities Act (ADA) of 1990, and Washington state antidiscrimination law, and post this information in a public place in the agency; and
 - (h) Ensure the services are specific to each individual and meant to assist in obtaining and maintaining housing in scattered-site, clustered, integrated, or single-site housing as long as the individual holds a lease or sublease.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0722, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0724 Outpatient services—Recovery support—Peer support (~~mental~~) behavioral health services. (1) Peer support (~~mental~~) behavioral health services provide a wide range of activities to assist an individual in exercising control over their own life and recovery process through:

- (a) Developing self-advocacy and natural supports;
- (b) Maintenance of community living skills;
- (c) Promoting socialization; and
- (d) The practice of peer counselors sharing their own life experiences related to (~~mental illness~~) behavioral health disorders to build alliances that enhance the individual's ability to function.

(2) An agency that provides certified peer support services must ~~((meet the general requirements for recovery support services in WAC 246-341-0718.~~

~~(3) An agency providing peer support services must ensure peer support counselors):~~

~~(a) Ensure peer support counselors are recognized by the health care authority as a "peer counselor" as defined in WAC ((182-538D-0200)) 246-341-0200; and~~

~~(b) Provide peer support services ((+~~

~~(i) Under the supervision of a mental health professional; and~~

~~(ii)) within the scope of the peer counselor's training and department of health credential.~~

~~((4) An agency providing peer support services must document the frequency, duration, and expected outcome of all peer support services in the individual service plan.))~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0724, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0730 Outpatient services—Consumer-run recovery support—Clubhouses (~~—Required clubhouse components~~)). (1) ~~((The department certifies consumer-run clubhouses under the provision of RCW 71.24.035. International center for clubhouse development certification is not a substitute for certification by the state of Washington.~~

~~(2) Required clubhouse components include all of the following:~~

~~(a) Voluntary member participation. Clubhouse members choose the way they use the clubhouse and the staff with whom they work. There are no agreements, contracts, schedules, or rules intended to enforce participation of members. All member participation is voluntary. Clubhouse policy and procedures must describe how members will have the opportunity to participate, based on their preferences, in the clubhouse.~~

~~(b) The work-ordered day.~~

~~(c) Activities, including:~~

~~(i) Personal advocacy;~~

~~(ii) Help with securing entitlements;~~

~~(iii) Information on safe, appropriate, and affordable housing;~~

~~(iv) Information related to accessing medical, psychological, pharmacological and substance use disorder services in the community;~~

~~(v) Outreach to members during periods of absence from the clubhouse and maintaining contact during periods of inpatient treatment;~~

~~(vi) In-house educational programs that use the teaching and tutoring skills of members;~~

~~(vii) Connecting members with adult education opportunities in the community;~~

~~(viii) An active employment program that assists members to gain and maintain employment in full- or part-time competitive jobs in integrated settings developed in partnership with the member, the clubhouse, and the employer and time-limited, part-time community jobs managed by the clubhouse with absentee coverage provided; and~~

~~(ix) An array of social and recreational opportunities.~~

~~(d) Operating at least thirty hours per week on a schedule that accommodates the needs of the members.)~~ A clubhouse is a community-based program that provides rehabilitation services.

(2) The clubhouse may be peer-operated and must:

(a) Be member-run with voluntary participation;

(b) Be recovery-focused;

(c) Focus on strengths, talents, and abilities of its members;

(d) Have a clubhouse director who:

(i) Engages members and staff in all aspects of the clubhouse operations; and

(ii) Is ultimately responsible for the operation of the clubhouse.

(e) Be comprised of structured activities including:

(i) Personal advocacy;

(ii) Help with securing entitlements;

(iii) Information on safe, appropriate, and affordable housing;

(iv) Community resource development;

(v) Connecting members with adult education opportunities in the community;

(vi) An active employment program that assists members to gain and maintain employment in full- or part-time competitive jobs. Employment related activities may include resume building, education on how employment will affect benefits, information on other employment services, and information regarding protections against employment discrimination; and

(vii) An array of social and recreational opportunities.

(f) Use a work-ordered day to allow all members the opportunity to participate in all the work of the clubhouse including:

(i) Administration;

(ii) Research;

(iii) Intake and orientation;

(iv) Outreach;

(v) Training and evaluation of staff;

(vi) Public relations;

(vii) Advocacy; and

(viii) Evaluation of clubhouse effectiveness.

(g) Provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community.

(3) "Work-ordered day" means a model used to organize clubhouse activities during the clubhouse's normal working hours.

(a) Members and staff are organized into one or more work units which provide meaningful and engaging work essential to running the clubhouse.

(b) Activities include unit meetings, planning, organizing the work of the day, and performing the work that needs to be accomplished to keep the clubhouse functioning.

(c) Members and staff work side-by-side as colleagues as evidenced by both the member and the staff signature on progress towards goals.

(d) Members participate as they feel ready and according to their individual interests.

(e) Work in the clubhouse is not intended to be job-specific training, and members are neither paid for clubhouse work nor provided artificial rewards.

(f) Work-ordered day does not include medication clinics, day treatment, or other therapy programs.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0730, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0738 Outpatient services—Level one outpatient substance use disorder services. (~~((1) ASAM))~~ Level one outpatient substance use disorder services provide ((a program of)) individualized treatment that may include individual and group counseling, education, and activities ((, in accordance with ASAM criteria.

~~(2) An agency certified to provide level one outpatient substance use disorder services must meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650.~~

~~(3) An agency certified to provide level one outpatient substance use disorder services must ensure both of the following:~~

~~(a) Group therapy services are provided with a staff ratio of one staff member for every sixteen individuals; and~~

~~(b) A group counseling session with twelve to sixteen youths includes a second staff member).~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0738, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0740 Outpatient services—Level two intensive outpatient substance use disorder services. ((ASAM)) (1) Level two intensive outpatient substance use disorder services provide a higher-intensity, concentrated ((program of)) level of individualized treatment that may include individual and group counseling, education, and other activities ((, in accordance with ASAM criteria.

~~(1) An agency certified to provide level two intensive outpatient treatment services must meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650).~~

(2) An agency providing level two intensive outpatient treatment services for deferred prosecution under RCW 10.05.150 must:

(a) Ensure that ~~((individuals admitted under a deferred prosecution order receive services that meet the requirements of RCW~~

~~10.05.150, including, that the individual receives)) services include a minimum of seventy-two hours of treatment services within a maximum of twelve weeks, which consist of the following during the first four weeks of treatment:~~

~~(i) At least three sessions each week, with each session occurring on separate days of the week;~~

~~(ii) Group sessions that must last at least one hour; and~~

(iii) Attendance at self-help groups in addition to the seventy-two hours of treatment services.

(b) There must be approval, in writing, by the court having jurisdiction in the case, when there is any exception to the requirements in this subsection; ~~((and))~~

(c) The agency must refer for ongoing treatment or support upon completion of intensive outpatient treatment, as necessary; and

(d) The agency must report noncompliance with the court mandated treatment in accordance with WAC 246-341-0800.

~~((3) An agency certified to provide level two intensive outpatient substance use disorder services must ensure both of the following:~~

~~(a) Group therapy services are provided with a staff ratio of one staff member for every sixteen individuals; and~~

~~(b) A group counseling session with twelve to sixteen youths includes a second staff member.)~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0740, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0742 Outpatient services—Substance use disorder assessment only services. Substance use disorder assessment only services are provided to an individual to determine the individual's involvement with alcohol and other drugs and determine the appropriate course of care or referral.

(1) A behavioral health agency certified for assessment only services may choose to become certified to also provide driving under the influence (DUI) assessment services described in WAC 246-341-0820.

~~(2) ((An agency certified to provide assessment only services must meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650 except where specifically indicated.~~

~~(3)) An agency providing assessment only services:~~

~~(a) Must review, evaluate, and document information provided by the individual;~~

~~(b) May include information from external sources such as family, support individuals, legal entities, courts, and employers; and~~

~~(c) Is not required to meet the individual service plan requirements in WAC ((246-341-0620)) 246-341-0640.~~

~~((4)) (3) An agency must maintain and provide a list of resources, including self-help groups, and referral options that can be used by staff members to refer an individual to appropriate services.~~

~~((5) An agency that offers off-site assessment services must meet the requirements in WAC 246-341-0342.~~

~~(6) An agency providing assessment only services must ensure all assessment only services are provided by a chemical dependency professional (CDP).)~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0742, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0744 Outpatient services—Information and assistance services—Substance use disorder services—General. Information and assistance services are considered nontreatment substance use disorder services provided to support an individual who has a need for interventions related to substance use.

(1) Information and assistance services (~~((require additional program-specific certification by the department and))~~) include:

- (a) Alcohol and drug information school;
- (b) Information and crisis services; and
- (c) Emergency service patrol (~~(; and~~
- ~~(d) Screening and brief intervention)).~~

(2) Substance use disorder information and assistance services (~~((are available without an initial assessment or individual service plan and))~~) are not required to meet the requirements under WAC 246-341-0640.

(3) An agency providing information and assistance services must maintain and provide a list of resources, including self-help groups and referral options, that can be used by staff members to refer an individual to appropriate services.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0744, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0746 Outpatient services—Substance use disorder information and assistance services—Alcohol and drug information school. Alcohol and drug information school services provide an educational program about substance use. These services are for an individual referred by a court or other jurisdiction(s) who may have been assessed and determined not to require treatment. (~~((In addition to meeting requirements for substance use disorder information and assistance services in WAC 246-341-0744,))~~) An agency providing alcohol and drug information school services must:

(1) Ensure courses are taught by a ((certified information school instructor or a chemical dependency professional (CDP) who:

~~(a) Advises))~~ substance use disorder professional, a substance use disorder professional trainee, or a person who has received documented training in:

- (a) Effects of alcohol and other drugs;
- (b) Patterns of use;
- (c) Current laws and regulations pertaining to substance use violations, and consequences of the violations; and
- (d) Available resources and referral options for additional services that may be appropriate for the individual.

(2) Ensure the curriculum:

(a) Provides no less than eight hours of instruction for each course;

(b) Includes a post-test for each course after the course is completed;

(c) Includes a certificate of completion; and

(d) Covers the following topics:

(i) Information about the effects of alcohol and other drugs;

(ii) Patterns of use; and

(iii) Current laws, including Washington state specific laws and regulations, and consequences related to substance use violations.

(3) Ensure each student be advised that there is no assumption the student has a substance use disorder and that the course is not a therapy session;

~~((b) Follows a department approved curriculum;~~

~~(c) Ensures each course has no fewer than eight hours of classroom instruction; and~~

~~(d) Administers each enrolled student the post-test for each course after the course is completed;~~

~~(2) Ensure a school instructor who is not a CDP has a certificate of completion of an alcohol and other drug information school instructor's training course approved by the department, and the personnel file contains documentation of the training; and~~

~~(3-)) (4) Ensure each individual student record contains:~~

~~(a) An intake form, including demographics;~~

~~(b) The hours of attendance, including dates; and~~

~~(c) A copy of the scored post-test.~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0746, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0748 Outpatient services—Substance use disorder information and assistance—Information and crisis services. Substance use disorder information and crisis services provide an individual assistance or guidance related to substance use disorders, twenty-four hours a day by telephone or in person. ~~((In addition to meeting requirements for substance use disorder information and assistance services in WAC 246-341-0744,))~~ An agency providing information and crisis services must:

(1) Have services available to any individual twenty-four hours a day, seven days a week;

(2) Ensure each staff member completes forty hours of training that covers substance use disorders before assigning the staff member unsupervised duties;

~~(3) Ensure a ((chemical dependency professional (CDP), or a chemical dependency professional trainee (CDPT) under supervision of a CDP,))~~ substance use disorder professional or a substance use disorder professional trainee is available or on staff twenty-four hours a day, seven days a week;

(4) Maintain a current directory of all certified substance use disorder service providers in the state; and

(5) Maintain a current list of local resources for legal, employment, education, interpreter, and social and health services.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0748, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0750 Outpatient services—Substance use disorder information and assistance—Emergency service patrol. Emergency service patrol services provide transport assistance to an intoxicated individual in a public place when a request has been received from police, merchants, or other persons. (~~In addition to meeting requirements for substance use disorder information and assistance services in WAC 246-341-0744,~~) An agency providing emergency service patrol services must:

- (1) Ensure the staff member providing the service:
 - (a) Has proof of a valid Washington state driver's license;
 - (b) Possesses annually updated verification of first-aid and cardiopulmonary resuscitation training; and
 - (c) Has completed forty hours of training in substance use disorder crisis intervention techniques and alcoholism and drug abuse, to improve skills in handling crisis situations.
- (2) Respond to calls from police, merchants, and other persons for assistance with an intoxicated individual in a public place;
- (3) Patrol assigned areas and give assistance to an individual intoxicated in a public place;
- (4) Conduct a preliminary screening of an individual's condition related to the state of their impairment and presence of a physical condition needing medical attention;
- (5) Transport the individual to their home or shelter ~~((7))~~ or to a ~~((certified))~~ substance use disorder treatment ~~((provider, or a health care facility))~~ program if the individual is intoxicated, but subdued and willing to be transported;
- (6) Make reasonable efforts to take the individual into protective custody and transport the individual to an appropriate treatment or health care facility, when the individual is incapacitated, unconscious, or has threatened or inflicted harm on another person;
- (7) Call law enforcement for assistance if the individual is unwilling to be taken into protective custody; and
- (8) Maintain a log, including:
 - (a) The date, time and origin of each call received for assistance;
 - (b) The time of arrival at the scene;
 - (c) The location of the individual at the time of the assist;
 - (d) The name ~~((and sex))~~ of the individual transported;
 - (e) The results of the preliminary screening;
 - (f) The destination and address of the transport and time of arrival; and
 - (g) In case of nonpickup of a person, documentation of why the pickup did not occur.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0750, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0754 Outpatient services—Problem gambling and ~~((pathological)) gambling ((treatment)) disorder services.~~ (1) Each agency licensed by the department to provide problem gambling and ~~((pathological)) gambling ((treatment)) disorder services ((provide treatment to an individual)) that includes diagnostic screening and assessment, and individual, group, couples, and family counseling and case management ((. In addition to meeting)) must ensure the following requirements are met:~~

(a) Meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650 ((an agency that provides problem and pathological gambling treatment services must:

~~((1) Have an outline of each education session included in the service that is sufficient in detail for another trained staff person to deliver the session in the absence of the regular instructor));~~

~~((2)) (b) Be a problem gambling certified agency with the department;~~

(c) Maintain a list ((or source)) of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services; and

~~((3) Limit the size of group counseling sessions to no more than sixteen individuals; and~~

~~((4)) (d) Maintain a written procedure for the response to medical and psychiatric emergencies.~~

(2) An agency certified to provide problem gambling and gambling disorder services must ensure:

(a) All problem gambling and gambling disorder treatment services are provided by:

(i) An individual credentialed by the department under chapter 18.19, 18.83, or 18.225 RCW and is a certified Washington state, national, or international gambling counselor; or

(ii) An individual credentialed by the department under chapter 18.19, 18.83, or 18.225 RCW, under the supervision of a certified gambling counselor, and in training to become a certified gambling counselor.

(b) Before providing problem gambling and gambling disorder treatment services, an individual in training to become a certified gambling counselor must have a minimum of:

(i) At least one thousand five hundred hours of professionally supervised postlicensure, postcertification, or postregistration experience providing mental health or substance use disorder treatment services; and

(ii) Thirty hours of unduplicated gambling specific training, including the basic training. One of the following state, national, or international organizations must approve the requirements of certification training:

(A) The Washington state gambling counselor certification committee is an independent body comprised of certified gambling counselors and advisory members as deemed appropriate by the committee and is responsible for determining the training and continuing education requirements for gambling counselor certification and gambling counselor supervision and any additional requirements not otherwise specified here;

(B) National or international gambling counselor certification board; or

(C) The health care authority problem gambling program.

(c) An individual who meets subsection (3) of this section must complete training within two years of acceptance to the certification program to become a certified gambling counselor;

(d) All staff members in training to become a certified gambling counselor must receive clinical supervision. The clinical supervisor must:

(i) Hold a valid international gambling counselor certification board-approved clinical consultant credential, a valid Washington state certified gambling counselor II certification credential, or a valid national certified gambling counselor II certification credential; and

(ii) Complete training requirements on problem gambling and gambling disorder specific clinical supervision approved by a state, national, or international organization including, but not limited to, the:

(A) Washington state gambling counselor certification committee;

(B) National or international gambling counselor certification board; or

(C) The health care authority problem gambling program.

(3) An agency that provides only problem gambling-related services, including diagnostic screening, brief intervention, case management, referral to certified problem gambling agencies and educational sessions but does not provide problem gambling assessment and treatment is not required to be certified for problem gambling services.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0754, filed 4/16/19, effective 5/17/19.]

(~~(SECTION EIGHT)~~) INVOLUNTARY AND COURT-ORDERED OUTPATIENT TREATMENT

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0800 Involuntary and court-ordered—Noncompliance reporting for outpatient court-ordered substance use disorder treatment. An agency providing substance use disorder services must report noncompliance, in all levels of care, for an individual ordered into substance use disorder treatment by a court of law or other appropriate jurisdictions (~~(. An agency that fails to report noncompliance for an individual under chapter 46.61 RCW is subject to penalties as stated in RCW 46.61.5056(4). An agency providing treatment to a court-mandated individual, including deferred prosecution, must develop procedures addressing individual noncompliance and reporting requirements, including:~~

~~(1) Completing an authorization to release confidential information form that meets the requirements of 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164 or through a court order authorizing the disclosure pursuant to 42 C.F.R. Part 2, Sections 2.63 through 2.67;~~

~~(2) Notifying the designated crisis responder within three working days from obtaining information of any violation of the terms of the court order for purposes of revocation of the individual's conditional release, or department of corrections (DOC) if the individual is under DOC supervision;~~

~~(3) Reporting and recommending)) in accordance with RCW 71.05.445 and chapter 182-538D WAC for individuals receiving court-ordered services under chapter 71.05 RCW, RCW 10.05.090 for individuals under deferred prosecution, or RCW 46.61.5056 for individuals receiving court-ordered treatment for driving under the influence (DUI). Additionally, agencies providing services to individuals under a court-order for deferred prosecution under RCW 10.05.090 RCW or treatment under RCW 46.61.5056 must:~~

~~(1) Report and recommend~~ action for emergency noncompliance to the court or other appropriate jurisdiction(s) within three working days from obtaining information on:

(a) An individual's failure to maintain abstinence from alcohol and other nonprescribed drugs as verified by individual's self-report, identified third-party report confirmed by the agency, or blood alcohol content or other laboratory test;

(b) An individual's report of subsequent alcohol or drug related arrests; or

(c) An individual leaving the program against program advice or an individual discharged for rule violation;

~~((4) Reporting and recommending)) (2) Report and recommend~~ action for nonemergency, noncompliance to the court or other appropriate jurisdiction(s) within ten working days from the end of each reporting period, upon obtaining information on:

(a) An individual's unexcused absences or failure to report, including failure to attend mandatory self-help groups; or

(b) An individual's failure to make acceptable progress in any part of the treatment plan.

~~((5) Transmitting)) (3) Transmit information on~~ noncompliance or other significant changes as soon as possible, but no longer than ten working days from the date of the noncompliance, when the court does not wish to receive monthly reports;

~~((6) Reporting)) (4) Report~~ compliance status of persons convicted under chapter 46.61 RCW to the department of licensing.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0800, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0805 Involuntary and court-ordered—Outpatient less restrictive alternative (LRA) or conditional release support behavioral health services. ~~((Less restrictive alternative (LRA) support and conditional release behavioral health services are provided to individuals on a less restrictive alternative court order or conditional~~

~~release.))~~ An agency (~~(agrees to)~~) serving individuals on a less restrictive alternative (LRA) or conditional release court order shall provide or monitor the provision of court-ordered services, including psychiatric, substance use disorder treatment, and medical components of community support services. (~~(In addition to meeting the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650,)~~) An agency providing court-ordered LRA support and conditional release services (~~(must do all of the following)~~) shall:

(1) Have a written policy and procedure that allows for the referral of an individual to an involuntary treatment facility twenty-four hours a day, seven days a week.

(2) Have a written policy and procedure for an individual who requires involuntary detention that includes procedures for:

(a) Contacting the designated crisis responder (DCR) regarding revocations or extension of an LRA or conditional release; and

(b) The transportation of an individual, in a safe and timely manner, for the purpose of:

(i) Evaluation; or

(ii) Evaluation and detention.

(3) Ensure (~~(a committed)~~) the individual is (~~(advised of)~~) provided everything their rights afford them to and protect them from under chapter 71.05 or 71.34 RCW, as applicable(~~(, and that the individual has the right:~~

~~(a) To receive adequate care and individualized treatment;~~

~~(b) To make an informed decision regarding the use of antipsychotic medication and to refuse medication beginning twenty-four hours before any court proceeding that the individual has the right to attend;~~

~~(c) To maintain the right to be presumed competent and not lose any civil rights as a consequence of receiving evaluation and treatment for a mental health disorder or substance use disorder;~~

~~(d) Of access to attorneys, courts, and other legal redress;~~

~~(e) To be told statements the individual makes may be used in the involuntary proceedings; and~~

~~(f) To have all information and records compiled, obtained, or maintained in the course of treatment kept confidential as described in chapters 70.02, 71.05, and 71.34 RCW).~~

(4) Include in the clinical record a copy of the less restrictive alternative court order or conditional release and a copy of any subsequent modification.

(5) Ensure the (~~(development and implementation of an)~~) individual service plan (~~(which)~~) addresses the conditions of the less restrictive alternative court order or conditional release and a plan for transition to voluntary treatment.

(6) Ensure that the individual receives (~~(psychiatric)~~) medication services (~~(or medication assisted treatment for the)~~) including an assessment of the need for and prescription of (~~(psychotropic)~~) medications to treat mental health or substance use disorders (~~(treatment medications)~~), appropriate to the needs of the individual as follows:

(a) At least one time in the initial fourteen days following release from inpatient treatment for an individual on a ninety-day or one hundred eighty-day less restrictive alternative court order or conditional release, unless the individual's attending physician, physician assistant, or psychiatric advanced registered nurse practitioner (ARNP) determines another schedule is more appropriate and

documents the new schedule and the reason(s) in the individual's clinical record; and

(b) At least one time every thirty days for the duration of the less restrictive alternative court order or conditional release, unless the individual's attending physician, physician assistant, or psychiatric ARNP determines another schedule is more appropriate and documents the new schedule and the reason(s) in the individual's clinical record.

(7) Keep a record of the periodic evaluation (~~(by a mental health professional for a mental health disorder or a chemical dependency professional for substance use disorder treatment,)~~) of each committed individual for release from, or continuation of, an involuntary treatment order. Evaluations must occur at least every thirty days for the duration of the commitments and include documentation of (~~assessment~~) the evaluation and rationale:

(a) For requesting a petition for an additional period of less restrictive or conditional release treatment under an involuntary treatment order; or

(b) Allowing the less restrictive court order or conditional release to expire without an extension request.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0805, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0810 Involuntary and court-ordered—(~~Emergency individual detention mental health and substance use disorder~~) Designated crisis responder (DCR) services. (~~Emergency involuntary detention~~) Designated crisis responder (DCR) services are services provided by a (~~designated crisis responder~~(+)) DCR((+)) to evaluate an individual in crisis and determine if involuntary services are required. (~~In addition to meeting the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650, an agency certified to provide emergency involuntary detention services~~) An agency providing DCR services must meet the general requirements for crisis services in WAC 246-341-0900 and must do all of the following:

(1) Ensure that services are provided by a DCR.

(2) (~~Ensure staff members are available twenty-four hours a day, seven days a week.~~

~~(3))~~) Ensure staff members utilize the protocols for DCRs required by RCW 71.05.214.

(~~(4) Have a written agreement with a certified inpatient evaluation and treatment or secure withdrawal management and stabilization facility to allow admission of an individual twenty-four hours a day, seven days a week.~~

~~(5) Have a plan for training, staff back-up, information sharing, and communication for a staff member who responds to a crisis in a private home or a nonpublic setting.~~

~~(6) Ensure that a DCR is able to be accompanied by a second trained individual when responding to a crisis in a private home or a nonpublic setting.~~

~~(7) Ensure that a DCR who engages in a home visit to a private home or a nonpublic setting is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710.~~

~~(8) Provide staff members, who are sent to a private home or other private location to evaluate an individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.~~

~~(9) Have a written protocol for the transportation of an individual, in a safe and timely manner, for the purpose of medical evaluation or detention.~~

~~(10)) (3) Document that services provided to the individual (, and other applicable information. At a minimum this must include:~~

~~(a) That the individual was advised of their rights in accordance with RCW 71.05.360;~~

~~(b) That if the evaluation was conducted in a hospital emergency department or inpatient unit, it occurred in accordance with the timelines required by RCW 71.05.050, 71.05.153, and 71.34.710;~~

~~(c) That the DCR conducting the evaluation considered both of the following when evaluating the individual:~~

~~(i) The imminent likelihood of serious harm or imminent danger because of being gravely disabled (see RCW 71.05.153); and~~

~~(ii) The likelihood of serious harm or grave disability that does not meet the imminent standard for the emergency detention (see RCW 71.05.150).~~

~~(d) That the DCR documented consultation with any examining emergency room physician as required by RCW 71.05.154;~~

~~(e) If the individual was not detained:~~

~~(i) A description of the disposition and follow-up plan; and~~

~~(ii) Documentation that the minor's parent was informed of their right to request a court review of the DCR's decision not to detain the minor under RCW 71.34.710, if the individual is a minor thirteen years of age or older.~~

~~(f) If the individual was detained, a petition for initial detention must include the following:~~

~~(i) The circumstances under which the person's condition was made known;~~

~~(ii) Evidence, as a result of the DCR's personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that the individual is gravely disabled;~~

~~(iii) Evidence that the individual will not voluntarily seek appropriate treatment;~~

~~(iv) Consideration of all reasonably available information from credible witnesses, to include family members, landlords, neighbors, or others with significant contact and history of involvement with the individual, and records, as required by RCW 71.05.212; and~~

~~(v) Consideration of the individual's history of judicially required, or administratively ordered, anti-psychotic medications while in confinement when conducting an evaluation of an offender under RCW 72.09.370.~~

~~(g) Documentation that the individual, or the individual's guardian or conservator, received a copy of the following:~~

~~(i) Notice of detention;~~

~~(ii) Notice of rights; and~~
~~(iii) Initial petition))~~ were in accordance with the requirements in chapter 71.05 or 71.34 RCW, as applicable.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0810, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0815 Involuntary and court-ordered—Substance use disorder counseling for RCW 46.61.5056. ~~((In addition to meeting the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650,))~~ An agency providing certified substance use disorder counseling services to an individual convicted of driving under the influence or physical control under RCW 46.61.5056 must ensure treatment is completed as follows:

- (1) Treatment during the first sixty days must include:
 - (a) Weekly group or individual substance use disorder counseling sessions according to the individual service plan;
 - (b) One individual substance use disorder counseling session of not less than thirty minutes duration, excluding the time taken for a substance use disorder assessment, for each individual, according to the individual service plan;
 - (c) Alcohol and drug basic education for each individual;
 - (d) Participation in recovery oriented, community-based self-help groups ~~((for an individual with a diagnosis of substance use disorder))~~ according to the individual service plan. Participation must be documented in the individual's clinical record; and
 - (e) ~~((The balance of the sixty-day time period for))~~ Individuals who complete intensive inpatient substance use disorder treatment services must ~~((include))~~ attend, at a minimum, weekly outpatient counseling sessions for the remainder of their first sixty days of treatment according to the individual service plan.
- (2) The next one hundred twenty days of treatment at a minimum shall include~~((s))~~:
 - (a) Group or individual substance use disorder counseling sessions every two weeks according to the individual service plan;
 - (b) One individual substance use disorder counseling session of not less than thirty minutes duration, every sixty days according to the individual service plan; and
 - (c) Referral of each individual for ongoing treatment or support, as necessary, using ASAM criteria, upon completion of one hundred eighty days of treatment.
- (3) ~~((For))~~ An individual who is assessed with insufficient evidence of a substance use disorder~~((, a substance use disorder professional (CDP) must refer the individual))~~ must be referred to alcohol/drug information school.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0815, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0820 Involuntary and court-ordered—Driving under the influence (DUI) substance use disorder assessment services. Driving under the influence (DUI) assessment services, as defined in chapter 46.61 RCW, are provided to an individual to determine the individual's involvement with alcohol and other drugs and determine the appropriate course of care or referral.

(1) (~~(In addition to meeting the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650,)~~) An agency certified to provide DUI assessment services:

(a) Must review, evaluate, and document information provided by the individual;

(b) May include in the assessment information from external sources such as family, support individuals, legal entities, courts, and employers;

(c) Is not required to meet the individual service plan requirements in WAC ((246-341-0620)) 246-341-0640 (1)(d); and

(d) Must maintain and provide a list of resources, including self-help groups, and referral options that can be used by staff members to refer an individual to appropriate services.

(2) An agency certified to provide DUI assessment services must also ensure:

(a) The assessment is conducted in person; and

(b) The individual has a summary included in the assessment that evaluates the individual's:

(i) Blood or breath alcohol level and other drug levels, or documentation of the individual's refusal at the time of the arrest, if available; and

(ii) Self-reported driving record and the abstract of the individual's legal driving record.

(3) When the assessment findings do not result in a substance use disorder diagnosis, the assessment must also include:

(a) A copy of the police report;

(b) A copy of the court originated criminal case history;

(c) The results of a urinalysis or drug testing obtained at the time of the assessment; and

(d) A referral to alcohol and drug information school.

(4) If the information in subsection (3)(a) through (d) of this section is required and not readily available, the record must contain documentation of attempts to obtain the information.

(5) Upon completion of the DUI assessment, the individual must be:

(a) Informed of the results of the assessment; and

(b) Referred to the appropriate level of care according to ASAM criteria.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0820, filed 4/16/19, effective 5/17/19.]

~~((SECTION NINE—))~~ CRISIS OUTPATIENT MENTAL HEALTH SERVICES

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0900 Crisis mental health services—General. Crisis mental health services are intended to stabilize an individual in crisis to prevent further deterioration, provide immediate treatment and intervention in a location best suited to meet the needs of the individual, and provide treatment services in the least restrictive environment available. ~~((An agency certified to provide crisis mental health services must meet the general requirements in WAC 246-341-0300 through 246-341-0650 except the initial assessment, individual service plan, and clinical record requirements in WAC 246-341-0610, 246-341-0620, and 246-341-0640.))~~

(1) Crisis services include:

(a) Crisis telephone support;

(b) Crisis outreach services; and

(c) Crisis stabilization services ~~((;~~

~~(d) Crisis peer support services; and~~

~~(e) Emergency involuntary detention services))~~.

(2) An agency providing crisis mental health services does not need to meet the requirements in WAC 246-341-0640.

(3) An agency providing any crisis mental health service must ((ensure)):

~~(a) ((All crisis services are provided by, or under the supervision of, a mental health professional;~~

~~(b) Each staff member working directly with an individual receiving any crisis mental health service receives:~~

~~(i) Clinical supervision from a mental health professional; and~~

~~(ii) Annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must document the training.~~

~~(c) Staff access to consultation with one of the following professionals who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder:~~

~~(i) A psychiatrist;~~

~~(ii) A physician;~~

~~(iii) A physician assistant; or~~

~~(iv) An advanced registered nurse practitioner (ARNP) who has prescriptive authority.~~

~~(3) Subsection (2) (c) of this section does not apply to agencies that only provide crisis telephone services.~~

(4)) Require that trained staff remain, in person or on the phone, with the individual in crisis in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished;

(b) Determine if an individual has a crisis plan and request a copy if available;

(c) As appropriate, refer individuals to voluntary or involuntary treatment facilities for admission on a seven-day-a-week, twenty-four-hour-a-day basis, including arrangements for contacting the designated crisis responder;

(d) Transport or arrange for transport of an individual in a safe and timely manner, when necessary;

(e) Be available twenty-four hours a day, seven days a week, unless providing only crisis stabilization services; and

(f) Include family members, significant others, and other relevant treatment providers, as necessary, to provide support to the individual in crisis.

(4) When services are provided in a private home or nonpublic setting the agency must:

(a) Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's personal residence or in a nonpublic setting;

(b) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's personal residence or other nonpublic location;

(c) Ensure that any staff member who engages in home visits is provided access, by their employer, to a wireless telephone or comparable device for the purpose of emergency communication as described in RCW 71.05.710;

(d) Provide staff members who are sent to a private home or other private location to evaluate an individual in crisis prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.

(5) Documentation of a crisis service must include the following, as applicable to the crisis service provided:

(a) A brief summary of each crisis service encounter, including the date, time, and duration of the encounter;

(b) The names of the participants; ((and))

(c) A follow-up plan or disposition, including any referrals for services, including emergency medical services((-

~~5) An agency must ensure crisis service:~~

~~(a) Are, with the exception of stabilization services, available twenty-four hours a day, seven days a week;~~

~~(b) Include family members, significant others, and other relevant treatment providers, as necessary, to provide support to the individual in crisis;~~

~~(c) Are provided in a setting that provides for the safety of the individual and agency staff members; and~~

~~(d) Require that trained staff remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished);~~

(d) Whether the individual has a crisis plan and any request to obtain the crisis plan; and

(e) The name and credential of the staff person providing the service.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0900, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0905 Crisis mental health services—Telephone support services. Mental health telephone support services are services provided as a means of first contact to an individual in crisis. These services may include de-escalation and referral.

~~(1) ((In addition to meeting the general requirements for crisis services in WAC 246-341-0900,)) An agency certified to provide telephone support services must ((:~~

~~(a) Respond to crisis calls twenty-four hours a day, seven days a week;~~

~~(b) Have a written protocol for the referral of an individual to a voluntary or involuntary treatment facility for admission on a seven-day-a-week, twenty-four-hour-a-day basis, including arrangements for contacting the designated crisis responder;~~

~~(c)) assure communication and coordination with the individual's mental health care provider, if indicated and appropriate((; and~~

~~(d) Post a copy of the statement of individual rights in a location visible to staff and agency volunteers)).~~

~~(2) An agency ((must document each telephone crisis response contact made, including:~~

~~(a) The date, time, and duration of the telephone call;~~

~~(b) The relationship of the caller to the person in crisis, for example self, family member, or friend;~~

~~(c) Whether the individual in crisis has a crisis plan; and~~

~~(d) The outcome of the call, including:~~

~~(i) Any follow-up contacts made;~~

~~(ii) Any referrals made, including referrals to emergency or other medical services; and~~

~~(iii) The name of the staff person who took the crisis call))~~

providing telephone services only is not required to follow the consultation requirement in WAC 246-341-0515(3).

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0905, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0910 Crisis mental health services—Outreach services. Crisis mental health outreach services are face-to-face intervention services provided to assist individuals in a community setting. A community setting can be an individual's home, an emergency room, a nursing facility, or other private or public location. ~~((In addition to meeting the general requirements for crisis services in WAC 246-341-0900,))~~

~~(1) An agency certified to provide crisis outreach services must ((do all of the following)):~~

~~((1)) (a) Provide crisis telephone screening.~~

~~((2)) (b) Ensure face-to-face outreach services are provided by a mental health professional ((, or a mental health care provider under the supervision of a mental health professional)) or a department-credentialed staff person with documented training in crisis response.~~

~~((3) Ensure services are provided in a setting that provides for the safety of the individual and agency staff members.~~

~~(4) Have a protocol for requesting a copy of an individual's crisis plan twenty-four hours a day, seven days a week.~~

~~(5) Require that staff member(s) remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or a referral to another service is accomplished.~~

~~(6)) (c) Resolve the crisis in the least restrictive manner possible.~~

~~((7) Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's private home or in a nonpublic setting.~~

~~(8) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location.~~

~~(9) Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device for the purpose of emergency communication as described in RCW 71.05.710.~~

~~(10) Provide staff members who are sent to a private home or other private location to evaluate an individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.~~

~~(11) Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility twenty-four hours a day, seven days a week.~~

~~(12) Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.~~

~~(13) Document all crisis response contacts, including:~~

~~(a) The date, time, and location of the initial contact;~~

~~(b) The source of referral or identity of caller;~~

~~(e)) (2) An agency utilizing certified peer counselors to provide crisis outreach services must:~~

~~(a) Ensure services are provided by a person recognized by the health care authority as a peer counselor, as defined in WAC 246-341-0200;~~

~~(b) Ensure services provided by a peer counselor are within the scope of the peer counselor's training and credential;~~

~~(c) Ensure that a peer counselor responding to an initial crisis visit is accompanied by a mental health professional;~~

~~(d) Develop and implement policies and procedures for determining when peer counselors may provide follow-up crisis outreach services without being accompanied by a mental health professional; and~~

~~(e) Ensure peer counselors receive annual training that is relevant to their unique working environment.~~

~~(3) In addition to the documentation requirements in WAC 246-341-0900, documentation must include:~~

~~(a) The nature of the crisis;~~

~~((d) Whether the individual has a crisis plan and any attempts to obtain a copy;~~

~~(e)) (b) The time elapsed from the initial contact to the face-to-face response;~~

~~((f)) (c) The outcome, including(†~~

~~(i)) the basis for a decision not to respond in person(†~~

- ~~(ii) Any follow-up contacts made; and~~
- ~~(iii) Any referrals made, including referrals to emergency medical services.~~
- ~~(g) The name of the staff person(s) who responded to the crisis).~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0910, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-0915 Crisis mental health services—Stabilization services. Crisis mental health stabilization services include short-term (less than two weeks per episode) face-to-face assistance with life skills training and understanding of medication effects on an individual. Stabilization services may be provided to an individual as a follow-up to crisis services provided or to any individual determined by a mental health professional to need ((additional)) stabilization services. ((In addition to meeting the general requirements for crisis services in WAC 246-341-0900, an agency certified to provide crisis stabilization services must:

- ~~(1) Ensure the services are provided by a mental health professional, or under the supervision of a mental health professional;~~
- ~~(2) Ensure the services are provided in a setting that provides for the safety of the individual and agency staff;~~
- ~~(3) Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an individual's private home or in a nonpublic setting;~~
- ~~(4) Have a protocol for requesting a copy of an individual's crisis plan;~~
- ~~(5) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location;~~
- ~~(6) Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710;~~
- ~~(7) Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility;~~
- ~~(8) Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary; and~~
- ~~(9) Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.)~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0915, filed 4/16/19, effective 5/17/19.]

~~((SECTION TEN))~~ OPIOID TREATMENT PROGRAMS (OTP)

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1000 Opioid treatment programs (OTP)—General. (1)

Opioid treatment programs ~~((services include the dispensing of an opioid treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opioid use disorder. These))~~ (OTP) may order, possess, dispense, and administer medications approved by the United States Food and Drug Administration for the treatment of opioid use disorder, alcohol use disorder, tobacco use disorder, and reversal of opioid overdose. OTP services include withdrawal management ~~((treatment))~~ and maintenance treatment along with evidence-based therapy.

(2) ~~((An agency must meet all the certification requirements in WAC 246-341-1005 in order to provide opioid treatment program services and:~~

- ~~((a) Be licensed by the department as a behavioral health agency;~~
- ~~((b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650; and~~
- ~~((c) Have policies and procedures to support and implement the:~~
 - ~~((i) General requirements in WAC 246-341-0420; and~~
 - ~~((ii) Program-specific requirements in WAC 246-341-1000 through 246-341-1025.~~

~~((3))~~ An agency providing opioid treatment program services must ensure that the agency's individual record system complies with all federal and state reporting requirements relevant to opioid drugs approved for use in treatment of opioid use disorder, alcohol use disorder, tobacco use disorder, and reversal of opioid overdose.

~~((4))~~ (3) An agency must:

(a) Use ~~((ASAM criteria for admission, continued services, and discharge planning and decisions;~~

~~((b))~~ evidence-based therapy in addition to medication in the treatment program;

(b) Identify individual mental health needs during assessment process and refer them to appropriate treatment if not available on-site;

(c) Provide education to each individual admitted, totaling no more than fifty percent of treatment services, on:

- (i) Alcohol, other drugs, and substance use disorder;
- (ii) Relapse prevention;
- (iii) ~~((Bloodborne pathogens))~~ Infectious diseases including human immunodeficiency virus (HIV) and hepatitis A, B, and C; ((and))
- (iv) Sexually transmitted infections; and
- (v) Tuberculosis (TB);

~~((e))~~ (d) Provide ~~((education or))~~ information to each individual on:

(i) Emotional, physical, and sexual abuse;

(ii) Nicotine use disorder;

(iii) The impact of substance use during pregnancy, risks to the developing fetus before prescribing any medications to treat opioid use disorder, the risks to both the expecting parent and fetus of not treating opioid use disorder, and the importance of informing medical practitioners of substance use during pregnancy; and

(iv) Family planning.

~~((d))~~ (e) Create and implement policies and procedures for:

(i) Diversion control that contains specific measures to reduce the possibility of the diversion of controlled substances from legitimate treatment use, and assign specific responsibility to the medical and administrative staff members for carrying out the described diversion control measures and functions;

(ii) Urinalysis and drug testing, to include ~~((obtaining))~~:

(A) Obtaining specimen samples from each individual, at least eight times within twelve consecutive months;

(B) Documentation indicating the clinical need for additional urinalysis;

(C) Random samples, without notice to the individual;

~~((C))~~ (D) Samples in a therapeutic manner that minimizes falsification;

~~((D))~~ (E) Observed samples, when clinically appropriate; and

~~((E))~~ (F) Samples handled through proper chain of custody techniques.

(iii) Laboratory testing;

(iv) The response to medical and psychiatric emergencies; and

(v) Verifying the identity of an individual receiving treatment services, including maintaining a file in the dispensary with a photograph of the individual and updating the photographs when the individual's physical appearance changes significantly.

~~((5))~~ (4) An agency must ensure that an individual is not admitted to opioid treatment withdrawal management services more than two times in a twelve-month period following admission to services.

~~((6))~~ (5) An agency providing services to a pregnant woman must have a written procedure to address specific issues regarding their pregnancy and prenatal care needs, and to provide referral information to applicable resources.

~~((7))~~ (6) An agency providing youth opioid treatment program services must:

(a) ~~((Have a written procedure to assess and refer the youth to the department of children, youth, and families, when applicable;~~

~~(b) Ensure that a group counseling session with twelve to sixteen youths include a second staff member;~~

~~(c))~~ Ensure that before admission the youth has had two documented attempts at short-term withdrawal management or drug-free treatment within a twelve-month period, with a waiting period of no less than seven days between the first and second short-term withdrawal management treatment; and

~~((d))~~ (b) Ensure that when a youth is admitted for maintenance treatment, written consent by a parent or if applicable, legal guardian or responsible adult designated by the relevant state authority, is obtained.

~~((8))~~ (7) An agency providing opioid treatment program services must ensure:

(a) That notification to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the department is made within three weeks of any replacement or other change in the status of the program, program sponsor (~~(+)~~) as defined in 42 C.F.R. Part 8(~~(+)~~), or medical director;

(b) Treatment is provided to an individual in compliance with 42 C.F.R. Part 8;

(c) The individual record system complies with all federal and state reporting requirements relevant to opioid drugs approved for use in treatment of opioid use disorder; and

(d) The death of an individual enrolled in an opioid treatment program is reported to the department within (~~one business day~~) forty-eight hours.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1000, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1005 Opioid treatment programs (OTP)—Agency certification requirements. An agency applying to provide opioid treatment program services must (~~do all of the following~~):

(1) Submit to the department documentation that the agency has communicated with the county legislative authority and if applicable, the city legislative authority or tribal authority, in order to secure a location for the new opioid treatment program that meets county, tribal or city land use ordinances.

(2) Ensure that a community relations plan developed and completed in consultation with the county, city, or tribal authority or their designee, in order to minimize the impact of the opioid treatment programs upon the business and residential neighborhoods in which the program is located. A community relations plan is a plan to minimize the impact of an opioid treatment program as defined by the Center for Substance Abuse Guidelines for the Accreditation of Opioid Treatment Programs, section 2.C.(4). The plan must include:

(a) Documentation of the strategies used to:

(i) Obtain stakeholder input regarding the proposed location;

(ii) Address any concerns identified by stakeholders; and

(iii) Develop an ongoing community relations plan to address new concerns expressed by stakeholders.

(b) For new applicants who operate opioid treatment programs in another state, copies of all (~~survey~~) review reports written by their national accreditation body and state certification, if applicable, within the past six years.

(3) Have concurrent approval to provide an opioid treatment program by:

(a) The Washington state department of health (~~board of~~) pharmacy quality assurance commission;

(b) The (~~federal~~) United States Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Administration (SAMHSA), as required by 42 C.F.R. Part 8 for certification as an opioid treatment program; and

(c) The ~~((federal))~~ United States Drug Enforcement Administration (DEA).

(4) An agency must ensure that the opioid treatment program is provided to an individual in compliance with the applicable requirements in 42 C.F.R. Part 8 and 21 C.F.R. Part 1301.

(5) The department may deny an application for certification when the applicant has not demonstrated in the past, the capability to provide the appropriate services to assist individuals using the program to meet goals established by the legislature.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1005, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1010 Opioid treatment programs (OTP)—Agency staff requirements. ~~((In addition to meeting the agency administrative and personnel requirements in WAC 246-341-0400 through 246-341-0530,))~~ An agency providing substance use disorder opioid treatment program services must:

(1) Appoint a program sponsor, as defined in 42 C.F.R. Part 8, who is responsible for notifying the ~~((federal))~~ United States Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), the ~~((federal))~~ United States Drug Enforcement Administration (DEA), the department, and the Washington ~~((state board of))~~ pharmacy quality assurance commission of any theft or significant loss of a controlled substance that resulted in filing a DEA Form 106.

(2) Ensure there is an appointed medical director, as defined in 42 C.F.R. Part 8, who:

(a) Is licensed by the department under chapter 18.57 RCW or the Washington medical commission under chapter 18.71 RCW to practice medicine and practices within their scope of practice;

(b) Is responsible for all medical services performed; ~~((and))~~

(c) Ensures all medical services provided are in compliance with applicable federal, state, and local rules and laws.

~~(3) ((Ensure all medical services provided are provided by an appropriate DOH-credentialed medical provider practicing within their scope of practice.~~

~~(4))~~ Ensure at least one staff member has documented training in:

(a) Family planning;

(b) Prenatal health care; and

(c) Parenting skills.

~~((5))~~ (4) Ensure that at least one staff member is on duty at all times who has documented training in:

(a) Cardiopulmonary resuscitation (CPR); and

(b) Management of opioid overdose.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1010, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1015 Opioid treatment programs (OTP)—Clinical record content and documentation requirements. (~~(In addition to the general clinical record content requirements in WAC 246-341-0640,)~~) An agency providing (~~(substance use disorder)~~) opioid treatment program services must maintain an individual's clinical record. The clinical record must contain:

(1) Documentation that the agency made a good faith effort to review if the individual is enrolled in any other opioid treatment program and take appropriate action;

(2) Documentation that the individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanction;

(3) Documentation that the individual service plan was reviewed quarterly and semi-annually after two years of continuous treatment;

(4) Documentation when an individual refuses to provide a drug testing specimen sample. The refusal is considered a positive drug screen specimen;

(5) Documentation in progress notes of (~~(the results and the discussion held with the individual regarding any positive drug screen specimens in the counseling session immediately following the notification of positive results; and)~~) timely interventions used to therapeutically address the disclosure of illicit drug use, a positive drug test, or possible diversion of opioid medication, as evidenced by the absence of opioids or related metabolites in drug toxicology test results;

(6) Documentation of all medical services (~~(see WAC 246-341-1020 and 246-341-1025 regarding program physician responsibility and medication management)~~) including:

(a) Results of physical examination;

(b) Medical and family history;

(c) Nursing notes;

(d) Laboratory reports including results of regular toxicology screens, a problem list, and list of medications updated as clinically indicated; and

(e) Progress notes including documentation of all medications and dosages, if available.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1015, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1020 Opioid treatment programs (OTP)—(Program physician) Medical director responsibility. An agency providing substance use disorder opioid treatment program services must ensure the program physician, or the medical practitioner under supervision of the (~~(program physician)~~) medical director, performs and meets the following:

(1) The program physician or medical practitioner under supervision of the (~~(program physician)~~) medical director:

- (a) Is responsible to verify an individual is currently addicted to an opioid drug and that the (~~person~~) individual became addicted at least twelve months before admission to treatment; or
- (b) May waive the twelve month requirement in (a) of this subsection upon receiving documentation that the individual:
- (i) Was released from a penal institution, if the release was within the previous six months;
- (ii) Is pregnant; or
- (iii) Was previously treated within the previous twenty-four months.
- (2) A documented physical evaluation must be completed on the individual before admission and before starting medications approved to treat opioid use disorder that includes the determination of opioid use disorder consistent with the current and applicable Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria (~~, and an assessment for appropriateness for Sunday and holiday take-home medication~~);
- (3) A documented review (~~(must be completed by)~~) of the department prescription drug monitoring program data on the individual:
- (a) At admission;
- (b) Annually after the date of admission; and
- (c) Subsequent to any incidents of concern.
- (4) All relevant facts concerning the use of the opioid drug must be clearly and adequately explained to each individual;
- (5) Current written and verbal information must be provided to pregnant individuals, before the initial prescribed dosage regarding:
- (a) The concerns of possible substance use disorder, health risks, and benefits the opioid treatment medication may have on the individual and the developing fetus;
- (b) The risk of not initiating opioid treatment medication on the individual and the developing fetus; (~~and~~)
- (c) The potential need for the newborn baby to be treated in a hospital setting or in a specialized support environment designed to address and manage neonatal opioid or other drug withdrawal syndromes; and
- (d) Referral options to address (~~(neonatal abstinence syndrome for the baby)~~) and manage neonatal opioid or other drug withdrawal syndromes.
- (6) Each individual voluntarily choosing to receive maintenance treatment must sign an informed consent to treatment;
- (7) Within fourteen days of admission, a medical examination must be completed that includes:
- (a) Documentation of the results of serology and other tests, as determined by the medical practitioner; and
- (b) (~~An~~) A documented assessment for the appropriateness of Sunday and holiday take-home medications as required by 42 C.F.R. Part 8.12(i).
- (8) When exceptional circumstances exist for an individual to be enrolled with more than one opioid treatment program agency, justification granting permission must be documented in the individual's clinical record at each agency;
- (9) Each individual admitted to withdrawal management services must have an approved withdrawal management schedule that is medically appropriate;
- (10) Each individual administratively discharged from services must have an approved withdrawal management schedule that is medically appropriate;

(11) An assessment for other forms of treatment must be completed for each individual who has two or more unsuccessful withdrawal management episodes within twelve consecutive months; and

(12) An annual medical examination must be completed on each individual that includes the individual's overall physical condition and response to medication.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1020, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1025 Opioid treatment programs (OTP)—Medication management. An agency providing (~~substance use disorder~~) opioid treatment program services must ensure the medication management requirements in this section are met.

(1) An agency must use only those opioid treatment medications that are approved by the United States Food and Drug Administration under section 505 of the (~~federal~~) United States Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opioid use disorder.

(2) (~~An agency providing an opioid treatment program that is fully compliant with the procedures of an investigational use of a drug and other conditions set forth in the application may administer a drug that has been authorized by the Food and Drug Administration under an investigational new drug application under section 505(i) of the federal Food, Drug, and Cosmetic Act for investigational use in the treatment of opioid addiction. The following opioid treatment medications are approved by the Food and Drug Administration for use in the treatment of opioid use disorder:~~

~~(a) Methadone; and~~

~~(b) Buprenorphine.~~

~~(3))~~ An agency providing opioid treatment program services must ensure that initial dosing requirements are met as follows:

(a) Methadone must be administered or dispensed only in oral form and is formulated in such a way as to reduce its potential for parenteral abuse;

(b) The initial dose of methadone must not exceed thirty milligrams and the total dose for the first day must not exceed forty milligrams, unless the program physician documents in the individual's record that forty milligrams did not suppress opioid abstinence symptoms; and

(c) The establishment of the initial dose must consider:

(i) Signs and symptoms of withdrawal;

(ii) Individual comfort; and

(iii) Side effects from over medication.

~~((4))~~ (3) An agency providing an opioid treatment program services must ensure that:

(a) Each opioid treatment medication used by the program is administered and dispensed in accordance with its approved product labeling;

(b) Each individual admitted to an opioid treatment program shall receive overdose prevention education and information on how to access opioid overdose reversal medication;

(c) All dosing and administration decisions are made by a:

(i) Program physician; or

(ii) Medical practitioner under supervision of a program physician familiar with the most up-to-date product labeling.

~~((e))~~ (d) Any significant deviations from the approved labeling, including deviations with regard to dose, frequency, or the conditions of use described in the approved labeling, are specifically documented in the individual's record.

~~((5))~~ (4) An agency providing opioid treatment program services must ensure that all take-home medications are:

(a) Consistent with 42 C.F.R. Part 8.12 (i)(1) through (5) and are authorized only to stable individuals who:

(i) Have received opioid treatment medication for a minimum of ninety days; and

(ii) Have not had any positive drug screens in the last sixty days.

(b) Assessed and authorized, as appropriate, for a Sunday or legal holiday as identified in RCW 1.16.050;

(c) Assessed and authorized, as appropriate, when travel to the facility presents a safety risk for an individual or staff member due to inclement weather; and

(d) Not allowed in short-term withdrawal management or interim maintenance treatment.

~~((6))~~ (5) Registered nurses and licensed practical nurses may dispense up to a thirty-one day supply of medications approved by the United States Food and Drug Administration for the treatment of opioid use disorder under an order or prescription.

(6) All exceptions to take-home requirements must be submitted and approved by the state opioid treatment authority and Substance Abuse and Mental Health Services Administration (SAMHSA).

(7) An agency providing opioid treatment program services may accept, possess, and administer patient-owned medications.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1025, filed 4/16/19, effective 5/17/19.]

GENERAL REQUIREMENTS THAT APPLY TO RESIDENTIAL AND INPATIENT SERVICES

NEW SECTION

WAC 246-341-1050 General requirements for mental health and substance use disorder inpatient and residential services. (1) An agency providing substance use disorder services under WAC 246-341-1100 through 246-341-1114 or mental health services under WAC 246-341-1118 through 246-341-1158:

(a) Must be a facility licensed by the department as:

- (i) A hospital licensed under chapter 70.41 RCW;
 - (ii) A private psychiatric and alcoholism hospital licensed under chapter 71.12 RCW;
 - (iii) A private alcohol and substance use disorder hospital licensed under chapter 71.12 RCW; or
 - (iv) A residential treatment facility licensed under chapter 71.12 RCW;
- (b) If an agency is providing seclusion and restraint the agency must ensure that use of seclusion and restraint is documented and is used only to the extent necessary to ensure the safety of patients and others, and in accordance with WAC 246-320-226, 246-322-180, 246-324-200, or 246-337-110, as determined by the facility license type;
- (c) Must ensure access to necessary medical treatment, including emergency life-sustaining treatment and medication;
- (d) Must review the individual's crisis or recovery plan, if applicable and available;
- (e) Must determine the individual's risk of harm to self, others, or property;
- (f) Must coordinate with the individual's current treatment provider, if applicable, to assure continuity of care during admission and upon discharge;
- (g) Must develop and provide to the individual a discharge summary that must include:
- (i) A continuing care recommendation; and
 - (ii) Scheduled follow-up appointments, including the time and date of the appointment(s), when possible;
- (h) If providing services to adults and minors, an agency must:
- (i) Ensure that a minor who is at least age thirteen but not yet age eighteen is served with adults only if the minor's clinical record contains:
 - (A) Documentation that justifies such placement; and
 - (B) A professional judgment that placement in an inpatient facility that serves adults will not harm the minor;
 - (ii) Ensure the following for individuals who share a room:
 - (A) An individual fifteen years of age or younger must not room with an individual eighteen years of age or older;
 - (B) Anyone under thirteen years of age must be evaluated for clinical appropriateness before being placed in a room with an individual thirteen to sixteen years of age; and
 - (C) An individual sixteen or seventeen years of age must be evaluated for clinical appropriateness before being placed in a room with an individual eighteen years of age or older.
- (2) An agency providing residential or inpatient mental health or substance use disorder services to youth must follow these additional requirements:
- (a) Allow communication between the youth and the youth's parent or if applicable, a legal guardian, and facilitate the communication when clinically appropriate.
 - (b) Notify the parent or legal guardian within two hours of any significant decrease in the behavioral or physical health status of the youth and document all notification and attempts of notification in the clinical record.
 - (c) Discharge the youth to the care of the youth's parent or if applicable, legal guardian. For an unplanned discharge and when the parent or legal guardian is not available, the agency must contact the state child protective services.

(d) Ensure a staff member who demonstrates knowledge of adolescent development and substance use disorders is available at the agency or available by phone.

[]

NEW SECTION

WAC 246-341-1060 General requirements for mental health and substance use disorder inpatient and residential services providing services under chapter 71.05 or 71.34 RCW. This section applies to agencies providing secure withdrawal management, evaluation and treatment, involuntary crisis stabilization unit, and involuntary triage services.

(1) An agency providing services under chapter 71.05 or 71.34 RCW must:

(a) Follow the applicable statutory requirements in chapter 71.05 or 71.34 RCW;

(b) Ensure that services are provided in a secure environment.

"Secure" means having:

(i) All doors and windows leading to the outside locked at all times;

(ii) Visual monitoring, in a method appropriate to the individual;

(iii) A space to separate persons who are violent or may become violent from others when necessary to maintain safety of the individual and others;

(iv) The means to contact law enforcement immediately in the event of an elopement from the facility; and

(v) Adequate numbers of staff present at all times that are trained in facility security measures;

(c) Provide services, including admissions, seven days a week, twenty-four hours a day;

(d) Ensure that a mental health professional, substance use disorder professional, if appropriate, and physician, physician assistant, or psychiatric advanced registered nurse practitioner (ARNP) are available twenty-four hours a day, seven days a week for consultation and communication with the staff that provide direct care of individuals;

(e) Ensure at least daily contact between each involuntary individual and a mental health professional, substance use disorder professional, or person with a co-occurring disorder specialist enhancement as appropriate, for the purpose of evaluation as to:

(i) The need for further treatment;

(ii) Whether there is a change in involuntary status; or

(iii) Possible discharge;

(f) For an individual who has been delivered to the facility by a peace officer for evaluation the clinical record must contain:

(i) A statement of the circumstances under which the individual was brought to the unit;

(ii) The admission date and time;

(iii) Determination of whether to refer to a designated crisis responder (DCR) to initiate civil commitment proceedings;

(iv) If evaluated by a DCR, documentation that the evaluation was performed within the required time period, the results of the evaluation, and the disposition of the person.

(2) Upon discharge of the individual the agency shall provide notification to the DCR office responsible for the initial commitment, which may be a federally recognized Indian tribe or other Indian health care provider if the DCR is appointed by the health care authority, and the DCR office that serves the county in which the individual is expected to reside.

[]

NEW SECTION

WAC 246-341-1070 Inpatient and residential substance use disorder services—General. (1) An agency providing substance use disorder withdrawal management, secure withdrawal management, or residential substance use disorder services to an individual must:

(a) Inform individuals of their treatment options so they can make individualized choices for their treatment. This includes, as applicable, the initiation, continuation, or discontinuation of medications for substance use disorders.

(b) For individuals choosing to initiate or continue medications for their substance use disorder, make available on-site or facilitate off-site access to continue or initiate Federal Drug Administration (FDA)-approved medication for any substance use disorder, when clinically appropriate as determined by a medical practitioner.

(c) Provide continuity of care that allows individuals to receive timely and appropriate follow-up services upon discharge and, if applicable, allows the individual to continue medications with no missed doses.

(d) Document in the clinical record:

(i) The individual being informed of their treatment options including the use of medications for substance use disorder;

(ii) The continuation or initiation of FDA-approved medication for substance use disorder treatment that has been provided on-site or facilitated off-site, if applicable;

(iii) Referrals made to behavioral health providers including documentation that a discharge summary was provided to the receiving behavioral health provider as allowed under 42 C.F.R. Part 2; and

(iv) Contact or attempts to follow up with the individual post-discharge including the date of correspondence.

(2) An agency may not deny admission based solely on an individual taking FDA-approved medications, under the supervision of a medical provider, for their substance use disorder or require titration of dosages in order to be admitted or remain in the program.

[]

~~((SECTION ELEVEN))~~ WITHDRAWAL MANAGEMENT, RESIDENTIAL SUBSTANCE USE DISORDER, AND MENTAL HEALTH INPATIENT SERVICES

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1100 Withdrawal management services (~~(—Adults)~~).

Substance use disorder withdrawal management services are provided to ~~((an))~~ a voluntary individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner ~~(, in accordance with ASAM criteria. For secure withdrawal management and stabilization services for individuals who have been involuntarily committed, see WAC 246-341-1104.~~

~~(1) A behavioral health agency certified for adult withdrawal management services may choose to also become certified to provide youth withdrawal management services (see WAC 246-341-1102).~~

~~(2) An agency providing withdrawal management services to an individual must:~~

~~(a) Be a facility licensed by the department under one of the following chapters:~~

~~(i) Hospital licensing regulations (chapter 246-320 WAC);~~

~~(ii) Private psychiatric and alcoholism hospitals (chapter 246-322 WAC);~~

~~(iii) Private alcohol and substance use disorder hospitals (chapter 246-324 WAC); or~~

~~(iv) Residential treatment facility (chapter 246-337 WAC).~~

~~(b) Be licensed by the department as a behavioral health agency;~~

~~(c) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650; and~~

~~(d) Have policies and procedures to support and implement the specific requirements in this section).~~

~~((3)) (1) An agency must:~~

~~(a) ((Use ASAM criteria for admission, continued services, and discharge planning and decisions;)) Ensure the individual receives a substance use disorder screening before admission;~~

~~(b) Provide counseling to each individual that addresses the individual's:~~

~~(i) Substance use disorder and motivation; and~~

~~(ii) Continuing care needs and need for referral to other services.~~

~~(c) Maintain a list of resources and referral options that can be used by staff members to refer an individual to appropriate services; and~~

~~(d) Post any rules and responsibilities for individuals receiving treatment, including information on potential use of increased motivation interventions or sanctions, in a public place in the facility(~~;~~~~

~~(e) Provide tuberculosis screenings to individuals for the prevention and control of tuberculosis; and~~

~~(f) Provide HIV/AIDS information and include a brief risk intervention and referral as indicated).~~

~~((4))~~ (2) Ensure that each staff member providing withdrawal management services to an individual, with the exception of ~~((licensed staff members and chemical dependency))~~ substance use disorder professionals, substance use disorder professional trainees, physicians, physician assistants, advanced registered nurse practitioners, or person with a co-occurring disorder specialist enhancement, completes a minimum of forty hours of documented training before being assigned individual care duties. This personnel training must include the following topics:

- (a) Substance use disorders;
- (b) Infectious diseases, to include hepatitis and tuberculosis (TB); and
- (c) Withdrawal screening, admission, and signs of trauma.

~~((5) In addition to the general clinical record content requirements in WAC 246-341-0640, an agency providing substance use disorder withdrawal management services must maintain an individual's clinical record that contains:~~

- ~~(a) Documentation of a substance use disorder screening before admission;~~
- ~~(b) A voluntary consent to treatment form, or any release forms, signed and dated by the individual, or the individual's parent or legal guardian, except as authorized by law for protective custody and involuntary treatment;~~
- ~~(c) Documentation that the individual received HIV/AIDS information and a brief risk intervention and referral as indicated; and~~
- ~~(d) Documentation that a discharge summary, including a continuing care recommendation and a description of the individual's physical condition, was completed within seven working days of discharge.)~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1100, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1104 Secure withdrawal management and stabilization services ((~~Adults~~)). Secure withdrawal management and stabilization services are provided to ~~((an))~~ a voluntary or involuntary individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, or medically stabilize an individual after acute intoxication, in accordance with ~~((ASAM criteria and))~~ chapters 71.05 and 71.34 RCW.

- (1) ~~((In addition to meeting the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650,))~~ An agency must ~~((~~
 - ~~(a))~~ meet the requirements for withdrawal management services in WAC 246-341-1100 ~~((; and~~
 - ~~(b) Designate a physician or chemical dependency professional as the professional person as defined in RCW 71.05.020 in charge of clinical services at that facility)).~~

(2) An agency certified to provide secure withdrawal management and stabilization services must ~~((have the following))~~ develop and implement policies and procedures (~~(:~~

~~(a) Policies to ensure that services are provided in a secure environment. "Secure" means having:~~

~~(i) All doors and windows leading to the outside locked at all times;~~

~~(ii) Visual monitoring, either by line of sight or camera as appropriate to the individual;~~

~~(iii) Adequate space to segregate violent or potentially violent persons from others;~~

~~(iv) The means to contact law enforcement immediately in the event of an elopement from the facility; and~~

~~(v) Adequate numbers of staff present at all times that are trained in facility security measures.~~

~~(b) Policies to ensure compliance with WAC 246-337-110 regarding seclusion and restraint;~~

~~(c) Procedures for admitting individuals needing secure withdrawal management and stabilization services seven days a week, twenty-four hours a day;~~

~~(d) Procedures to ensure that once an individual has been admitted, if a medical condition develops that is beyond the facility's ability to safely manage, the individual will be transported to the nearest hospital for emergency medical treatment;~~

~~(e) Procedures to assure access to necessary medical treatment, including emergency life-sustaining treatment and medication;~~

~~(f) Procedures to assure at least daily contact between each involuntary individual and a chemical dependency professional or a trained professional person for the purpose of:~~

~~(i) Observation;~~

~~(ii) Evaluation;~~

~~(iii) Release from involuntary commitment to accept treatment on a voluntary basis; and~~

~~(iv) Discharge from the facility to accept voluntary treatment upon referral.~~

~~(g) Procedures to assure the protection of individual and family rights as described in WAC 246-341-1122, rights related to antipsychotic medication in WAC 246-341-1124, and rights as described in chapters 71.05 and 71.34 RCW;~~

~~(h) Procedures to inventory and safeguard the personal property of the individual being detained, including a process to limit inspection of the inventory list by responsible relatives or other persons designated by the detained individual;~~

~~(i) Procedures) to assure that a ((chemical dependency)) substance use disorder professional and licensed physician, physician assistant, or advanced registered nurse practitioner ((-ARNP-)) are available twenty-four hours a day, seven days a week for consultation and communication with the ((direct patient care)) staff ((twenty-four hours a day, seven days a week);~~

~~(j) Procedures to warn an identified person and law enforcement when an adult has made a threat against an identified victim as explained in RCW 70.02.050 and in compliance with 42 C.F.R. Part 2;~~

~~(k) Procedures to ensure that individuals detained for up to fourteen, ninety, or one hundred eighty additional days of treatment are evaluated by the professional staff of the facility in order to be prepared to testify that the individual's condition is caused by a substance use disorder and either results in likelihood of serious~~

~~harm or the individual being gravely disabled))~~ that provide direct care to individuals.

(3) An agency providing secure withdrawal management and stabilization services must document that each individual has received necessary screenings, assessments, examinations, or evaluations to determine the nature of the disorder and the treatment necessary, including:

(a) A telephone screening reviewed by a nurse, as defined in chapter 18.79 RCW, or medical practitioner prior to admission that includes current level of intoxication, available medical history, and known medical risks; and

(b) An examination and evaluation (~~(by a chemical dependency professional))~~ in accordance with RCW 71.05.210 within (~~(seventy-two))~~ twenty-four hours of admission to the facility(~~(; and~~

~~(c) An assessment for substance use disorder and additional mental health disorders or conditions, using the global appraisal of individual needs — Short screener (GAIN-SS) or its successor)).~~

(4) For individuals admitted to the secure withdrawal management and stabilization facility, the clinical record must contain:

(a) A statement of the circumstances under which the (~~(person))~~ individual was brought to the unit;

(b) The admission date and time;

(c) The date and time when the involuntary detention period ends;

(d) A determination of whether to refer to a (~~(designated crisis responder))~~ DCR to initiate civil commitment proceedings;

(e) If an individual is admitted voluntarily and appears to meet the criteria for initial detention, documentation that an evaluation was performed by a (~~(designated crisis responder))~~ DCR within the time period required in RCW 71.05.050, the results of the evaluation, and the disposition; and

(f) (~~(Review of the client's current crisis plan, if applicable and available; and~~

~~(g))~~ Review of the admission diagnosis and what information the determination was based upon.

(5) An agency certified to provide secure withdrawal management and stabilization services must ensure the treatment plan includes all of the following:

(a) A protocol for safe and effective withdrawal management, including medications as appropriate;

(b) Discharge assistance provided by (~~(chemical dependency))~~ substance use disorder professionals or persons with a co-occurring disorder specialist enhancement, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual.

~~((6) An agency certified to provide secure withdrawal management and stabilization services must ensure that each staff member providing withdrawal management services to an individual, with the exception of licensed staff members and CDPs, completes a minimum of forty hours of documented training before being assigned individual care duties. This personnel training must include the following topics:~~

~~(a) Substance use disorders;~~

~~(b) Infectious diseases, to include hepatitis and tuberculosis (TB); and~~

~~(c) Withdrawal screening, admission, and signs of trauma.))~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1104, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1108 Residential substance use disorder treatment services—General. Residential substance use disorder treatment services provide substance use disorder treatment for an individual in a facility with twenty-four hours a day supervision.

- (1) Residential treatment services include:
- (a) Intensive inpatient services (~~(, ASAM level 3.5)~~);
 - (b) Low intensity (recovery house) residential treatment services (~~(, ASAM level 3.1)~~); and
 - (c) Long-term residential treatment services (~~(, ASAM level 3.1;~~ and
 - ~~(d) Youth residential services, ASAM levels 3.1, 3.5, and 3.7).~~
- (2) An agency certified to provide residential treatment services must:
- (a) (~~Be a facility licensed by the department and meet the criteria under one of the following DOH chapters:~~
 - ~~(i) Hospital licensing regulations (chapter 246-320 WAC);~~
 - ~~(ii) Private psychiatric and alcoholism hospitals (chapter 246-322 WAC);~~
 - ~~(iii) Private alcohol and substance use disorder hospitals (chapter 246-324 WAC);~~ or
 - ~~(iv) Residential treatment facility (chapter 246-337 WAC).~~
 - ~~(b) Be licensed by the department as a behavioral health agency;~~
 - ~~(c) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650;~~
 - ~~(d) Have policies and procedures to support and implement the:~~
 - ~~(i) General requirements in WAC 246-341-0420; and~~
 - ~~(ii) Specific applicable requirements in WAC 246-341-1110 through 246-341-1116.~~
 - ~~(e) Use ASAM criteria for admission, continued services, and discharge planning and decisions;~~
 - ~~(f)) Provide education to each individual admitted to the treatment facility on:~~
 - (i) Substance use disorders;
 - (ii) Relapse prevention;
 - (iii) Bloodborne pathogens; ((and))
 - (iv) Tuberculosis (TB) (~~(-)~~);
 - ~~((g) Provide education or information to each individual admitted on:~~
 - ~~(i)) (v) Emotional, physical, and sexual abuse; and~~
 - ~~((ii)) (vi) Nicotine use disorder (~~;~~ and~~
 - ~~(iii) The impact of substance use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of chemical use during pregnancy).~~
 - ~~((h)) (b) Maintain a list or source of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services; and~~
 - ~~((i) Screen for the prevention and control of tuberculosis;~~
 - ~~(j) Limit the size of group counseling sessions to no more than sixteen individuals;~~
 - ~~(k) Have)) (c) Develop and implement written procedures for:~~
 - (i) Urinalysis and drug testing, including laboratory testing;

and

(ii) How agency staff members respond to medical and psychiatric emergencies.

~~((1) The individual service plan is initiated with at least one goal identified by the individual during the initial assessment or at the first service session following the assessment.))~~

(3) An agency that provides services to a pregnant woman must:

(a) ~~((Have))~~ Develop and implement a written procedure to address specific issues regarding the woman's pregnancy and prenatal care needs; ~~((and))~~

(b) Provide referral information to applicable resources; and

(c) Provide education on the impact of substance use during pregnancy, risks to the developing fetus, and the importance of informing medical practitioners of chemical use during pregnancy.

(4) An agency that provides an assessment to an individual under RCW 46.61.5056 must also meet the requirements for driving under the influence (DUI) assessment providers in WAC 246-341-0820.

(5) An agency that provides substance use disorder residential services to youth must:

(a) Ensure staff members are trained in safe and therapeutic techniques for dealing with a youth's behavior and emotional crisis, including:

(i) Verbal deescalation;

(ii) Crisis intervention;

(iii) Anger management;

(vi) Suicide assessment and intervention;

(v) Conflict management and problem solving skills;

(vii) Management of assaultive behavior;

(viii) Proper use of therapeutic physical intervention techniques; and

(ix) Emergency procedures.

(b) Provide group meetings to promote personal growth.

(c) Provide leisure, and other therapy or related activities.

(d) Provide seven or more hours of structured recreation each week, that is led or supervised by staff members.

(e) Provide each youth one or more hours per day, five days each week, of supervised academic tutoring or instruction by a certified teacher when the youth is unable to attend school for an estimated period of four weeks or more. The agency must:

(i) Document the individual's most recent academic placement and achievement level; and

(ii) Obtain school work from the individual's school, or when applicable, provide school work and assignments consistent with the individual's academic level and functioning.

(f) Conduct random and regular room checks when an individual is in their room, and more often when clinically indicated.

(g) Ensure each individual's clinical record:

(i) Contains any consent or release forms signed by the youth and their parent or legal guardian;

(ii) Contains the parent's or other referring person's agreement to participate in the treatment process, as appropriate and if possible; and

(iii) Documents any problems identified in specific youth assessment, including any referrals to school and community support services, on the individual service plan.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1108, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1110 Residential substance use disorder treatment services—Intensive inpatient services. (1) Intensive inpatient services are clinically managed, high-intensity substance use disorder residential treatment services that provide a concentrated program of individual and group counseling, education, and activities for an individual who ~~((has completed))~~ is not in active withdrawal ~~((management))~~ and the individual's family to address overall functioning and to demonstrate aspects of recovery lifestyle.

(2) ~~((In addition to meeting the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650 and the residential treatment services requirements in WAC 246-341-1108,))~~ An agency certified to provide intensive inpatient services must:

(a) Complete the individual service plan within five days of admission;

(b) Conduct and document at least weekly, one face-to-face individual substance use disorder counseling session with the individual; and

(c) ~~((Progress notes must include the date, time, duration, participant names, and a brief summary of the session and the name of the staff member who provided it;))~~

~~((d))~~ Document at least weekly, an individual service plan review which determines continued stay needs and progress towards goals ~~((and~~

~~((e) Provide treatment services in line with ASAM 3.5 components appropriate to youth or adults)).~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1110, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1112 Residential substance use disorder treatment services—Low intensity (recovery house) residential treatment services. (1) Low intensity (recovery house) services are clinically managed, low-intensity substance use disorder residential treatment services that provide ~~((a program of))~~ individualized care and treatment with social, vocational, and recreational activities to aid in individual adjustment to ~~((abstinence))~~ recovery, relapse prevention, recovery skills development, and to aid in job training, employment, or participating in other types of community services.

(2) ~~((In addition to meeting the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650 and the residential treatment services requirements in WAC 246-341-1108,))~~ An agency certified to provide low intensity (recovery house) services must:

(a) Provide no less than five hours per week of treatment services ~~((in line with ASAM level 3.1));~~ and

~~(b) ((Progress notes should include the date, time, duration, participant names, and a brief summary of the session and the name of the staff member who provided it; and~~

~~(e))~~ Conduct and document an individual service plan review at least monthly.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1112, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1114 Residential substance use disorder treatment services—Long-term treatment services. (1) Long-term treatment services are clinically managed, higher-intensity substance use disorder residential treatment services that provide ~~((a program))~~ individualized care and treatment for an individual needing consistent structure over a longer period of time to develop and maintain ~~((abstinence))~~ recovery, develop recovery skills, and to improve overall health.

~~(2) ((In addition to meeting the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650 and the residential treatment services requirements in WAC 246-341-1108))~~ An agency certified to provide long-term treatment services must:

~~(a) ((Provide an individual a minimum of two hours each week of individual or group counseling;~~

~~(b) Provide no less than five hours per week of treatment services in line with ASAM 3.1 components;~~

~~(c) Progress notes should include the date, time, duration, participant names, and a brief summary of the session and the names of the staff member who provided it;~~

~~(d))~~ Provide an individual, during the course of services, with:

(i) Education on social and coping skills, relapse prevention, and recovery skills development;

(ii) Social and recreational activities;

(iii) Assistance in seeking employment, when appropriate; and

(iv) Assistance with reentry living skills to include seeking and obtaining safe housing.

~~((e))~~ (b) Conduct and document an individual service plan review at least monthly.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1114, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 20-07-091, filed 3/17/20, effective 5/1/20)

WAC 246-341-1118 Mental health inpatient services—General. (1) Mental health inpatient services include the following types of behavioral health services certified by the department:

(a) Evaluation and treatment services;

(b) Intensive behavioral health treatment services;

- (c) Child long-term inpatient program (CLIP);
 - (d) Crisis stabilization units;
 - (e) Triage services; and
 - (f) Competency evaluation and ~~((treatment))~~ restoration services.
- (2) ~~An ((agency providing inpatient services to an individual~~

~~must:~~

- ~~(a) Be a facility licensed by the department under one of the following chapters:~~
 - ~~(i) Hospital licensing regulations (chapter 246-320 WAC);~~
 - ~~(ii) Private psychiatric and alcoholism hospitals (chapter 246-322 WAC);~~
 - ~~(iii) Private alcohol and substance use disorder hospitals (chapter 246-324 WAC); or~~
 - ~~(iv) Residential treatment facility (chapter 246-337 WAC).~~
- ~~(b) Be licensed by the department as a behavioral health agency;~~
- ~~(c) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0100 through 246-341-0650;~~
- ~~(d) Meet the applicable inpatient services requirements in WAC 246-341-1118 through 246-341-1132;~~
- ~~(e) Have policies and procedures to support and implement the specific applicable program-specific requirements; and~~
- ~~(f) If applicable, have policies to ensure compliance with WAC 246-337-110 regarding seclusion and restraint.~~

~~(3) The behavioral health)) agency providing mental health inpatient services must ~~((document the development of))~~ develop and implement an individualized annual training plan for agency staff members, to include at least:~~

- ~~(a) Least restrictive alternative options available in the community and how to access them;~~
- ~~(b) Methods of individual care; and~~
- ~~(c) Deescalation training and management of assaultive and self-destructive behaviors, including proper and safe use of seclusion and restraint procedures ((; and~~
- ~~(d) The requirements of chapter 71.05 and 71.34 RCW, this chapter, and protocols developed by the department)).~~

~~((4))~~ (3) If contract staff are providing direct services, the facility must ensure compliance with the training requirements outlined in subsection ~~((3))~~ (2) of this section.

~~((5) This chapter does not apply to state psychiatric hospitals as defined in chapter 72.23 RCW or facilities owned or operated by the department of veterans affairs or other agencies of the United States government.)~~ (4) A behavioral health agency providing mental health inpatient services must:

(a) Document that each individual has received evaluations to determine the nature of the disorder and the treatment necessary, including:

(i) A health assessment of the individual's physical condition to determine if the individual needs to be transferred to an appropriate hospital for treatment;

(ii) Examination and medical evaluation within twenty-four hours of admission by a licensed physician, advanced registered nurse practitioner, or physician assistant;

(iii) Consideration of less restrictive alternative treatment at the time of admission; and

(iv) The admission diagnosis and what information the determination was based upon.

(b) Ensure the rights of individuals to make mental health advance directives, and facility protocols for responding to individual and agent requests consistent with RCW 71.32.150.

(c) Ensure examination and evaluation of a minor by a children's mental health specialist occurs within twenty-four hours of admission.

[Statutory Authority: 2019 c 324, RCW 71.24.037, 71.24.648, and 71.24.649. WSR 20-07-091, § 246-341-1118, filed 3/17/20, effective 5/1/20. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1118, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 20-07-091, filed 3/17/20, effective 5/1/20)

WAC 246-341-1134 Mental health inpatient services—Evaluation and treatment services. (1) Evaluation and treatment services are provided for individuals who are ((detained)) held for one hundred twenty-hour detention or on fourteen, ninety, or one hundred eighty-day civil commitment orders according to chapter 71.05 RCW. An agency providing evaluation and treatment services may choose to serve individuals who are held for one hundred twenty-hour detention, or on short-term commitment orders (fourteen-day), long-term commitment orders (ninety-day and one hundred eighty-day), or ((both)) all three. Agencies providing evaluation and treatment services may also provide services for individuals who are not detained or committed.

~~((1) In addition to meeting the agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0100 through 246-341-0650, and the applicable inpatient services requirements in WAC 246-341-1118 through 246-341-1132 an agency providing evaluation and treatment services must ensure:~~

~~(a) Designation of a physician or other mental health professional as the professional person as defined in RCW 71.05.020 in charge of clinical services at that facility; and~~

~~(b) A policy management structure that establishes:~~

~~(i) Procedures to assure appropriate and safe transportation for persons who are not approved for admission to his or her residence or other appropriate place;~~

~~(ii) Procedures to detain arrested persons who are not approved for admission for up to eight hours so that reasonable attempts can be made to notify law enforcement to return to the facility and take the person back into custody;~~

~~(iii) Procedures to assure the rights of individuals to make mental health advance directives, and facility protocols for responding to individual and agent requests consistent with RCW 71.32.150;~~

~~(iv) Procedures to ensure that if the facility releases the individual to the community, the facility informs the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and has provided contact information to the facility;~~

~~(v) Procedures to document that each individual has received evaluations to determine the nature of the disorder and the treatment necessary, including a psychosocial evaluation by a mental health professional; and~~

~~(vi) For individuals who are being evaluated as dangerous mentally ill offenders under RCW 72.09.370(7), the professional person in charge of the evaluation and treatment facility must consider filing a petition for a ninety day less restrictive alternative in lieu of a petition for a fourteen-day commitment.)~~

(2) ~~((A facility))~~ An agency certified to provide evaluation and treatment services for youth may provide treatment for a child on a one hundred eighty-day inpatient involuntary commitment order only until the child is discharged from the order to the community, or until a bed is available for that child in a child long-term inpatient treatment facility (CLIP).

[Statutory Authority: 2019 c 324, RCW 71.24.037, 71.24.648, and 71.24.649. WSR 20-07-091, § 246-341-1134, filed 3/17/20, effective 5/1/20. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1134, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 20-07-091, filed 3/17/20, effective 5/1/20)

WAC 246-341-1137 Behavioral health inpatient services—Intensive behavioral health treatment services. (1) Intensive behavioral health treatment services are intended to assist individuals in transitioning to lower levels of care, including individuals on a less restrictive alternative order. These services are provided for individuals with behavioral health conditions whose impairment or behaviors do not meet or no longer meet criteria for involuntary inpatient commitment under chapter 71.05 RCW, but whose care needs cannot be met in other community-based settings due to one or more of the following:

(a) Self-endangering behaviors that are frequent or difficult to manage;

(b) Intrusive behaviors that put residents or staff at risk;

(c) Complex medication needs, which include psychotropic medications;

(d) A history or likelihood of unsuccessful placements in other community facilities or settings such as:

(i) Assisted living facilities licensed under chapters 18.20 RCW and 388-78A WAC;

(ii) Adult family homes licensed under chapters 70.128 RCW and 388-76 WAC;

(iii) Permanent supportive housing provided in accordance with chapter 388-106 WAC;

(iv) Supported living certified under chapter 388-101 WAC; or

(v) Residential treatment facilities licensed under chapters 71.12 RCW and 246-337 WAC providing a lower level of services.

(e) A history of frequent or protracted mental health hospitalizations; or

(f) A history of offenses against a person or felony offenses that cause physical damage to property.

(2) ~~((In addition to meeting the agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0100 through 246-341-0650, and the applicable inpatient services requirements in WAC 246-341-1118 through 246-341-1132,))~~ An agen-

cy providing intensive behavioral health treatment services must ensure services are provided:

(a) In a residential treatment facility licensed under chapters 71.12 RCW and 246-337 WAC;

(b) By a multidisciplinary team including clinicians, community supports, and those responsible for discharge planning; and

(c) With twenty-four hour observation of individuals by at least two staff who are awake and on duty.

(3) The agency may:

(a) Only admit individuals at least eighteen years of age whose primary care need is treatment for a mental health disorder that does not include a diagnosis of dementia or an organic brain disorder, but may include individuals who have a secondary diagnosis of intellectual or developmental disabilities;

(b) Only admit individuals who are capable of performing activities of daily living without direct assistance from agency staff; and

(c) Not admit individuals with a diagnosis of dementia or an organic brain disorder who can more appropriately be served in an enhanced services facility licensed under chapters 70.97 RCW and 388-107 WAC or other long-term care facility as defined in RCW 70.129.010.

(4) The agency must follow WAC 246-341-0805 regarding less restrictive alternative services.

(5) In addition to the applicable training requirements in this chapter, the agency must train all direct care staff on how to provide services and appropriate care to individuals with intellectual or developmental disabilities as described in Title 71A RCW, including:

(a) An overview of intellectual and developmental disabilities including how to differentiate intellectual or developmental disabilities from mental illness;

(b) Effective communication including methods of verbal and non-verbal communication when supporting individuals with intellectual or developmental disabilities; and

(c) How to identify behaviors in individuals that constitutes "normal stress" and behaviors that constitute a behavioral health crisis.

(6) The agency must develop and implement policies and procedures that explain how the agency will have sufficient numbers of appropriately trained, qualified, or credentialed staff available to safely provide all of the following services in accordance with an individual's care plan and needs:

(a) Planned activities for psychosocial rehabilitation services, including:

(i) Skills training in activities of daily living; skills training may include teaching and prompting or cueing individuals to perform activities, but does not include directly assisting individuals in performing the activities;

(ii) Social interaction;

(iii) Behavioral management, including self-management and understanding of recovery;

(iv) Impulse control;

(v) Training and assistance for self-management of medications; and

(vi) Community integration skills.

(b) Service coordination provided by a mental health professional;

(c) Psychiatric services, including:

- (i) Psychiatric nursing, on-site, twenty-four hours per day, seven days per week;
 - (ii) Timely access to a psychiatrist, psychiatric advanced registered nurse practitioner, or physician's assistant who is licensed under Title 18 RCW operating within their scope of practice who by law can prescribe drugs in Washington state; and
 - (iii) A mental health professional on site at least eight hours per day and accessible twenty-four hours per day, seven days per week.
- (d) Access to intellectual and developmental disability services provided by a disability mental health specialist as described in WAC 182-538D-0200 or a person credentialed to provide applied behavioral analysis; and
- (e) Peer support services provided by certified peer counselors.
- (7) The agency must provide access to or referral to substance use disorder services, and other specialized services, as needed.
- (8) The agency must provide a system or systems within the building that give staff awareness of the movements of individuals within the facility. If a door control system is used, it shall not prevent a resident from leaving the licensed space on their own accord, except temporary delays as allowed by (a) of this subsection. Such systems include:
- (a) Limited egress systems consistent with state building code, such as delayed egress;
 - (b) Appropriate staffing levels to address safety and security; and
 - (c) Policies and procedures that:
 - (i) Are consistent with the assessment of the individual's care needs and plan; and
 - (ii) Do not limit the rights of a voluntary individual.
- (9) The agency must have a memorandum of understanding with the local crisis system, including the closest agency providing evaluation and treatment services and designated crisis responders to ensure timely response to and assessment of individuals who need a higher level of care.
- (10) The agency must develop and implement policies and procedures regarding discharge and transfer that:
- (a) Allows each individual to stay in the facility and not discharge the individual to another facility type or other level of care unless another placement has been secured, and:
 - (i) The individual completed their care objectives and no longer needs this level of care;
 - (ii) The individual has medical care needs that the agency cannot provide or needs direct assistance with activities of daily living;
 - (iii) The individual needs a higher level of behavioral health care, such as evaluation and treatment services, due to a change in behavioral health status or because the individual's conditional release or less restrictive alternative order is revoked; or
 - (iv) The individual is convicted of any gross misdemeanor or felony while being a resident in the facility where the conviction was based on conduct that caused significant harm to another individual residing in the agency or staff member and there is a likelihood the (~~person~~) individual continues to endanger the safety and health of residents or staff. For the purposes of this subsection, conviction includes all instances in which plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence have been deferred or suspended.

(b) Allows individuals who are discharged in accordance with (a)(ii) or (iii) of this subsection to be accepted back into the facility if and when it is medically, clinically, legally, and contractually appropriate;

(c) Allows each individual to stay in the facility and not transfer to another agency providing intensive behavioral health treatment services unless the individual requests to receive services in a different agency certified to provide intensive behavioral health treatment services;

(d) Follows all transfer and discharge documentation requirements in WAC 246-341-0640(~~(15)~~) and also documents the specific time and date of discharge or transfer. Additionally, the agency must give the following information to the individual, the individual's representative, and family or guardian, as appropriate, before discharge or transfer:

(i) The name, address, and telephone number of the applicable ombuds;

(ii) For individuals with disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals; and

(iii) The mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals.

(e) Includes transportation coordination that informs all parties involved in the coordination of care.

(11) The agency must protect and promote the rights of each individual and assist the individual to exercise their rights as an individual, as a citizen or resident of the United States and the state of Washington. To do this, the agency must:

(a) Train staff on resident rights and how to assist individuals in exercising their rights;

(b) Protect each individual's right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the agency;

(c) Post names, addresses, and telephone numbers of the state (~~(survey)~~) review and certification agency, the state licensure office, the relevant ombuds programs, and the protection and advocacy systems;

(d) Provide reasonable access to an individual by the individual's representative or an entity or individual that provides health, social, legal, or other services to the individual, subject to the individual's right to deny or withdraw consent at any time;

(e) Allow representatives of appropriate ombuds to examine a resident's clinical records with the permission of the individual or the individual's legal representative, and consistent with state and federal law;

(f) Not require or request individuals to sign waivers of potential liability for losses of personal property or injury, or to sign waivers of individual's rights;

(g) Fully disclose to individuals the agency's policy on accepting medicaid as a payment source; and

(h) Inform the individual both orally and in writing in a language that the individual understands of their applicable rights in accordance with this chapter. The notification must be made upon admission and the agency must document the information was provided.

(12) In addition to all other applicable rights, an individual receiving certified intensive behavioral health treatment services has the right to:

- (a) Be free of interference, coercion, discrimination, and reprisal from the agency in exercising their rights;
- (b) Choose a representative who may exercise the individual's rights to the extent provided by law;
- (c) Manage their own financial affairs;
- (d) Personal privacy and confidentiality, including the following considerations:
 - (i) Personal privacy applies to accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups.
 - (ii) The individual may approve or refuse the release of personal and clinical records to an individual outside the agency unless otherwise provided by law.
 - (iii) Privacy in communications, including the right to:
 - (A) Send and promptly receive mail that is unopened;
 - (B) Have access to stationery, postage, and writing implements;
- and
 - (C) Have reasonable access to the use of a telephone where calls can be made without being overheard.
- (e) Prompt resolution of voiced grievances including those with respect to treatment that has been furnished as well as that which has not been furnished and the behavior of other residents;
- (f) File a (~~complaint~~) report with the department (~~of health~~) for any reason;
- (g) Examine the results of the most recent (~~survey~~) review or inspection of the agency conducted by federal or state (~~surveyors~~) reviewers or inspectors and plans of correction in effect with respect to the agency;
- (h) Receive information from client advocates, and be afforded the opportunity to contact these advocates;
- (i) Access the following without interference:
 - (i) Any representative of the state;
 - (ii) The individual's medical provider;
 - (iii) Ombuds;
 - (iv) The agencies responsible for the protection and advocacy system for individuals with disabilities, developmental disabilities, and individuals with mental illness created under federal law; and
- (v) Subject to reasonable restrictions to protect the rights of others and to the individual's right to deny or withdraw consent at any time, immediate family or other relatives of the individual and others who are visiting with the consent of the resident.
- (j) Retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents;
- (k) Secure storage, upon request, for small items of personal property;
- (l) Be notified regarding transfer or discharge;
- (m) Be free from restraint and involuntary seclusion;
- (n) Be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion;
- (o) Choose activities, schedules, and health care consistent with the individual's interests, assessments, and plans of care;
- (p) Interact with members of the community both inside and outside the agency;
- (q) Make choices about aspects of their life in the agency that are significant to the individual;

(r) Unless adjudged incompetent or otherwise found to be legally incapacitated, participate in planning care and treatment or changes in care and treatment;

(s) Unless adjudged incompetent or otherwise found to be legally incapacitated, to direct their own service plan and changes in the service plan, and to refuse any particular service so long as such refusal is documented in the record of the individual;

(t) Participate in social, religious, and community activities that do not interfere with the rights of other individuals in the agency;

(u) Reside and receive services in the agency with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other individuals would be endangered; and

(v) Organize and participate in participant groups.

(13) The individual and their representative have the right to:

(a) Access all records pertaining to the individual including clinical records according to requirements in WAC 246-341-0650; and

(b) Be notified, along with interested family members, when there is:

(i) An accident involving the individual which requires or has the potential for requiring medical intervention;

(ii) A significant change in the individual's physical, mental, or psychosocial status; and

(iii) A change in room or roommate assignment.

[Statutory Authority: 2019 c 324, RCW 71.24.037, 71.24.648, and 71.24.649. WSR 20-07-091, § 246-341-1137, filed 3/17/20, effective 5/1/20.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1138 Mental health inpatient services—Child long-term inpatient program (CLIP). In addition to meeting the ((agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0100 through 246-341-0650, the applicable inpatient services requirements in WAC 246-341-1118 through 246-341-1322, and the)) evaluation and treatment service requirements of WAC 246-341-1134, child long-term inpatient treatment facilities must develop a written plan for assuring that services provided are appropriate to the developmental needs of children, including all of the following:

(1) If there is not a child psychiatrist on the staff, there must be a child psychiatrist available for consultation.

(2) There must be a psychologist with documented evidence of skill and experience in working with children available either on the clinical staff or by consultation, responsible for planning and reviewing psychological services and for developing a written set of guidelines for psychological services.

(3) There must be a registered nurse, with training and experience in working with psychiatrically impaired children, on staff as a full-time or part-time employee who must be responsible for all nursing functions.

(4) There must be a social worker with experience in working with children on staff as a full-time or part-time employee who must be responsible for social work functions and the integration of these functions into the individual treatment plan.

(5) There must be an educational/vocational assessment of each resident with appropriate educational/vocational programs developed and implemented or assured on the basis of that assessment.

(6) There must be an occupational therapist licensed under chapter 18.59 RCW available who has experience in working with psychiatrically impaired children responsible for occupational therapy functions and the integration of these functions into treatment.

(7) There must be a registered recreational therapist under chapter 18.230 RCW available who has had experience in working with psychiatrically impaired children responsible for the recreational therapy functions and the integration of these functions into treatment.

(8) Disciplinary policies and practices must be stated in writing and all of the following must be true:

(a) Discipline must be fair, reasonable, consistent and related to the behavior of the resident. Discipline, when needed, must be consistent with the individual treatment plan.

(b) Abusive, cruel, hazardous, frightening or humiliating disciplinary practices must not be used. Seclusion and restraints must not be used as punitive measures. Corporal punishment must not be used.

(c) Disciplinary measures must be documented in the (~~medical~~) clinical record.

(9) Residents must be protected from assault, abuse and neglect. Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty or neglect to a child must be reported to a law enforcement agency or to the department of children, youth, and families and comply with chapter 26.44 RCW.

(10) Orientation material must be made available to any facility personnel, clinical staff or consultants informing practitioners of their reporting responsibilities and requirements. Appropriate local police and department phone numbers must be available to personnel and staff.

(11) When suspected or alleged abuse is reported, the (~~medical~~) clinical record must reflect the fact that an oral or written report has been made to the child protective services of (~~DSHS~~) the department of children, youth, and families or to a law enforcement agency within the timelines identified in chapter 26.44 RCW. This note must include the date and time that the report was made, the agency to which it was made and the signature of the person making the report. Contents of the report need not be included in the medical record.

(12) Agencies that provide child long-term inpatient treatment services are exempt from the requirement in WAC 246-341-1060 to admit individuals needing treatment seven days a week, twenty-four hours a day.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1138, filed 4/16/19, effective 5/17/19.]

AMENDATORY SECTION (Amending WSR 19-09-062, filed 4/16/19, effective 5/17/19)

WAC 246-341-1140 Mental health inpatient services—Crisis stabilization unit(~~—Agency facility and administrative standards~~) and triage. ((In addition to meeting the agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0100 through 246-341-0650 and the applicable inpatient services requirements in WAC 246-341-1118 through 246-341-1132,)) An agency certified to provide crisis stabilization unit or triage services must meet all of the following criteria:

(1) A triage facility must be licensed ((by the department)) as a residential treatment facility under chapter 71.12 RCW.

(2) If a crisis stabilization unit or triage facility is part of a jail, the unit must be located in an area of the building that is physically separate from the general population. "Physically separate" means:

(a) Out of sight and sound of the general population at all times;

(b) Located in an area with no foot traffic between other areas of the building, except in the case of emergency evacuation; and

(c) Has a secured entrance and exit between the unit and the rest of the facility.

(3) ((The professional person in charge of administration of the unit must be a mental health professional.

~~(4) Have a policy management structure that establishes:~~

~~(a) Procedures to ensure that for persons who have been brought to the unit involuntarily by police, the stay is limited to twelve hours unless the individual has signed voluntarily into treatment;~~

~~(b) Procedures to ensure that within twelve hours of the time of arrival to the crisis stabilization unit, individuals who have been detained by a designated crisis responder under chapter 71.05 or 70.96B RCW are transferred to a certified evaluation and treatment facility;~~

~~(c) Procedures to assure appropriate and safe transportation of persons who are not approved for admission or detained for transfer to an evaluation and treatment facility, and if not in police custody, to their respective residence or other appropriate place;~~

~~(d) Procedures to detain arrested persons who are not approved for admission for up to eight hours so that reasonable attempts can be made to notify law enforcement to return to the facility and take the person back into custody;~~

~~(e) Procedures to ensure that a mental health professional is on-site twenty-four hours a day, seven days a week;~~

~~(f) Procedures to ensure that a licensed physician, physician assistant, or psychiatric advanced registered nurse practitioner (ARNP) is available for consultation to direct care staff twenty-four hours a day, seven days a week;~~

~~(g) Procedures to ensure that the following requirements are met when an individual is brought to the facility by a peace officer under RCW 71.05.153:~~

~~(i) Within twelve hours of arrival, a designated crisis responder (DCR) must determine if the individual meets detention criteria under chapter 71.05 RCW; and~~

~~(ii) If the facility releases the individual to the community, the facility must inform the peace officer of the release within a~~

~~reasonable period of time after the release if the peace officer has specifically requested notification and has provided contact information to the facility.~~

~~(h) Procedures to ensure the rights of persons to make mental health advance directives;~~

~~(i) Procedures to establish unit protocols for responding to the provisions of the advanced directives consistent with RCW 71.32.150; and~~

~~(j) Procedures to assure that restraint and seclusion are utilized only to the extent necessary to ensure the safety of patients and others, and in accordance with WAC 246-337-110, 246-322-180, and 246-320-745(6).~~

~~(5) Prominently post within the crisis stabilization unit the rights stated in WAC 246-341-1122, Mental health inpatient services—Rights of individuals receiving inpatient services, and provide them in writing to the individual in a language or format that the individual can understand.) Ensure that a mental health professional is on-site at least eight hours per day, seven days a week, and accessible twenty-four hours per day, seven days per week.~~

~~(4) Ensure a mental health professional assesses an individual within three hours of the individual's arrival at the facility.~~

~~(5) For persons admitted to the crisis stabilization unit or triage facility on a voluntary basis, the clinical record must meet the clinical record requirements in WAC 246-341-0640.~~

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-1140, filed 4/16/19, effective 5/17/19.]

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-341-0305	Agency licensure and certification—Application.
WAC 246-341-0315	Agency licensure and certification—Renewals.
WAC 246-341-0325	Agency licensure and certification—Approvals and provisional approvals.
WAC 246-341-0330	Agency licensure and certification—Effective dates.
WAC 246-341-0340	Agency licensure and certification—Adding a branch site.
WAC 246-341-0345	Agency licensure and certification—Adding a new service.
WAC 246-341-0350	Agency licensure and certification—Change in ownership.
WAC 246-341-0355	Agency licensure and certification—Change in location.
WAC 246-341-0360	Agency licensure and certification—Facility remodel.

- WAC 246-341-0430 Agency administration—Treatment facility requirements.
- WAC 246-341-0500 Personnel—Agency policies and procedures.
- WAC 246-341-0610 Clinical—Assessment.
- WAC 246-341-0620 Clinical—Individual service plan.
- WAC 246-341-0716 Outpatient services—Mental health outpatient services provided in a residential treatment facility (RTF).
- WAC 246-341-0726 Outpatient services—Recovery support—Wraparound facilitation mental health services.
- WAC 246-341-0732 Outpatient services—Consumer-run recovery support—Clubhouses—Management and operational requirements.
- WAC 246-341-0734 Outpatient services—Consumer-run recovery support—Clubhouses—Certification process.
- WAC 246-341-0736 Outpatient services—Consumer-run recovery support—Clubhouses—Employment-related services.
- WAC 246-341-0752 Outpatient services—Substance use disorder information and assistance—Screening and brief intervention.
- WAC 246-341-0920 Crisis mental health services—Peer support services.
- WAC 246-341-1102 Withdrawal management services—Youth.
- WAC 246-341-1106 Secure withdrawal management and stabilization services—Youth.
- WAC 246-341-1116 Residential substance use disorder treatment services—Youth residential services.
- WAC 246-341-1120 Mental health inpatient services—Posting of individual rights for minors.
- WAC 246-341-1122 Mental health inpatient services—Rights of individuals receiving inpatient services.
- WAC 246-341-1126 Mental health inpatient services—Policies and procedures—Adult.
- WAC 246-341-1128 Mental health inpatient services—Policies and procedures—Minors.
- WAC 246-341-1130 Mental health inpatient services—Treatment of a minor without consent of parent.
- WAC 246-341-1132 Mental health inpatient services—Treatment of a minor without consent of minor.

- WAC 246-341-1142 Mental health inpatient services—Crisis stabilization unit—Admission, assessment, and records.
- WAC 246-341-1144 Mental health inpatient services—Triage—Agency facility and administrative requirements.
- WAC 246-341-1146 Mental health inpatient services—Triage—Admission, assessment, and records.
- WAC 246-341-1148 Mental health inpatient services—Triage—Stabilization plan.
- WAC 246-341-1150 Mental health inpatient services—Triage—Discharge.
- WAC 246-341-1152 Mental health inpatient services—Triage—Involuntary.