

## WAC 246-341-0110

### Behavioral health—Available certifications.

(1) A behavioral health agency licensed by the department must hold one or more of the following certifications:

- (a) Behavioral health information and assistance;
- (b) Behavioral health support;
- (c) Mental health peer respite;
- (d) Clubhouse;
- (e) Behavioral health outpatient intervention, assessment and treatment;
- (f) Behavioral health outpatient crisis ~~services, observation, and intervention~~;
- ~~(g) 23-hour crisis relief center services;~~
- ~~(h) Designated crisis responder services;~~
- ~~(i) Opioid treatment program;~~
- ~~(j) Withdrawal management;~~
- ~~(k) Behavioral health residential or inpatient intervention, assessment and treatment;~~
- ~~(l) Involuntary behavioral health residential or inpatient;~~
- ~~(m) Intensive behavioral health treatment;~~
- ~~(n) Crisis stabilization unit and triage;~~
- ~~(o) Competency restoration;~~
- ~~(p) Problem gambling and gambling disorder; or~~
- ~~(q) Applied behavior analysis.~~

(2) The type of certification(s) held by the agency determines which behavioral health services the agency is approved to provide.

## WAC 246-341-0200

### Behavioral health—Definitions.

["23-hour crisis relief center" means the same as defined in RCW 71.24.025.](#)

## WAC 246-341-0365

### Agency licensure and certification—Fee requirements.

(1) An agency must include payment of licensing and certification fees required under this chapter with the initial application, renewal application, or with requests for other services.

(2) The department may refund one-half of the application fee if an application is withdrawn before certification or denial.

(3) The department will not refund fees when licensure or certification is denied, revoked, or suspended.

(4) The applicant shall submit the following fees for approved substance use disorder treatment programs:

New agency application	\$1,000
Branch agency application	\$500
Application to add one or more certifications	\$200
Application to change ownership	\$500
Initial and annual certification fees for withdrawal management, residential, and nonresidential services	
Withdrawal management and residential services	\$100 per licensed bed, per year, for agencies not renewing certification through deeming
	\$50 per licensed bed, per year, for agencies renewing certification through deeming per WAC <a href="#">246-341-0310</a>
Nonresidential services	\$750 per year for agencies not renewing certification through deeming
	\$200 per year for agencies certified through deeming per WAC <a href="#">246-341-0310</a>
Complaint/critical incident investigation fees	
All agencies	\$1,000 per substantiated complaint investigation and \$1,000 per substantiated critical incident investigation that results in a requirement for corrective action

(5) An agency providing substance use disorder treatment programs must annually complete a declaration form provided by the department to indicate information necessary for establishing fees and updating certification information. Required information includes, but is not limited to:

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

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

(6) The applicant shall submit the following fees for approved mental health treatment programs:

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

(7) Agencies providing nonresidential mental health services or inpatient or residential mental health services in accordance with WAC [246-341-1118](#) must report the number of annual service hours provided.

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

(b) Newly licensed agencies must compute the annual service hours by projecting the service hours for the first 12 months of operation.

(8) Agencies providing mental health peer respite services, [23-hour crisis relief center services](#), intensive behavioral health treatment services, evaluation and treatment services, and competency evaluation and restoration treatment services must pay the following certification fees:

(a) Ninety dollars initial certification fee, per bed [or recliner](#); and

(b) Ninety dollars annual certification fee, per bed [or recliner](#).

## WAC 246-341-0901

### Behavioral health outpatient crisis ~~outreach, observation and intervention~~ services—Certification standards.

(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, and 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.

(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.

(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.

(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;

(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;

(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;

(d) Develop and implement policies and procedures for training staff to identify and assist individuals in crisis before assigning the staff member unsupervised duties;

(e) Resolve the crisis in the least restrictive manner possible;

(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;

(g) Determine if an individual has a crisis plan and request a copy if available;

(h) Assure communication and coordination with the individual's mental health or substance use treatment provider, if indicated and appropriate;

- (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;
  - (j) Maintain a current list of local resources for referrals, legal, employment, education, interpreter and social and health services;
  - (k) Transport or arrange for transport of an individual in a safe and timely manner, when necessary;
  - (l) Be available 24 hours a day, seven days a week; and
  - (m) Include family members, significant others, and other relevant treatment providers, as necessary, to provide support to the individual in crisis.
- (5) Documentation of a crisis service must include the following:
- (a) A brief summary of each crisis service encounter, including the:
    - (i) Date;
    - (ii) Time, including time elapsed from initial contact to face-to-face contact, if applicable; and
    - (iii) Nature and duration of the encounter.
  - (b) The names of the participants;
  - (c) A disposition including any referrals for services and individualized follow-up plan;
  - (d) Whether the individual has a crisis plan and any request to obtain the crisis plan; and
  - (e) The name and credential, if applicable, of the staff person providing the service.
  - (6) An agency utilizing certified peer counselors to provide crisis outreach services must:
    - (a) Ensure services are provided by a person recognized by the health care authority as a peer counselor, as defined in WAC [246-341-0200](#);
    - (b) Ensure services provided by a peer counselor are within the scope of the peer counselor's training and credential;
    - (c) Ensure peer counselors receive annual training that is relevant to their unique working environment.
  - (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;
    - (b) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's personal residence or other nonpublic location;

(c) Ensure that any staff member who engages in home visits is provided access, by their employer, to a wireless telephone or comparable device, for the purpose of emergency communication;

(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.

(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;

(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.

## **NEW SECTION WAC 246-341-XXXX**

### **23-hour Crisis relief center services - Certification standards**

(1) General requirements: An agency certified for 23-hour crisis relief center services must:

(a) Follow requirements for outpatient crisis services in WAC 246-341-0901;

(b) Provide services to address mental health and substance use crisis issues;

(c) Limit patient stays to a maximum of 23 hours and 59 minutes, except in the following circumstances in which the patient may stay up to a maximum of up to 36 hours when:

(i) A patient is waiting on a designated crisis responder evaluation; or

(ii) A patient is making an imminent transition to another setting as part of an established aftercare plan;

(d) Be staffed 24 hours a day, seven days a week, with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community, including nurses, credentialed professionals who can provide mental health and substance use disorder assessments, peers, and access to a prescriber;

(e) Offer walk-in options and drop-off options for first responders and persons referred through the 988 system, without a requirement for medical clearance for these individuals;

(f) Only accept emergency medical services drop-offs of individuals determined to be medically stable by emergency medical services in accordance with department guidelines developed per RCW 70.168.170;

(g) Have a no-refusal policy for law enforcement, including tribal law enforcement;

(h) Provide the ability to dispense medications and provide medication management in accordance with WAC 246-337-105;

(i) Maintain capacity to deliver minor wound care for nonlife-threatening wounds, and provide care for most minor physical or basic health needs that can be identified and addressed through a nursing assessment;

(j) Identify pathways to transfer individuals to more medically appropriate services if needed;

(k) Follow requirements in WAC 246-337-110 any time restraint or seclusion is used;

(l) Maintain relationships with entities capable of providing for reasonably anticipated ongoing service needs of clients, unless the licensee itself provides sufficient services;

(m) When appropriate, coordinate connection to ongoing care; and

(n) Have an infection control plan including:

(i) Hand hygiene;

(ii) Cleaning and disinfection;

(iii) Environmental management; and

(iv) Housekeeping functions.

(2) Initial screening: An agency certified for 23-hour crisis relief center services must:

(a) Screen all walk-in's and drop-off's within sixty minutes of their arrival whenever possible for:

(i) Suicide risk and, when clinically indicated, engage in comprehensive suicide risk assessment and planning;

(ii) Violence risk and, when clinically indicated, engage in comprehensive violence risk assessment and planning;

(iii) Nature of the crisis; and

(iv) Physical and cognitive health needs, including dementia screening.

(b) Following initial screening, if admission is declined the agency must:

(i) Document and make available to the department instances of declined admissions, including those that were not eligible for admission, declined due to no capacity, or otherwise declined.

(ii) Provide support to the individual to identify and, when appropriate, access services or resources necessary for the individual's health and safety.

(3) Admission: An agency certified for 23-hour crisis relief center services must:

(a) Accept eligible admissions 90 percent of the time when the facility is not at its full capacity.

(b) Provide an assessment appropriate to the nature of the crisis to each individual admitted to a recliner. The assessment must inform the interval for monitoring the individual based on their medical condition, behavior, suspected drug or alcohol misuse, and medication status.

(4) For the purposes of this section:

(a) Eligible admission includes individuals 18 years of age or older who are identified upon screening as needing behavioral health crisis services, and whose physical health needs can be addressed by the crisis relief center in accordance with WAC (xxx-xxx-xx).

(b) Full capacity means all licensed recliners are occupied by individuals receiving crisis services.



## WAC 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:

~~(1) A triage facility must be licensed as a residential treatment facility under chapter 71.12 RCW.~~

(2) If a crisis stabilization unit ~~or triage~~ facility is part of a jail, the unit must be located in an area of the building that is physically separate from the general population. "Physically separate" means:

- (a) Out of sight and sound of the general population at all times;
- (b) Located in an area with no foot traffic between other areas of the building, except in the case of emergency evacuation; and
- (c) Has a secured entrance and exit between the unit and the rest of the facility.

(3) 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.

(4) Ensure a mental health professional assesses an individual within three hours of the individual's arrival at the facility.

(5) For persons admitted to the crisis stabilization unit ~~or triage facility~~ on a voluntary basis, the individual service record must meet the individual service record requirements in WAC 246-341-0640.

(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.

## WAC 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:

- (1) Ensure that services are provided by a DCR;
- (2) Ensure staff members utilize the protocols for DCRs required by RCW 71.05.214;

- (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
- (4) Meet the outpatient behavioral health crisis ~~outreach, observation and intervention~~ services certification standards in WAC **246-341-0901**.

## **WAC 246-320-111**

### **Hospital responsibilities.**

This section identifies a hospital obligation, actions and responsibilities to comply with the hospital law and rules.

(1) Hospitals must:

- (a) Comply with chapter **70.41** RCW and this chapter;
- (b) Only set up inpatient beds within the licensed bed capacity approved by the department or the medicare provider agreement; and
- (c) Receive approval for additional inpatient beds as required in chapter **70.38** RCW before exceeding department approved bed capacity.

(2) A hospital accredited by the Joint Commission or American Osteopathic Association must:

- (a) Notify the department of an accreditation survey within two business days following completion of the survey; and
- (b) Notify the department in writing of the accreditation decision and any changes in accreditation status within thirty calendar days of receiving the accreditation.

(3) A hospital that wishes to discharge or transfer a patient to a 23-hour crisis relief center, as defined in RCW 71.24.025, that is not owned and operated by the hospital must have a documented formal relationship, such as an agreement or memorandum of understanding, with the 23-hour crisis relief center the patient will be discharged or transferred to.