North Sound
Behavioral Health Organization, LLC
301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273
http://northsoundbho.org • 360.416.7013 • 800.684.3555 • F 360.416.7017

North Sound BHO Contract Memorandum 2017-002

Date: January 18, 2017

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
Will Rice, Catholic Community Services Northwest
Claudia D'Allegri, Sea Mar
Cammy Hart-Anderson, Snohomish County MH/CD/Vets Division Manager
Phil Smith, Volunteers of America
Randy Polidan, Unity Care NW
Sue Closser, Sunrise Services
Robert Sullivan, Pioneer Human Services
Beratta Gomillion, Center for Human Services
Corky Hundahl, Phoenix Recovery Services
Julie Lord, Pioneer Human Services
Linda Grant, Evergreen Recovery Services
Marli Bricker, Therapeutic Health Services

From: Joe Valentine

Subject: Revised/New Policies

Greetings BHA Providers:

Policy 1567.00 – Mental Health Intensive Outpatient Program (IOP) for Adults
This revised policy has been through the review and approval process. The Executive Director signed and approved this policy January 11, 2017.

Policy 3044.00 – Third Party Resources Requirements
This revised policy has been through the review and approval process. The Executive Director signed and approved this policy January 11, 2017.

Policy 3045.00 – Eligibility Verification
This revised policy has been through the review and approval process. The Executive Director signed and approved this policy January 11, 2017.

Policy 3046.00 – Flex Funds
This revised policy has been through the review and approval process. The Executive Director signed and approved this policy January 11, 2017.

The NM with policy attachments are included below for your convenience.

Please ensure all appropriate staff is notified of these revised/new policies.

Full implementation of these policies should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
Becky Olson-Hernandez, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
Richard Sprague, Unity Care NW
Danae Bergman, Center for Human Services
Jackie Henderson, Island County Coordinator
Barbara LaBrash, San Juan County Coordinator
Rebecca Clark, Mental Health Program Coordinator Skagit County
Anji Jorstad, Snohomish County Coordinator
Anne Deacon, Whatcom County Coordinator
Marsh Kellegrew, Evergreen Recovery Services
Robert Sullivan, Pioneer Human Services
Perry Mowery, Whatcom County
Contract File

Effective Date: 6/17/2010; 12/10/2007; 11/21/2005; 8/9/2007
Revised Date: 1/11/2017
Review Date: 1/11/2017

North Sound Behavioral Health Organization

Section 1500 – CLINICAL: Mental Health Intensive Outpatient Program (IOP) for Adults

Authorizing Source: DSHS PIHP and North Sound BHO Contract
Cancels:
See Also:
Providers must comply with this policy & may develop individualized implementation guidelines as needed
Approved by: Executive Director
Responsible Staff: Deputy Director
Signature:
Date:

POLICY #1567.00

SUBJECT: Mental Health Intensive Outpatient Program (IOP) for Adults

PURPOSE

To define the mental health Intensive Outpatient Program (IOP) including service components and standards for admission and discharge from the program.

Mental Health IOPs are unique and different from standard individualized treatment in that the programs aim to serve individuals primarily in the community or home. Frequency of contact is emphasized to enhance stability, and the long-term goal is to provide maximum community integration for the individual.

POLICY

The IOP is a home and community-based mental health treatment program which provides a multi-disciplinary treatment team approach for those individuals who have been assessed to be in greatest need of this service. Team members' work together to provide intensive, coordinated and integrated treatment as described in an individual's Resiliency/Recovery Plan. A primary goal of Intensive Outpatient Services is to avoid more restrictive levels of service, such as psychiatric inpatient hospitalization or residential placement, and to increase the individual's level of independence and efficacy in managing their recovery.

WASHINGTON STATE DIVISION OF BEHAVIORAL HEALTH AND RECOVERY HIGH INTENSITY TREATMENT STANDARDS

Basic elements of IOP are consistent with the core requirements of the Washington State Division of Behavioral Health and Recovery (DBHR) modality definitions for High Intensity Treatment and must include, but are not limited to:

1. Treatment available upon demand, based on the individual's need. Treatment intensity varies among individuals and for each individual across time.
2. Access to services is available twenty-four hours per day, seven days a week.
3. The individual to staff ratio for this service is no more than 15 individuals to 1 staff member.
4. Treatment team is composed of the individual, mental health care providers under the supervision of a Mental Health Professional (MHP), and other relevant persons as determined by the individual (e.g. family, guardian, friends, neighbor, etc), and/or other community members including pastors, physician, probation or parole officers, CD counselors, etc.

PROCEDURES

The IOP admission criteria are designed to identify individuals with severe and persistent mental illness that seriously impairs their functioning in community living and who meet state-wide Access to Care Standards.

The purpose of IOP admission standards is to ensure individuals with severe mental illness receive the necessary intensity and array of services. Providers of these services shall ensure that individuals admitted to these programs are not inappropriately discharged or inadequately served.

Providers with mental health IOP will develop policies and procedures which outline their specific referral processes. Mental health IOPs are available to individuals served by all North Sound Behavioral Health Organization (BHO) contracted providers and IOP will give equal access to individuals receiving services from any of these provider agencies.

REFERRAL PROCESS FOR IOP

For individuals in a current treatment episode:

> The individual and their current outpatient clinician will discuss which IOP the individual wishes to be referred to. Clinician will consult the policy and procedure and/or IOP manager of the agreed upon agency for specific referral instructions.

For individuals not in a current treatment episode:

1. Referring party assists the individual in calling VOA Access or the Behavioral Health Agency (BHA) of their choice to schedule a routine outpatient intake evaluation (assessment). The individual is encouraged but not required to request this intake at the agency that operates the mental health IOP where they wish to enroll.
2. Once the individual receives an intake assessment and the clinician doing the assessment believes the individual may be eligible for IOP services, the assessment clinician will discuss with the individual which IOP the individual would prefer to be referred.
3. The assessment clinician will consult the policy and procedure and/or IOP manager of the agreed upon IOP program for specific referral instructions.

ADMISSION CRITERIA

Individuals considered for the IOP will meet the following criteria:

1. A current LOCUS/CALOCUS level of 3 or higher;

   AND

2. The individual experiences continuous high service needs due to mental illness as demonstrated by at least two of the following:

   A. Moderate to high use of psychiatric hospitals (e.g., in the past year: two or more admissions of more than 72 hours in duration, or thirty or more total days, or a single stay of 21 or more days).
   B. Persistent, recurrent, or severe major mental health symptoms.
   C. Co-occurring substance use disorder of significant duration (greater than six months).
   D. Recent and/or recurrent criminal justice involvement.
   E. Significant difficulty meeting basic survival needs, currently residing in substandard housing, or homelessness.
   F. At imminent risk of becoming homeless (e.g. repeated evictions and/or currently on eviction notice)
   G. Residing in a supervised community residence and clinically assessed to be able to live in a more independent living situation if intensive services are provided.
   H. Requiring more intensive services to avoid residential placement.

I. History of medication non-adherence and/or not participating in treatment.

AND

3. The individual experiences significant functional impairments due to mental illness as demonstrated by at least one of the following conditions:

   A. Significant difficulty in consistently performing the range of practical daily living tasks required for basic functioning at home and/or in the community.
   B. Persistent or recurrent difficulty performing age appropriate daily living tasks except with significant support or assistance from others such as friends, family or relatives.
   C. Significant difficulty maintaining important and/or supportive relationships with others.
   D. Significant difficulty maintaining a safe living situation (e.g. excessive hoarding; consistently unsanitary conditions due to uncollected garbage, food scraps and other waste material).

Though individuals must meet these minimum standards to be eligible for the program, meeting these standards does not guarantee admission to the program. Approval will be granted based on an assessment of acuity and availability. Space availability will be managed by the agency providing the service, as described in the agency's policy and procedure.

If there are no openings or if eligibility is not met, the individual will continue to be entitled to ongoing medically necessary outpatient services and the clinician will continue to work with the individual in a manner that best meets their needs and/or refer to another appropriate service program.

When referred individuals are not admitted to IOP, the provider should consult policy #1005.00, Notice Requirements to determine if/how a notice must be sent.

SERVICE COMPONENTS OF THE IOP

1. Services must minimally, based on the individual's service needs, include the following **core components**:

   A. Assessment;
   B. Recovery planning;
   C. Comprehensive Community Support;
   D. Counseling/psychotherapy;
   E. Service coordination;
   F. Assessment of need for crisis intervention;
   G. Symptom assessment and management;
   H. Assessment of need for medication and monitoring;
   I. Dual-diagnosis assessment/referral;
   J. Supported employment;
   K. Social/interpersonal relationship and leisure-time skill training;
   L. Group treatment; and
   M. Medication management.

2. Individuals enrolled in IOP will have access to other mental health treatment modalities as medically necessary.
3. Individual contacts shall be made available outside the outpatient clinic or day support setting. The majority of services are provided in the setting natural to the individual including home, work, and residential or other community locations.
4. IOP services are ongoing services and not emergency services.

5. The IOP clinicians are the primary program staff responsible for the support of IOP individuals. They provide coordination with community resources and other systems involved with the enrolled individual. They work in coordination with both Emergency Services and DMHPs as situations arise with individuals in IOP programs in which the IOP Team needs additional resources.
6. When individuals enrolled in IOP are incarcerated, the IOP team will collaborate with jail mental health professionals. Whenever possible, IOP will visit enrolled individuals who are incarcerated. They will coordinate around current needs and assist in release/discharge-planning.

IOP RECOVERY PLANNING

1. Recovery planning should follow Policy #1551.00, Resiliency/Recovery Plans (Individual Service Plans). Recovery Plans shall be developed in collaboration with the individual and the family or guardian, as desired by the individual, and shall identify individual's goals and strengths, as well as issues/problems, and use therapeutic standards to set specific measurable long and short-term goals and establish specific approaches and interventions necessary for the individual to meet these goals. Services will be designed to support individuals in self-management of their illness.
2. The team's intensity varies among individuals and for each individual across time. Symptoms and functioning will be continuously addressed by the team. The Recovery Plan shall be adjusted as there are changes in the individual's condition, and reflect documentation of frequency and location of contact with the individual. The written Recovery Plan will be reviewed and revised on an ongoing basis as needed and at a minimum every 6 months.
3. The recovery planning process will include a global alert that will be completed and entered in the IS system, identifying the individual as an IOP participant and listing the team contact(s) to improve coordination of services between the clinicians, Crisis Line, and Emergency Services.
4. Ongoing need for this service modality will be reassessed at least every six months and documented in the clinical record. The method of this reassessment will be described in the IOP services policy and procedure for each program.

DISCONTINUATION OF IOP SERVICES

Intensive outpatient programs should refer to policy #1540.00 – Discharge from Treatment for policy and procedure surrounding discharge from services. However, in keeping with the specific goals of intensive outpatient treatment, IOP discharges should differ from standard discharge policy as follows:

1. Transitions to less intensive services should be carried out when individuals:

    A. Successfully reach their established goals in this modality and no longer meet Intensive Outpatient Services criteria described above.
    B. Demonstrate a higher level of community integration and baseline functioning over time.
    C. Demonstrate an ability to function in some role areas (i.e., work, social and self-care) without ongoing assistance from the program, without significant relapse when services are withdrawn.

2. Individuals enrolled in IOP services will typically require greater re-engagement efforts than the minimal guidelines listed in Policy #1540.

ATTACHMENTS

None

Effective Date: 11/29/2005
Revised Date: 1/11/2017
Review Date: 1/11/2017

North Sound Behavioral Health Administration

Section 3000 – Fiscal: Third Party Resources Requirements

Authorizing Source: DSHS contract
Cancels:
See Also:
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Responsible Staff: Fiscal Officer

Approved by: Executive Director
Signature:
Date: 1/18/2017

POLICY #3044.00

SUBJECT: THIRD PARTY RESOURCES REQUIREMENTS

PURPOSE

To clarify how North Sound Behavioral Health Organization (North Sound BHO) complies with third party liability requirements.

POLICY

North Sound BHO will comply with the Department of Social and Health Services (DSHS) contract requirements regarding the need to identify, pursue and record third party liability in accordance with Medicaid being the payer of last resort.

PROCEDURE

North Sound BHO will identify DSHS contract requirements regarding the need to identify, pursue and record third party liability and include the requirements in its contracts with providers. North Sound BHO will monitor providers' compliance with these requirements during on-site reviews of provider agencies.

North Sound BHO will ensure providers have adequate mechanisms at the point of initiation of service to determine whether third party liability exists. North Sound BHO will ensure providers have adequate mechanisms in place during the course of client treatment to determine whether third party liability status has changed. North Sound BHO will ensure providers have adequate billing and collection mechanisms for third party liability obligations. North Sound BHO will ensure providers have adequate mechanisms for recording third party liability collections. Monitoring requirements are specified in Policy 5001.00, Administrative, Fiscal and Quality Assurance/Improvement Contract Compliance Monitoring.

North Sound BHO will ensure it collects third party information from providers and properly reports the information on DSHS Quarterly Reports.

ATTACHMENTS

None

Effective Date: 11/29/2005
Revised Date: 1/11/2017
Review Date: 1/11/2017

North Sound Behavioral Health Organization

Section 3000 – Fiscal: Eligibility Verification

Authorizing Source:
Cancels:
See Also:
Providers must comply with this policy and may develop individualized implementation guideline as needed
Approved by: Executive Director
Responsible Staff: Fiscal Officer
Signature:
Date: 1/18/2017

POLICY #3045.00

SUBJECT: ELIGIBILITY VERIFICATION

POLICY

The North Sound Behavioral Health Organization (North Sound BHO) requires some North Sound BHO providers and some North Sound BHO designees to conduct eligibility verification processes for individuals of the public mental health system and to establish the procedures for conducting the verification process.

PROCEDURE

All North Sound BHO providers shall conduct eligibility verification for individuals who may be eligible to be enrolled in services, to determine financial eligibility.

First, the provider must determine whether the individual has a Medicaid or state coupon. Medical Assistance Administration (MAA) determines Medicaid eligibility and issues coupons to Medicaid enrollees. MAA also issues coupons for individuals eligible for state funded programs. The provider must verify the coupon status. Providers must have an established relationship with a vendor to do the state look-up, or have a connection to the Department of Behavioral Health and Recovery (DBHR) intranet to look up the individual's information. If the individual's coupons are verified and they do have a mental health benefit, they are financially eligible for an intake to determine clinical eligibility.

If the individual does not have the financial resources to pay, insurance or coupons, the individual is asked for their family income. If the individual has an income of 200% or less of the Federal Poverty Level, they are financially eligible for state funded services. Clinical eligibility is determined by the North Sound BHO's current priorities services (see current list of priority services) for state funded services.

State funded individuals are authorized for ongoing services based on priority criteria and the availability of State Funds. If an individual is in need of services but there are not sufficient funds to admit them into public mental health services, they are referred to other community resources.

ATTACHMENTS

None

Effective Date: 5/15/2009; 12/3/2007
Revised Date: 1/11/2017
Review Date: 1/11/2017

North Sound Behavioral Health Organization

Section 3000 – Fiscal: Flex Funds

Authorizing Source: BHSC Contract
Cancels:
See Also:
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Approved by: Executive Director
Responsible Staff: Fiscal Officer
Signature:
Date: 1/11/2017

POLICY #3046.00

SUBJECT: FLEX FUNDS

PURPOSE
To establish guidelines for the eligibility criteria for flexible funding use.

POLICY
The North Sound Behavioral Health Organization (North Sound BHO) designates a defined amount of money each year to contracted provider agencies to be used in a flexible manner to allow for the purchase of goods or services directly related to the needs related to mental health recovery and resiliency of current enrollees and/or persons receiving crisis response services when no other resources are available.

Flexible funding is to be used to purchase goods or short-term services (up to 3 months) when no other enrollee or community resources are available to meet specific mental health needs:

1) To divert hospitalization or out-of-home placement;
2) To create or maintain a least restrictive, safe living environment;
3) For immediate medication, housing, food or other basic needs on a one-time basis with a plan for future funding.

Flex Fund use must be consistent with the individuals current needs related to mental health recovery and resiliency as documented on the Recovery/Resiliency Plan. Attempted use of other resources must be clearly documented prior to the use of Flex Funds.

<u>Exclusions</u>
Flex funds may not be used for legal fees.

Any flex fund request for reimbursement over $1,500 per incident requires prior approval of North Sound BHO Fiscal Officer. Flex Fund usage will be reported to North Sound BHO by providers on a monthly basis for reimbursement on the North Sound BHO Flex Fund Billing Form.
North Sound BHO may designate a portion of the Flex Funds to be used toward an identified program or target population (such as Program for Assertive Treatment [PACT], Wraparound, Crisis Services, etc.).

PROCEDURE

North Sound BHO will determine the amount of funding each contracted provider will receive based on available funding during each contracting period.

Each provider will designate a fund manager(s) who reviews and approves all requests based on the above criteria.

Providers will develop their own internal policies for the process of requesting and approving funding as expeditiously as the individual's mental health condition requires. A copy of each provider's policy will be forwarded to North Sound BHO prior to the reimbursement of any Flex Funds. This policy will include the method of application and approval and enrollee eligibility. Flex fund requests and/or usage must be documented in the individual's record.

Providers will submit requests for flex funds on North Sound BHO's Flex Fund Billing Form. Provider's Flex Fund Manager will maintain a log of Flex Fund uses and submit it with receipts for each use to North Sound BHO for the reimbursement of Flex Funds on a monthly basis.

ATTACHMENTS

None