

PROCEDURE: VOLUNTARY HOSPITAL CERTIFICATION FOR ADULTS ***

Initial Crisis Team Points of Contact:

- a. Kitsap Mental Health Services (360) 373-3425
5455 Almira Drive NE
Bremerton, WA 98311
- b. Peninsula Behavioral Health (360) 452-4500
118 E 8th Street
Port Angeles, WA 98362
- c. Discovery Behavioral Healthcare (360) 385-0321
(formerly Jefferson Mental Health Services)
PO Box 565
Port Townsend, WA 98368
- d. West End Outreach Services (360) 374-6177
530 Bogachiel Way
Forks, WA 98331

Action By	Action
Hospital	Calls SBHO network provider crisis team for the client’s county of residence area for initial request for certification whenever a Medicaid or non-Medicaid Medicaid recipient under 21 years requests admission on a voluntary basis. If request comes from outside catchment area, CommCare is called first.
Agency Crisis Team	Calls hospital back within 2 hours regarding the request, requires the hospital to verbally provide all relevant information or conducts a face to face crisis evaluation.
Agency Crisis Team	Gathers all relevant information, researches clinical record/ crisis plan/ advance directive, and requests certification from CommCare.
SBHO ASO CommCare	Reviews all relevant information and using SBHO Levels of Care guidelines makes an authorization/certification determination. Verifies request document for/or provides required consultation(s).
SBHO ASO CommCare	Contacts requesting party with approval or denial decision within 12 hours from initial request and signs/completes certification form. Enters the certification information into P1 and notifies the SBHO crisis team, SBHO office, and hospital. <ul style="list-style-type: none"> • Authorization Denials: Has physician review within 72 hours (decision shall be medically defensible), sends Medicaid individual NOABD notice, and communicates decision to the hospital by the physician if possible. • All NOABD notices must be copied and faxed to the SBHO office for 100% review.
Agency Crisis Team	If client is admitted, assigns an agency treatment staff within one working day to work with the hospital in the development of an inpatient treatment plan and discharge planning.

***This procedure shall also be employed whenever a person is found eligible for Medicaid while in an inpatient setting within one working day of the person’s Medicaid eligibility.