
(1) The authority shall assure that, for any adolescent admitted to inpatient treatment under RCW 71.34.600, a review is conducted by a physician or other mental health professional who is employed by the authority, or an agency under contract with the authority, and who neither has a financial interest in continued inpatient treatment of the adolescent nor is affiliated with the facility providing the treatment.

   (a) For adolescents receiving inpatient treatment, the physician or other mental health professional shall conduct the review not less than seven nor more than fourteen days following the date the adolescent was brought to the facility under RCW 71.34.600 to determine whether it is a medical necessity to continue the adolescent's treatment on an inpatient basis.

   (b) For adolescents receiving inpatient treatment in a residential treatment facility, the physician or other mental health professional shall conduct an additional medical necessity review every thirty days after the initial review while the adolescent remains in treatment under RCW 71.34.600.

(2) In making a determination under subsection (1) of this section, the authority shall consider the opinion of the treatment provider, the safety of the adolescent, and the likelihood the adolescent's mental health will deteriorate if released from inpatient treatment. The authority shall consult with the parent in advance of making its determination.

(3) If, after any review conducted by the authority under this section, the authority determines it is no longer a medical necessity for an adolescent to receive inpatient treatment, the authority shall immediately notify the parents and the facility. The facility shall release the adolescent to the parents within twenty-four hours of receiving 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 authority's determination in order to allow the parent time to file an at-risk youth petition under chapter 13.32A RCW. If the authority determines it is a medical necessity for the adolescent to receive outpatient treatment and the adolescent declines to obtain such treatment, such refusal shall be grounds for the parent to file an at-risk youth petition.

(4) If the evaluation conducted under RCW 71.34.600 is done by the authority, the reviews required by subsection (1) of this section shall be done by contract with an independent agency.

(5) The authority may, subject to available funds, contract with other governmental agencies to conduct the reviews under this section. The authority may seek reimbursement from the parents, their insurance, or medicaid for the expense of any review conducted by an agency under contract.

(6) In addition to the review required under this section, the authority may periodically determine and redetermine the medical necessity of treatment for purposes of payment with public funds.

(7) The authority shall communicate review findings under this section with the appropriate medicaid managed care organization contracted by the authority.
(8) Nothing in this section prohibits a managed care organization from conducting medical necessity reviews according to appropriate guidelines based on the level of care being referred to and consistent with the billing guide from the authority. [2020 c 185 § 3; 2019 c 381 § 8; 2018 c 201 § 5014; 1998 c 296 § 9; 1995 c 312 § 56. Formerly RCW 71.34.025.]

**Short title—2019 c 381:** See note following RCW 71.34.500.

**Findings—Intent—Effective date—2018 c 201:** See notes following RCW 41.05.018.

**Findings—Intent—Part headings not law—Short title—1998 c 296:** See notes following RCW 74.13.025.

**Short title—1995 c 312:** See note following RCW 13.32A.010.