



# North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2018-003

Date: February 27, 2018

To: Tom Sebastian, Compass Health and Compass Whatcom  
Donna Konicki, Bridgeways  
Jenny Billings, Lake Whatcom RTC  
Will Rice, Catholic Community Services Northwest  
Claudia D'Allegrì, Sea Mar  
Cammy Hart-Anderson, Snohomish County MH/CD/Vets Division Manager  
Phil Smith, Volunteers of America  
Shanon Hardie, 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 Policies

Greetings BHA Providers:

**Policy 1529.00 – Children's Long-Term Inpatient Program (CLIP) Care Coordination**

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy February 1, 2018.

**Policy 1706.00 – Safeguarding of Property**

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy February 26, 2018.

Please ensure all appropriate staff receives this information.

The NM contains policies below for your convenience.

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

A redlined copy of Policy 1529.00 will be included as separate attachment via the email.

cc: Cindy Ferraro, Bridgeways  
Kay Burbidge, Lake Whatcom RTC  
Katherine Scott, Sea Mar  
Danae Bergman, Center for Human Services  
Barbara LaBrash, San Juan County Coordinator  
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Effective Date: 9/17/2007; 7/13/2005  
Revised Date: 9/13/2017  
Review Date: 9/13/2017

## North Sound Behavioral Health Organization

### Section 1500 – Clinical: Children’s Long-term Inpatient Program (CLIP) Care Coordination

Authorizing Source: PIHP, State Contract, CLIP Administration P&P Appendix A

Cancels:

See Also:

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

Responsible Staff: Quality Manager

Approved by: Executive Director

Signature:

Date: 2/1/2018

## POLICY #1529.00

### SUBJECT: CHILDREN’S LONG-TERM INPATIENT PROGRAM (CLIP) CARE COORDINATION

#### PURPOSE

To ensure appropriate admissions, quality care coordination between North Sound Behavioral Health Organization (North Sound BHO), outpatient providers, the Children’s Long-Term Inpatient Program (CLIP) and appropriate discharges to family or the most normalizing/family-like community settings possible.

#### POLICY

CLIP is the highest level of treatment for youth who have a severe psychiatric impairment that warrants the restrictions and intensity of the treatment provided by this program. North Sound BHO and its providers are committed to active care coordination with CLIP to assist with appropriate admissions, high quality and effective inpatient treatment and rapid discharge/return to community from CLIP.

#### DEFINITIONS

Regional CLIP Committee – A committee made up of BHO representatives including North Sound BHO medical director and any involved or relevant cross-system representatives as appropriate. This committee is responsible for first level screening of CLIP applications. Final determination regarding whether or not to recommend a CLIP application to CLIP Administration is the responsibility of North Sound BHO medical director. Recommended applications are then submitted to the Administrative CLIP Committee for final review and certification.

Regional CLIP Coordinator – An employee of North Sound BHO and member of the Regional CLIP Committee who provides guidance and support in coordinating applications, coordinates various parties and systems involved in the presentation of cases to the Regional CLIP Committee for a possible admission to CLIP. This role may also participate in meetings/coordination efforts throughout a youth’s stay in CLIP from pre-admit to discharge.

Behavioral Health Agency (BHA) Designee – an employee of a contracted BHO provider who has been serving youth 60 days or more. This role will participate in meetings/coordination efforts throughout a youth’s stay in CLIP from pre-admit to discharge as appropriate.

## ELIGIBILITY AND ADMISSION CRITERIA

### Voluntary and Involuntary

1. Age – Applicants must be under the age of 18 prior to admission to a CLIP program.
2. Gender – Services are available to males, females and transgender youth.
3. Payment – Services are available to both Medicaid and non-Medicaid youth. All youth served in CLIP are eligible for Medicaid funding while in residence. If the youth has private insurance that covers psychiatric inpatient care, those benefits are also applied to the cost of stay.
4. Residency – Applicants must be legal residents of Washington State defined as being in the custody of Washington State or in the custody of the legal guardian who is a resident of Washington State.
5. Psychiatric Impairment – Applicants must have a severe psychiatric impairment as evidenced by a severe emotional disturbance and corroborated by a clear psychiatric diagnosis which warrants the intensity and restrictions of the treatment provided in a CLIP program.
6. Less Restrictive Treatment Setting – Before applicants are considered for CLIP, the CLIP committee will consider the possibility of a less restrictive setting for treatment, if appropriate and available, prior to recommending applications to the CLIP Administration for final review. For youth who are currently enrolled in BHO services, it is highly recommended less restrictive care be attempted and intensity/frequency documented **prior** to a Regional CLIP screening.
7. Ability to Benefit – Applicants **will not be** excluded from consideration due to intellectual functioning, physical, or medical disabilities. **However**, the applicant must meet the minimum admission criteria and demonstrate an ability to benefit from the treatment being provided in the CLIP program.
8. Age and Voluntary Admission – For applicants under the age of 13, the legal guardian must agree to the treatment. If the applicant is 13 years old or older, the youth must agree to **voluntary** treatment. CLIP does not have the right to hold a youth against their will unless they have been court ordered to treatment via the Involuntary Treatment Act (ITA).
9. Age and Involuntary Admission – Adolescents (13 years or older) who have been **involuntarily** committed for 180 days of publicly-funded inpatient care are thereby eligible for admission to the CLIP program. While the BHO may consult/coordinate care in conjunction with the acute care hospital, an admission to CLIP under the involuntary status is at the discretion current treating hospital and CLIP Administration.

## VOLUNTARY APPLICATION PROCESS

### Complete Application Requirements:

1. For Medicaid eligible youth, a WISE screen **must** be completed through a BHO provider prior to submitting a completed CLIP application. For these eligible youth/family, it is highly recommended less restrictive care be attempted and documented prior to submitting an application for CLIP.
2. CLIP Application and a full list of requirements can be found at [www.northsoundbho.org](http://www.northsoundbho.org) under Provider Resources and the forms tab <http://northsoundbho.org/Forms>. At a minimum, a complete application will contain:
  - a. The most recent full CANS assessment, within the last 90 days prior to CLIP application.
  - b. CALOCUS – completed or updated within the last 30 days.

- c. CLIP Application form – which can be found at <http://www.northsoundbho.org> under Provider Resources and forms along with a complete check list of other documentation to include:
  - i. A complete psychosocial history.
  - ii. A complete psychiatric evaluation by a child psychiatrist (MD) or a psychiatric advanced registered nurse practitioner (ARNP) within the last 6 months. For Medicaid eligible youth who are in need of a recent psychiatric evaluation, the BHO and/or BHA will help facilitate this appointment. Youth with private insurance will need to obtain a recent evaluation from a provider in their benefit network.
  - iii. Other evaluations might include, but are not limited to, eating disorder, sexual deviancy, developmental disabilities, neurological impairments, etc.
  - iv. Supporting documentation that further outlines the current needs of the youth is required (e.g. Cross System Care Plan, Recovery and Resiliency Plan, Individual Service Plan, etc.).
  - v. Youth’s signed agreement to admit to a CLIP facility. This agreement is not legally binding. A youth 13 or older may still decline voluntary CLIP treatment at any point in the process.
3. Once a CLIP application is submitted to the BHO, the BHO CLIP Coordinator will notify the requestor, family and youth (13 or older) within 3 days of the application’s receipt.
4. To help ensure timeliness of the CLIP application process, it is strongly recommended the person submitting the packet work with the BHO CLIP Coordinator **prior** to submission to the BHO to avoid any unnecessary delays in processing. Once the packet is submitted, the BHO CLIP Coordinator will then review the packet to ensure it is **complete**. If it is complete, the coordinator will work with the requestor to schedule a screening within the next 30 days. If the application is **incomplete**, the BHO CLIP Coordinator will work in conjunction with the requestor as the requestor gathers the needed documentation and notify the CLIP Administration of any delays as needed.
5. North Sound BHO CLIP screening meetings are in person meetings at the office of the BHO. A call-in option may be made available for providers whose distance would prevent reasonable travel to the BHO office. Call-in options for families or other local providers may be considered on a case by case basis. This meeting **shall** consist of legal guardian(s) of the youth, BHO representatives and any currently treating BHA at a minimum. Other allied systems significantly involved with the youth such as, but not limited to, Children’s Administration (CA), Department of Developmental Disabilities (DDA), Rehabilitation Administration-Juvenile Rehabilitation (RA-JA), behavioral health providers outside the BHO network, school, PCP, etc. are strongly encouraged to participate and are invited. Youth participation is encouraged where appropriate. **However**, the North Sound BHO does not recommended participation for youth under age 16 and for youth of this age will still defer to family and community treatment teams to assess a youth’s ability to appropriately participate in such a meeting.

6. Upon the conclusion of the screening, the BHO representatives will meet separately to discuss the information presented in the screening and make a determination to “recommend” or “not recommend” the application to CLIP Administration. For either determination, a letter will be provided within 45 days from the date of receiving the complete application and will outline recommendations for either determination.
7. If the application is **recommended**, a letter will be provided to the legal guardian/youth (13 or older) that outlines the recommendations and, as appropriate, suggestions regarding stabilization of the youth until admit, that were discussed in the Regional CLIP screening meeting.
8. If the application is **not recommended**, a letter will be provided to the legal guardian/ youth (13 or older) that specify the reasons for not recommending at this time and outline recommendations for alternative services to address the needs of the youth and family. Additionally, the letter will outline both the Application Reconsideration process as well as the Appeal Process.

### **APPLICATION RECONSIDERATION**

At times, an application may be screened by the Regional CLIP Committee that is “not recommended” because the youth/family are involved in, or would benefit from, a longer course of treatment and/or engagement in intensive community-based services/other supports. These services and supports may prove to be highly effective long-term and potentially make an application to CLIP unnecessary. Application Reconsideration is a BHO process that allows for youth/family and community teams sufficient time to continue working together in intensive community-based services toward recovery in the less restrictive, most normative setting. However, in the event intensive community-based services/supports continue to be ineffective **and** new information is available, applicants can request a reconsideration of the CLIP application from the BHO, without having to submit a new full application, **within 90 days** of the Regional CLIP Committee’s original determination date.

This reconsideration process is as follows:

1. New/updated information to add to the application must be submitted to the Regional CLIP Coordinator within the 90-day timeframe.
2. The new documentation will be reviewed by the BHO CLIP Committee only in accordance with application timelines set out in this policy. No new screening meeting will be required but may be requested by the BHO.
3. After reviewing the new information, the BHO will make a determination if the new information presented meets the medical necessity criteria for the application to be “recommended” for CLIP level care.
4. A letter with the BHO’s determination will be sent within five (5) business days

If the Regional CLIP Committee determines the youth is now meeting medical necessity for CLIP level care based on the new information, the application materials will be forwarded to CLIP Administration.

If the Regional CLIP Committee upholds the original “not recommended” decision, an appeal can be made directly to CLIP Administration.

**Please note: the process of Application Reconsideration is not required in order for youth/family and/or community team to file an appeal for the initial decision directly with CLIP Administration (see Appeal Process below). Application Reconsideration is a BHO process that allows for youth/family and community teams more sufficient time working together in intensive community based services, post initial CLIP screening, toward recovery prior to a higher level of care and relieves the community team the burden of submitting a new full application within that 90 day period.**

### **APPEAL PROCESS – CLIP ADMINISTRATION**

In the event any family and/or community team member(s) disagree with the decision by the BHO either to recommend or not recommend a CLIP application, an appeal may be made directly to the CLIP Administration only after the BHO voluntary process is complete. An appeal to the CLIP Administration must include:

1. The completed application requirements are met
2. The perspectives of the BHO are submitted in writing
3. The perspectives of the appellant are submitted in writing

These documents are to be submitted to the CLIP Administration:

CLIP Coordinator  
2940 Westlake Ave. N. #301  
Seattle, WA 98109

The CLIP Administration will review all the documents and render a decision, notifying all the parties involved in the appeal.

### **OTHER TYPES OF ADMISSIONS**

Involuntary Treatment Act (ITA) – Adolescents (13 and older) who have been involuntarily committed for 180 days of publicly-funded inpatient care are eligible for admission to the CLIP programs. If CLIP level treatment is warranted, these requests are completed by the acute care hospital directly to CLIP Administration and do not follow the voluntary process for application through the BHO.

Commitment under RCW 10.77 – Adolescents (13 and older) who have been court-ordered for a competency evaluation and/or restoration via RCW 10.77 are eligible for admission only to Child Study and Treatment Center (CSTC). If during the 10.77 further care in CLIP is recommended, the CLIP facility can a) request an evaluation for a possible ITA or b) complete a voluntary CLIP application to be reviewed by the BHO via the voluntary process.

Parent Initiated Treatment (PIT) – Youth 13-17 years old who are hospitalized to an acute care setting under PIT, who wish to submit a CLIP application to the Regional CLIP committee, must do so via the voluntary process which includes the clinical criteria for a voluntary CLIP application. PIT is not considered an ITA.

## **BHO REGIONAL CLIP CARE COORDINATOR and/or BHA DESIGNEE**

The BHO Regional CLIP Care Coordinator is the CLIP liaison designated by the BHO as the primary case contact for CLIP programs responsible for managing individual cases from pre-admission through to discharge. Certain aspects of this role may also be fulfilled by a BHA Designee who is a BHA provider staff currently serving the youth more than 60 days. The two roles and their responsibilities are outlined as follows:

### **BHO Regional CLIP Care Coordinator Role**

1. Provides guidance and assistance as appropriate to families, allied systems and community teams in completing necessary paperwork to process voluntary CLIP applications
2. Processes completed applications and other documentation within contractual timelines
3. Facilitates scheduling of a CLIP screening in conjunction with families, BHO staff, allied systems and community teams
4. Completes determination letters to families and/or youth and facilitates sending all documentation to CLIP Administration for final review

If a youth is non-Medicaid or not currently being served by a BHO contracted BHA for 60 days or longer, the BHO Regional CLIP Coordinator shall:

1. Consistently participate in treatment planning meetings from preadmission through discharge
2. Work in conjunction with the CLIP program team on local resource identification and linkages to community based behavioral health services
3. Participate in recertification activities as appropriate regardless of legal status

### **BHA CLIP Designee Role**

If a youth is currently being served by a BHO contracted BHA for 60 days or longer, the BHA designee shall:

1. First explore and exhaust all less restrictive alternatives that may ameliorate the concerns and provide the necessary supports/treatment, prior to considering the highest level of care. This includes exploring options outside the behavioral health system in conjunction with the youth/family.
2. When applying for CLIP level care, work with families and allied systems in completing necessary paperwork to compile voluntary CLIP applications that will be sent to the BHO
3. Participate in the CLIP screening meeting
4. If the youth's application is recommended to CLIP Administration, the BHA will develop a plan to meet the youth and family's identified needs until admission to CLIP
5. Consistently participate in treatment planning meetings from preadmission through discharge for all youth currently being served by the BHA regardless of the youth's legal status or level of services at the BHA. The youth will not be discharged from the BHA while in CLIP in accordance with Policy 1540 Discharge from Treatment.

- a. **Note: If during the course of CLIP treatment, it is determined the youth/family will not be returning to the currently involved BHA, the BHO Care Coordinator shall be**

**notified immediately and re-engage in the treatment planning meetings. At this time, the BHA and BHO will discuss if/when it is appropriate to close the individual.**

6. Work in conjunction with the CLIP program on local resource identification and linkages to create a comprehensive transition from CLIP back to the community/most normative environment.
7. Participate in recertification activities in conjunction **with the BHO** as appropriate regardless of legal status.

#### **BHO ANNUAL REVIEW**

The BHO will conduct annual reviews of CLIP Admissions to identify trends and potential places of improvement.

#### **ATTACHMENTS**

- 1529.01 Policies and procedures of the CLIP (Appendix A – RSN/CLIP Agreement)



Effective Date: 2/1/2016; 10/3/2013; 3/3/2008; 8/30/2007  
Revised Date: 1/10/2018  
Review Date: 1/10/2018

## **North Sound Behavioral Health Organization**

### **Section 1700 – Crisis Services: Safeguarding of Property**

Authorizing Source: WAC 388-877A-0280 & RCW 71.05.220, 71.05.700-71.05.715

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 2/26/2018

## **POLICY #1706.00**

### **SUBJECT: SAFEGUARDING OF PROPERTY**

#### **PURPOSE**

North Sound Behavioral Health Organization (North Sound BHO) providers of crisis services and providers who operate psychiatric inpatient Evaluation and Treatment (E&T) facilities shall have appropriate policies and processes to ensure reasonable precautions are taken to safeguard an individual's property.

#### **POLICY**

When a Peace Officer or Designated Crisis Responder (DCR) escorts an individual to a facility to be evaluated, the DCR must take reasonable precautions to safeguard the individual's property.

Providers who operate E&T facilities shall take reasonable precautions to inventory and safeguard the property of the individual detained to that facility.

#### **PROCEDURE**

1. Agencies employing DCRs shall provide adequate training and have protocols regarding:
  - a. Safeguarding the individual's property in the immediate vicinity, if involved, at the point of apprehension;
  - b. DCRs will make every reasonable effort to ensure individuals and service animals (per Americans with Disabilities Act (ADA) definition) will be kept together.
  - c. Safeguarding belongings not in the immediate vicinity, if made aware that there may be possible danger to those belongings; the DCR may coordinate with law enforcement and/or other available collateral supports to address these needs;
  - d. Taking reasonable precautions, if made aware, to lock and otherwise secure the individual's home or other property as soon as possible after the individual's initial detention; the DCR may coordinate with law enforcement and/or other available collateral supports to address these needs;
  - e. Ensuring requirements for crisis outreaches to home visits (RCW.71.05.700 through 71.05.715) are met; and
  - f. Documenting, if made aware, the actions taken to safeguard the individual's property.

2. At the time an individual is involuntarily admitted to an E&T facility, a copy of the inventory, signed by the E&T facilities' staff member completing it, shall be given to the individual detained. In addition, the inventory contents shall be open to inspection to any responsible relative, subject to limitations, if any, specifically imposed by the detained individual. For purposes of this section, "responsible relative" includes the guardian, conservator, attorney, spouse, parent, adult child, or adult brother or sister of the individual. The facility shall not disclose the contents of the inventory to any other person without the consent of the individual or order of the court.
3. North Sound BHO will monitor providers' policies and practices through the auditing process.

**ATTACHMENTS**

None