



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2017-003

Date: March 9, 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'Allegrì, Sea Mar
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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 1007.00 – Primary Source Verification Credentialing, Re-Credentialing, Appointment and Privileging of Contracted or Employed Staff

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 8, 2017.

Policy 1008.00 – Provider Network Selection, Capacity and Management

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 8, 2017.

Policy 1017.00 – Remedial Action

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 8, 2017.

Policy 1018.00 – Delegation of North Sound Behavioral Health Organization (North Sound BHO) Functions and Responsibilities

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 8, 2017.

Policy 1023.00 – Individual Rights

This revised policy has been through the review and approval process. This policy cancels **Policy 4505.00 – Enrollee Rights**. The Executive Director signed and approved this policy March 8, 2017.

Policy 1585.00 –Integrated Dual Disorder Treatment (IDDT)

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy January 13, 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
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Contract File

Effective Date: 3/8/2017
Revised Date: 2/17/2017
Review Date: 2/17/2017

North Sound Behavioral Health Organization

Section 1000 – Administrative: Primary Source Verification Credentialing, Re-Credentialing, Appointment and Privileging of Contracted or Employed Staff

Authorizing Source: 42 CFR 438-214

Cancels:

See Also:

Providers must comply with this policy and may develop Implementation guidelines as needed

Responsible Staff: Contracts Manager

Approved by: Executive Director

Date: 3/8/2017

Signature:

POLICY #1007.00

SUBJECT: PRIMARY SOURCE VERIFICATION CREDENTIALING, RE-CREDENTIALING, APPOINTMENT AND PRIVILEGING OF CONTRACTED OR EMPLOYED STAFF

PURPOSE

The purpose of this policy is to provide guidelines and instructions for the process of credentialing/re-credentialing, appointment and privileging, through such activities as verifying current registration, licensure, relevant education, background clearance, training, experience and competence to meet position qualifications for North Sound Behavioral Health Organization (North Sound BHO) contracted or employed staff providing direct care services to and/or clinical oversight of North Sound BHO enrollees. This policy also establishes the standards for North Sound BHO network providers' credentialing/re-credentialing, appointment and privileging programs.

POLICY

To ensure all North Sound BHO contracted or employed staff who provide direct care to and/or clinical oversight of North Sound BHO enrollees meet the standards for the relevant job functions and ensure their credentials are confirmed through primary source verification.

To provide for appointment and privileging of North Sound BHO contracted or employed staff who provide direct care to and/or clinical oversight of North Sound BHO enrollees and whose job function requires them to exercise significant independent judgment and clinical responsibility. The appointment process will require additional credentialing/re-credentialing steps and privileging.

To ensure North Sound BHO Network Providers have and enforce their own policies and procedures governing credentialing, re-credentialing, appointment and privileging which substantially comply with the procedures set forth in this policy.

To establish a process for monitoring of the credentialing, re-credentialing, appointment and privileging activities of North Sound BHO Network Providers.

DEFINITIONS

Credentials

Documented evidence of registration, licensure, education, background clearance, training, experience and/or other qualifications.

Credentialing

The process of assessing and validating the qualifications of a registered and/or licensed individual.

Criteria

Expected levels of achievement or specification against which performance can be assessed.

Current Competence

Verification of abilities and experience, in writing, by individuals personally acquainted with the person's professional and clinical performance.

Privileging

A process whereby an individual is formally granted permission to perform specific duties and job functions as defined in clinical privileges or job descriptions based on the individual's qualifications, experience, education, background clearance, training and credentials.

Primary Source Verification

The process of validating stated credentials from their original source.

Re-credentialing

The process whereby the credentialing information is updated.

PROCEDURES

- A. North Sound BHO ensures criteria is validated in the following manner for all contracted or employed staff who provide direct care to and/or clinical oversight of North Sound BHO enrollees:
 1. Applicants sign a statement attesting to the accuracy and completeness of all information and consenting to inspection of records and documents pertinent to the application.
 2. All applications are screened to confirm that the minimum requirements for the job functions are met prior to hire.
 3. All applicants are subject to a criminal background check, per RCW Chapter 43.43. 830-832, through the Washington State Patrol for employees and volunteers of the Contractor who may have unsupervised access to children, people with developmental disabilities, or vulnerable adults.
 4. Information submitted on applications that is essential to the functions of the job (i.e., licensure, training and experience) is confirmed through primary source verification. Additional data is requested where relevant to the functions of the job to be performed (i.e., Drug Enforcement Agency [DEA] certificate for jobs requiring prescriptive authority) and is confirmed through primary source verification.
 5. The applicant will be responsible for requesting certified copies of academic credentials and certificates of insurance when required.

6. Re-credentialing activities are performed at a minimum, every two (2) years. Steps to be taken shall include primary source verification of information submitted on initial application, which is subject to change (i.e., expiration of a required license).
7. The competence of all contracted and employed staff who provide direct care to and/or clinical oversight of North Sound BHO enrollees is assessed, maintained and improved on an ongoing basis through the development and implementation of a training plan that is pertinent to each position.

B. Appointment and Privileging Process:

North Sound BHO shall provide for the appointment and privileging of contracted or employed staff who provide direct care to and/or clinical oversight of North Sound BHO enrollees and whose job function requires them to exercise significant independent judgment and clinical responsibility. All steps taken in the appointment process will be in addition to the steps required above.

1. Prior to appointment:

- a. Applicant's current registration, licensure and/or certification are verified from the primary source where claimed and relevant to the functions of the job to be performed.
- b. Successful completion of a course of study is verified from the primary source, where claimed and relevant to the functions of the job to be performed.
- c. Experience is verified from the primary source, where claimed and relevant to the functions of the job to be performed.
- d. Information about involvement in professional liability actions is verified and good standing is confirmed where relevant to the functions of the job to be performed.
- e. When information from a primary source is not available, a reliable secondary source is used. The attempt to contact the primary source is documented.
- f. Criminal background check is completed.

2. Provisional Appointment:

- a. When information is available but not yet received from the primary source the applicant may be appointed for a provisional period.
- b. During this provisional period, the applicant will complete an orientation designed to promote safe and effective performance of their job responsibilities by their supervisor.

3. Primary Source Verification Received:

- a. Primary Source Verification of criteria is provided to the Appointment and Privileging parties and then placed in the contracted or employed staff's credential file. Any discrepancies may be grounds for termination.

- b. Once appointment and privileging have occurred in accordance with subsection B, a provisional period is changed to a probationary period. The provisional period and probationary period will equal a minimum of six (6) months from the date of appointment/hire. At the end of the period, a performance appraisal will be conducted.
- 4. Appointment/privileging activities are performed at a minimum, every two (2) years.

C. North Sound BHO

- 1. North Sound BHO appointed staff shall be responsible for:
 - a. Review credentialing/re-credentialing files;
 - b. Ensure background checks have been completed on staff;
 - c. Assess the individual's ability to meet performance expectations as defined in clinical privileges or job descriptions;
 - d. Document competency assessment activities;
 - e. Recommend to North Sound BHO Medical Director or their designee or Clinical Director whether or not appointment should be made and the specific privileges that may be granted to an individual under consideration for initial or renewed employment or contract; and
 - f. Act as a Peer Review Committee, if necessary.
- 2. North Sound BHO will retain and have access to the credentialing, appointment and privileging files of North Sound BHO contracted or employed staff in accordance with state and federal laws governing access to credentialing/re-credentialing files and laws regarding quality management and peer review confidentiality and privileging guidelines and requirements.

D. Responsibilities of the North Sound BHO Network Providers:

Network Providers have and enforce their own policies and procedures governing credentialing/re-credentialing, appointment and privileging which substantially comply with the procedures set forth in this policy.

- 1. Network Providers retain and have access to the credentialing files of the contracted or employed staff in accordance with state and federal laws governing access to credentialing/re-credentialing files and laws regarding quality management and peer review confidentiality and privileging guidelines and requirements.
- 2. Network Providers perform timely background checks on all employees.
- 3. Network Providers perform credentialing/re-credentialing, appointment and privileging activities in accordance with their policies and procedures that substantially comply with the procedures set forth in this policy.

4. Network Providers will report to North Sound BHO Quality Manager or designee any individual reports of change in licensure or certification status and/or any adverse actions.
5. Exceptions will be granted to the requirement of substantial compliance upon a showing the Network Provider's program meets generally accepted industry standards.

E. North Sound BHO Monitoring Responsibilities

1. North Sound BHO retains responsibility for oversight and monitoring of the credentialing/re-credentialing, appointment and privileging processes and associated activities performed by Network Providers.
2. North Sound BHO ensures background checks have been completed on all provider employees.
3. North Sound BHO shall review Network Providers existing and/or new policies and procedures related to credentialing/re-credentialing, appointment and privileging during its administrative review.
4. North Sound BHO retains the ability to review at any time credentialing/re-credentialing files for purposes of quality management oversight. At a minimum, North Sound BHO will periodically conduct a review of Network Providers' credentialing/re-credentialing processes and files.

ATTACHMENTS

None

Effective Date: 7/28/2004
Revised Date: 3/7/2017
Review Date: 3/7/2017

North Sound Behavioral Health Organization

Section: 1000 Administrative: Provider Network Selection and Management

Authorizing Source: 42 CFR 438.12, 438.214

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Contracts Manager

Approved by: Executive Director

Date: 3/8/2017

Signature:

POLICY#1008.00

SUBJECT: PROVIDER NETWORK SELECTION, CAPACITY AND MANAGEMENT

PURPOSE

To establish and maintain a comprehensive network of behavioral health providers capable of delivering all medically necessary covered services to North Sound Behavioral Health Organization, LLC (North Sound BHO) enrollees required under the Department of Social and Health Services/Division of Behavioral Health and Recovery (DSHS/DBHR) Interlocal Agreement in accordance with state and federal regulations, North Sound BHO requirements, accepted standards of care, practice guidelines and evidence-based practices.

North Sound BHO will maintain a network of Community Behavioral Health Agencies (BHAs) that is sufficient in number, mix and geographic distribution to meet the needs of the anticipated number of enrollees in the service area

POLICY

North Sound BHO develops a behavioral health system of care, establishes strategies for service delivery, selects the Provider Network for delivery of service, assures adequate capacity and manages the Provider Network through communication processes and contract requirements and monitors quality of care and service delivery for the purpose of meeting the mental health needs of North Sound BHO enrollees.

PROCEDURES

A. Network Development

1. North Sound BHO carries out a system wide and organizational planning process that establishes the mission, vision and core values of the organization, ensures compliance in accordance with DSHS/DBHR contractual mandates for service delivery, allocates resources, estimates the clinical needs of the community, estimates the service capacity available in response to community needs, and identifies the populations to be served by age groups and other relevant characteristics that results in an Annual Strategic Plan.

2. As part of the Strategic Planning Process Geo-Mapping process is completed and reviewed as part of the geographic service area needs assessment. Aggregate utilization data and provider staffing models and ratios are analyzed, and input from enrollees, clinical Provider Network staff and other stakeholders is solicited.
3. The Strategic Planning Process includes design of a continuum of care that is responsive to the needs of populations served and is adequately funded to provide adequate and appropriate services to members. The Strategic Plan, approved by North Sound BHO leadership, defines the scope and provision of network services, including the goals of services, quality of care provided to enrollees and the method used to assess and meet the behavioral health care needs of the region.
4. Care and services provided throughout the North Sound BHO Provider Network are readily available, accessible, culturally sensitive/competent and appropriate to the scope and levels of care required by the populations served. Services are designed to accommodate new population's identified needs as necessary.

B. Provider Network Selection, Capacity and Management

1. The design and structure of the Provider Network is designated by North Sound BHO leadership in the strategic planning. Service delivery is designed and planned to meet enrollee needs for timely care whether provided directly by the Provider Network, their subcontractors, through referral, consultation or other contractual or delegated arrangements.
2. North Sound BHO identifies well-defined criteria or performance expectations to select Providers of contracted services. North Sound BHO retains the right to make key decisions affecting overall care and services provided to enrollees by the provider network.
3. North Sound BHO establishes standards of care as outlined in the Standards of Care and Clinical Eligibility Manual and actively oversees contracted activity based on performance indicators established by DSHS/DBHR.
4. Based on assessed needs and the strategic plan for the service delivery system, North Sound BHO develops and maintains a network of behavioral health providers through a procurement process that addresses quality as well as financial stability in order to ensure that services are provided promptly and are reasonably accessible and available. Provider Network applicants are evaluated with consideration for clinical, financial and technical competency, demonstration of quality of past performance and diversity in populations served.
5. North Sound BHO will not discriminate against Provider Network applicants that serve high-risk populations or specialize in conditions that require costly treatment.
6. North Sound BHO conducts an agency credentialing process during initial contract negotiations including verification of appropriate licensure with DSHS/DBHR, Washington Community Behavioral Health Certification and evidence of liability insurances. Re-credentialing occurs periodically thereafter.

7. North Sound BHO will not select or contract with Provider Network applicants that are excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Social Security Act.
8. North Sound BHO has established a primary source verification process to assist the Provider Network in selecting competent, experienced professional staff and privileging those staff selected. Once the credentialing file is established, re-credentialing occurs at least every two years. See North Sound BHO Policy #1005, Primary Source Verification Credentialing and Re-credentialing.
9. Service gaps are addressed continuously in the planning process and during the service delivery process. North Sound BHO and its Provider Network have in place a process that permits a referral to an appropriate behavioral health care provider outside of the North Sound BHO Provider Network when there is not a behavioral health care provider with appropriate training and experience in the North Sound BHO Provider Network to meet the particular medically necessary service needs of the North Sound BHO enrollee. See North Sound BHO Policy # 1522, Out of Network Referrals.
10. North Sound BHO maintains the Provider Network so that sufficient professional personnel are employed and available to provide covered services including crisis services twenty-four (24) hours a day, seven (7) days a week.
11. North Sound BHO negotiates the behavioral health service modalities to be provided, amount of funding and details of the contract requirements with each of the Network Service Providers selected.
12. North Sound BHO will provide a written notice of the reason for its decision to Network Provider applicants that are not selected as one of the contracted service providers for the North Sound BHO Provider Network.

C. Network Capacity

Representatives of North Sound BHO stakeholders, providers, county and North Sound BHO staff will meet biennially to map current services and develop a set of factors that will be trended across time to indicate needs for additional capacity, new services and/or additional service locations.

D. Network Management

1. North Sound BHO and Provider Network staff are trained at the time of orientation and periodically to understand and effectively communicate the mission, vision core values and plans regarding the region-wide behavioral health system of care.
2. Integrated Provider Network meetings are conducted quarterly to ensure communications with contractors and their subcontractors. Issues for the agenda may include but are not limited to: contract requirements, program changes, quality of care, quality improvement activities, performance indicators and updates to state and federal regulations and requirements.

3. North Sound BHO contract language clearly specifies expected standards of performance and the indicators used to monitor provider performance. Contract language describes how North Sound BHO designs processes, collects data, assesses and guides provider performance improvement. North Sound BHO collaborates with the Provider Network in implementing performance improvement processes.

E. Provider Network Evaluation and Monitoring

1. North Sound BHO conducts Concurrent and Retrospective Reviews, On-site Clinical Record Reviews, Biennial Administrative, Fiscal and Quality Assurance/Improvement On-Site Monitoring Reviews, and other on-going monitoring activities to assure the quality of care for enrollees.
2. Continued retention in the Provider Network is determined on a periodic basis prior to contract renewal and is based on compliance with contract requirements, submission of encounter data, utilization data, critical incident reports, corrective actions, customer satisfaction surveys, financial audits, handling of grievances and fair hearings and continuous quality improvement.
3. Recommendations to change a provider status or to impose sanctions for non-compliance are discussed with the North Sound BHO Leadership Team and final decisions are made by the North Sound BHO Executive Director. In the event that a North Sound BHO Network Provider neglects to respond to the service needs of an enrollee and by so doing creates a situation that constitutes imminent jeopardy to the safety or welfare of the North Sound BHO enrollee, North Sound BHO will require immediate corrective action as specified in contract and notify DSHS/DBHR in accordance with North Sound BHO's legal and contractual obligations.
4. North Sound BHO may terminate a contract if the North Sound BHO Network Provider has violated any law, regulation, rule, or ordinance applicable to services provided under the contract or if continuance of the contract poses material risk of injury or harm to any person. Denial of licensure renewal or suspension or revocation will be considered grounds for termination in accordance with the contract term.
5. If the change in a Network Providers status causes or relieves a significant deficiency in services to North Sound BHO enrollees, the impact of the change shall be reported to DSHS/DBHR by North Sound BHO as per contract requirements.

ATTACHMENTS

None

Effective Date: 7/18/2008
Revised Date: 3/7/2017
Review Date: 3/7/2017

North Sound Behavioral Health Organization

Section 1000 – Administrative: Remedial Action

Authorizing Sources: North Sound PIHP and SMHC Contract

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Date: 3/8/2017

Responsible Staff: Contracts Manager

Signature:

POLICY#1017.00

SUBJECT: REMEDIAL ACTION

PURPOSE

To set forth when North Sound Behavioral Health Organization, LLC (North Sound BHO) initiates a remedial action and requires a corrective action plan of a Contractor in the performance, utilization and management of regional administrative and clinical services.

POLICY

North Sound BHO shall ensure Contractors are accountable for contract compliance. When deficiencies are identified and meet the established criteria for corrective action North Sound BHO shall require the Contractor to develop a corrective action plan. The Corrective Action Plan must comport with the requirements set forth in the contract.

PROCEDURES

1. North Sound BHO shall evaluate the contractor's performance prior to imposing a corrective action.
2. North Sound BHO shall monitor activity on a consistent basis.
3. North Sound BHO shall evaluate data quarterly and/or when necessary.
4. North Sound BHO shall determine if a trend is emerging and whether the provider is not meeting the benchmark of 90% cumulative percentage, or less if determined by North Sound BHO, for the time period being measured.
 - a. If the cumulative score is the below the benchmark of 90%, or less if determined by North Sound BHO, a Remedial Action/Corrective Action will be initiated.
 - b. If the provider fails to deliver required reports, encounter data, encounter data corrections, accounting, claims and/or other documentation to North Sound BHO within the specified time frame; a Remedial Action shall be initiated, unless otherwise agreed to.
 - c. North Sound BHO shall allow Contractor 30 days from receipt of remedial action letter to submit a corrective action plan. Contractor shall have 60 days for implementation of the accepted plan, with the exception of a situation that poses a threat to the health or safety of any person or that poses a threat of property damage and/or an incident has occurred that resulted in injury or death to any person and/or that resulted in damage to property, for which immediate action shall be required.

5. North Sound BHO shall provide general contract language in remedial action procedures in all contracts with the providers within the region.

ATTACHMENTS

None

Effective Date: 9/3/2008; 11/21/2005
Revised Date: 12/12/16
Review Date: 2/17/2017

North Sound Behavioral Health Organization

Section 1000 – Administrative: Delegation of North Sound BHO Functions and Responsibilities

Authorizing Source: 42 CFR§438.230, DSHS/DBHR contract; North Sound BHO

Cancels: 1548.00

See Also:

Providers are required to 'comply with' this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Date: 3/8/2017

Responsible Staff: Contracts Manager

Signature:

POLICY #1018.00

SUBJECT: DELEGATION OF NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION (North Sound BHO) FUNCTIONS AND RESPONSIBILITIES

PURPOSE

To establish a mechanism to provide for the delegation of specific functions and responsibilities required of a Pre-Paid Inpatient Health Plan (PIHP).

POLICY

North Sound BHO contracts with the Department of Behavioral Health and Recovery (DBHR) as a behavioral health prepaid health plan and as such complies with all applicable federal, state and local statutes and regulations for behavioral health prepaid health plans as well as all applicable federal and state statutes and regulations for a Behavioral Health Organization (BHO)

As a PIHP, North Sound BHO is required to meet minimum standards, including the assurance that specific functions are addressed either through delegation or through direct performance. Any functions which North Sound BHO proposes to delegate to a sub-contractor will be evaluated through a formal delegation plan, consistent with the requirements of 42 CFR§438.230, to ensure the contractor's ability to performed the delegated activities. All formal delegation plans are submitted to DBHR for approval according to required timelines.

PROCEDURE

Delegation plans include:

1. An evaluation of the contractor's ability to perform delegated activities,
2. A detailed description of the proposed subcontracting arrangements, including:
3. Name, address, and telephone number of the sub-contractor(s),
4. Specific contracted services,
5. Compensation arrangement, and
6. Monitoring plan.

A copy of the existing or draft subcontract that specifies the activities and reporting responsibilities delegated and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is not adequate. The Care Management, Quality Assurance and Performance Improvement functions cannot be delegated to a licensed subcontracted behavioral health agency (BHA) within the North Sound BHO service area. No delegation or subcontract will replace the legal obligation of North Sound BHO to perform its responsibilities. North Sound BHO is fully responsible for all services provided whether those services are rendered by subcontractors or non-contracted providers.

North Sound BHO will develop and maintain written contracts that clearly recognize that legal responsibility for administration of service delivery system remains with North Sound BHO.

1. North Sound BHO retains responsibility to ensure that applicable standards of state and federal statutes and regulations and WACs are met, even when it delegates duties to providers.
2. North Sound BHO will monitor contracts and notify DBHR of observations and information indicating that providers may not be in compliance with licensing or certification requirements. This monitoring will be addressed as part of the North Sound BHO biannual administrative audit process. Additional reviews can also be performed and/or corrective action required based on concerns raised during the annual audit or as indicated.

North Sound BHO will terminate its contract with a provider if DBHR notifies North Sound BHO of a provider's failure to attain or maintain licensure or certification, if applicable.

Please refer to the following link for the Sample Delegation Plan Form:

<http://northsoundbho.org/forms>

ATTACHMENTS

None

Effective Date: 3/8/2017
Revised Date: 2/17/2017
Review Date: 2/17/2017

North Sound Behavioral Health Organization

Section 1000 – Administrative: Individual Rights

Authorizing Source: WAC 388-877-0600; 0680 (or successor) and 42 CFR 438.100

Cancels: Policy 4505.00

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Date: 3/8/2017

Responsible Staff:

Signature:

POLICY #1023.00

SUBJECT: INDIVIDUAL RIGHTS

PURPOSE

To ensure that North Sound Behavioral Health Organization (North Sound BHO) enrollees are fully informed of their rights and responsibilities in accordance to applicable state and federal laws.

POLICY

North Sound BHO Network Providers are required to provide individuals with information regarding their rights. Network Providers are responsible for ensuring each person requesting service is informed of and has a complete understanding of their rights. Network Providers are expected to provide any accommodation necessary, at no cost to the individual, including translation in other language(s) for individuals who speak English as a second language; Network Providers must use an interpreter; alternative modalities for the visually impaired, hearing impaired and cognitive impaired individuals.

PROCEDURES

Individual Rights

North Sound BHO individual rights include all rights as designated by the Washington Administrative Code 388-877-0600, 0680, or its successor and 42 CFR 438.100 and include the following as specified in the Benefits Booklet (for individuals enrolled in Medicaid):

Medicaid recipients have general individual rights and Medicaid-specific rights when applying for, eligible for, or receiving behavioral health services authorized by a behavioral health organization (BHO).

General rights that apply to all individuals, regardless of whether an individual is or is not a Medicaid recipient, include:

1. All applicable statutory and constitutional rights;
2. The participant rights provided under WAC 388-877-0600; and
3. Applicable necessary supplemental accommodation services in chapter WAC 388-472.

Medicaid-specific rights that apply specifically to Medicaid recipients include the following.

You have the right to:

Receive medically necessary behavioral health services, consistent with access to care standards adopted by the department in its managed care waiver with the federal government. Access to care standards provide minimum standards and eligibility criteria for behavioral health services and are available on the Behavioral Health Administration's (BHA) Division of Behavioral Health and Recovery (DBHR) website.

1. Receive the name, address, telephone number, and any languages offered other than English, of behavioral health providers in your BHO.
2. Receive information about the structure and operation of the BHO.
3. Receive emergency or urgent care or crisis services.
4. Receive post-stabilization services after you receive emergency or urgent care or crisis services that result in admission to a hospital.
5. Receive age and culturally appropriate services.
6. Be provided a certified interpreter and translated material at no cost to you.
7. Receive information you request and help in the language or format of your choice.
8. Have available treatment options and alternatives explained to you.
9. Refuse any proposed treatment.
10. Receive care that does not discriminate against you.
11. Be free of any sexual exploitation or harassment.
12. Receive an explanation of all medications prescribed and possible side effects.
13. Make a mental health advance directive that states your choices and preferences for mental health care.
14. Receive information about medical advance directives.
15. Choose a behavioral health care provider for yourself and your child, if your child is under 13 years of age.
16. Change behavioral health care providers at any time for any reason.
17. Request and receive a copy of your medical or behavioral health services records, and be told the cost for copying.
18. Be free from retaliation.
19. Request and receive policies and procedures of the BHO and behavioral health agency as they relate to your rights.
20. Receive the amount and duration of services you need.
21. Receive services in a barrier-free (accessible) location.
22. Medically necessary services in accordance with the early periodic screen, diagnosis and treatment (EPSDT) under WAC 182-534-0100, if you are 20 years of age or younger.
23. Receive enrollment notices, informational materials, materials related to grievances, appeals, and administrative hearings, and instructional materials relating to services provided by the BHO, in an easily understood format and non-English language that you prefer.
24. Be treated with dignity, privacy and respect, and to receive treatment options and alternatives in a manner that is appropriate to your condition.

25. Participate in treatment decisions, including the right to refuse treatment.
26. Be free from seclusion or restraint used as a means of coercion, discipline, convenience or retaliation.
27. A second opinion from a qualified professional within your BHO area at no cost, or to have one arranged outside the network at no cost to you, as provided in 42 CFR § 438.206(3).
28. Receive medically necessary behavioral health services outside of the BHO if those services cannot be provided adequately and timely within the BHO.
29. File a grievance with the BHO if you are not satisfied with a service.
30. Receive a notice of action so that you may appeal any decision by the BHO that denies or limits authorization of a requested service, that reduces, suspends, or terminates a previously authorized service, or that denies payment for a service, in whole or in part.
31. File an appeal if the BHO fails to provide services in a timely manner as defined by the state, or act within the timeframes provided in 42 CFR § 438.408(b).
32. Request an administrative (fair) hearing if your grievance or appeal is not resolved in your favor.
33. Services by the behavioral health Ombuds office to help you in filing a grievance or appeal, or to request an administrative hearing.

A behavioral health agency licensed by DBHR and certified by DBHR to provide mental health and/or substance use disorder services must ensure the Medicaid rights described above are:

1. Provided in writing to each Medicaid recipient, and if appropriate, the recipient's legal representative, on or before admission;
2. Upon request, given to the Medicaid recipient in an alternative format or language appropriate to the recipient and, if appropriate, the recipient's legal representative;
3. Translated to the most commonly used languages in the agency's service area; and
4. Posted in public areas.

For Medicaid enrollees, the following specific rights apply, 42 CFR 438.100.

1. Receive information in accordance with 42 CFR § 438.10 (Information Requirements).
2. Be treated with respect and with due consideration for his or her dignity and privacy.
3. Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand. (The information requirements for services that are not covered under the contract because of moral or religious objections are set forth in 42 CFR § 438.10(f)(6)(xii).)
4. Participate in decisions regarding his or her health care, including the right to refuse treatment.
5. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.

6. If the privacy rule, as set forth in 45 CFR parts 160 and 164 subparts A and E, applies, request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR § 164.524 and 164.526.
7. An enrollee has the right to be furnished health care services in accordance with 42 CFR §§ 438.206 through 438.210.
8. *Free exercise of rights.* The State must ensure that each enrollee is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the North Sound BHO and its providers or the State agency treat the enrollee.
9. *Compliance with other Federal and State laws.* The State must ensure that North Sound BHO and its network providers comply with any other applicable Federal and State laws (such as: title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; and titles II and III of the Americans with Disabilities Act; and other laws regarding privacy and confidentiality).

For both individuals not enrolled/enrolled in Medicaid the following rights apply, WAC 388-877-0600:

Each agency licensed by the department to provide any behavioral health service must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an individual's rights are protected in compliance with RCW chapters 71.05, 71.12 and 71.34. In addition, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements.

You have the right to:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
2. Practice the religion of choice, as long as, the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
5. Be free of any sexual harassment;
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
9. Receive a copy of agency grievance system procedures upon request and to file a grievance with the agency, or BHO, if applicable, if you believe your rights have been violated; and
10. Lodge a complaint with the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.

Each agency must ensure the applicable individual participant rights described in this policy are:

1. Provided in writing to everyone on or before admission;
2. Available in alternative formats for individuals who are blind;
3. Translated to the most commonly used languages in the agency's service area;
4. Posted in public areas; and
5. Available to any participant upon request.

Each agency must ensure all research concerning an individual whose cost of care is publicly funded is done in accordance with WAC chapter 388-04, protection of human research subjects, and other applicable state and federal rules and laws.

In addition to the requirements in this section, each agency providing services to Medicaid recipients must ensure an individual seeking or participating in behavioral health treatment services, or the person legally responsible for the individual is informed of their Medicaid rights at time of admission and in a manner, that is understandable to the individual or legally responsible person.

The grievance system rules in WAC 388-877-0654-0675 apply to an individual who receives behavioral health services funded through a federal Medicaid program or sources other than a federal Medicaid program.

Other specific rights are defined in the WAC for individuals who enter Triage/Crisis Stabilization units, residential facilities, inpatient treatment on a voluntary basis, individuals who are detained to inpatient or freestanding Evaluation and Treatment programs under the Involuntary Treatment Act, and individuals who enter outpatient treatment under a Less Restrictive Order.

Network Provider Responsibilities

Network Providers are responsible for ensuring a copy of the "Individual Rights Statement" detailing the rights will be given to each person at the intake evaluation or next subsequent appointment.

Network Providers are expected to verbally review the rights with individuals upon entry into services and as frequently as necessary after that time.

Network Providers are responsible for ensuring a copy of the "Individual Rights Statement" is signed by the enrollee documenting that the rights are understood and accepted. The signed "Individual Rights Statement" will be maintained in the individual's clinical record.

The "Individual Rights Statement" will be posted in a conspicuous location in each building operated by a North Sound BHO Network Provider.

Network Providers will ensure a copy of the "Individual Rights Statement" and Individual Rights Policy and Procedures are provided to individuals, family members or other interested persons upon request.

Each North Sound BHO and North Sound BHO Provider Network employee will be apprised of this policy, the procedures set forth in this policy and educated in its implications within 10 days of hire. Documentation of this training will be maintained within each agency and each employee's personnel file.

Each North Sound BHO Network Provider will develop policies and procedures regarding individual rights that comply with the procedures set forth in this policy or will incorporate this policy into the agency's policy and procedure manual.

Special Situations

If a person is under the age of 13, both the individual and his/her parent, legal guardian, or other authorized person will be asked to read and sign the same "Individual Rights Statement" acknowledging understanding of their rights.

If an individual does not understand any aspect of the rights form, any Provider Network staff member has the responsibility of explaining this to the individual.

In behavioral health crisis situations, it is the responsibility of the Provider Network Designated Mental Health Professional (DMHP)/Designated Crisis Responder (DCR) to ensure the individual will be verbally advised of the pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. A written copy of the "Individual Rights Statement" and verbal explanation will be delayed to the first subsequent meeting with the individual once the crisis is stabilized.

ATTACHMENTS

None

Effective Date: 1/13/2017
Revised Date: 1/11/2017
Review Date: 1/11/2017

North Sound Behavioral Health Organization

Section 1500 – CLINICAL: Integrated Dual Disorder Treatment (IDDT)

Authorizing Source: North Sound BHO Contract

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 1/13/2017

Signature:

POLICY # 1585.00

SUBJECT: INTEGRATED DUAL DISORDER TREATMENT (IDDT)

PURPOSE

To define IDDT processes, eligibility requirements, admission and discharge processes in this fidelity model program.

POLICY

IDDT is an evidence-based practice that improves the quality of life for people with co-occurring severe mental illness and substance use disorders by providing integrated mental health and substance use disorder treatment. An inter-disciplinary team works together to provide treatment that is appropriate to the individual's specific needs. They use a strategy of assertive outreach, and provide motivational interventions that are appropriate to the individual's stage of recovery. IDDT provides individual and group treatment, as well as, prescriber services.

IDDT programs provide 24/7 service availability.

IDDT services are offered in Snohomish and Skagit Counties.

PROCEDURES

Eligibility

Individuals who are eligible for admission to IDDT:

1. Are clinically and financially eligible for mental health services from North Sound BHO; and
2. Have a substance use disorder; and
3. Have a serious mental illness; and
4. Have a LOCUS of 3 or above; and
5. Live within an IDDT program service area (Skagit or Snohomish County).

As this program has a limited capacity, priority is placed on individuals with schizophrenia, other psychotic disorders, and bipolar disorder because these illnesses most often cause long-term psychiatric disability. Additionally, priority is placed on individuals who have difficulty utilizing traditional office-based outpatient services, and may benefit from an assertive outreach approach.

Referral and Admission

For individuals in a current treatment episode:

1. The individual and their clinician will discuss whether the individual wishes to be referred to an IDDT program. Clinician will consult the policy and procedure and/or IDDT program manager of the relevant program 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 of their choice to schedule a routine outpatient intake evaluation (assessment). The individual is recommended but not required to request an intake at the agency with the IDDT program with which they wish to enroll.
2. Once the individual receives an intake evaluation and the clinician doing the evaluation believes the individual may be eligible for the IDDT program, the assessment clinician confirms with the individual that they would like to be referred to IDDT.
3. The assessment clinician will then consult the policy and procedure and/or IDDT program manager for specific referral instructions.

*If circumstances such as incarceration, hospitalization, or other factors make it difficult for the individual to enter services through the traditional intake evaluation described above, and the referrer believes that outreach may assist in getting the individual enrolled, the referrer is encouraged to discuss their concerns with the IDDT program. The IDDT program may be able to perform the intake assessment in the community, or make some efforts to engage with the individual prior to their intake assessment.

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

IDDT teams do not keep a waiting list. Once IDDT programs reach their full capacity, admissions continue as discharges occur. When IDDT teams near their capacity, they may reserve their final three slots for individuals who are discharging from WSH, and rapid readmits. IDDT teams may go over their census to serve individuals who are rapidly readmitted.

Discharge

Integrated Dual Disorder Treatment programs should refer to policy #1540, Discharge from Treatment for policy and procedure surrounding discharge. However, in keeping with fidelity standards, IDDT discharges should differ from standard discharge policy as follows:

1. Individuals enrolled in IDDT should **not** be discharged from treatment for the following reasons:
 - a. Lack of active participation in treatment;
 - b. Lack of progress in treatment.
2. Engagement efforts for individuals enrolled in IDDT utilize assertive outreach (i.e., are typically substantially greater than indicated by policy #1540). Individuals with mental health and substance use disorders often have difficulty engaging, and IDDT fidelity indicates that the program should be persistent in its efforts to engage.

3. Discharge may occur when clients are out of contact with the program for 90 days despite persistent efforts by the team to re-engage. (Typically, this means the team is unable to find the individual, or the individual consistently refuses all contact with the team.) The clinical record should contain documentation of active re-engagement efforts during this 90-day period.
4. Individuals should be discharged from IDDT upon request (unless treatment is mandated by Less Restrictive Order or Conditional Release). IDDT providers are committed to serving individuals who are difficult to engage, and will make every effort to work with enrolled individuals to come to a mutually agreeable plan of care to continue working together. If this is not possible, IDDT will assist the individual to find and enroll in other services suitable to the individual prior to closing the individual's episode of treatment in the program.

Examples of times treatment episodes may be closed, as outlined in policy #1540, include when individuals no longer meet the North Sound BHO continued stay criteria; move out of the IDDT service area; request to end their services; or have been admitted to an institutional setting for a prolonged period.

Whenever possible, IDDT should work with the individual to develop a discharge plan, including connecting them with services appropriate to their level of need.

Rapid re-admission

Individuals who have been discharged from the IDDT program for any reason may be rapidly re-admitted to the program. The IDDT program may go over its census in order to serve these individuals. (It should not resume admissions of new individuals until it is back below census.) Re-admission to IDDT should take place only when it is medically necessary.

Individuals are financially eligible for rapid re-admission if they:

1. Have Washington Apple Health with a Behavioral Health Organization benefit, or
2. Are eligible for state only funded services, per Policy #1574.

ATTACHMENTS

None