

## **Expanded Community Service Program**

### **Intent**

Expanded Community Services (ECS) funding is provided by the Washington Legislature to assist in the provision of community support services for long-term state hospital patients. The funding is provided for the operation of community residential and support services for persons whose treatment needs constitute substantial barriers to community placement and who no longer require active psychiatric treatment at an inpatient hospital level of care, no longer meet the criteria for inpatient involuntary commitment, and who are clinically ready for discharge from a state psychiatric hospital.

### **Scope of Work**

Department of Social and Health Services (DSHS) Mental Health Division (MHD) shall reimburse the Contractor as stated below.

The payment shall be used for the continued operation of community residential and support services for individuals approved to be ECS eligible by the statewide ECS screening committee or by special approval of the MHD. These are persons whose treatment needs constitute substantial barriers to community placement and who no longer require active psychiatric treatment at an inpatient hospital level of care, no longer meet the criteria for inpatient involuntary commitment, and who are clinically ready for discharge from a state psychiatric hospital or living in the community and at risk of hospitalization. Most of these individuals have already transitioned from the hospital to the community. Some additional individuals may transition during this contract period to maintain ECS capacity level. The Contractor may serve additional individuals with ECS funds who have not been approved by the ECS screening committee provided they maintain the minimum outcomes identified below.

### **In serving eligible ECS patients, the Contractor shall:**

1. Convene and participate in a team of community professionals who will become familiar with the person and their treatment plan; assess their strengths, preferences and needs; and arrange a safe, clinically-appropriate, and stable place for them to live, and assure that other needed medical, behavioral, and social services are in place. At a minimum the Team shall, prior to the patients release into the community, complete a written comprehensive transition plan based on an assessment of the participant's strengths and needs. In developing transition plans, RSNs shall utilize the ECS transition guidelines developed by the ECS Implementation Committee or other comparable local tools to assure transition needs of ECS patients will be met.
2. Provide face-to-face visits to the identified ECS patient during the last months of hospitalization with the specific intent of assessing the consumer's mental health and other service needs, and working with the consumer to develop a specific plan to meet those needs.

3. Provide biannual ECS reports on the outcomes of ECS consumers in accordance with the attached template in accordance with the following schedule:
  - a. March 1: covering the period of October through February
  - b. October 1: covering the period of March through August

**Reimbursement and minimum outcomes:**

The Contractor has been awarded funding for **8** Expanded Community Services slots. Upon execution of this contract the Contractor shall receive:

Mental health services for ECS Medicaid consumers are included in the PIHP capitation rate.

Contractor shall receive a monthly payment (refer to Attachment XV – Transition Plan Budget) in Non-Medicaid funds. These funds will be used to enhance services provided through other state and federal funding which ECS consumers qualify for.

The Contractor shall provide a minimum of **5,840** ECS days of service in the community to ECS approved consumers during the contract period. For the purposes of this contract, ECS days of service in the community include any days an ECS resident is living outside of the state hospital and being supported by the RSN in community residential or other supported living settings. ECS days of service do not include days in which a patient is residing in the state hospital, in jail or in a Department of Corrections facility.

In the event that the Contractor does not meet the minimum ECS days of service in the community, the MHD reserves the right to deduct from future payments up to \$34 multiplied by the number of ECS days below the minimum requirements established in this section. Deductions will be in Non-Medicaid funds.

The Contractor will receive payment upon the acceptance and approval of an accurately completed A-19 Invoice Voucher. The Contractor is not eligible for additional funding for exceeding minimum ECS days of service.

All other terms and conditions of this Contract remain in full force and effect.