Washington State Health Care Authority

Provider's guide to Family Initiated Treatment

Adolescents ages 13-17 are eligible for services through Family Initiated Treatment (FIT).

Parents may consent on behalf of adolescents who meet medical necessity. Consent of the adolescent is not required. The FIT process creates an additional access point but does not guarantee care on demand for adolescents admitted through FIT. Providers will have individual processes and requirements for evaluation and admission to services.

Outpatient Family Initiated Treatment Process

FIT outpatient services can last up to 3 months and include up to 12 visits, after which services may only be continued with the adolescent's consent.

Process:

1. Parent requests outpatient mental health and/or substance use disorder (SUD) services through FIT.
2. If the provider determines that the adolescent meets medical necessity criteria for outpatient services, the parent is able to consent to services on the adolescent's behalf.
3. Provider has parent sign consent form on behalf of adolescent.
4. Within 24 hours of all outpatient admissions under FIT, the provider must notify HCA's contractor, the FIT Administration Office. *(See the section on reviews for more information on this process.)*

Inpatient Family Initiated Treatment Process

Any adolescent who receives inpatient services through FIT must be discharged within 30 days of the independent review, unless the adolescent's status changes to voluntary or a designated crisis responder (DCR) initiates involuntary commitment proceedings. Adolescents admitted to inpatient facilities under FIT must be released immediately upon the written request of the parent.

Process:

Evaluation

1. Parent requests evaluation of adolescent at an evaluation and treatment (E&T) facility, inpatient facility, or an approved substance use disorder treatment program.
2. The evaluation must be completed within 24 hours from the request, unless the person assessing determines that the individual's condition necessitates additional time. Evaluation cannot take longer than 72 hours, and treatment must be limited to that which is medically necessary to stabilize the individual's condition. Consent of the adolescent is not required for evaluation.

Admission

1. If, through evaluation, the provider determines that the adolescent meets medical necessity criteria for inpatient services, the parent is able to consent to services on the adolescent's behalf.
2. Within 24 hours of all inpatient admissions under FIT, the provider must notify HCA's contractor, the FIT Administration Office. (*See the section on reviews for more information on this process.)*

Treatment and Reviews

Within 24 hours of all inpatient or outpatient admissions under FIT, the provider must notify HCA's contractor, the FIT Administration Office, via secure email at fitreporting@fitadministration.com or via secure fax at 206-859-6432. The notification shall include the following information:

- Name,
- Date of FIT admission or status change to FIT,
- Date of birth,
- County in which the adolescent lives, and
- Whether the adolescent is covered by private insurance or Medicaid.

Outpatient review

For outpatient reviews, the provider must send information to HCA's contracted reviewer between 7 – 14 days of an adolescent's admission, and every 45 days that treatment continues. The following information must be sent to HCA's contracted reviewer for review of medical necessity:

- Admittance face sheet
- Intake assessment note
- Discharge summary

Inpatient review

1. Between 7 and 14 days of an adolescent's admission, HCA's contracted reviewer, the FIT administration must conduct an independent review to determine whether it is medically necessary to continue inpatient treatment.
2. Prior to the independent review conducted under RCW 71.34.610, the professional person shall notify the adolescent of his or her right to petition the Superior Court for release from the facility.
3. By the 10th day after admission (or the day before, if the 10th day is a holiday or weekend), the inpatient provider must notify and provide information needed to complete the review to the FIT administration , if the patient remains admitted under FIT status and will not be discharged within 14 days after admission. Treatment information needed to conduct a FIT review includes:
    - Hospital Face Sheet with parent contact information,
    - Psychiatric and physical history from admission,
    - Psychiatric progress note from past 2-3 days on the unit, and
    - Shift and RN/clinical notes from the most recent 2-3 days on the unit.

Please see Important SUD Disclosure Notes on federal law 42 CFR (2) at the end of this document.

4. After the independent review has been completed, the reviewer will send ***certification*** to the inpatient provider, via secure email or fax, for the adolescent's inpatient file.

5. In the event that the independent review does not find medical necessity criteria is met for continued inpatient treatment, the reviewer will immediately notify the hospital/E&T and parent. The facility must release the adolescent within 24 hours of receiving the notice.

    If the professional person in charge and the parent believe that it is a medical necessity for the adolescent to remain in inpatient treatment, the adolescent shall be released to the parent on the second judicial day

following the determination, in order to allow the parent time to file an at risk youth petition under Chapter 23.32A RCW. (*Consideration for an adolescent voluntarily signing into treatment or evaluating whether an Involuntary Treatment Act [ITA] hold is appropriate, are also options.)*

6. The inpatient provider must notify the FIT Administration Office of the discharge date or change of admission status (i.e. voluntary or ITA) via secure email or fax.

Please note:
No provider is obligated to provide treatment to an adolescent under the provisions of FIT. However, an adolescent's refusal to consent to treatment shall not be the sole basis for a facility's decision to decline services. RCW 71.34.600

Important SUD Disclosure Notes:
If an adolescent is admitted for SUD evaluation and/or treatment, all protected health information (PHI) must be redacted, **unless** the adolescent provides written consent to the disclosure of the admission or SUD treatment information per federal law 42 CFR Part 2, or if and when federal law is changed.

A professional person who is licensed solely to provide SUD treatment, or co-occurring SUD and mental health treatment under an SUD license, will only be able to provide an evaluation to determine appropriate level of care and medical necessity. Information cannot be shared unless the adolescent is willing to sign a release of information as required by federal law. The provider should continuously attempt to engage the adolescent throughout the process to voluntarily consent to treatment, at which time FIT is no longer necessary.

Parent, referenced, is the expanded definition according to RCW 71.24.025 (a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or (b) A person or agency judicially appointed as legal guardian or custodian of the child.

For more information about Family Initiated Treatment, please contact:

HCAFamilyInitiatedTreatment@hca.wa.gov

Updates

March 17, 2020:

- Changed contact for admissions and reviews to:
  FIT Administration Office, via secure email at fitreporting@fitadministration.com or via secure fax at 206-859-6432.