

**STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

PUBLIC NOTICE OF PROPOSED RULE-MAKING

In accordance with Rhode Island General Law (RIGL) 42-35 and 42-72-5, notice is hereby given that the Department of Children, Youth and Families proposes to amend the following DCYF rule:

Mental Health Emergency Service Interventions for Children, Youth and Families

This amended rule allows providers discretion in the use of psychiatry, updates language to reflect the implementation of the system of care, removes references to funding sources that are no longer available and edits language and references for consistency. In the amendment of this rule, consideration was given to the following: (1) alternative approaches and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This amended rule is accessible on the DCYF website (<http://www.dcyf.ri.gov>) or the R.I. Secretary of State's website (<http://www.sec.state.ri.us/ProposedRules/>). Interested persons may submit written comments by April 16, 2012 to Susan Bowler, Implementation Director for Policy and Programs, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI 02903 (Susan.Bowler@dcyf.ri.gov).

In accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

**State of Rhode Island
Department of Children, Youth and Families**

**Mental Health Emergency Service
Interventions for Children, Youth and
Families**

Regulations for Certification

~~September 18, 2006~~

I. GENERAL PROVISIONS

A. Purpose

The purpose of these regulations is to comply with Rhode Island General Law (RIGL) 40.1-5-6, which requires any child who is under the age of eighteen ~~(18)~~ whose health insurance is publicly funded to have an emergency service intervention by a provider licensed by the Department of Children Youth and Families (~~the Department DCYF~~) as a condition for admission to an inpatient psychiatric facility. These regulations set forth the standards for certifying providers and include standards for child and -family competent ~~clinician~~Clinicians.

These regulations do not apply to emergency service interventions that result in emergency hospitalizations under RIGL 40.1-5-7. ~~This statute which~~ provides that when an emergency hospitalization needs to occur, the preauthorization procedure required for authorization by the insurance company may be waived by the certified emergency service provider to protect the safety and well-being of the child and family.

B. Legal Basis

1. These regulations are issued pursuant to:
 - a. RIGL 42-72-5, Power and Scope of Activities of the Department of Children, Youth and Families
 - b. RIGL 40.1-5-5, RIGL 40.1-5-6 and RIGL 40.1-5-8, Mental Health Law
 - c. RIGL 42-72-5.2, Development of a Continuum of Children's Behavioral Health Programs
 - d. RIGL 42-72.1-5, Licensing ~~of Children's Behavioral Health Programs and Monitoring of Child Care Providers and Child-Placing Agencies~~
2. These regulations are consistent with the provisions of UR Regulations, R23-17.12 UR, Rules and Regulations for the Utilization Review of Health Care Services.
3. These regulations ~~shall~~ include children with Serious Emotional Disturbances (SED) as defined by RIGL 42-72-5.

~~All providers certified to provide emergency services shall be licensed as children's behavioral health programs pursuant to R.I.G.L. 42-72.1-5.~~

C. Philosophy

In accordance with RIGL 42-72-5, the ~~Rhode Island~~ Department ~~of Children, Youth and Families~~ is responsible for the delivery of appropriate mental health

services that match the needs of children. Appropriate behavioral health services may include psychiatric hospitalization, residential treatment and community-based mental health services, including emergency service interventions.

~~In order to meet its responsibility,~~ the Department has established a service delivery system based on ~~System of Care Child and Adolescent Service System Program (CASSP)~~ values to work with families with a child with severe emotional disturbance(s). It is the objective of ~~the DCF Department~~ to develop a ~~service system that is culturally and linguistically competent, community based,~~ youth guided and family driven ~~service system, which is~~ responsive to needs and built on strengths, ~~culturally and linguistically competent and community based.~~

These regulations further reinforce ~~the DCF Department's~~ values by establishing standards for a child-family competent ~~clinician~~ Clinician (hereinafter, Clinician) who is providing emergency service interventions for children and families. These standards require that the ~~C~~linician is knowledgeable of the full range of follow up services and resources ~~including. They include:~~

~~• Community supports such as those provided through the Local Coordinating Councils~~

- ~~• Community supports and neighborhood resources~~
- ~~• Community mental health services such as outpatient mental health, intensive outpatient and in-home services~~ Children's Intensive Services
- ~~• In-home supports such as respite and crisis de-escalation~~
- ~~• Twenty-four~~ 24- hour community-based programs such as shelters, respite, crisis stabilization and acute residential treatment
- ~~• Twenty-four~~ 24- hour Inpatient ~~p~~Psychiatric hospitalization

D. Definitions

~~Child and Adolescent Service System Program (CASSP) – CASSP embodies core principles and values that are strength-based, child-centered and family-driven. CASSP involves a commitment to establishing and supporting a range of services for children and adolescents with serious emotional disturbances. The services are culturally and linguistically competent and emphasize natural and community-based supports that complement mental health services provided by professionals in agency and hospital settings.~~

Child-Family Competency – Proficiency in clinical practice skills with children with severe emotional disturbance and their families, knowledge of research on child development, application of the knowledge in a clinical context and familiarity and experience with community resources ~~in Rhode Island~~ that benefit children and families, including knowledge of the cultural beliefs and practices of the diverse communities served.

Child-Family Competent Clinician – A Registered Nurse, Masters Level Clinician, licensed Master’s Level Mental Health Clinician, M.D., Ph.D., Ed.D. or Psy.D. Psychologist, Master’s Level Nurse, or Clinical Nurse Specialist. The Child-Family Competent eClinician (hereinafter, Clinician) must have at least two years of clinical experience with children and adolescents who have behavioral health problems. This clinical experience must have been supervised by an independently licensed mental health elinicianClinician. The elinicianClinician must meet the standards of Child-Family Competency as described in the standards below. Each certified Pprovider must determine the child-family competency of all staff providing children’s emergency services.

Crisis Evaluation – A comprehensive assessment by by the a child-family competent elinicianClinician to evaluate the seriousness of the mental health crisis based on the child’s functioning and risk to self and others and the family/caregiver’s potential, skill level and capacity, with appropriate supports, to manage the behaviors that put the child at risk.

Cultural and Linguistic Competency – is a core competency within Tthe practice of behavioral health services. It that includes the understanding-acceptance that perception of severe emotional disorders, crises and their causes vary by culture. CThere is acknowledgement that culture influences help-seeking behaviors and attitudes toward mental health servicesproviders/clinicians and the presence of diverse belief systems related to mental health and emotional well-being among cultures. A core competency is knowledge of the cultural beliefs and practices of a given group of people or community, including cultural differences in the definition of a mental health crisis, cultural norms for the process of de-escalating a crisis and crisis problem-solving. Linguistic competency includes:

- Phone lines and web sites that assure access for people who are deaf or hearing impaired
- Interpretation services available within the two hour120 minute time period for Emergency Services
- Translated materials/forms for persons who do not speak or read English in the communities served by the Emergency Services Program

DCYF Emergency Service Intervention Advisory Committee – A Committee, consisting of family members, DCYF staff, the Director of the Office of the Mental Health Advocate, representatives of the RiteCare Managed Care Organizations, the Rhode Island Department of Human Services (DHS), community mental health providers, hospital emergency room personnel and the certified emergency service intervention providers, that reviews compliance with these regulations through data and reports furnished by the Emergency Service Intervention Providers. The Assistant Director of DCYF for Community Services and Behavioral Health will chair the Committee.

Emergency Service Intervention – A mental health crisis intervention that takes place in a community setting. The setting may include a school, police station, residential program, shelter, day care center, community mental health center, community health center, hospital emergency room or other community setting that the family and the child-family competent clinician agree is safe and clinically appropriate to resolve the mental health crisis.

Emergency Service Intervention Advisory Committee – consists of family members, Department staff, the Director of the Office of the Mental Health Advocate, representatives of the Rlte Care Managed Care Organizations, the Rhode Island Department of Human Services (DHS), community mental health providers, hospital emergency room personnel and the certified emergency service intervention providers, that reviews compliance with these regulations through data and reports furnished by the Emergency Service Intervention Providers.

Family Support Worker – A person who has first-hand family experience with mental health emergency service interventions as a parent, sibling or consumer and who is available to the family as part of the follow up service plan developed by the ~~child-family competent clinician~~ Clinician and the family.

Follow Up Service Plan – The resolution to the mental health crisis that is developed by the ~~child-family competent clinician~~ Clinician in partnership with the parent or legal guardian of the child. The plan considers the strengths of the family and child, considers all available community services and matches the services to the needs of the child and family.

Mental Health Emergency – a situation perceived by a child, adolescent, caretaker, relative, friend, school professional, healthcare professional, police, or other public safety personnel in the care of, or directly involved with, a child or adolescent that poses a risk of harm to the child, family or other person due to a mental illness.

Mental Health Emergency Service Interventions – Steps that are taken by a mental health provider to address a mental health crisis including telephone contact, crisis evaluation in the community and follow up service planning and implementation. These interventions take place in a community setting, including a school, police station, residential program, shelter, day care center, community mental health center, community health center, hospital emergency room or other community setting that the family and the Clinician agree is safe and clinically appropriate to resolve the mental health crisis.

Pre-certification – The process of obtaining approval from the third-party payer, which is required as a condition of payment for a specific benefit prior to the service being provided.

~~This regulation requires~~In this policy the ~~child-family competent clinician~~Clinician who is involved in the crisis evaluation ~~will to~~ seek approval from the payer, ~~as when~~ required by ~~the R~~ite Care ~~HMO~~, for the ~~appropriate~~ services that the family and ~~clinician~~Clinician determine ~~appropriate are a match~~ for the mental health needs of the child.

~~Psychiatric Hospital Admission Process – The process by which a child or adult may be admitted to an inpatient psychiatric hospital. The following types of admission are defined by RIGL 40.1-5-5 – 40.1-5-8.~~

- ~~• Voluntary admission~~
- ~~• Emergency certification~~
- ~~• Civil court certification~~

~~System of Care (SOC) embodies core principles and values that are strength-based, child-centered and family-driven. SOC involves establishes and supports a range of easily accessible services for children and adolescents with serious emotional disturbances. The services are culturally and linguistically competent and emphasize natural and community-based supports that complement mental health services provided by professionals in agency and hospital settings.~~

Utilization Review – Prospective, concurrent or retrospective assessment of the medical necessity and appropriateness of the allocation of health care services of a provider, given or proposed to be given to a patient or group of patients, as defined in Section 1.35 of UR Regulations cited above.

II. CERTIFICATION STANDARDS FOR MENTAL HEALTH EMERGENCY SERVICE INTERVENTIONS

In order to be certified for emergency services, the Emergency Service Provider Organization (hereinafter, the P~~ro~~vider) must include a telephone crisis hotline, face-to-face interventions in the community and the means to develop and implement a follow up plan to access community-based and 24-hour services. The P~~er~~certified emergency service (ES) provider ~~will~~ meets the standards established under each component.

A. Telephone Contact, Support and Follow up

1. The P~~ES~~ provider ~~will maintain~~establish a telephone system for families that ~~will include~~s the following:
 - a. A phone line and a number which ~~will be~~ answered by a live voice ~~twenty-four~~24 hours per day, seven days per week, 365 days per year. The answering service or P~~ro~~vider must have the capacity to ensure accessibility for callers who speak a language other than English. to the language of the caller.

- b. The caller ~~has~~will have telephone access to ~~the a child-family competent clinician~~Clinician within ~~fifteen~~15 minutes of the initial call to discuss the crisis and to develop a follow up service plan based on the family's need and ~~joint~~ collaboration on next steps.
 - c. The ~~P~~provider will track~~s~~ all phone calls, measure~~s~~ and report~~s~~ to ~~the~~ Department~~DCYF~~ on ~~the~~:
 - i. ~~S~~The source of the call – parent, guardian, child or collateral party;
 - ii. ~~P~~The percentage of calls answered within ~~fifteen~~15 minutes of the original request;
 - iii. ~~Number of calls per month.~~
 - iv. ~~P~~The percentage of calls that resulted in a face-to-face intervention.
2. The ~~PES~~ provider will work~~s~~ with ~~the~~ Department~~DCYF~~, ~~the~~ Department of Human Services (DHS) and ~~the~~ ~~R~~ite ~~C~~aree ~~H~~ealth ~~M~~aintenance ~~O~~rganizations (HMO) to publicize the service throughout their service delivery area including ~~publicizing the services~~ in languages other than English in diverse communities.
- B. ~~Emergency Service Interventions~~ – The ~~PES~~ provider will establish~~s~~ emergency service intervention policies and procedures that meet the following criteria:
1. Families, caregivers, health care professionals and others who are working with a child experiencing a mental health crisis will have access to a ~~DepartmentDCYF~~-certified Mental Health Emergency Service Intervention Team that consists of ~~the a child-family competent clinician~~Clinician with back-up from a clinical supervisor/ administrator. ~~The Clinician may consult with additional qualified treatment professionals, including a and a~~ child-trained psychiatrist ~~Monday through Friday from 9 a.m. to 9 p.m. except holidays. Between 9 p.m. and 9 a.m. on weekdays, and all day on weekends and holidays, the psychiatrist on call must be~~ licensed to practice medicine in Rhode Island, ~~and have at least two years experience with children or adolescents and two years in working with psychiatric emergencies.~~
 - a. The ~~clinician~~Clinician will provide~~s~~ face-to-face crisis counseling, evaluation of the current mental health emergency and the development of a follow up service plan for a family with a child experiencing a mental health crisis.
 - b. The face-to-face contact will take~~s~~ place within ~~two hours~~120 minutes of the family's request regardless of the time of day of the call.
 - c. The clinical supervisor ~~and psychiatrist is~~will be available to the ~~clinician~~Clinician and collateral providers for telephone

consultation on the assessment and care planning and ~~will~~ return s pages or phone calls within ~~fifteen~~15 minutes of the request from the ~~ES clinician~~Clinician.

2. The family and the ~~clinician~~Clinician ~~will~~ jointly determine the location for the face-to-face crisis intervention to accommodate family needs and preferences, provide for the most timely and clinically appropriate setting to gather relevant information, increase the chances of de-escalating the crisis and protect the physical safety of all parties.
 3. The ~~child-family competent clinician~~Clinician ~~will~~ meets with the child and family and, as part of the intervention, ~~will~~ offers support, completes a crisis evaluation, assesses the child and family for risk to harm self or others and engages the family and collateral providers in the assessment and follow up service planning process.
 4. The ~~PES~~ provider ~~will~~ follows up with families to make sure that the ~~follow-up~~ plan was implemented ~~as planned~~.
- C. ~~Follow up Service Planning~~—The ~~PES~~ provider ~~will~~ establishes policies and procedures ~~that include the following steps~~ to complete the emergency service intervention with follow up service planning including:
1. The ~~child-family competent clinician~~Clinician ~~will~~ works with the family to resolve the mental health crisis and to promote the health and safety of the child and the family. The Clinician collaborates with the family to by identify matching the services in the follow up plan that build on the family's strengths, needs, and preferences of the child and family.
 2. The ~~PES~~ provider ensures all staff are ~~will be~~ familiar with the full range of community, residential and hospital-based services that can best match the family's needs, strengths and preferences.
 3. The ~~clinician~~Clinician ~~will~~ discusses the value of a Family Support Worker with the family and, if the family identifies the need for such support, makes arrangements for a follow up face-to-face visit or telephone call to the family.
 4. The ~~Clinician~~ES provider is ~~will also also be~~ familiar with ~~the procedures required to obtain access to these services based on~~ clinical eligibility criteria and authorization procedures of ~~the R~~ lite Care ~~HMO's~~.
 5. The ~~child-family competent clinician~~Clinician ~~will~~ makes an appropriate referral to a program and/or service based on the child-family assessment and mutually identified needs. The ~~clinician~~Clinician and/or his/her organization ~~will~~ also complete any pPre-certification required by the third party payer ~~insurer~~ or managed care organization.

6. The ~~PES~~ provider ~~will~~ ensures that ~~the following steps occur in~~ the follow up service planning process includes:
- a. The ~~child-family competent clinician~~ Clinician ~~will~~ discuss es the follow up that the family prefers and ~~will~~ makes arrangements to contact the family and/or the referral source the following day to make sure that the follow up resource was available.
 - b. The ~~ES~~ Provider ~~has~~ will have a form that notes the legal guardian's signed agreement on the type of follow up in the encounter document or emergency evaluation that is part of the child's medical record.
 - c. The ~~ES~~ Provider ~~is~~ will be available to the child and family for follow up contact for seventy-two-72 hours after the initial crisis intervention if other community resources are not immediately available.
 - ~~d. The ES provider will track any complaints from the family if and when they are unable access follow up services that are out of compliance with published access standards.~~
 - e. The ~~PES~~ provider ~~will~~ establishes a complaint and grievance procedure if the family disagrees with the follow up service plan.

D. Standards for Child ~~-~~ Family Competency

1. In order to be certified to provide emergency service interventions, the ~~P~~ provider ~~organization~~ must establish a policy for the recruitment and/or training of emergency service staff. Staff must possess the following clinical skills:
 - a. Child interview skills, including assessment of child's coping skills, determining the locus of control and evaluating the risk of the child to harm him/herself or others based on intent, means and opportunity based on the developmental level and cognitive ability.
 - b. Crisis de-escalation and diffusion of the behavioral health emergency, engaging both the child and the family in the intervention, gathering important information to make the best decision on follow-up care, partnering with the families on the follow-up plan and confirming following up with the families ~~that to make sure~~ the plan has been implemented ~~as planned~~.
 - c. Family interview skills, including assessment of the family's coping skills and their ability to manage crisis.
 - d. The ~~ability~~ capacity to assess family supports and global risks based on the environment of supports and obstacles in which the family lives.

- e. The ability to incorporate family strengths and skills into the risk assessment and follow up plan.
 - f. Skill in partnering with parents using family-centered language in planning follow-up services that match the needs of the child and family.
 - g. Diagnostic formulation according to DSM IV-R criteria and child-specific risk criteria.
 - h. Age appropriate crisis interventions ~~that are~~ designed to reduce immediate symptoms of behavioral health risk.
 - i. Application of diagnostic formulation to determine the child's behavior as a ~~"S~~erious~~v~~e~~r~~e Eemotional Disturbance," the immediate risk factors of the child's potential to harm him/herself or others and the child's and family's strengths as factors in managing the crisis.
 - j. Skill in applying differential interventions for families from diverse cultural, linguistic and ethnic backgrounds, ability to work effectively with interpreters, and clinical skills to provide interventions within a cultural context.
2. In order to be certified, the Provider organization must confirm in writing that staff who provide child emergency service interventions possess ~~the following~~ knowledge of:
- a. Age appropriate behavior, attitude and conceptualization;
 - b. Appropriate roles of parents with children based on age and behavior and culture;
 - c. Indications and side effects of psychiatric medications that are commonly prescribed for children and adolescents and how such medications are metabolized ~~differently~~ based on race, ethnicity, and age;
 - d. The full range of legal status categories of children involved with the Department DCYF and the rights of children and families to consent to or refuse treatment;
 - e. How children and families of d~~The diverse cultures~~ view in Rhode Island, their family orientation and openness to sharing information, their attitude about children's behavioral health, and behavioral health and social service interventions, their experiences with and attitudes toward social services and culturally influenced definitions and perceptions of emergency/crisis situations;
 - f. The value of informal supports and extended family support as valid interventions; and
 - g. The value of matching services to the assessed needs of the child and family based on ~~the practical application of~~ SOCGASSP principles ~~and values~~ for an array of community-based services ~~and~~ in a range of cultural contexts.

3. In order to be certified as a ~~Pn-ES~~ provider, the organization must provide ongoing training, consultation, support and updated information to staff who provide emergency service interventions ~~to children and families. There should be~~ The Provider ensures a minimum of ~~ten+0~~ hours of training per year on ~~current topics that relate to~~ best practices and promising practices in children's behavioral health and monthly updates on the changing network of managed care programs and community resources ~~for children and families in Rhode Island. The updates will include~~ inge:
 - a. The types of ~~Rlite_Care~~ and ~~third party payers~~ Private Insurance, the behavioral health benefit packages and the behavioral health provider network of each insurance company.
 - b. The eligibility and/or admission criteria for the children's behavioral health treatment programs.
 - c. A list of contact names and phone numbers for the community providers of children's behavioral health treatment, advocacy, support and collateral services.
4. The ~~Pp~~ provider ~~has~~ will have an identified subject matter expert on the ~~SOCCASSP~~ referral process and how to obtain access to social service, housing, employment and other Medicaid-funded services.
5. The ~~PES~~ provider ~~ensures all staff have~~ will have knowledge of culture-specific services, the linguistic capacity of community services and the ability to work effectively with an interpreter of ~~(e.g. sign language and/or spoken foreign language).~~
6. The ~~Provider organization will~~ identify esy a clinical subject matter expert who can provide training and consultation to the emergency services staff based on his/her expertise on the current best practice interventions ~~for children and families~~ in the field of children's behavioral health.

E. Program Monitoring and Quality Improvement

1. The ~~Pp~~ provider ~~will~~ collects encounter data on emergency service interventions monthly as described herein. ~~and~~
 - a. Complete and forward mandated forms and reports to the Department.
 - b. Provides aggregate report to the ~~DCYF~~ Advisory Committee monthly.
2. The standardized report ~~will~~ includes aggregate data of emergency service interventions that capture the age, gender, ethnicity, ~~DCYF~~ status with the Department, child's living arrangement, insurance coverage, time of day, day of week, location of intervention and type of disposition.

3. The ~~P~~provider ~~will~~ develop an internal process to review complaints from the family or other parties involved in the intervention.
 4. The ~~P~~provider ~~has~~will have a process, consistent with the DHS Fair Hearing process, of resolving disagreements with the family around the follow up service plan.
- F. The ~~P~~provider ~~organization~~ ~~is~~will be credentialed by and contract~~ed~~ with all R~~i~~te Care HMO's and ~~is~~will be knowledgeable of the authorization procedures required to access services identified in the follow up service plan.
- G. The ~~P~~provider ~~organization~~ ~~has~~will have an established training protocol in children's behavioral health that includes an annual plan to address the best practices and current findings related to working with children with ~~serious~~severe emotional disturbances and their families in a culturally and linguistically competent manner and from an individual and family systems; ~~including cultural and linguistic~~ perspectives.

III. CERTIFICATION PROCESS FOR PROVIDERS OF EMERGENCY SERVICE INTERVENTIONS

- A. ~~Application Process~~ -- Organizations applying to be certified as ~~P~~providers of children's emergency service interventions ~~must~~ complete an application for certification for mental health emergency interventions and submit to the Department's DCYF-Division of Community Services and Behavioral Health. The following information must be included with the application:
1. Documentation of contracts with the R~~i~~te_Care HMO's as a behavioral health provider.
 2. Documentation of Certification by the Council on Accreditation of the Child Welfare League of America (COA); or Joint Commission on Accreditation of Hospital Organizations (JCAHO) or; Commission on Accreditation of Rehabilitation Facilities (CARF) and/or licensure by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)MHRH.
 3. ~~A d~~Narrative answers that ~~description of~~ be the organization's delivery of children's emergency service interventions that specifically addresses:
 - a. Staffing of Child-Family competent ~~clinician~~Clinicians;
 - b. Twenty-four hour per day, seven day per week ~~(24/7)~~ live telephone coverage with administrative back up and child psychiatrist back-up;

- c. ~~D~~How the organization will determine ~~atione of~~ child-family competency in recruitment, training and supervision of clinical staff;
4. A commitment to reporting to the Department DCYF and ~~the R~~ite Care HMO's on monthly activity using the ~~Department~~DCYF reporting format and a commitment to develop internal review mechanisms to monitor compliance with these standards.
5. A statement identifying the geographical areas the ~~organization~~provider can reliably serve based on knowledge of and access to local mental health and community-based services and the ~~organization~~provider's ability to meet the timelines within these standards.
6. Elements of the ~~agency~~organization's quality improvement plan that relate to children's behavioral health services.
7. A statement assuring compliance with DCYF Policy 900.0040, Criminal Record Checks and 700.0105, Clearance of Agency Activity.

B. Applicant Eligibility

1. Any ~~provider~~ organization that provides behavioral health services to children and meets the criteria ~~in 2 a, b or c~~ below may apply to become a ~~certified~~n emergency services pProvider.
- ~~2. In compliance with the requirements of R.I.G.L. 42-72.1-5, DCYF will issue a temporary license as a children's behavioral health provider if provider organization meets one of the following:~~
 - a. ~~Organization~~Provider is licensed as a community mental health center by ~~BHDDH~~the Rhode Island Department of Mental Health, Retardation and Hospitals (MHRH).
 - b. ~~Organization~~Provider is a certified Medicaid provider in Rhode Island and has one of the following:
 - i. Current accreditation from ~~the Joint Commission on Accreditation of Hospital Organizations (JCAHO)~~
 - ii. Current certificate from ~~the Commission on Accreditation of Rehabilitation Facilities (CARF)~~
 - iii. Current certification from ~~the Council on Accreditation (COA) of the Child Welfare League of America~~
 - c. ~~Organization~~Provider is a certified Medicaid provider, ~~and is currently contract~~sed (and is in good standing) with a ~~R~~ite Care HMO, or with DCYF for a specialty children's behavioral health service.

C. Approval Process

1. The ~~Department's~~DCYF Review Committee ~~will~~reviews and makes a recommendation regarding certification to the Administrator

~~of Assistant Director of DCYF for~~ Community Services and Behavioral Health. The recommendation may be for full certification or provisional certification. If provisional certification is recommended, The latter category will include conditions for full certification are identified.

2. A ~~organization~~provider whose application is not approved for certification may appeal as described in DCYF Policy 100.0055, Complaints and Hearings.~~to the Assistant Director of DCYF for Community Services and Behavioral Health no more than 30 days from the notice of the decision.~~

~~IV. FUNDING FOR CHILDREN WITHOUT HEALTH INSURANCE COVERAGE~~

~~DCYF will designate a small pool of funds for families who do not have insurance and will reimburse the provider for mental health emergency service interventions provided to those families at the same rate as DCYF funded fee-for-service Medicaid. Bills submitted to DCYF for these services will include an assurance that all attempts to verify insurance have been made and that the family agreed to apply for Medicaid if qualified, and that the family did not have the means to contribute to the cost of the evaluation.~~

IV. DURATION OF CERTIFICATION

The Department~~DCYF~~ will certify esy a Pprovider for two years from the approval date ~~with an annual renewal~~ based on satisfactory compliance with this regulation~~certification standards~~.