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North Sound Mental Health Administration

Section 1500 – Clinical: Children’s Long-term Inpatient Program (CLIP) Care Coordination

Authorizing Source: PIHP, State Contract, RSN/CLIP Agreement – Appendix A

Cancels:

See Also:

Requires: child- serving agencies to comply with this policy

Responsible Staff: Quality Manager

Approved by: Executive Director

Date: 7/29/2010

Signature:

POLICY #1529.00

SUBJECT: CHILDREN’S LONG-TERM INPATIENT PROGRAM (CLIP) CARE COORDINATION

PURPOSE

To assure appropriate admissions, quality care coordination between North Sound Mental Health Administration (NSMHA), outpatient providers and the Children’s Long-Term Inpatient Program (CLIP), and to coordinate appropriate discharges to family or the most normalizing/family-like community settings possible.

POLICY

CLIP is the highest level of treatment for youth who have a severe psychiatric impairment that warrants the restrictions and intensity of the treatment provided by this program. NSMHA and its providers are committed to active care coordination with CLIP to assist with appropriate admissions, high quality and effective inpatient treatment and rapid discharge/return to community from CLIP.

DEFINITIONS

Regional CLIP Committee – A regionally-designated 3-member committee that is responsible for the first level of screening CLIP applications and decision-making regarding whether or not to recommend a CLIP application to CLIP Administration. Recommended applications are then submitted to the Administrative CLIP Committee for final review and certification.

Regional CLIP Coordinator – A member of the Regional CLIP Committee who helps to coordinate the various involved systems, presentation of cases and process for a possible admission to CLIP.

ELIGIBILITY AND ADMISSION CRITERIA

Voluntary and Involuntary

1. Applicants must be under the age of 18 prior to admission to a CLIP program
2. Services are available to both males and females.
3. Services are available to both Medicaid and non-Medicaid youth.
4. Applicants must be legal residents of Washington State defined as being in the custody of Washington State or in the custody of the legal guardian who is a resident of Washington State.
5. Applicants must have a severe psychiatric impairment evidenced by a severe emotional disturbance and corroborated by a clear psychiatric diagnosis which warrants the intensity and restrictions of the treatment provided in a CLIP program.
6. Less Restrictive Treatment Setting: Before applicants are considered for CLIP, the CLIP committee will consider the possibility of a less restrictive setting for treatment, if appropriate and available, prior to recommending the applications which meet the minimum admissions requirement to the CLIP Administration for review. For youth who are currently enrolled in RSN services, it is highly recommended less restrictive care be attempted and documented **prior** to a Regional CLIP screening.

7. Applicants will **not be** excluded from consideration due to intellectual functioning, physical or medical disabilities. **However**, the applicant must meet the minimum admission criteria and demonstrate an ability to benefit from the treatment being provided in the CLIP program.
8. For applicants under the age of 13, the legal guardian must agree to the treatment. If the applicant is 13 years old or older, the client must agree to **voluntary** treatment. CLIP does not have the right to hold a youth against their will unless they have been court ordered to treatment via the Involuntary Treatment Act (ITA).
9. Adolescents (13 years or older) who have been **involuntarily** committed for 180 days of publicly-funded inpatient care are thereby eligible for admission to the CLIP program.

PROCEDURES

NSMHA integrates and coordinates all regional CLIP documentation, assessments and referral activities in the North Sound through the Regional CLIP Committee per the Prepaid Inpatient Health Plan (PIHP)/NSMHA Protocols for CLIP. This Regional Committee and/or CLIP Coordinator has the following functions:

1. Meets twice monthly to hear presentations of CLIP applications and assess the needs of the youth being considered for voluntary admission. Packets must be complete prior to scheduling a regional screening. Packets forwarded to the RSN **incomplete** will be held for a maximum of 60 days while applicant / referent gather the outstanding documents. After 60 days, the application will be considered rescinded and will not be recommend to the CLIP Administration due to lack of information. **Complete** packets can be held by the RSN for up to 6 months prior to an initial regional screening. If the applicant / referent do not respond to the CLIP Coordinators attempts to schedule a screening in that time, the packet will be considered rescinded and shred.

If approved for referral, a letter will be sent within 10 business days notifying the applicants of the recommendation. The CLIP Coordinator will then coordinate the referrals to the CLIP Administration

2. Assesses the needs of voluntary, and as able upon notification from CLIP Administration, involuntarily committed (ITA) adolescents (180 day restrictive orders) prior to their assignment and admission to a CLIP program.
3. CLIP Coordinator follows the needs and discharge planning of all juveniles transferred for evaluation purposes by Juvenile Rehabilitation Administration (JRA) or adolescents who have been court-ordered for a competency evaluation and/or restoration to competency under Revised Code of Washington (RCW) 10.77 to Child Study and Treatment Center (CSTC).
4. Assures that all required CLIP application materials are submitted prior to CLIP Administration consideration of referrals.

Applications not approved for referral to CLIP Administration:

1. The regional CLIP committee will send a letter within 10 business days, outlining clear reasons why the application was not approved for referral to include recommendations concerning alternative treatment options.
2. Applications can be reconsidered IF new information becomes available within 90 calendar days from the initial regional screening. The new information must be provided to Regional CLIP Committee, who will reconvene to evaluate the new information and make a determination. If the Regional CLIP Committee upholds the original decision, an appeal can be made to CLIP Administration in accordance with the CLIP Administration Policies and Procedures (Appendix A).

3. If there is no new information to present, and applicants disagree with the regional CLIP committee decision, an appeal can be made directly to the CLIP Administration in accordance with the CLIP Administration Policies and Procedures (Appendix A).
4. Appeals to CLIP Administration should be in writing, clearly state the reason the appeal is being made and sent to:

CLIP Administration Coordinator
2142 10th Ave W.
Seattle, WA 98119

All designated members of the child's treatment team, including the regional CLIP Coordinator, will participate in developing a plan of care and implementation for youth accepted into CLIP, including discharge planning.

The North Sound Regional CLIP Coordinator, in conjunction with the CLIP facility case manager, assures that each individual admitted to CLIP is connected with appropriate outpatient / community services, based on identified needs, upon discharge from the program.

A member of the North Sound Regional CLIP Committee and/or Coordinator will participate in concurrent length of stay management and decisions to transfer to another inpatient setting (CLIP or community psychiatric hospital) in accordance with the CLIP Policies and Procedures (Appendix A).

NSMHA will designate a single contact person who will monitor Regional Support Network / Prepaid Inpatient Health Plan (RSN/PIHP) and provider performance in accordance with the terms of this agreement and coordinate with the CLIP Administration as needed and/or required.

ATTACHMENTS

- 1529.01 – Policies and procedures of the CLIP (Appendix A – RSN/CLIP Agreement)