



**Department of Health (DOH)
Health Systems Quality Assurance (HSQA)
Office of Health Systems Oversight (OHSO)**

**Policy and Procedure (P&P) Review Tool
for Behavioral Health Agencies (BHA)**

Contents: Your agency is required to have P&P contents for the administrative, personnel, and clinical sections. Your agency will need additional P&P contents that correlate to the certification standards for the behavioral health services your agency provides.

- I. [BH Administrative WACs \(246-341-0342, 246-341-0400 to 246-341-0425\)](#)
- II. [BH Personnel WACs \(246-341-0510 to 246-341-0520\)](#)
- III. [BH Clinical WACs \(246-341-0600 to 246-341-0640\)](#)
- IV. [BH Information and Assistance Services \(246-341-0660 to 246-341-0680\)](#)
- V. [BH Support Services \(246-341-0700 to 246-341-0722\)](#)
- VI. [MH Peer Respite \(246-341-0725\)](#)
- VII. [Clubhouse \(246-341-0730\)](#)
- VIII. [BH Outpatient Intervention, Assessment, and Treatment Services \(246-341-0737 to 246-341-0820\)](#)
- IX. [BH Outpatient Crisis Outreach, Observation, and Intervention Services \(246-341-0901\)](#)
- X. [Designated Crisis Responder Services \(246-341-0912\)](#)
- XI. [Opioid Treatment Programs \(OTP\) \(246-341-1000 to 246-341-1025\)](#)
- XII. [Withdrawal Management \(246-341-1100\)](#)
- XIII. [BH Residential or Inpatient Intervention, Assessment, and Treatment Services \(246-341-1105 to 246-341-1124\)](#)
- XIV. [Involuntary BH Residential or Inpatient Services \(246-341-1131 to 246-341-1135\)](#)
- XV. [Intensive Behavioral Health Treatment \(246-341-1137\)](#)
- XVI. [Competency Restoration Services \(246-341-1154\)](#)
- XVII. [Problem Gambling and Gambling Disorder Services \(246-341-1200\)](#)
- XVIII. [Applied Behavior Analysis Mental Health Services \(246-341-1300\)](#)

This tool is designed to guide you in developing your agency's policies and procedures. Policies and procedures must reflect WAC 246-341 for behavioral health agencies (BHAs). A DOH BHA reviewer will examine the submitted policy and procedure documents for required elements and will provide feedback on deficiencies. Policy and Procedure is not required for WACs 246-341-100 through 0335, however a BHA is responsible for following the regulations identified in these sections. Inclusion of the WAC 246-341-0200 definitions may be helpful for reference.

If you are an agency with additional facility licenses, such as residential treatment facilities (RTFs) and hospitals, please refer to the requirements in [chapter 246-337 WAC \(RTF\)](#), [chapter 246-320 WAC \(Hospital\)](#) and [chapter 246-322 WAC \(Psychiatric/Alcoholism Hospitals\)](#) for additional compliance regulations.

BEHAVIORAL HEALTH - AGENCY LICENSURE AND CERTIFICATION

WAC Reference	WAC Language	Y/N/NA	Location (Section, page, paragraph in manual) Reviewer Comment
246-341-0342	Agency licensure and certification—Off-site locations.		
246-341-0342(1)	(1) A behavioral health agency may provide certified services at an off-site location or from a mobile unit under the existing behavioral health agency license.		
246-341-0342(2)(a)	(2) 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.		
246-341-0342(2)(b)	(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.		
246-341-0342(2)(c)	(c) "Mobile unit" means a vehicle, lawfully used on public streets, roads, or highways with more than three wheels in contact with the ground, from which behavioral health services are provided at a nonpermanent location(s).		
246-341-0342(3)(a)(i)	(3) A behavioral health agency that provides off-site services at an established off-site location(s) shall: (a) Maintain a list of each established off-site location where services are provided on a regularly scheduled ongoing basis and include, for each established off-site location:(i) The name and address of the location the services are provided;		
246-341-0342(3)(a)(ii)	(ii) The primary purpose of the off-site location;		
246-341-0342(3)(a)(iii)	(iii) The service(s) provided; and		
246-341-0342(3)(a)(iv)	(iv) The date off-site services began at that location;		
246-341-0342(3)(b)	(b) Maintain an individual's confidentiality at the off-site location; and		
246-341-0342(3)(c)	(c) Securely transport confidential information and individual records between the licensed agency and the off-site location, if applicable.		

246-341-0342(4)(a)	(4) In addition to meeting the requirements in subsection (3) of this section, an agency providing 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		
246-341-0342(4)(b)	(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 employee, contractor, student, or volunteer when making home visits to individuals.		
246-341-0342(5)	(5) Before operating a mobile unit, agencies providing behavioral health services from a mobile unit must notify the department in writing in a manner outlined by the department. The notification must include that a mobile unit is being added under the agency license and indicate what services will be provided from the mobile unit, including whether it is operating as a mobile narcotic treatment program as defined in 21 C.F.R. Part 1300.01.		
246-341-0342(6)	(6) An opioid treatment program operating a mobile narcotic treatment program must:		
246-341-0342(6)(a)	(a) Submit a copy of the Drug Enforcement Administration (DEA) approval for the mobile narcotic treatment program; and		
246-341-0342(6)(b)	(b) Comply with 21 C.F.R. Parts 1300, 1301, and 1304 and any applicable rules of the pharmacy quality assurance commission.		

BEHAVIORAL HEALTH - AGENCY ADMINISTRATION

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 responsible for the conduct and quality of the behavioral health services provided. The agency's governing body must:		
246-341-0400(1)	(1) Assure there is an administrator responsible for the day-to-day operation of services;		

246-341-0400(2)	(2) Maintain a current job description for the administrator, including the administrator's authority and duties; and		
246-341-0400(3)	(3) Notify the department within thirty days of changing the administrator.		
246-341-0410(1)	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:		
246-341-0410(1)(a)	(a) All administrative matters;		
246-341-0410(1)(b)	(b) Individual care services; and		
246-341-0410(1)(c)	(c) Meeting all applicable rules, policies, and ethical standards.		
246-341-0410(2)	(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.		
246-341-0410(3)	(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.		
246-341-0410(4)(a)	(4) The administrator or their designee must ensure:(a) Administrative, personnel, and clinical policies and procedures are adhered to and compliant with the rules in this chapter and other applicable state and federal statutes and regulations;		
246-341-0410(4)(b)	(b) There is sufficient qualified personnel to provide adequate treatment services and facility security;		
246-341-0410(4)(c)	(c) All persons providing clinical services are appropriately credentialed for the clinical services they provide;		
246-341-0410(4)(d)	(d) Clinical supervision of all clinical services including clinical services provided by trainees, students, and volunteers;		
246-341-0410(4)(e)	(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;		
246-341-0410(4)(f)	(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; and		

246-341-0410(4)(g)	(g) A written internal quality management plan, human resources plan or similarly specialized plan, as appropriate, is developed and maintained that:		
246-341-0410(4)(g)(i)	(i) Addresses the clinical supervision and training of staff providing clinical services;		
246-341-0410(4)(g)(ii)	(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		
246-341-0410(4)(g)(iii)(A)	(iii) Continuously improves the quality of care in all of the following:(A) Cultural competency that aligns with the agency's local community and individuals the agency serves or may serve;		
246-341-0410(4)(g)(iii)(B)	(B) Use of evidence based and promising practices; and		
246-341-0410(4)(g)(iii)(C)	(C) In response to critical incidents and substantiated complaints.		
246-341-0420	Agency 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. Administrative policies and procedures must demonstrate the following, as applicable:		
246-341-0420(1)	(1) Ownership. Documentation of the agency's governing body, including a description of membership and authorities, and documentation of the agency's:		
246-341-0420(1)(a)	(a) Articles and certificate of incorporation and bylaws if the owner is a corporation;		
246-341-0420(1)(b)	(b) Partnership agreement if the owner is a partnership; or		
246-341-0420(1)(c)	(c) Sole proprietorship if one person is the owner.		
246-341-0420(2)	(2) Organizational description. An organizational description detailing all positions and associated licensure or certification, updated as needed.		
246-341-0420(3)	(3) Agency staffing. Documentation that shows the agency has adequate staffing to provide treatment in accordance with regulations relevant to their specialty or specialties and registration, certification, licensing, and trainee or volunteer status.		

246-341-0420(4)(a)	(4) 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 LEP and individuals who have sensory disabilities; or		
246-341-0420(4)(b)	(b) The agency must have the ability to effectively provide, coordinate or refer individuals in these populations for appropriate assessment or treatment.		
246-341-0420(5)	(5) Reasonable access for individuals with disabilities. A description of how reasonable accommodations will be provided to individuals with disabilities.		
246-341-0420(6)	(6) Nondiscrimination. A description of how the agency complies with all state and federal nondiscrimination laws, rules, and plans.		
246-341-0420(7)	(7) 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.		
246-341-0420(8)	(8) 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.		
246-341-0420(9)	(9) Reporting of impaired practitioners in accordance with chapters 18.130 RCW and 246-16 WAC.		
246-341-0420(10)	(10) Protection of youth. Documentation of how the agency addresses compliance with 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.		
246-341-0420(11)	(11) Completing and submitting reports. A description of how the agency directs staff to 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.		
246-341-0420(12)(a)	(12) Reporting critical incidents. A description of how the agency directs staff to report to the department within 48 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;		
246-341-0420(12)(b)	(b) Death, including death by suicide;		
246-341-0420(12)(c)	(c) Injuries resulting in admission to a hospital as an inpatient; or		
246-341-0420(12)(d)	(d) Outbreak of communicable disease within the agency.		
246-341-0420(13)	(13) A smoking policy. Documentation that a smoking policy consistent with chapter 70.160 RCW, and in compliance with applicable county ordinances, is in effect.		
246-341-0420(14)(a)	(14) 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;		
246-341-0420(14)(b)	(b) Placement of posters showing routes of exit;		
246-341-0420(14)(c)	(c) The need to mention evacuation routes at public meetings;		
246-341-0420(14)(d)	(d) Communication methods for individuals, staff, and visitors, including persons with a visual or hearing impairment or limitation;		
246-341-0420(14)(e)	(e) Evacuation of mobility impaired individuals; and		
246-341-0420(14)(f)	(f) Evacuation of children if child care is offered.		
246-341-0420(15)	(15) Individual rights. A description of how the agency has individual participation rights and policies consistent with WAC 246-341-0600.		
246-341-0420(16)	(16) Individual complaints. A description of how the agency addresses an individual's right to report an alleged violation of chapter 70.41 , 71.05 , 71.12 , 71.24 , or 71.34 RCW, and this chapter consistent with WAC 246-341-0605.		
246-341-0420(17)	(17) Personnel policies and procedures must address the following:		

246-341-0420(17)(a)	(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 .		
246-341-0420(17)(b)	(b) Drug-free workplace. Identification of how the agency provides for a drug-free workplace that includes:		
246-341-0420(17)(b)(i)	(i) Agency program standards of prohibited conduct; and		
246-341-0420(17)(b)(ii)	(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.		
246-341-0420(17)(c)	(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.		
246-341-0420(17)(d)	(d) Staff training. A description of how the agency provides training initial orientation and annual training thereafter in accordance with WAC 246-341-0510.		
246-341-0420(17)(e)	(e) Mental health advanced directives. A description of how the agency will comply with the mental health advanced directive requirements in chapter 71.32 RCW.		
246-341-0425	Agency administration—Individual service record system. Each behavioral health agency must:		
246-341-0425(1)	(1) Maintain a comprehensive individual service record system that includes policies and procedures that protect an individual's personal health information;		
246-341-0425(2)	(2) Ensure that the individual's personal health information is shared or released only in compliance with applicable state and federal law;		
246-341-0425(3)(a)	(3) If maintaining electronic individual service records:(a) Provide secure, limited access through means that prevent modification or deletion after initial preparation;		
246-341-0425(3)(b)	(b) Provide for a backup of records in the event of equipment, media, or human error;		
246-341-0425(3)(c)	(c) Provide for protection from unauthorized access, including network and internet access;		
246-341-0425(3)(d)	(d) Provide that each entry made in an individual's individual service record clearly identifies the		

	author and who approved the entry, if applicable; and		
246-341-0425(3)(e)	(e) Prohibit agency employees from using another employee's credentials to access, author, modify, or delete an entry from an individual's individual service record;		
246-341-0425(4)	(4) Retain an individual's individual service record, including an electronic record, for a minimum of six years after the most recent discharge or transfer of any individual;		
246-341-0425(5)	(5) Retain a youth's or child's individual service record, including an electronic record, for at least six years after the most recent discharge, or until the youth's or child's 21st birthday, whichever is longer;		
246-341-0425(6)	(6) Ensure secure storage of active or closed confidential records;		
246-341-0425(7)	(7) When providing access to individual service records to an individual, the agency must allow appropriate time and privacy for the individual to review the records and have a clinical staff member available to answer questions;		
246-341-0425(8)	(8) If the agency maintains electronic health records, the agency must make the records available to requestors in hard copy form;		
246-341-0425(9)	(9) The agency must allow the department access to individual service records; and		
246-341-0425(10)	(10) When an individual receiving 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 except as restricted by federal law or regulation.		
BEHAVIORAL HEALTH - PERSONNEL			
246-341-0510	Personnel—Agency record requirements. A behavioral health agency must maintain a personnel record for each person employed by the agency.		
246-341-0510(1)	(1) The personnel record must contain all of the following:		
246-341-0510(1)(a)	(a) A signed position description.		
246-341-0510(1)(b)	(b) A signed and dated commitment to maintain patient (individual) confidentiality in accordance with state and federal confidentiality requirements.		

246-341-0510(1)(c)(i)	(c) A record of an orientation to the agency within 90 days of hire that includes all of the following:(i) An overview of the agency's policies and procedures.		
246-341-0510(1)(c)(ii)	(ii) Staff ethical standards and conduct, including reporting of unprofessional conduct to appropriate authorities.		
246-341-0510(1)(c)(iii)	(iii) The process for resolving client concerns.		
246-341-0510(1)(c)(iv)	(iv) Cultural competency.		
246-341-0510(1)(c)(v)	(v) Violence prevention training on the safety and violence prevention topics described in RCW 49.19.030 .		
246-341-0510(1)(c)(vi)	(vi) If providing substance use disorder services, prevention and control of communicable disease, bloodborne pathogens, and tuberculosis.		
246-341-0510(1)(d)(i)	(d) A record of annual training that includes:(i) Cultural competency; and		
246-341-0510(1)(d)(ii)	(ii) If providing substance use disorder services, prevention and control of communicable disease, bloodborne pathogens, and tuberculosis.		
246-341-0510(1)(e)	(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 .		
246-341-0510(1)(f)	(f) A copy of the staff member's valid current credential issued by the department if they provide clinical services.		
246-341-0510(2)(a)	(2) Staff members who have received services from the agency must have personnel records that: (a) Are separate from individual service records; and		
246-341-0510(2)(b)	(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.		
246-341-0515	Personnel—Agency staff requirements. Each behavioral health agency must ensure that all of the following staff requirements are met:		
246-341-0515(1)	(1) All staff providing clinical services are appropriately credentialed for the services they provide, which may include a co-occurring disorder specialist enhancement.		
246-341-0515(2)	(2) All staff providing clinical services receive clinical supervision.		

246-341-0515(3)	(3) An agency providing group counseling or group therapy must have a staff ratio of at least one staff member to every 16 individuals during group counseling or therapy sessions.		
246-341-0515(4)(a)	(4) 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;		
246-341-0515(4)(b)	(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		
246-341-0515(4)(c)(i)	(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;		
246-341-0515(4)(c)(ii)	(ii) Who meets the waiver criteria of RCW 71.24.260 , and the waiver was granted prior to 1986; or		
246-341-0515(4)(c)(iii)	(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.		
246-341-0515(5)	(5) An agency providing problem gambling and gambling disorder treatment services must ensure staffing in accordance with WAC 246-341-1200.		
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:		
246-341-0520(1)	(1) Each trainee, intern, volunteer, and student 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 ;		
246-341-0520(2)	(2) Each trainee, intern, volunteer, and student who receives clinical training must receive clinical supervision that includes review of clinical documentation with the trainee, intern, volunteer, or student as part of the supervision process; and		
246-341-0520(3)	(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.		
BEHAVIORAL HEALTH - GENERAL REQUIREMENTS			
246-341-0600	Individual rights.		
246-341-0600(1)	(1) Each behavioral health 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.		
246-341-0600(2)(a)	(2) Each agency must develop a statement of individual participant rights applicable to the services the agency is 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, 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;		
246-341-0600(2)(b)	(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;		
246-341-0600(2)(c)	(c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;		

246-341-0600(2)(d)	(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;		
246-341-0600(2)(e)	(e) Be free of any sexual harassment;		
246-341-0600(2)(f)	(f) Be free of exploitation, including physical and financial exploitation;		
246-341-0600(2)(g)	(g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;		
246-341-0600(2)(h)	(h) Participate in the development of your individual service plan and receive a copy of the plan if desired;		
246-341-0600(2)(i)	(i) Make a mental health advance directive consistent with chapter 71.32 RCW;		
246-341-0600(2)(j)	(j) Review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; and		
246-341-0600(2)(k)	(k) Submit a report to the department when you feel the agency has violated your rights or a WAC requirement regulating behavioral health agencies.		
246-341-0600(3)(a)	(3) Each agency must ensure the applicable individual participant rights described in subsections (1) and (2) of this section are:(a) Provided in writing to each individual on or before admission;		
246-341-0600(3)(b)	(b) Available in alternative formats for individuals who are visually impaired;		
246-341-0600(3)(c)	(c) Translated to the most commonly used languages in the agency's service area;		
246-341-0600(3)(d)	(d) Posted in public areas; and		
246-341-0600(3)(e)	(e) Available to any participant upon request.		
246-341-0600(4)	(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.		
246-341-0605	Complaint process.		

246-341-0605(1)	(1) Any person may submit a report to the department of an alleged violation of licensing and certification laws and rules.		
246-341-0605(2)	(2) Health care professionals credentialed by the department shall comply with the mandatory reporting requirements in chapters 18.130 RCW and 246-16 WAC.		
246-341-0605(3)(a)	(3) If the department determines a report should be investigated, the report becomes a complaint. If the department conducts a complaint investigation, behavioral health agency representatives must cooperate to allow department representatives to:(a) Examine any part of the facility at reasonable times and as needed;		
246-341-0605(3)(b)(i)	(b) Review and evaluate agency records including, but not limited to:(i) An individual's individual service record and personnel file; and		
246-341-0605(3)(b)(ii)	(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		
246-341-0605(3)(c)	(c) Conduct individual interviews with staff members and individuals receiving services.		
246-341-0605(4)(a)	(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;		
246-341-0605(4)(b)	(b) Witness involved in the complaint issue; or		
246-341-0605(4)(c)	(c) Employee of the agency.		
246-341-0605(5)(a)	(5) The department may assess a fee 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		
246-341-0605(5)(b)	(b) The department finds 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.		
246-341-0640	Individual service record content. A behavioral health agency is responsible for the components and documentation in an individual's individual service record content unless specified otherwise in certification or individual service requirements.		
246-341-0640(1)	(1) The individual service record must include:		

246-341-0640(1)(a)	(a) Documentation the individual received a copy of counselor disclosure requirements as required for the counselor's credential.		
246-341-0640(1)(b)	(b) Identifying information.		
246-341-0640(1)(c)(i)	(c) An assessment 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);		
246-341-0640(1)(c)(ii)	(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;		
246-341-0640(1)(c)(iii)	(iii) Treatment recommendations or recommendations for additional program-specific assessment;		
246-341-0640(1)(c)(iv)	(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 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5);		
246-341-0640(1)(c)(v)	(v) A placement decision, using ASAM criteria dimensions, when the assessment indicates the individual is in need of substance use disorder services.		
246-341-0640(1)(d)(i)	(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;		
246-341-0640(1)(d)(ii)	(ii) Addresses issues identified in the assessment and by the individual or, if applicable, the individual's parent(s) or legal representative;		
246-341-0640(1)(d)(iii)	(iii) Contains measurable goals or objectives and interventions;		
246-341-0640(1)(d)(iv)	(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;		
246-341-0640(1)(d)(v)	(v) Must be in a terminology that is understandable to the individuals and the		

	individual's family or legal representative, if applicable.		
246-341-0640(1)(e)	(e) If treatment is not court-ordered, documentation of informed consent to treatment by the individual or individual's parent, or other legal representative.		
246-341-0640(1)(f)	(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.		
246-341-0640(1)(g)	(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.		
246-341-0640(1)(h)(i)	(h) Discharge information as follows:(i) A discharge statement if the individual left without notice; or		
246-341-0640(1)(h)(ii)	(ii) Discharge information for an individual who did not leave without notice, completed within seven working days of the individual's discharge, including:		
246-341-0640(1)(h)(ii)(A)	(A) The date of discharge;		
246-341-0640(1)(h)(ii)(B)	(B) Continuing care plan; and		
246-341-0640(1)(h)(ii)(C)	(C) If applicable, current prescribed medication.		
246-341-0640(2)(a)(i)	(2) When the following situations apply, the individual service record must include:(a) Documentation of confidential information that has been released without the consent of the individual under:(i) RCW 70.02.050 ;		
246-341-0640(2)(a)(ii)	(ii) The Health Insurance Portability and Accountability Act (HIPAA);		
246-341-0640(2)(a)(iii)	(iii) RCW 70.02.230 and 70.02.240 if the individual received mental health treatment services; and		
246-341-0640(2)(a)(iv)	(iv) 42 C.F.R. Part 2.		
246-341-0640(2)(b)	(b) Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters 26.44 and 74.34 RCW has occurred.		
246-341-0640(2)(c)	(c) If treatment is court-ordered, a copy of the order.		
246-341-0640(2)(d)	(d) Medication records.		
246-341-0640(2)(e)	(e) Laboratory reports.		
246-341-0640(2)(f)	(f) Properly completed authorizations for release of information.		

246-341-0640(2)(g)	(g) If the individual engages in services or is referred to a new service provider, the individual service record should include documentation that copies of documents pertinent to the individual's course of treatment were forwarded to the new service provider with the individual's consent or if applicable, the consent of the individual's parent or legal representation.		
246-341-0640(2)(h)	(h) If a report is required by a third-party, a copy of any report required by third-party entities such as the courts, department of corrections, department of licensing, and the department of health, and the date the report was submitted.		
246-341-0640(2)(i)	(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.		
246-341-0640(2)(j)	(j) A crisis plan, if one has been developed or obtained.		

**CERTIFICATION AND SERVICE STANDARDS FOR BEHAVIORAL HEALTH
INFORMATION AND ASSISTANCE SERVICES**

246-341-0660(1)	Behavioral health information and assistance— Certification standards. (1) Agencies certified for behavioral health information and assistance services provide information and assistance services that are considered nontreatment behavioral health services that support an individual who has a need for interventions related to behavioral health. Behavioral health information and assistance services under this certification include services such as:		
246-341-0660(1)(a)	(a) Crisis telephone support in accordance with the service standards in WAC 246-341-0670; and		
246-341-0660(1)(b)	(b) Emergency service patrol in accordance with the service standards in WAC 246-341-0680.		
246-341-0660(2)	(2) Agencies providing information and assistance services are not required to meet the requirements under WAC 246-341-0640.		
246-341-0660(3)	(3) Agencies providing information and assistance services must maintain and provide a list of resources, including self-help groups, behavioral health services referral options, legal, employment, education, interpreter, and social and health services that can be used by staff members to refer an individual to appropriate services.		

246-341-0670	Crisis telephone support services—Service standards. Crisis telephone support services are services provided as a means of first contact for an individual in crisis or need of assistance. These services may include de-escalation and referral.		
246-341-0670(1)(a)	(1) A behavioral health agency providing crisis telephone support services must:		
246-341-0670(1)(a)	(a) Have services available 24 hours per day, seven days per week;		
246-341-0670(1)(b)	(b) Assure communication and coordination with the individual's mental health or substance use treatment provider, if indicated and appropriate;		
246-341-0670(1)(c)	(c) Remain on the phone with an individual in crisis in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished;		
246-341-0670(1)(d)	(d) As appropriate, refer individuals to voluntary or involuntary treatment facilities for admission on a seven day a week, 24 hour a day basis, including arrangements for contacting the designated crisis responder; and		
246-341-0670(1)(e)	(e) Develop and implement policies and procedures for training staff to identify and assist individuals in crisis before assigning the staff member to unsupervised duties.		
246-341-0670(2)(a)	(2) Documentation of a crisis telephone support service must include the following:(a) A brief summary of each service encounter, including the date, time, and duration of the encounter;		
246-341-0670(2)(b)	(b) The names of the participants;		
246-341-0670(2)(c)	(c) A follow-up plan or disposition, including any referrals for services, including emergency medical services;		
246-341-0670(2)(d)	(d) Whether an individual has a crisis plan and any request to obtain the crisis plan; and		
246-341-0670(2)(e)	(e) The name and credential, if applicable, of the staff person providing the service.		
246-341-0670(3)	(3) A behavioral health agency providing crisis telephone services for substance use disorder must ensure a professional appropriately credentialed to provide substance use disorder treatment is available or on staff 24 hours a day, seven days a week.		

246-341-0680	Emergency service patrol—Service standards. 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. A behavioral health agency providing emergency service patrol services must:		
246-341-0680(1)	(1) Ensure the staff member providing the service:		
246-341-0680(1)(a)	(a) Has proof of a valid Washington state driver's license;		
246-341-0680(1)(b)	(b) Possesses annually updated verification of first-aid and cardiopulmonary resuscitation training; and		
246-341-0680(1)(c)	(c) Has completed 40 hours of training in substance use disorder crisis intervention techniques and alcoholism and substance use disorder, to improve skills in handling crisis situations.		
246-341-0680(2)	(2) Respond to calls from police, merchants, and other persons for assistance with an intoxicated individual in a public place;		
246-341-0680(3)	(3) Patrol assigned areas and give assistance to an individual intoxicated in a public place;		
246-341-0680(4)	(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;		
246-341-0680(5)	(5) Transport the individual to their home or shelter, or to a substance use disorder treatment program if the individual is intoxicated, but subdued and willing to be transported;		
246-341-0680(6)	(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;		
246-341-0680(7)	(7) Call law enforcement for assistance if the individual is unwilling to be taken into protective custody; and		
246-341-0680(8)(a)	(8) Maintain a log, including:(a) The date, time, and origin of each call received for assistance;		
246-341-0680(8)(b)	(b) The time of arrival at the scene;		
246-341-0680(8)(c)	(c) The location of the individual at the time of the assistance;		
246-341-0680(8)(d)	(d) The name of the individual transported;		
246-341-0680(8)(e)	(e) The results of the preliminary screening;		

246-341-0680(8)(f)	(f) The destination and address of the transport and time of arrival; and		
246-341-0680(8)(g)	(g) In case of nonpickup of a person, documentation of why the pickup did not occur.		
CERTIFICATION AND SERVICE STANDARDS FOR BEHAVIORAL HEALTH SUPPORT SERVICES			
246-341-0700	Behavioral health support services—Certification standards.		
246-341-0700(1)	(1) Agencies certified for behavioral health support provide services to promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills for individuals with a behavioral health diagnosis. Behavioral health support services may be provided in community, outpatient, residential and inpatient settings. Behavioral health support services under this certification include services such as:		
246-341-0700(1)(a)	(a) Psychiatric medication monitoring in accordance with the service standards in WAC 246-341-0713;		
246-341-0700(1)(b)	(b) Crisis support in accordance with the service standards in WAC 246-341-0715;		
246-341-0700(1)(c)	(c) Peer support;		
246-341-0700(1)(d)	(d) Rehabilitative case management;		
246-341-0700(1)(e)	(e) Day support;		
246-341-0700(1)(f)	(f) Supported employment in accordance with the service standards in WAC 246-341-0720; and		
246-341-0700(1)(g)	(g) Supportive housing in accordance with the service standards in WAC 246-341-0722.		
246-341-0700(2)	(2) An agency certified to provide behavioral health support services is not required to meet the requirements in WAC 246-341-0640, but must instead meet the requirements in subsection (3) of this section.		
246-341-0700(3)(a)	(3) An agency providing any behavioral health support service must:(a) Conduct a needs assessment or screening process that determines the appropriateness of the support service(s) based on the individual's needs and goals;		
246-341-0700(3)(b)	(b) Develop a support plan that indicates the goal(s) the individual intends to achieve through receiving the support service(s) and the progress made toward the goal(s);		
246-341-0700(3)(c)	(c) Maintain an individual's individual service record that contains documentation of the following:		

246-341-0700(3)(c)(i)	(i) The name of the agency or other sources through which the individual was referred, if applicable;		
246-341-0700(3)(c)(ii)	(ii) Determination of the appropriateness of the support service(s);		
246-341-0700(3)(c)(iii)	(iii) A copy of the support plan and progress toward meeting the individual's goal(s);		
246-341-0700(3)(c)(iv)	(iv) Any referral made to a more intensive level of care or emergency services when appropriate;		
246-341-0700(3)(c)(v)	(v) Consent to include the individual's family members, significant others, and other relevant treatment providers as necessary to provide support to the individual;		
246-341-0700(3)(c)(vi)	(vi) A brief summary of each service encounter, including the date, time, and duration of the encounter;		
246-341-0700(3)(c)(vii)	(vii) Name(s) of participant(s), including the name of the individual who provided the service;		
246-341-0700(3)(c)(viii)	(viii) Any information or copies of documents shared by or with a behavioral health agency or credentialed behavioral health professional; and		
246-341-0700(3)(c)(ix)	(ix) A discharge or disposition statement if the individual left without notice, or discharge or disposition information for an individual who did not leave without notice, completed within seven working days of the individual's discharge or disposition, including the date of discharge and continuing care or follow-up plan.		
246-341-0700(4)	(4) An agency may use a full assessment and individual service plan if it is certified for intervention, assessment and treatment services or has an agreement with a licensed behavioral health agency certified for intervention, assessment and treatment services in order to meet the requirements in subsection (3)(a) and (b) of this section. The agreement must specify the responsibility for initial assessments, the determination of appropriate services, individual service planning, and the documentation of these requirements.		
246-341-0700(5)(a)	(5) For the purposes of this section: (a) Rehabilitative case management means mental health 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. 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. Services include specific rehabilitative services provided to:		
246-341-0700(5)(a)(i)	(i) Assist in an individual's discharge from an inpatient facility; and		
246-341-0700(5)(a)(ii)	(ii) Minimize the risk of readmission to an inpatient setting.		
246-341-0700(5)(b)	(b) Day support means an intensive rehabilitative program which provides a range of integrated and varied life skills training such as health, hygiene, nutritional issues, money management, maintaining living arrangement and symptom management to promote improved functioning or a restoration to a previous higher level of functioning. If counseling or therapy is provided, the agency must obtain a certification for outpatient intervention, assessment and treatment.		
246-341-0713	Psychiatric medication monitoring services— Service standards.		
246-341-0713(1)	(1) Psychiatric medication monitoring services:		
246-341-0713(1)(a)	(a) Include one-on-one cueing, observing, and encouraging an individual to take medication as prescribed;		
246-341-0713(1)(b)	(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		
246-341-0713(1)(c)	(c) May take place at any location and for as long as it is clinically necessary.		
246-341-0713(2)(a)	(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;		
246-341-0713(2)(b)(i)	(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;		
246-341-0713(2)(b)(ii)	(ii) Reasonable precautions that need to be taken when transporting medications to the intended		

	individual and to assure staff safety during the transportation; and		
246-341-0713(2)(b)(iii)	(iii) The prevention of contamination of medication during delivery, if delivery is provided.		
246-341-0713(2)(c)	(c) Ensure that the individual's individual service record includes documentation of medication monitoring services.		
246-341-0713(3)	(3) A support plan or an individual service plan is not required when an individual is only receiving psychiatric medication monitoring services.		
246-341-0715	Crisis support services—Service standards. Crisis support services are short-term (less than two weeks per episode) services that include face-to-face and other means of assistance with life skills training and understanding of medication effects on an individual.		
246-341-0715(1)	(1) An agency providing crisis support services must:		
246-341-0715(1)(a)	(a) Assure communication and coordination with the individual's mental health or substance use disorder treatment provider, if indicated and appropriate;		
246-341-0715(1)(b)	(b) If an individual is found to be experiencing an acute crisis, remain with the individual in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished;		
246-341-0715(1)(c)	(c) As appropriate, refer individuals to voluntary or involuntary treatment facilities for admission on a seven day a week, 24 hour a day basis, including arrangements for contacting the designated crisis responder;		
246-341-0715(1)(d)	(d) Transport or arrange for transport of an individual in a safe and timely manner, when necessary;		
246-341-0715(1)(e)	(e) Document whether the individual has a crisis plan and any request to obtain the crisis plan;		
246-341-0715(1)(f)	(f) Develop and implement policies and procedures for training staff to identify and assist individuals in crisis before assigning the staff member unsupervised duties; and		
246-341-0715(1)(g)	(g) Maintain a current list of local resources for referrals, legal, employment, education, interpreter and social and health services.		
246-341-0715(2)	(2) An agency providing crisis support services for substance use disorder must ensure a professional appropriately credentialed to provide substance use disorder treatment is available or on staff 24 hours a day, seven days a week.		

246-341-0715(3)(a)	(3) 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 location;		
246-341-0715(3)(b)	(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;		
246-341-0715(3)(c)	(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;		
246-341-0715(3)(d)	(d) Provide staff members who are sent to a personal residence or other nonpublic 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.		
246-341-0720	Supported employment behavioral health services—Service standards. Supported employment behavioral health services assist in job search, placement services, and training to help individuals find competitive jobs in their local communities.		
246-341-0720(1)	(1) 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:		
246-341-0720(1)(a)	(a) The department of social and health services' division of vocational rehabilitation (DVR);		
246-341-0720(1)(b)	(b) The department of social and health services' community services offices;		
246-341-0720(1)(c)	(c) State board for community and technical colleges;		
246-341-0720(1)(d)	(d) The business community;		
246-341-0720(1)(e)	(e) WorkSource, Washington state's official site for online employment services;		
246-341-0720(1)(f)	(f) Washington state employment security department; and		
246-341-0720(1)(g)	(g) Organizations that provide job placement within the community.		

246-341-0720(2)(a)	(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 of social and health services' division of vocational rehabilitation;		
246-341-0720(2)(b)	(b) Conduct and document a vocational assessment in partnership with the individual that includes work history, skills, training, education, and personal career goals;		
246-341-0720(2)(c)	(c) Assist the individual to create an individualized job and career development plan that focuses on the individual's strengths and skills;		
246-341-0720(2)(d)	(d) Assist the individual to locate employment opportunities that are consistent with the individual's skills, goals, and interests;		
246-341-0720(2)(e)	(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		
246-341-0720(2)(f)	(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.		
246-341-0720(3)	(3) Supported employment services are not required to be provided under clinical supervision.		
246-341-0722	Supportive housing behavioral health services— Service standards. Supportive housing behavioral health services support an individual's transition to community integrated housing and support the individual to be a successful tenant in a housing arrangement.		
246-341-0722(1)	(1) 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:		
246-341-0722(1)(a)	(a) Local homeless continuum of care groups or local homeless planning groups;		
246-341-0722(1)(b)	(b) Housing authorities that operate in a county or city;		
246-341-0722(1)(c)	(c) Community action councils;		
246-341-0722(1)(d)	(d) Landlords of privately owned residential homes; and		
246-341-0722(1)(e)	(e) State agencies that provide housing resources.		

246-341-0722(2)(a)	(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;		
246-341-0722(2)(b)	(b) Conduct and document a housing assessment in partnership with the individual that includes housing preferences, affordability, and barriers to housing;		
246-341-0722(2)(c)	(c) Conduct and document a functional needs assessment in partnership with the individual that includes independent living skills and personal community integration goals;		
246-341-0722(2)(d)	(d) Assist the individual to create an individualized housing acquisition and maintenance plan that focuses on the individual's choice in housing;		
246-341-0722(2)(e)	(e) Assist the individual to locate housing opportunities that are consistent with the individual's preferences, goals, and interests;		
246-341-0722(2)(f)	(f) Provide any outreach, tenancy support, and independent living skill building supports at a location convenient to the individual;		
246-341-0722(2)(g)	(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		
246-341-0722(2)(h)	(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.		
246-341-0722(3)	(3) Supportive housing services are not required to be provided under clinical supervision.		

CERTIFICATION STANDARDS FOR MENTAL HEALTH PEER RESPITE

246-341-0725	Mental health peer respite—Certification standards.		
246-341-0725(1)	(1) Mental health peer respite facilities provide voluntary, holistic, trauma-informed, short-term, noncrisis, peer support services, in a home-like environment, which focus on recovery and wellness. These services are limited to individuals who are:		
246-341-0725(1)(a)	(a) At least 18 years of age;		
246-341-0725(1)(b)	(b) Experiencing psychiatric distress but who are not detained or involuntarily committed under chapter 71.05 RCW; and		

246-341-0725(1)(c)	(c) Independently seeking respite services by their own choice.		
246-341-0725(2)(a)	(2) An agency certified to provide mental health peer respite services must meet the behavioral health support certification requirements in WAC 246-341-0700.		
246-341-0725(2)(b)	(3) An agency certified to provide mental health peer respite services must develop and implement policies and procedures that address how the agency will:		
246-341-0725(3)(a)	(a) Have an agreement 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;		
246-341-0725(3)(b)	(b) Be staffed 24 hours per day, seven days a week by certified peer counselors;		
246-341-0725(3)(c)(i)	(c) Be peer-run. This includes:(i) Having a managing board, with a majority of members who are peers, that manages the day-to-day operations of the mental health peer respite center and reports to the agency's governing body; and		
246-341-0725(3)(c)(ii)	(ii) Supervision of services by a certified peer counselor who meets the qualifications of a mental health professional.		
246-341-0725(3)(d)	(d) Limit services to an individual to a maximum of seven nights in a 30-day period; and		
246-341-0725(3)(e)	(e) Develop and implement a guest agreement that establishes expectations for individuals receiving mental health peer respite services, including expectations for things such as: Cooking, cleaning, self-management of medications, and personal hygiene.		
246-341-0725(4)(a)	(4) An agency certified to provide mental health peer respite services must provide the services in a residence that meets local building and zoning codes and must develop and implement policies and procedures that address the following:(a) Kitchen environment, including kitchen equipment that is in good working repair and follows general principles of safe food handling;		
246-341-0725(4)(b)	(b) Food storage, including how the agency will provide each individual with adequate storage for perishable and nonperishable food items;		
246-341-0725(4)(c)	(c) Laundry facilities, including how the agency will give residents access to laundry facilities and equipment that is clean and in good repair;		
246-341-0725(4)(d)	(d) Housekeeping, including cleaning, maintenance, and refuse disposal;		

246-341-0725(4)(e)	(e) Bedding and linens, including how the agency will provide each individual with clean, sanitary bedding and linens that are in good repair;		
246-341-0725(4)(f)	(f) Secure storage, including how each individual is provided with secure storage for personal belongings including medications;		
246-341-0725(4)(g)	(g) Furnishings, including how the agency will provide appropriate furniture for bedrooms and common spaces, as well as other furnishings appropriate to create a home-like setting; and		
246-341-0725(4)(h)	(h) Accessibility needs of individuals with disabilities as it relates to program operations and communications.		
CERTIFICATION AND SERVICE STANDARDS FOR CLUBHOUSES			
246-341-0730	Clubhouses		
246-341-0730(1)	(1) A clubhouse is a community-based program that provides rehabilitation services.		
246-341-0730(2)(a)	(2) The clubhouse may be peer-operated and must:(a) Be member-run with voluntary participation;		
246-341-0730(2)(b)	(b) Be recovery-focused;		
246-341-0730(2)(c)	(c) Focus on strengths, talents, and abilities of its members;		
246-341-0730(2)(d)(i)	(d) Have a clubhouse director who:(i) Engages members and staff in all aspects of the clubhouse operations; and		
246-341-0730(2)(d)(ii)	(ii) Is ultimately responsible for the operation of the clubhouse.		
246-341-0730(2)(e)(i)	(e) Be comprised of structured activities in accordance with RCW 71.24.650(5) , including the following:(i) Personal advocacy;		
246-341-0730(2)(e)(ii)	(ii) Help with securing entitlements;		
246-341-0730(2)(e)(iii)	(iii) Information on safe, appropriate, and affordable housing;		
246-341-0730(2)(e)(iv)	(iv) Community resource development;		
246-341-0730(2)(e)(v)	(v) Connecting members with adult education opportunities in the community;		
246-341-0730(2)(e)(vi)	(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		
246-341-0730(2)(e)(vii)	(vii) An array of social and recreational opportunities.		

246-341-0730(2)(f)(i)	(f) Use a work-ordered day to allow all members the opportunity to participate in all the work of the clubhouse including:(i) Administration;		
246-341-0730(2)(f)(ii)	(ii) Research;		
246-341-0730(2)(f)(iii)	(iii) Intake and orientation;		
246-341-0730(2)(f)(iv)	(iv) Outreach;		
246-341-0730(2)(f)(v)	(v) Training and evaluation of staff;		
246-341-0730(2)(f)(vi)	(vi) Public relations;		
246-341-0730(2)(f)(vii)	(vii) Advocacy; and		
246-341-0730(2)(f)(viii)	(viii) Evaluation of clubhouse effectiveness.		
246-341-0730(2)(g)	(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.		
246-341-0730(3)(a)	(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.		
246-341-0730(3)(b)	(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.		
246-341-0730(3)(c)	(c) Members and staff work side-by-side as colleagues as evidenced by both the member and the staff signature on progress towards goals.		
246-341-0730(3)(d)	(d) Members participate as they feel ready and according to their individual interests.		
246-341-0730(3)(e)	(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.		
246-341-0730(3)(f)	(f) Work-ordered day does not include medication clinics, day treatment, or other therapy programs.		
246-341-0730(4)	(4) Agencies certified for clubhouse services are not required to follow the requirements in WAC 246-341-0640 but instead must:		
246-341-0730(4)(a)	(a) Conduct a screening process that determines the appropriateness of the program based on the individual's needs and goals;		
246-341-0730(4)(b)	(b) Develop a support plan that indicates the goal(s) the individual plans to achieve through receiving the program and the progress made toward the goal(s);		
246-341-0730(4)(c)	(c) Maintain an individual's individual service record that contains documentation of the following:		

246-341-0730(4)(c)(i)	(i) The name of the agency or other sources through which the individual was referred, if applicable;		
246-341-0730(4)(c)(ii)	(ii) Determination of the appropriateness of the program's service(s);		
246-341-0730(4)(c)(iii)	(iii) A copy of the support plan and progress toward meeting the individual's goal(s);		
246-341-0730(4)(c)(vi)	(iv) Any referral made to a more intensive level of care when appropriate;		
246-341-0730(4)(c)(v)	(v) Consent to include the individual's family members, significant others, and other relevant treatment providers as necessary to provide support to the individual;		
246-341-0730(4)(c)(vi)	(vi) A brief summary of each service encounter, including the date and time;		
246-341-0730(4)(c)(vii)	(vii) Any information or copies of documents shared by or with a behavioral health agency or credentialed behavioral health professional; and		
246-341-0730(4)(c)(viii)	(viii) The date the individual is no longer engaged in the program and any attempts to follow-up with the individual, if applicable.		
246-341-0730(5)	(5) A clubhouse is not required to operate under the supervision of a mental health professional unless providing other certified services that require clinical supervision.		

CERTIFICATION AND SERVICE STANDARDS FOR BEHAVIORAL HEALTH OUTPATIENT INTERVENTION, ASSESSMENT AND TREATMENT SERVICES

246-341-0737	Behavioral health outpatient intervention, assessment and treatment services—Certification standards.		
246-341-0737(1)	(1) Agencies certified for intervention, assessment and treatment services provide individualized intervention, assessment and treatment for mental health, substance use, or co-occurring disorders. Intervention, assessment and treatment services under this certification include services such as:		
246-341-0737(1)(a)	(a) Assessments;		
246-341-0737(1)(b)	(b) Counseling and therapy;		
246-341-0737(1)(c)	(c) Psychiatric medication management in accordance with the service standards in WAC 246-341-0739; and		
246-341-0737(1)(d)	(d) Outpatient involuntary court-ordered services in accordance with subsection (4) of this section and the service standards for the service being provided.		

246-341-0737(2)	(2) Agencies providing only assessment, psychiatric medication management, or alcohol and drug information school services are not required to meet the individual service plan or discharge requirements in WAC 246-341-0640.		
246-341-0737(3)	(3) Agencies providing intervention, assessment and treatment services may choose to provide involuntary or court-ordered outpatient services to individuals for:		
246-341-0737(3)(a)	(a) Outpatient less restrictive alternative or conditional release under chapter 71.05 or 71.34 RCW in accordance with the service standards in WAC 246-341-0805;		
246-341-0737(3)(b)	(b) Counseling, assessment and education under chapter 46.61 RCW, including:		
246-341-0737(3)(b)(i)	(i) Alcohol and drug information school in accordance with the service standards in WAC 246-341-0746;		
246-341-0737(3)(b)(ii)	(ii) Substance use disorder counseling in accordance with the service standards in WAC 246-341-0815; and		
246-341-0737(3)(b)(iii)	(iii) Driving under the influence (DUI) substance use assessment in accordance with the service standards in WAC 246-341-0820; or		
246-341-0737(3)(c)	(c) Deferred prosecution under RCW 10.05.150 in accordance with the service standards in WAC 246-341-0740.		
246-341-0737(4)	(4) Agencies choosing to provide outpatient involuntary or court-ordered 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 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 or treatment under RCW 46.61.5056 must:		
246-341-0737(4)(a)	(a) Report and recommend action for emergency noncompliance to the court or other appropriate jurisdiction(s) within three working days from obtaining information on:		

246-341-0737(4)(a)(i)	(i) 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;		
246-341-0737(4)(a)(ii)	(ii) An individual's report of subsequent alcohol or drug related arrests; or		
246-341-0737(4)(a)(iii)	(iii) An individual's leaving the program against program advice or an individual discharged for rule violation;		
246-341-0737(4)(b)	(b) Report and recommend action for nonemergency, noncompliance to the court, or other appropriate jurisdiction(s) within 10 working days from the end of each reporting period, upon obtaining information on:		
246-341-0737(4)(b)(i)	(i) An individual's unexcused absences or failure to report, including failure to attend mandatory self-help groups; or		
246-341-0737(4)(b)(ii)	(ii) An individual's failure to make acceptable progress in any part of the treatment plan;		
246-341-0737(4)(c)	(c) Transmit information on noncompliance or other significant changes as soon as possible, but no longer than 10 working days from the date of the noncompliance, when the court does not wish to receive monthly reports;		
246-341-0737(4)(d)	(d) Report compliance status of persons convicted under chapter 46.61 RCW to the department of licensing.		
246-341-0739	Psychiatric medication management services— Service standards. Psychiatric medication management services are a variety of activities related to prescribing and administering psychiatric medication, including monitoring an individual for side effects and changes as needed.		
246-341-0739(1)	(1) An agency providing psychiatric medication management services must:		
246-341-0739(1)(a)	(a) Ensure that medical direction and responsibility are assigned to a:		
246-341-0739(1)(a)(i)	(i) Physician who is licensed to practice under chapter 18.57 or 18.71 RCW, and is board-certified or board-eligible in psychiatry;		
246-341-0739(1)(a)(ii)	(ii) Psychiatric advanced registered nurse practitioner (ARNP) licensed under chapter 18.79 RCW; or		
246-341-0739(1)(a)(iii)	(iii) Physician assistant licensed under chapter 18.71A RCW working with a supervising psychiatrist;		

246-341-0739(1)(b)	(b) Ensure that the services are provided by a prescriber licensed by the department who is practicing within their scope of practice;		
246-341-0739(1)(c)	(c) Ensure that all staff administering medications are appropriately credentialed;		
246-341-0739(1)(d)	(d) Have a process by which the 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);		
246-341-0739(1)(e)(i)	(e) 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;		
246-341-0739(1)(e)(ii)	(ii) Medications kept for individuals on medication administration or self-administration programs are clearly labeled and stored separately from medication samples kept on-site;		
246-341-0739(1)(e)(iii)	(iii) Medications marked "for external use only" are stored separately from oral or injectable medications;		
246-341-0739(1)(e)(iv)	(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;		
246-341-0739(1)(e)(v)	(v) Syringes and sharp objects are properly stored and disposed of;		
246-341-0739(1)(e)(vi)	(vi) Refrigerated medications are maintained at the required temperature; and		
246-341-0739(1)(e)(vii)	(vii) If the individual gives permission for disposal, outdated medications are disposed of in accordance with the regulations of the pharmacy quality assurance commission and no outdated medications are retained.		
246-341-0739(2)(a)	(2) An agency providing psychiatric medication management services may utilize a physician or ARNP without board eligibility in psychiatry 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		
246-341-0739(2)(b)	(b) A psychiatrist or psychiatric ARNP is accessible to the physician or ARNP for emergency consultation.		
246-341-0739(3)	(3) An agency providing psychiatric medication management services must document the service in the individual service record.		

246-341-0740	Deferred prosecution under RCW 10.05.150— Service standards. An agency providing treatment services for deferred prosecution under RCW 10.05.150 must:		
246-341-0740(1)	(1) Ensure that services include a minimum of 72 hours of treatment services within a maximum of 12 weeks, which consist of the following during the first four weeks of treatment:		
246-341-0740(1)(a)	(a) At least three sessions each week, with each session occurring on separate days of the week;		
246-341-0740(1)(b)	(b) Group sessions that must last at least one hour; and		
246-341-0740(1)(c)	(c) Attendance at self-help groups in addition to the 72 hours of treatment services.		
246-341-0740(2)	(2) There must be approval, in writing, by the court having jurisdiction in the case, when there is any exception to the requirements in this section;		
246-341-0740(3)	(3) The agency must refer for ongoing treatment or support upon completion of intensive outpatient treatment, as necessary.		
246-341-0746	Alcohol and drug information school—Service standards. 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. An agency providing alcohol and drug information school services must:		
246-341-0746(1)	(1) Ensure courses are taught by a substance use disorder professional, a substance use disorder professional trainee, or a person who has received documented training in:		
246-341-0746(1)(a)	(a) Effects of alcohol and other drugs;		
246-341-0746(1)(b)	(b) Patterns of use;		
246-341-0746(1)(c)	(c) Current laws and regulations pertaining to substance use violations, and consequences of the violations; and		
246-341-0746(1)(d)	(d) Available resources and referral options for additional services that may be appropriate for the individual.		
246-341-0746(2)(a)	(2) Ensure the curriculum:(a) Provides no less than eight hours of instruction for each course;		
246-341-0746(2)(b)	(b) Includes a post-test for each course after the course is completed;		
246-341-0746(2)(c)	(c) Includes a certificate of completion; and		
246-341-0746(4)(d)(i)	(d) Covers the following topics:(i) Information about the effects of alcohol and other drugs;		
246-341-0746(4)(d)(ii)	(ii) Patterns of use; and		

246-341-0746(4)(d)(iii)	(iii) Current laws, including Washington state specific laws and regulations, and consequences related to substance use violations.		
246-341-0746(3)	(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;		
246-341-0746(4)(a)	(4) Ensure each individual student record contains:(a) An intake form, including demographics;		
246-341-0746(4)(b)	(b) The hours of attendance, including dates; and		
246-341-0746(4)(c)	(c) A copy of the scored post-test.		
246-341-0746(5)	(5) An agency providing alcohol and drug information school services must include in the individual service record a copy of an assessment, if the individual was assessed, that indicates the individual does not have a substance use disorder.		
246-341-0805	Less restrictive alternative (LRA) or conditional release support behavioral health services— Service standards. An agency 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. An agency providing court-ordered LRA support and conditional release services shall:		
246-341-0805(1)	(1) Have a written policy and procedure that allows for the referral of an individual to an involuntary treatment facility 24 hours a day, seven days a week.		
246-341-0805(2)(a)	(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		
246-341-0805(2)(b)(i)	(b) The transportation of an individual, in a safe and timely manner, for the purpose of:(i) Evaluation; or		
246-341-0805(2)(b)(ii)	(ii) Evaluation and detention.		
246-341-0805(3)	(3) Ensure the individual is provided everything their rights afford them to and protect them from under chapter 71.05 or 71.34 RCW, as applicable.		
246-341-0805(4)	(4) Include in the individual service record a copy of the less restrictive alternative court order or conditional release and a copy of any subsequent modification.		

246-341-0805(5)	(5) Ensure the individual service plan addresses the conditions of the less restrictive alternative court order or conditional release and a plan for transition to voluntary treatment.		
246-341-0805(6)(a)	(6) Ensure that the individual receives medication services including an assessment of the need for and prescription of medications to treat mental health or substance use disorders, appropriate to the needs of the individual as follows:(a) At least one time in the initial 14 days following release from inpatient treatment for an individual on a 90-day or 180-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 individual service record; and		
246-341-0805(6)(b)	(b) At least one time every 30 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 individual service record.		
246-341-0805(7)(a)	(7) Keep a record of the periodic evaluation of each committed individual for release from, or continuation of, an involuntary treatment order. Evaluations must occur at least every 30 days for the duration of the commitments and include documentation of 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		
246-341-0805(7)(b)	(b) Allowing the less restrictive court order or conditional release to expire without an extension request.		
246-341-0815	Substance use disorder counseling for RCW 46.61.5056—Service standards. 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:		
246-341-0815(1)(a)	(1) Treatment during the first 60 days must include:(a) Weekly group or individual substance use disorder counseling sessions according to the individual service plan;		

246-341-0815(1)(a)	(a) Weekly group or individual substance use disorder counseling sessions according to the individual service plan;		
246-341-0815(1)(b)	(b) One individual substance use disorder counseling session of not less than 30 minutes duration, excluding the time taken for a substance use disorder assessment, for each individual, according to the individual service plan;		
246-341-0815(1)(c)	(c) Alcohol and drug basic education for each individual;		
246-341-0815(1)(d)	(d) Participation in recovery oriented, community-based self-help groups according to the individual service plan. Participation must be documented in the individual's individual service record; and		
246-341-0815(1)(e)	(e) Individuals who complete intensive inpatient substance use disorder treatment services must attend, at a minimum, weekly outpatient counseling sessions for the remainder of their first 60 days of treatment according to the individual service plan.		
246-341-0815(2)(a)	(2) The next 120 days of treatment at a minimum shall include:(a) Group or individual substance use disorder counseling sessions every two weeks according to the individual service plan;		
246-341-0815(2)(b)	(b) One individual substance use disorder counseling session of not less than 30 minutes duration, every 60 days according to the individual service plan; and		
246-341-0815(2)(c)	(c) Referral of each individual for ongoing treatment or support, as necessary, using ASAM criteria, upon completion of 180 days of treatment.		
246-341-0815(3)	(3) An individual who is assessed with insufficient evidence of a substance use disorder must be referred to alcohol/drug information school.		
246-341-0820	Driving under the influence (DUI) substance use disorder assessment services— Service standards. 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.		
246-341-0820(1)	(1) An agency certified to provide DUI assessment services:		
246-341-0820(1)(a)	(a) Must review, evaluate, and document information provided by the individual;		
246-341-0820(1)(b)	(b) May include in the assessment information from external sources such as family, support		

	individuals, legal entities, courts, and employers; and		
246-341-0820(1)(c)	(c) 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.		
246-341-0820(2)(a)	(2) An agency certified to provide DUI assessment services must also ensure:(a) The assessment is conducted face-to-face and document in the assessment whether the assessment was conducted in person or by synchronous video conferencing; and		
246-341-0820(2)(b)(i)	(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		
246-341-0820(2)(b)(ii)	(ii) Self-reported driving record and the abstract of the individual's legal driving record.		
246-341-0820(3)(a)	(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;		
246-341-0820(3)(b)	(b) A copy of the court originated criminal case history;		
246-341-0820(3)(c)	(c) The results of a urinalysis or drug testing obtained at the time of the assessment; and		
246-341-0820(3)(d)	(d) A referral to alcohol and drug information school.		
246-341-0820(4)	(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.		
246-341-0820(5)(a)	(5) Upon completion of the DUI assessment, the individual must be:(a) Informed of the results of the assessment; and		
246-341-0820(5)(b)	(b) Referred to the appropriate level of care according to ASAM criteria.		
CERTIFICATION AND SERVICE STANDARDS FOR BEHAVIORAL HEALTH OUTPATIENT CRISIS OUTREACH, OBSERVATION AND INTERVENTION SERVICES			
246-341-0901	Behavioral health outpatient crisis outreach, observation and intervention services— Certification standards.		

246-341-0901(1)	(1) Agencies certified for outpatient behavioral health crisis outreach, observation and intervention services provide face-to-face and other means of services to stabilize an individual in crisis to prevent further deterioration, provide immediate treatment or intervention in the least restrictive environment at a location best suited to meet the needs of the individual which may be in the community, a behavioral health agency, or other setting.		
246-341-0901(2)	(2) An agency certified for outpatient behavioral health crisis outreach, observation and intervention services does not need to meet the requirements in WAC 246-341-0640.		
246-341-0901(3)	(3) An agency providing outpatient behavioral health crisis outreach, observation and intervention services for substance use disorder must ensure a professional appropriately credentialed to provide substance use disorder treatment is available or on staff 24 hours a day, seven days a week.		
246-341-0901(4)(a)	(4) An agency providing any outpatient behavioral health crisis outreach, observation and intervention services must:(a) Provide crisis telephone support in accordance with WAC 246-341-0670;		
246-341-0901(4)(b)	(b) For mental health crisis, ensure face-to-face outreach services are provided by a mental health professional or department-credentialed staff person with documented training in crisis response;		
246-341-0901(4)(c)	(c) For a substance use disorder crisis, ensure face-to-face outreach services are provided by a professional appropriately credentialed to provide substance use disorder treatment, or individual who has completed training that covers substance use disorders;		
246-341-0901(4)(d)	(d) Develop and implement policies and procedures for training staff to identify and assist individuals in crisis before assigning the staff member unsupervised duties;		
246-341-0901(4)(e)	(e) Resolve the crisis in the least restrictive manner possible;		
246-341-0901(4)(f)	(f) 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;		
246-341-0901(4)(g)	(g) Determine if an individual has a crisis plan and request a copy if available;		

246-341-0901(4)(h)	(h) Assure communication and coordination with the individual's mental health or substance use treatment provider, if indicated and appropriate;		
246-341-0901(4)(i)	(i) As appropriate, refer individuals to voluntary or involuntary treatment facilities for admission on a seven day a week, 24 hour a day basis, including arrangements for contacting the designated crisis responder;		
246-341-0901(4)(j)	(j) Maintain a current list of local resources for referrals, legal, employment, education, interpreter and social and health services;		
246-341-0901(4)(k)	(k) Transport or arrange for transport of an individual in a safe and timely manner, when necessary;		
246-341-0901(4)(l)	(l) Be available 24 hours a day, seven days a week; and		
246-341-0901(4)(m)	(m) Include family members, significant others, and other relevant treatment providers, as necessary, to provide support to the individual in crisis.		
246-341-0901(5)(a)(i)	(5) Documentation of a crisis service must include the following:(a) A brief summary of each crisis service encounter, including the:(i) Date;		
246-341-0901(5)(a)(ii)	(ii) Time, including time elapsed from initial contact to face-to-face contact, if applicable; and		
246-341-0901(5)(a)(iii)	(iii) Nature and duration of the encounter.		
246-341-0901(5)(b)	(b) The names of the participants;		
246-341-0901(5)(c)	(c) A disposition including any referrals for services and individualized follow-up plan;		
246-341-0901(5)(d)	(d) Whether the individual has a crisis plan and any request to obtain the crisis plan; and		
246-341-0901(5)(e)	(e) The name and credential, if applicable, of the staff person providing the service.		
246-341-0901(6)	(6) An agency utilizing certified peer counselors to provide crisis outreach services must:		
246-341-0901(6)(a)	(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;		
246-341-0901(6)(b)	(b) Ensure services provided by a peer counselor are within the scope of the peer counselor's training and credential;		
246-341-0901(6)(c)	(c) Ensure peer counselors receive annual training that is relevant to their unique working environment.		
246-341-0901(7)(a)	(7) 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 location;		
246-341-0901(7)(b)	(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;		
246-341-0901(7)(c)	(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;		
246-341-0901(7)(d)	(d) Provide staff members who are sent to a personal residence or other nonpublic 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.		
246-341-0901(8)(a)	(8) If utilizing peer counselors for crisis outreach response:(a) Ensure that a peer counselor responding to an initial crisis visit is accompanied by a mental health professional or individual appropriately credentialed to provide substance use disorder treatment as appropriate to the crisis;		
246-341-0901(8)(a)	(b) 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 or individual appropriately credentialed to provide substance use disorder treatment as appropriate to the crisis.		
CERTIFICATION STANDARDS FOR DESIGNATED CRISIS RESPONDER SERVICES			
246-341-0912	Designated crisis responder (DCR) services— Certification standards. Designated crisis responder (DCR) services are services provided by a DCR to evaluate an individual in crisis and determine if involuntary services are required. An agency providing DCR services must do all of the following:		
246-341-0912(1)	(1) Ensure that services are provided by a DCR;		
246-341-0912(2)	(2) Ensure staff members utilize the protocols for DCRs required by RCW 71.05.214 ;		

246-341-0912(3)	(3) Document that services provided to the individual were in accordance with the requirements in chapter 71.05 or 71.34 RCW, as applicable; and		
246-341-0912(4)	(4) Meet the outpatient behavioral health crisis outreach, observation and intervention services certification standards in WAC 246-341-0901.		
CERTIFICATION STANDARDS FOR OPIOID TREATMENT PROGRAMS (OTP)			
246-341-1000	Opioid treatment programs (OTP)—General.		
246-341-1000(1)	(1) Opioid treatment programs (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 and maintenance treatment along with evidence-based therapy.		
246-341-1000(2)	(2) 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.		
246-341-1000(3)(a)	(3) An agency must:(a) Use evidence-based therapy in addition to medication in the treatment program;		
246-341-1000(3)(b)	(b) Identify individual mental health needs during assessment process and refer them to appropriate treatment if not available on-site;		
246-341-1000(3)(c)(i)	(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;		
246-341-1000(3)(c)(ii)	(ii) Relapse prevention;		
246-341-1000(3)(c)(iii)	(iii) Infectious diseases including human immunodeficiency virus (HIV) and hepatitis A, B, and C;		
246-341-1000(3)(c)(iv)	(iv) Sexually transmitted infections; and		
246-341-1000(3)(c)(v)	(v) Tuberculosis (TB);		
246-341-1000(3)(d)(i)	(d) Provide information to each individual on:(i) Emotional, physical, and sexual abuse;		
246-341-1000(3)(d)(ii)	(ii) Nicotine use disorder;		

246-341-1000(3)(d)(iii)	(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		
246-341-1000(3)(d)(iv)	(iv) Family planning.		
246-341-1000(3)(e)(i)	(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;		
246-341-1000(3)(e)(ii)(A)	(ii) Urinalysis and drug testing, to include:(A) Obtaining specimen samples from each individual, at least eight times within twelve consecutive months;		
246-341-1000(3)(e)(ii)(B)	(B) Documentation indicating the clinical need for additional urinalysis;		
246-341-1000(3)(e)(ii)(C)	(C) Random samples, without notice to the individual;		
246-341-1000(3)(e)(ii)(D)	(D) Samples in a therapeutic manner that minimizes falsification;		
246-341-1000(3)(e)(ii)(E)	(E) Observed samples, when clinically appropriate; and		
246-341-1000(3)(e)(ii)(F)	(F) Samples handled through proper chain of custody techniques.		
246-341-1000(3)(e)(iii)	(iii) Laboratory testing;		
246-341-1000(3)(e)(iv)	(iv) The response to medical and psychiatric emergencies; and		
246-341-1000(3)(e)(v)	(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.		
246-341-1000(4)	(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.		
246-341-1000(5)	(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.		

246-341-1000(6)(a)	(6) An agency providing youth opioid treatment program services must:(a) 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		
246-341-1000(6)(b)	(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.		
246-341-1000(7)(a)	(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;		
246-341-1000(7)(b)	(b) Treatment is provided to an individual in compliance with 42 C.F.R. Part 8;		
246-341-1000(7)(c)	(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		
246-341-1000(7)(d)	(d) The death of an individual enrolled in an opioid treatment program is reported to the department within forty-eight hours.		
246-341-1005	Opioid treatment programs (OTP)—Agency certification requirements. An agency applying to provide opioid treatment program services must:		
246-341-1005(1)	(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.		
246-341-1005(2)(a)(i)	(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;		
246-341-1005(2)(a)(ii)	(ii) Address any concerns identified by stakeholders; and		
246-341-1005(2)(a)(iii)	(iii) Develop an ongoing community relations plan to address new concerns expressed by stakeholders.		
246-341-1005(2)(b)	(b) For new applicants who operate opioid treatment programs in another state, copies of all review reports written by their national accreditation body and state certification, if applicable, within the past six years.		
246-341-1005(3)(a)	(3) Have concurrent approval to provide an opioid treatment program by:(a) The Washington state department of health pharmacy quality assurance commission;		
246-341-1005(3)(b)	(b) The 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		
246-341-1005(3)(c)	(c) The United States Drug Enforcement Administration (DEA).		
246-341-1005(4)	(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.		
246-341-1005(5)	(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.		
246-341-1010	Opioid treatment programs (OTP)—Agency staff requirements. An agency providing substance use disorder opioid treatment program services must:		
246-341-1010(1)	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 United States Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), the United States Drug Enforcement Administration (DEA), the department, and the Washington pharmacy quality assurance commission of any theft or		

	significant loss of a controlled substance that resulted in filing a DEA Form 106.		
246-341-1010(2)(a)	(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;		
246-341-1010(2)(b)	(b) Is responsible for all medical services performed;		
246-341-1010(2)(c)	(c) Ensures all medical services provided are in compliance with applicable federal, state, and local rules and laws.		
246-341-1010(3)(a)	(3) Ensure at least one staff member has documented training in:(a) Family planning;		
246-341-1010(3)(b)	(b) Prenatal health care; and		
246-341-1010(3)(c)	(c) Parenting skills.		
246-341-1010(4)(a)	(4) Ensure that at least one staff member is on duty at all times who has documented training in:(a) Cardiopulmonary resuscitation (CPR); and		
246-341-1010(4)(b)	(b) Management of opioid overdose.		
246-341-1015	Opioid treatment programs (OTP)—Individual service record content and documentation requirements. An agency providing opioid treatment program services must maintain an individual's individual service record. The individual service record must contain:		
246-341-1015(1)	(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;		
246-341-1015(2)	(2) Documentation that the individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanction;		
246-341-1015(3)	(3) Documentation that the individual service plan was reviewed quarterly and semi-annually after two years of continuous treatment;		
246-341-1015(4)	(4) Documentation when an individual refuses to provide a drug testing specimen sample. The refusal is considered a positive drug screen specimen;		
246-341-1015(5)	(5) Documentation in progress notes of 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;		

246-341-1015(6)(a)	(6) Documentation of all medical services including:(a) Results of physical examination;		
246-341-1015(6)(b)	(b) Medical and family history;		
246-341-1015(6)(c)	(c) Nursing notes;		
246-341-1015(6)(d)	(d) Laboratory reports including results of regular toxicology screens, a problem list, and list of medications updated as clinically indicated; and		
246-341-1015(6)(e)	(e) Progress notes including documentation of all medications and dosages, if available.		
246-341-1020	Opioid treatment programs (OTP)—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 medical director, performs and meets the following:		
246-341-1020(1)	(1) The program physician or medical practitioner under supervision of the medical director:		
246-341-1020(1)(a)	(a) Is responsible to verify an individual is currently addicted to an opioid drug and that the individual became addicted at least 12 months before admission to treatment; or		
246-341-1020(1)(b)(i)	(b) May waive the 12-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;		
246-341-1020(1)(b)(ii)	(ii) Is pregnant; or		
246-341-1020(1)(b)(iii)	(iii) Was previously treated within the previous 24 months.		
246-341-1020(2)	(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;		
246-341-1020(3)(a)	(3) A documented review of the department prescription drug monitoring program data on the individual:(a) At admission;		
246-341-1020(3)(b)	(b) Annually after the date of admission; and		
246-341-1020(3)(c)	(c) Subsequent to any incidents of concern.		
246-341-1020(4)	(4) All relevant facts concerning the use of the opioid drug must be clearly and adequately explained to each individual;		

246-341-1020(5)(a)	(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;		
246-341-1020(5)(b)	(b) The risk of not initiating opioid treatment medication on the individual and the developing fetus;		
246-341-1020(5)(c)	(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		
246-341-1020(5)(d)	(d) Referral options to address and manage neonatal opioid or other drug withdrawal syndromes.		
246-341-1020(6)	(6) Each individual voluntarily choosing to receive maintenance treatment must sign an informed consent to treatment;		
246-341-1020(7)(a)	(7) Within 14 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		
246-341-1020(7)(b)	(b) A documented assessment for the appropriateness of Sunday and holiday take-home medications as required by 42 C.F.R. Part 8.12(i).		
246-341-1020(8)	(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 individual service record at each agency;		
246-341-1020(9)	(9) Each individual admitted to withdrawal management services must have an approved withdrawal management schedule that is medically appropriate;		
246-341-1020(10)	(10) Each individual administratively discharged from services must have an approved withdrawal management schedule that is medically appropriate;		
246-341-1020(11)	(11) An assessment for other forms of treatment must be completed for each individual who has two or more unsuccessful withdrawal management episodes within 12 consecutive months; and		

246-341-1020(12)	(12) An annual medical examination must be completed on each individual, either in person or via telehealth technologies, that includes the individual's overall physical condition and response to medication. The medical practitioner may use their professional and clinical judgment when determining the appropriateness of telehealth technologies for the annual medical exam and must document, in the patient's record, their decision to use telehealth technologies. The initial medical exam must be completed in person as required by 42 C.F.R. Part 8.12(f)(2).		
246-341-1025	Opioid treatment programs (OTP)—Medication management. An agency providing opioid treatment program services must ensure the medication management requirements in this section are met.		
246-341-1025(1)	(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 United States Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opioid use disorder.		
246-341-1025(2)(a)	(2) 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;		
246-341-1025(2)(b)	(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		
246-341-1025(2)(c)(i)	(c) The establishment of the initial dose must consider:(i) Signs and symptoms of withdrawal;		
246-341-1025(2)(c)(ii)	(ii) Individual comfort; and		
246-341-1025(2)(c)(iii)	(iii) Side effects from over medication.		
246-341-1025(3)(a)	(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;		
246-341-1025(3)(b)	(b) Each individual admitted to an opioid treatment program shall receive overdose prevention education and information on how to access opioid overdose reversal medication;		

246-341-1025(3)(c)(i)	(c) All dosing and administration decisions are made by a: (i) Program physician; or		
246-341-1025(3)(c)(ii)	(ii) Medical practitioner under supervision of a program physician familiar with the most up-to-date product labeling.		
246-341-1025(3)(d)	(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.		
246-341-1025(4)(a)(i)	(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		
246-341-1025(4)(a)(ii)	(ii) Have not had any positive drug screens in the last sixty days.		
246-341-1025(4)(b)	(b) Assessed and authorized, as appropriate, for a Sunday or legal holiday as identified in RCW 1.16.050 ;		
246-341-1025(4)(c)	(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		
246-341-1025(4)(d)	(d) Not allowed in short-term withdrawal management or interim maintenance treatment.		
246-341-1025(5)	(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.		
246-341-1025(6)	(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).		
246-341-1025(7)	(7) An agency providing opioid treatment program services may accept, possess, and administer patient-owned medications.		

CERTIFICATION STANDARDS FOR WITHDRAWAL MANAGEMENT

246-341-1100	Withdrawal management—Certification standards.		
246-341-1100(1)	(1) Substance use disorder withdrawal management services are provided to assist in the process of withdrawal from psychoactive substances in a safe and effective manner that		

	includes medical management or medical monitoring. Substance use disorder withdrawal management services under this certification include:		
246-341-1100(1)(a)	(a) Adult withdrawal management; and		
246-341-1100(1)(b)	(b) Youth withdrawal management.		
246-341-1100(2)(a)	(2) An agency certified for withdrawal management services must:(a) Ensure the individual receives a substance use disorder screening before admission;		
246-341-1100(2)(b)(i)	(b) Provide counseling to each individual that addresses the individual's: (i) Substance use disorder and motivation; and		
246-341-1100(2)(b)(ii)	(ii) Continuing care needs and need for referral to other services.		
246-341-1100(2)(c)	(c) Maintain a list of resources and referral options that can be used by staff members to refer an individual to appropriate services; and		
246-341-1100(2)(d)	(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.		
246-341-1100(3)(a)	(3) Ensure that each staff member providing withdrawal management services to an individual, with the exception of 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 40 hours of documented training before being assigned individual care duties. This personnel training must include the following topics:(a) Substance use disorders;		
246-341-1100(3)(b)	(b) Infectious diseases, to include hepatitis and tuberculosis (TB); and		
246-341-1100(3)(c)	(c) Withdrawal screening, admission, and signs of trauma.		
246-341-1100(4)	(4) An agency certified for withdrawal management services must meet the certification standards for residential and inpatient behavioral health services in WAC 246-341-1104 and the individual service requirements for inpatient and residential substance use disorder services in WAC 246-341-1108. *Note there is an error in this section of the revised WAC. It references -1104 and it should be -1105.		

CERTIFICATION AND SERVICE STANDARDS FOR BEHAVIORAL HEALTH RESIDENTIAL OR INPATIENT INTERVENTION, ASSESSMENT AND TREATMENT SERVICES

246-341-1105	Behavioral health residential and inpatient intervention, assessment and treatment services— Certification standards.		
246-341-1105(1)	(1) Agencies certified for behavioral health residential and inpatient services provide behavioral health intervention, assessment and treatment services in a residential treatment facility or hospital. Residential and inpatient services under this certification include:		
246-341-1105(1)(a)	(a) In accordance with the service standards in WAC 246-341-1108:		
246-341-1105(1)(a)(i)	(i) Adult residential and inpatient substance use disorder treatment; and		
246-341-1105(1)(a)(ii)	(ii) Youth residential and inpatient substance use disorder treatment;		
246-341-1105(1)(b)	(b) In accordance with the service standards in WAC 246-341-1118:		
246-341-1105(1)(b)(i)	(i) Adult residential and inpatient mental health treatment; and		
246-341-1105(1)(b)(ii)	(ii) Youth residential and inpatient mental health treatment.		
246-341-1105(2)(a)(i)	(2) Agencies certified for behavioral health residential and inpatient services must:(a) Be a facility licensed by the department as:(i) A hospital licensed under chapter 70.41 RCW;		
246-341-1105(2)(a)(ii)	(ii) A private psychiatric hospital licensed under chapter 71.12 RCW;		
246-341-1105(2)(a)(iii)	(iii) A private alcohol and substance use disorder hospital licensed under chapter 71.12 RCW; or		
246-341-1105(2)(a)(iv)	(iv) A residential treatment facility licensed under chapter 71.12 RCW;		
246-341-1105(2)(b)	(b) Ensure access to necessary medical treatment, including emergency life-sustaining treatment and medication;		
246-341-1105(2)(c)	(c) Review the individual's crisis or recovery plan, if applicable and available;		
246-341-1105(2)(d)	(d) Determine the individual's risk of harm to self, others, or property;		
246-341-1105(2)(e)	(e) Coordinate with the individual's current treatment provider, if applicable, to assure continuity of care during admission and upon discharge;		
246-341-1105(2)(f)(i)	(f) Develop and provide to the individual a discharge summary that must include:(i) A continuing care recommendation; and		

246-341-1105(2)(f)(ii)	(ii) Scheduled follow-up appointments, including the time and date of the appointment(s), when possible.		
246-341-1105(3)(a)	(3) If providing services to adults and minors, an agency must ensure that a minor who is at least age 13 but not yet age 18 is served with adults only if the minor's individual service record contains:(a) Documentation that justifies such placement;		
246-341-1105(3)(b)	(b) A professional judgment that placement in an inpatient facility that serves adults will not harm the minor; and		
246-341-1105(3)(c)(i)	(c) Ensure the following for individuals who share a room:(i) An individual 15 years of age or younger must not room with an individual 18 years of age or older;		
246-341-1105(3)(c)(ii)	(ii) Anyone under 13 years of age must be evaluated for clinical appropriateness before being placed in a room with an individual 13 to 16 years of age; and		
246-341-1105(3)(c)(iii)	(iii) An individual 16 or 17 years of age must be evaluated for clinical appropriateness before being placed in a room with an individual 18 years of age or older.		
246-341-1105(4)(a)	(4) 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.		
246-341-1105(4)(b)	(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 individual service record.		
246-341-1105(4)(c)	(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 relevant state's child protective services.		
246-341-1105(4)(d)	(d) Ensure a staff member who demonstrates knowledge of adolescent development and substance use disorders is available at the agency or available by phone.		
246-341-1105(4)(e)(i)	(e) Ensure staff members are trained in safe and therapeutic techniques for dealing with a youth's behavior and emotional crisis, including:(i) Verbal de-escalation;		
246-341-1105(4)(e)(ii)	(ii) Crisis intervention;		

246-341-1105(4)(e)(iii)	(iii) Emotional regulation;		
246-341-1105(4)(e)(iv)	(iv) Suicide assessment and intervention;		
246-341-1105(4)(e)(v)	(v) Conflict management and problem solving skills;		
246-341-1105(4)(e)(vi)	(vi) Management of assaultive behavior;		
246-341-1105(4)(e)(vii)	(vii) Proper use of therapeutic physical intervention techniques; and		
246-341-1105(4)(e)(viii)	(viii) Emergency procedures.		
246-341-1105(4)(f)(i)	(f) Unless otherwise advised by the treatment provider:(i) Provide group meetings to promote social and emotional growth.		
246-341-1105(4)(f)(ii)	(ii) Provide leisure and other therapy or related activities.		
246-341-1105(4)(f)(iii)	(iii) Provide seven or more hours of structured recreation each week, that is led or supervised by staff members.		
246-341-1105(4)(f)(iv)	(iv) For each youth who is unable to attend school for an estimated period of four weeks or more during the academic school year, the agency must work with the school district in which the youth is enrolled or the youth's educational provider to assure the academic needs of the youth are met.		
246-341-1105(4)(g)	(g) Conduct random and regular room checks when an individual is in their room, and more often when clinically indicated.		
246-341-1105(4)(h)(i)	(h) Ensure each individual's individual service record:(i) Contains any consent or release forms signed by the youth and their parent or legal guardian;		
246-341-1105(4)(h)(ii)	(ii) Contains the parent's or other referring person's agreement to participate in the treatment process, as appropriate, and if possible; and		
246-341-1105(4)(h)(iii)	(iii) Documents any problems identified in specific youth assessment, including any referrals to school and community support services, on the individual service plan.		
246-341-1105(5)	(5) An agency that provides services to youth may continue to provide services to a youth who turns 18 years old while admitted, so long as it is documented that it is in the best interest of the individual and the agency meets the requirements in subsection (4)(h) of this section.		
246-341-1105(6)	(6) An agency certified for behavioral health residential and inpatient intervention, assessment and treatment services may choose to provide services to individuals on a less restrictive alternative order in accordance with the requirements in WAC 246-341-0805.		

246-341-1108	Residential and inpatient substance use disorder treatment services—Service standards. Residential substance use disorder treatment services provide substance use disorder treatment for an individual in a facility with 24 hours a day supervision.		
246-341-1108(1)	(1) An agency providing residential and inpatient substance use disorder treatment services must:		
246-341-1108(1)(a)	(a) Provide education to each individual admitted to the treatment facility on:		
246-341-1108(1)(a)(i)	(i) Substance use disorders;		
246-341-1108(1)(a)(ii)	(ii) Relapse prevention;		
246-341-1108(1)(a)(iii)	(iii) Bloodborne pathogens;		
246-341-1108(1)(a)(iv)	(iv) Tuberculosis (TB);		
246-341-1108(1)(a)(v)	(v) Emotional, physical, and sexual abuse; and		
246-341-1108(1)(a)(vi)	(vi) Nicotine use disorder;		
246-341-1108(1)(b)	(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		
246-341-1108(1)(c)(i)	(c) Develop and implement written procedures for:(i) Urinalysis and drug testing, including laboratory testing; and		
246-341-1108(1)(c)(ii)	(ii) How agency staff members respond to medical and psychiatric emergencies.		
246-341-1108(2)(a)	(2) An agency that provides services to a pregnant woman must:(a) Develop and implement a written procedure to address specific issues regarding the woman's pregnancy and prenatal care needs;		
246-341-1108(2)(b)	(b) Provide referral information to applicable resources; and		
246-341-1108(2)(c)	(c) Provide education on the impact of substance use during pregnancy, risks to the developing fetus, and the importance of informing medical practitioners of substance use during pregnancy.		
246-341-1108(3)	(3) 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.		
246-341-1108(4)	(4) 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.		
246-341-1108(5)	(5) 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.		
246-341-1108(6)	(6) 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.		
246-341-1108(7)(a)	(7) In addition to the requirements in WAC 246-341-0640, document in the individual service record:(a) The individual being informed of their treatment options, including the use of medications for substance use disorder;		
246-341-1108(7)(b)	(b) 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;		
246-341-1108(7)(c)	(c) 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		
246-341-1108(7)(d)	(d) Contact or attempts to follow up with the individual post-discharge, including the date of correspondence.		
246-341-1108(8)	(8) 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.		
246-341-1118	Residential and inpatient mental health services—Service standards.		
246-341-1118(1)(a)	(1) An agency providing residential and inpatient mental health services must 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;		
246-341-1118(1)(b)	(b) Methods of providing individualized treatment; and		
246-341-1118(1)(c)	(c) De-escalation training and management of assaultive and self-destructive behaviors, including proper and safe use of seclusion and restraint procedures.		
246-341-1118(2)	(2) If contract staff are providing direct services, the facility must ensure compliance with the training requirements outlined in subsection (1) of this section.		

246-341-1118(3)(a)(i)	(3) 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;		
246-341-1118(3)(a)(ii)	(ii) Examination and medical evaluation within 24 hours of admission by a licensed physician, advanced registered nurse practitioner, or physician assistant;		
246-341-1118(3)(a)(iii)	(iii) Consideration of less restrictive alternative treatment at the time of admission; and		
246-341-1118(3)(a)(iv)	(iv) The admission diagnosis and what information the determination was based upon.		
246-341-1118(3)b)	(b) Ensure examination and evaluation of a minor by a children's mental health specialist occurs within 24 hours of admission.		
246-341-1124	Residential and inpatient mental health services—Rights related to antipsychotic medication.		
246-341-1124(1)	All individuals have a right to make an informed decision regarding the use of antipsychotic medication consistent with the provisions of RCW 71.05.215 and 71.05.217 . The provider must develop and maintain a written protocol for the involuntary administration of antipsychotic medications, including all of the following requirements:(1) The clinical record must document all of the following:		
246-341-1124(1)(a)	(a) An attempt to obtain informed consent.		
246-341-1124(1)(b)	(b) The individual was asked if they wish to decline treatment during the 24-hour period prior to any court proceeding wherein the individual has the right to attend and is related to their continued treatment. The answer must be in writing and signed when possible. In the case of a child under the age of 18, the psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority must be able to explain to the court the probable effects of the medication.		
246-341-1124(1)(c)	(c) The reasons why any antipsychotic medication is administered over the individual's objection or lack of consent.		

246-341-1124(2)(a)(i)	(2) The psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority may administer antipsychotic medications over an individual's objections or lack of consent only when:(a) An emergency exists, provided there is a review of this decision by a second psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority within 24 hours. An emergency exists if all of the following are true:(i) The individual presents an imminent likelihood of serious harm to self or others;		
246-341-1124(2)(a)(ii)	(ii) Medically acceptable alternatives to administration of antipsychotic medications are not available or are unlikely to be successful; and		
246-341-1124(2)(a)(iii)	(iii) In the opinion of the psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority, the individual's condition constitutes an emergency requiring that treatment be instituted before obtaining an additional concurring opinion by a second psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority.		
246-341-1124(2)(b)	(b) There is an additional concurring opinion by a second psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority, for treatment up to 30 days.		
246-341-1124(2)(c)	(c) For continued treatment beyond 30 days through the hearing on any 180-day petition filed under RCW 71.05.217 , provided the facility medical director or director's medical designee reviews the decision to medicate an individual. Thereafter, antipsychotic medication may be administered involuntarily only upon order of the		

	court. The review must occur at least every 60 days.		
246-341-1124(3)	(3) The examining psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority must sign all 180-day petitions for antipsychotic medications filed under the authority of RCW 71.05.217 .		
246-341-1124(4)	(4) Individuals committed for 180 days who refuse or lack the capacity to consent to antipsychotic medications have the right to a court hearing under RCW 71.05.217 prior to the involuntary administration of antipsychotic medications.		
246-341-1124(5)	(5) In an emergency, antipsychotic medications may be administered prior to the court hearing provided that an examining psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority files a petition for an antipsychotic medication order the next judicial day.		
246-341-1124(6)	(6) All involuntary medication orders must be consistent with the provisions of RCW 71.05.217 , whether ordered by a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority or the court.		

**CERTIFICATION AND SERVICE STANDARDS FOR INVOLUNTARY BEHAVIORAL HEALTH
RESIDENTIAL OR INPATIENT SERVICES**

246-341-1131	Involuntary behavioral health residential and inpatient services—Certification standards.		
246-341-1131(1)	(1) Agencies certified for involuntary behavioral health residential and inpatient services provide behavioral health intervention, assessment and treatment services in a residential treatment facility or hospitals to individuals subject to a civil commitment or court-order under chapter 71.05 or 71.34 RCW; or to individuals who have been court ordered to receive treatment at a certified agency pursuant to chapter 10.77 RCW. Involuntary residential and inpatient services under this certification include the following services:		

246-341-1131(1)(a)	(a) In accordance with the service standards in WAC 246-341-1133:		
246-341-1131(1)(a)(i)	(i) Adult involuntary evaluation and treatment; and		
246-341-1131(1)(a)(ii)	(ii) Youth involuntary evaluation and treatment;		
246-341-1131(1)(b)	(b) In accordance with the service standards in WAC 246-341-1135:		
246-341-1131(1)(b)(i)	(i) Adult secure withdrawal management; and		
246-341-1131(1)(b)(ii)	(ii) Youth secure withdrawal management;		
246-341-1131(1)(c)	(c) Court ordered treatment at a certified agency pursuant to chapter 10.77 RCW.		
246-341-1131(2)	(2) An agency providing involuntary behavioral health services must:		
246-341-1131(2)(a)	(a) Follow the applicable statutory requirements in chapter 10.77 , 71.05 , or 71.34 RCW;		
246-341-1131(2)(b)(i)	(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;		
246-341-1131(2)(b)(ii)	(ii) Visual monitoring, in a method appropriate to the individual;		
246-341-1131(2)(b)(iii)	(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;		
246-341-1131(2)(b)(iv)	(iv) The means to contact law enforcement immediately in the event of an elopement from the facility; and		
246-341-1131(2)(b)(v)	(v) Adequate numbers of staff present at all times that are trained in facility security measures;		
246-341-1131(2)(c)	(c) Provide services, including admissions, seven days a week, 24 hours a day;		
246-341-1131(2)(d)	(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 24 hours a day, seven days a week for consultation and communication with the staff that provide direct care of individuals.		
246-341-1131(3)(i)	(3) An agency providing services under chapter 71.05 or 71.34 RCW must:(a) Ensure at least daily contact between each involuntarily admitted 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;		
246-341-1131(3)(ii)	(ii) Whether there is a change in involuntary status; or		

246-341-1131(3)(iii)	(iii) Possible discharge;		
246-341-1131(3)(b)(i)	(b) For an individual who has been delivered to the facility by a peace officer for evaluation, the individual service record must contain:(i) A statement of the circumstances under which the individual was brought to the unit;		
246-341-1131(3)(b)(ii)	(ii) The admission date and time;		
246-341-1131(3)(b)(iii)	(iii) Determination of whether to refer to a designated crisis responder (DCR) to initiate civil commitment proceedings;		
246-341-1131(3)(b)(iv)	(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;		
246-341-1131(3)(c)	(c) 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.		
246-341-1131(4)	(4) Agencies certified for involuntary behavioral health residential and inpatient services must also follow the certification standards for residential and inpatient behavioral health services in WAC 246-341-1105.		
246-341-1131(5)	(5) An agency certified for involuntary behavioral health residential and inpatient services may choose to provide services to individual on a less restrictive alternative order in accordance with the requirements in WAC 246-341-0805.		
246-341-1133	Evaluation and treatment services—Service standards.		
246-341-1133(1)	(1) Evaluation and treatment services are provided for individuals who are held for 120-hour detention or on 14-day, 90-day, or 180-day civil commitment orders according to chapters 71.05 and 71.34 RCW. An agency providing evaluation and treatment services may choose to serve individuals who are held for 120-hour detention, or on short-term commitment orders (14-day), long-term commitment orders (90-day and 180-day), or all three. Agencies providing evaluation and treatment services may also provide services for individuals who are not detained or committed.		

246-341-1133(2)	(2) An agency providing evaluation and treatment services for youth must be a contracted child long-term inpatient treatment facility (CLIP), except as specified in subsection (4) of this section. The CLIP facility must develop a written plan for assuring that services provided are appropriate to the developmental needs of children, including all of the following:		
246-341-1133(2)(a)	(a) If there is not a child psychiatrist on the staff, there must be a child psychiatrist available for consultation.		
246-341-1133(2)(b)	(b) 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.		
246-341-1133(2)(c)	(c) 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.		
246-341-1133(2)(d)	(d) 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.		
246-341-1133(2)(e)	(e) 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.		
246-341-1133(2)(f)	(f) 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.		
246-341-1133(2)(g)	(g) 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.		
246-341-1133(2)(h)(i)	(h) Disciplinary policies and practices must be stated in writing and all of the following must be true:(i) 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.		
246-341-1133(2)(h)(ii)	(ii) 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.		
246-341-1133(2)(h)(iii)	(iii) Disciplinary measures must be documented in the individual service record.		
246-341-1133(2)(i)	(i) 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.		
246-341-1133(2)(j)	(j) 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 department phone numbers must be available to personnel and staff.		
246-341-1133(2)(k)	(k) When suspected or alleged abuse is reported, the individual service record must reflect the fact that an oral or written report has been made to the child protective services of 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 individual service record.		
246-341-1133(3)	(3) Agencies that provide child long-term inpatient treatment services are exempt from the requirement in WAC 246-341-1131 to admit individuals needing treatment seven days a week, 24 hours a day.		
246-341-1133(4)	(4) An agency providing short-term involuntary services to youth, which are not contracted as a CLIP facility, may provide treatment for a child on a 180-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 CLIP facility.		
246-341-1133(5)	(5) An agency providing evaluation and treatment services must follow the service standards for inpatient and residential mental health services in WAC 246-341-1105.		

246-341-1135	<p>Secure withdrawal management and stabilization services—Service standards.</p> <p>Secure withdrawal management and stabilization services are provided to an 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 chapters 71.05 and 71.34 RCW.</p>		
246-341-1135(1)	(1) An agency providing secure withdrawal management and stabilization services must develop and implement policies and procedures to assure that a substance use disorder professional and licensed physician, physician assistant, or advanced registered nurse practitioner are available 24 hours a day, seven days a week for consultation and communication with the staff that provide direct care to individuals.		
246-341-1135(2)(a)	(2) 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		
246-341-1135(2)(b)	(b) An examination and evaluation in accordance with RCW 71.05.210 within 24 hours of admission to the facility.		
246-341-1135(3)(a)	(3) For individuals admitted to the secure withdrawal management and stabilization facility, the individual service record must contain:(a) A statement of the circumstances under which the individual was brought to the unit;		
246-341-1135(3)(b)	(b) The admission date and time;		
246-341-1135(3)(c)	(c) The date and time when the involuntary detention period ends;		
246-341-1135(3)(d)	(d) A determination of whether to refer to a DCR to initiate civil commitment proceedings;		
246-341-1135(3)(e)	(e) If an individual is admitted voluntarily and appears to meet the criteria for initial detention, documentation that an evaluation was performed by a DCR within the time period required in RCW 71.05.050 , the results of the evaluation, and the disposition; and		
246-341-1135(3)(f)	(f) Review of the admission diagnosis and what information the determination was based upon.		

246-341-1135(4)(a)	(4) 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;		
246-341-1135(4)(b)	(b) Discharge assistance provided by 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.		
246-341-1135(5)	(5) An agency providing secure withdrawal management must meet the certification standards for withdrawal management in WAC 246-341-1100.		
CERTIFICATION STANDARDS FOR INTENSIVE BEHAVIORAL HEALTH TREATMENT			
246-341-1137	Intensive behavioral health treatment services— Certification standards.		
246-341-1137(1)	(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:		
246-341-1137(1)(a)	(a) Self-endangering behaviors that are frequent or difficult to manage;		
246-341-1137(1)(b)	(b) Intrusive behaviors that put residents or staff at risk;		
246-341-1137(1)(c)	(c) Complex medication needs, which include psychotropic medications;		
246-341-1137(1)(d)(i)	(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;		
246-341-1137(1)(d)(ii)	(ii) Adult family homes licensed under chapters 70.128 RCW and 388-76 WAC;		
246-341-1137(1)(d)(iii)	(iii) Permanent supportive housing provided in accordance with chapter 388-106 WAC;		
246-341-1137(1)(d)(iv)	(iv) Supported living certified under chapter 388-101 WAC; or		

246-341-1137(1)(d)(v)	(v) Residential treatment facilities licensed under chapters 71.12 RCW and 246-337 WAC providing a lower level of services.		
246-341-1137(1)(e)	(e) A history of frequent or protracted mental health hospitalizations; or		
246-341-1137(1)(f)	(f) A history of offenses against a person or felony offenses that cause physical damage to property.		
246-341-1137(2)(a)	(2) An agency 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;		
246-341-1137(2)(b)	(b) By a multidisciplinary team including clinicians, community supports, and those responsible within the agency for discharge planning; and		
246-341-1137(2)(c)	(c) With 24-hour observation of individuals by at least two staff who are awake and on duty.		
246-341-1137(3)	(3) The agency must meet the behavioral health residential and inpatient intervention, assessment and treatment services certification standards in WAC 246-341-1105 and the residential and inpatient mental health service standards in WAC 246-341-1118.		
246-341-1137(4)(a)	(4) The agency may:(a) Only admit individuals at least 18 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;		
246-341-1137(4)(b)	(b) Only admit individuals who are capable of performing activities of daily living without direct assistance from agency staff; and		
246-341-1137(4)(c)	(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 .		
246-341-1137(5)	(5) The agency must follow WAC 246-341-0805 regarding less restrictive alternative services.		
246-341-1137(6)(a)	(6) 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;		
246-341-1137(6)(b)	(b) Effective communication including methods of verbal and nonverbal communication when supporting individuals with intellectual or developmental disabilities; and		
246-341-1137(6)(c)	(c) How to identify behaviors in individuals that constitutes "normal stress" and behaviors that constitute a behavioral health crisis.		
246-341-1137(7)	(7) 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:		
246-341-1137(7)(a)(i)	(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;		
246-341-1137(7)(a)(ii)	(ii) Social interaction;		
246-341-1137(7)(a)(iii)	(iii) Behavioral management, including self-management and understanding of recovery;		
246-341-1137(7)(a)(iv)	(iv) Impulse control;		
246-341-1137(7)(a)(v)	(v) Training and assistance for self-management of medications; and		
246-341-1137(7)(a)(vi)	(vi) Community integration skills.		
246-341-1137(7)(b)	(b) Service coordination provided by a mental health professional;		
246-341-1137(7)(c)(i)	(c) Psychiatric services, including:(i) Psychiatric nursing, on-site, 24 hours per day, seven days per week;		
246-341-1137(7)(c)(ii)	(ii) Timely access to a psychiatrist, psychiatric advanced registered nurse practitioner, or physician's assistant who is licensed under Title 18 RCW and operating within their scope of practice, who by law can prescribe drugs in Washington state; and		
246-341-1137(7)(c)(iii)	(iii) A mental health professional on site at least eight hours per day and accessible 24 hours per day, seven days per week.		
246-341-1137(7)(d)	(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		
246-341-1137(7)(e)	(e) Peer support services provided by certified peer counselors.		
246-341-1137(8)	(8) The agency must provide access to, or a referral to, substance use disorder services, and other specialized services, as needed.		
246-341-1137(9)(a)	(9) 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;		
246-341-1137(9)(b)	(b) Appropriate staffing levels to address safety and security; and		
246-341-1137(9)(c)(i)	(c) Policies and procedures that:(i) Are consistent with the assessment of the individual's care needs and plan; and		
246-341-1137(9)(c)(ii)	(ii) Do not limit the rights of a voluntary individual.		
246-341-1137(10)	(10) 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.		
246-341-1137(11)(a)	(11) 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:		
246-341-1137(11)(a)(i)	(i) The individual completed their care objectives and no longer needs this level of care;		
246-341-1137(11)(a)(ii)	(ii) The individual has medical care needs that the agency cannot provide or needs direct assistance with activities of daily living;		
246-341-1137(11)(a)(iii)	(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		
246-341-1137(11)(a)(iv)	(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 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.		
246-341-1137(11)(b)(iii)	(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;		
246-341-1137(11)(c)	(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;		
246-341-1137(11)(d)(i)	(d) Follows all transfer and discharge documentation requirements in WAC 246-341-0640 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;		
246-341-1137(11)(d)(ii)	(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		
246-341-1137(11)(d)(iii)	(iii) The mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals.		
246-341-1137(11)(e)	(e) Includes transportation coordination that informs all parties involved in the coordination of care.		
246-341-1137(12)(a)	(12) 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;		
246-341-1137(12)(b)	(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;		

246-341-1137(12)(c)	(c) Post names, addresses, and telephone numbers of the state review and certification agency, the state licensure office, the relevant ombuds programs, and the protection and advocacy systems;		
246-341-1137(12)(d)	(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;		
246-341-1137(12)(e)	(e) Allow representatives of appropriate ombuds to examine a resident's individual service records with the consent of the individual or the individual's legal representative, and consistent with state and federal law;		
246-341-1137(12)(f)	(f) Not require or request individuals to sign waivers of potential liability for losses of personal property or injury, or to sign waivers of an individual's rights;		
246-341-1137(12)(g)	(g) Fully disclose to individuals the agency's policy on accepting Medicaid as a payment source; and		
246-341-1137(12)(h)	(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.		
246-341-1137(13)(a)	(13) 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;		
246-341-1137(13)(b)	(b) Choose a representative who may exercise the individual's rights to the extent provided by law;		
246-341-1137(13)(c)	(c) Manage their own financial affairs;		
246-341-1137(13)(d)(i)	(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.		
246-341-1137(13)(d)(ii)	(ii) The individual may consent or refuse to consent to the release of personal and individual service records to an individual outside the agency unless otherwise provided by law.		
246-341-1137(13)(d)(iii)(A)	(iii) Privacy in communications, including the right to:(A) Send and promptly receive mail that is unopened;		

246-341-1137(13)(d)(iii)(B)	(B) Have access to stationery, postage, and writing implements; and		
246-341-1137(13)(d)(iii)(C)	(C) Have reasonable access to the use of a telephone where calls can be made without being overheard.		
246-341-1137(13)(e)	(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 individuals receiving services at the agency;		
246-341-1137(13)(f)	(f) File a report with the department for any reason;		
246-341-1137(13)(g)	(g) Examine the results of the most recent review or inspection of the agency conducted by federal or state reviewers or inspectors and plans of correction in effect with respect to the agency;		
246-341-1137(13)(h)	(h) Receive information from client advocates, and be afforded the opportunity to contact these advocates;		
246-341-1137(13)(h)(i)	(i) Access the following without interference:(i) Any representative of the state;		
246-341-1137(13)(h)(ii)	(ii) The individual's medical provider;		
246-341-1137(13)(h)(iii)	(iii) Ombuds;		
246-341-1137(13)(h)(iv)	(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		
246-341-1137(13)(h)(v)	(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.		
246-341-1137(13)(j)	(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;		
246-341-1137(13)(k)	(k) Secure storage, upon request, for small items of personal property;		
246-341-1137(13)(l)	(l) Be notified regarding transfer or discharge;		
246-341-1137(13)(m)	(m) Be free from restraint and involuntary seclusion;		
246-341-1137(13)(n)	(n) Be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion;		
246-341-1137(13)(o)	(o) Choose activities, schedules, and health care consistent with the individual's interests, assessments, and plans of care;		

246-341-1137(13)(p)	(p) Interact with members of the community both inside and outside the agency;		
246-341-1137(13)(q)	(q) Make choices about aspects of their life in the agency that are significant to the individual;		
246-341-1137(13)(r)	(r) Unless adjudged incompetent or otherwise found to be legally incapacitated, participate in planning care and treatment or changes in care and treatment;		
246-341-1137(13)(s)	(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 individual service record of the individual;		
246-341-1137(13)(t)	(t) Participate in social, religious, and community activities that do not interfere with the rights of other individuals in the agency;		
246-341-1137(13)(u)	(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		
246-341-1137(13)(v)	(v) Organize and participate in participant groups.		
246-341-1137(14)(a)	(14) The individual and their representative have the right to:(a) Access all records pertaining to the individual including individual service records according to requirements in WAC 246-341-0425; and		
246-341-1137(14)(b)(i)	(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;		
246-341-1137(14)(b)(ii)	(ii) A significant change in the individual's physical, mental, or psychosocial status; and		
246-341-1137(14)(b)(iii)	(iii) A change in room or roommate assignment.		

CERTIFICATION STANDARDS FOR CRISIS STABILIZATION UNIT AND TRIAGE SERVICES

246-341-1140	Crisis stabilization unit and triage—Certification standards. An agency certified to provide crisis stabilization unit or triage services must meet all of the following criteria:		
246-341-1140(1)	(1) A triage facility must be licensed as a residential treatment facility under chapter 71.12 RCW.		
246-341-1140(2)(a)	(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;		
246-341-1140(2)(b)	(b) Located in an area with no foot traffic between other areas of the building, except in the case of emergency evacuation; and		
246-341-1140(2)(c)	(c) Has a secured entrance and exit between the unit and the rest of the facility.		
246-341-1140(3)	(3) Ensure that a mental health professional is on-site at least eight hours per day, seven days a week, and accessible 24 hours per day, seven days per week.		
246-341-1140(4)	(4) Ensure a mental health professional assesses an individual within three hours of the individual's arrival at the facility.		
246-341-1140(5)	(5) For persons admitted to the crisis stabilization unit or triage facility on a voluntary basis, the individual service record must meet the individual service record requirements in WAC 246-341-0640.		
246-341-1140(6)	(6) An agency certified to provide crisis stabilization unit or triage services must meet the service standards for residential and inpatient behavioral health services in WAC 246-341-1105 and the applicable standards in WAC 246-341-1131 if providing involuntary crisis stabilization unit or triage services.		
CERTIFICATION AND SERVICE STANDARDS FOR COMPETENCY RESTORATION SERVICES			
246-341-1154	Competency evaluation and restoration. A behavioral health agency may provide competency evaluation and restoration treatment services to individuals under chapter 10.77 RCW when the department certifies the services.		
246-341-1154(1)(a)	1) In addition to meeting the agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0100 through 246-341-0640 and the inpatient services requirements in WAC 246-341-1105 and applicable requirements in WAC 246-341-1131, an agency providing competency evaluation and restoration services must be licensed by the department as:(a) A residential treatment facility consistent with chapter 246-337 WAC;		
246-341-1154(1)(b)	(b) A hospital consistent with chapter 246-320 WAC;		
246-341-1154(1)(c)	(c) A private psychiatric hospital consistent with chapter 246-322 WAC; or		

246-341-1154(1)(d)	(d) An inpatient evaluation and treatment facility as provided in WAC 246-341-1133 and consistent with chapter 246-337 WAC.		
246-341-1154(2)(a)	(2) The administrative policies and procedures must include:(a) Designation of a psychiatrist as the professional person in charge of clinical services at the agency;		
246-341-1154(2)(b)	(b) Procedures to assure the protection of individual participant rights in WAC 246-341-1156; and		
246-341-1154(2)(c)	(c) Procedures to assure that seclusion and restraint are used only to the extent necessary to ensure the safety of the individual see WAC 246-341-1158.		
246-341-1154(3)(a)	(3) The individual service record must include all of the following:(a) A copy of the court order and charging documents. If the order is for competency restoration treatment and the competency evaluation was provided by a qualified expert or professional person who was not designated by the secretary, a copy of all previous court orders related to competency or criminal insanity provided by the state and a copy of any evaluation reports must be included.		
246-341-1154(3)(b)	(b) A copy of the discovery materials, including, at a minimum, a statement of the individual's criminal history.		
246-341-1154(3)(c)	(c) A copy of the individual's medical clearance information.		
246-341-1154(3)(d)	(d) All diagnostic and therapeutic services prescribed by the attending clinical staff members.		
246-341-1154(3)(e)	(e) Specific targets and strategies for restoring competency to include periodic assessments of gains on these targets.		
246-341-1154(3)(e)(i)	(f) Participation of a multidisciplinary team that includes at a minimum:(i) A physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PA-C);		
246-341-1154(3)(e)(ii)	(ii) A nurse, if the person in (f)(i) of this subsection is not an ARNP; and		
246-341-1154(3)(e)(iii)	(iii) A mental health professional.		
246-341-1154(3)(g)	(g) Participation of other multidisciplinary team members, which may include a psychologist and chemical dependency professional.		
246-341-1154(3)(h)	(h) All assessments and justification for the use of seclusion or restraint.		
246-341-1154(4)(a)(i)	(4) The initial assessment must include:(a) The individual's:(i) Identifying information;		
246-341-1154(4)(a)(ii)	(ii) Specific barriers to competence;		

246-341-1154(4)(a)(iii)	(iii) Medical provider's name or medical providers' names;		
246-341-1154(4)(a)(iv)	(iv) Medical concerns;		
246-341-1154(4)(a)(v)	(v) Medications currently taken;		
246-341-1154(4)(a)(vi)	(vi) Brief mental health history; and		
246-341-1154(4)(a)(vii)	(vii) Brief substance use history, including tobacco use.		
246-341-1154(4)(b)	(b) The identification of any risk of harm to self and others, including suicide and homicide; and		
246-341-1154(4)(c)	(c) Treatment recommendations or recommendations for additional program-specific assessment.		
246-341-1154(5)(a)	(5) To determine the nature of the disorder and the treatment necessary, the agency must ensure that the individual receives the following assessments and document in the client's record the date provided:(a) A health assessment of the individual's physical condition to determine if the individual needs to be transferred to an appropriate hospital for treatment;		
246-341-1154(5)(b)	(b) An examination and medical evaluation within 24 hours by a physician, advanced registered nurse practitioner, or physician assistant;		
246-341-1154(5)(c)	(c) A psychosocial evaluation by a mental health professional; and		
246-341-1154(5)(d)	(d) A competency to stand trial evaluation conducted by a licensed psychologist, or a copy of a competency to stand trial evaluation using the most recent competency evaluation, if an evaluation has already been conducted.		
246-341-1154(6)	(6) If a state hospital transfers an individual to an agency for competency restoration treatment, the agency must review the individual's completed admission assessment from the state hospital to assure it meets the requirements of subsection (3) of this section for initial assessments. The agency must update the assessment as needed. If the state hospital has not completed or has only partially completed an assessment for the individual, the agency must complete the assessment according to the requirements in subsections (2) and (3) of this section.		
246-341-1154(7)	(7) The agency must ensure the individual service plan is completed within seven days of admission and is updated every 90 days.		
246-341-1156	Competency evaluation and restoration—Rights.		
246-341-1156(1)(a)	(1) An agency providing competency evaluation and restoration treatment services must develop a statement of individual participant rights to ensure		

	an individual's rights are protected. The statement must incorporate at a minimum all of the following. You have the right to:(a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;		
246-341-1156(1)(b)	(b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment services and, as an individual participant, the right to refuse participation in any religious practice;		
246-341-1156(1)(c)	(c) Reasonable accommodation in case of sensory or physical disability, limited ability to communicate, limited English proficiency, or cultural differences;		
246-341-1156(1)(d)	(d) Respect, dignity and privacy, except that agency staff members may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;		
246-341-1156(1)(e)	(e) Be free of sexual harassment;		
246-341-1156(1)(f)	(f) Be free of exploitation, including physical and financial exploitation;		
246-341-1156(1)(g)	(g) Have all clinical and personal information treated in accord with state and federal confidentiality rules and laws;		
246-341-1156(1)(h)	(h) Review your individual service record in the presence of the administrator or the administrator's designee and the opportunity to request amendments or corrections;		
246-341-1156(1)(i)	(i) Upon request, receive a copy of the agency's internal procedures for addressing reported concerns that may amount to a complaint or grievance; and		
246-341-1156(1)(j)	(j) Submit a report to the department when you believe the agency has violated a Washington Administrative Code (WAC) requirement that regulates facilities.		
246-341-1156(2)(a)	(2) 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;		
246-341-1156(2)(b)	(b) Posted in public areas;		
246-341-1156(2)(c)	(c) Available in alternative formats for an individual who is visually impaired;		
246-341-1156(2)(d)	(d) Translated to a primary or preferred language identified by an individual who does not speak English as the primary language, and who has a limited ability to read, speak, write, or understand English; and		

246-341-1156(2)(e)	(e) Available to any individual upon request.		
246-341-1156(3)	(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, the protection of human research subjects, and other applicable state and federal rules and laws.		
246-341-1156(4)	(4) In addition to the requirements in this section, each agency enrolled as either a Medicare or Medicaid provider, or both, must ensure an individual seeking or participating in competency evaluation or restoration treatment services, or the person legally responsible for the individual is informed of the Medicaid rights at time of admission in a manner that is understandable to the individual or legally responsible person.		
246-341-1158	Competency evaluation and restoration— Seclusion and restraint.		
246-341-1158(1)	(1) An individual receiving either competency evaluation or restoration treatment services, or both has the right to be free from seclusion and restraint, including chemical restraint except as otherwise provided in this section or otherwise provided by law. The agency must do all of the following:		
246-341-1158(1)(a)	(a) Develop, implement, and maintain policies and procedures to ensure that seclusion and restraint procedures are used only to the extent necessary to ensure the safety of an individual and in accordance with WAC 246-322-180 or 246-337-110 , whichever is applicable.		
246-341-1158(1)(b)	(b) Ensure that the use of seclusion or restraint occurs only when there is imminent danger to self or others and less restrictive measures have been determined to be ineffective to protect the individual or other from harm and the reasons for the determination are clearly documented in the individual's individual service record.		
246-341-1158(1)(c)	(c) Ensure staff members notify and receive authorization by a physician, physician assistant (PA) or advanced registered nurse practitioner (ARNP) within one hour of initiating an individual's seclusion or restraint.		
246-341-1158(1)(d)	(d) Ensure the individual is informed of the reasons for use of seclusion or restraint and the specific behaviors which must be exhibited in order to gain release from a seclusion or restraint procedure.		
246-341-1158(1)(e)	(e) Ensure that an appropriate clinical staff member observes the individual at least every 15		

	minutes and the observation is recorded in the individual's individual service record.		
246-341-1158(1)(f)	(f) If the use of seclusion or restraint exceeds 24 hours, ensure that a physician has assessed the individual and has written a new order if the intervention will be continued. This procedure must be repeated for each 24-hour period that seclusion or restraint is used.		
246-341-1158(2)	(2) The agency must ensure all assessments and justification for the use of either seclusion or restraint, or both, are documented in the individual's individual service record.		
CERTIFICATION STANDARDS FOR PROBLEM GAMBLING AND GAMBLING DISORDER SERVICES			
246-341-1200	Problem gambling and gambling disorder services—Certification standards.		
246-341-1200(1)	(1) Each agency licensed by the department to provide problem gambling and gambling disorder services that includes diagnostic screening and assessment, and individual, group, couples, and family counseling and case management must ensure the following requirements are met:		
246-341-1200(1)(a)	(a) Meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0640;		
246-341-1200(1)(b)	(b) Be a problem gambling certified agency with the department;		
246-341-1200(1)(c)	(c) Maintain a list of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services; and		
246-341-1200(1)(d)	(d) Maintain a written procedure for the response to medical and psychiatric emergencies.		
246-341-1200(2)(a)(i)	(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		
246-341-1200(2)(a)(ii)	(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.		

246-341-1200(2)(b)(i)	(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 1,500 hours of professionally supervised postlicensure, postcertification, or postregistration experience providing mental health or substance use disorder treatment services; and		
246-341-1200(2)(b)(ii)(A)	(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;		
246-341-1200(2)(b)(ii)(B)	(B) National or international gambling counselor certification board; or		
246-341-1200(2)(b)(ii)(C)	(C) The health care authority problem gambling program.		
246-341-1200(2)(c)	(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.		
246-341-1200(2)(d)(i)	(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		
246-341-1200(2)(d)(ii)(A)	(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;		
246-341-1200(2)(d)(ii)(B)	(B) National or international gambling counselor certification board; or		
246-341-1200(2)(d)(ii)(C)	(C) The health care authority problem gambling program.		

246-341-1200(3)	(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.		
CERTIFICATION STANDARDS FOR APPLIED BEHAVIOR ANALYSIS MENTAL HEALTH SERVICES			
246-341-1300	Applied behavior analysis mental health services—Certification standards. Applied behavior analysis (ABA) services assist individuals and their families using the practice of behavior analysis as defined in RCW 18.380.010.		
246-341-1300(1)(a)	(1) An agency providing ABA services must:(a) Conduct an assessment that determines functional relations between behavior and environmental factors;		
246-341-1300(1)(b)	(b) Develop an ABA treatment plan;		
246-341-1300(1)(c)(i)	(c) Maintain an individual's individual service record that contains documentation of the following:(i) The name of the agency or other sources through which the individual was referred, if applicable;		
246-341-1300(1)(c)(ii)	(ii) An assessment;		
246-341-1300(1)(c)(iii)	(iii) A copy of the ABA treatment plan, including progress notes;		
246-341-1300(1)(c)(iv)	(iv) Any referral made to a more intensive level of care when appropriate;		
246-341-1300(1)(c)(v)	(v) Consent to include the individual's family members, significant others, and other relevant treatment providers as necessary to provide support to the individual;		
246-341-1300(1)(c)(vi)	(vi) A brief summary of each service encounter, including the date, time, and duration of the encounter;		
246-341-1300(1)(c)(vii)	(vii) Name(s) of participant(s), including the name of the individual who provided the service;		
246-341-1300(1)(c)(viii)	(viii) Any information or copies of documents shared by or with a behavioral health agency or credentialed behavioral health professional; and (ix) Discharge information as follows:		
246-341-1300(1)(c)(viii)(A)	(A) A discharge statement if the individual left without notice; or		
246-341-1300(1)(c)(viii)(B)	(B) Discharge information for an individual who did not leave without notice, completed within seven working days of the individual's discharge,		

	including the date of discharge and continuing care plan.		
246-341-1300(2)	(2) ABA agencies that bill Medicaid must also follow the requirements administered by the health care authority as described in chapter 182-531A WAC .		
246-341-1300(3)(a)	(3) The ABA treatment plan must:(a) Be developed and maintained by a licensed behavior analyst (LBA);		
246-341-1300(3)(b)	(b) Identify the services to be delivered by the LBA, licensed assistant behavior analyst (LABA) and the certified behavior technician (CBT), if the agency employs a LABA or CBT;		
246-341-1300(3)(c)	(c) Be comprehensive and document treatment being provided by other health care professionals; and		
246-341-1300(3)(d)	(d) Document how all treatment will be coordinated, as applicable, with other members of the health care team.		
246-341-1300(4)	(4) An agency certified to provide ABA services must employ a LBA that meets the professional requirements in chapter 246-805 WAC.		
246-341-1300(5)	(5) All staff providing ABA services must be credentialed and supervised according to chapter 18.830 RCW and chapter 246-805 WAC.		