



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 2018-013

Date: June 22, 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'Allegri, 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:

Attached are revised/updated Policies 1511.00, 3044.00, 3045.00 and 3046.00.

Policy 1511.00 – Choice or Change of Behavioral Health Provider (BHP). The Quality Management Oversight Committee reviewed and approved this policy. The Executive Director approved and signed this policy on 6/21/18.

Policy 3044.00 – Third-Party Resources Requirements; Policy 3045.00 – Eligibility Verification; and Policy 3046.00 – Flex Funds were reviewed/updated by the Fiscal Department. These policies were approved and signed by the Executive Director 6/21/18.

Please ensure all appropriate staff receives this information.

The NM contains **revised/updated** policies below for your convenience.

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

June 22, 2018

A redlined copy of the policies will be included as separate attachments via the email.

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
Rowell Dela Cruz, Pioneer Human Services
Perry Mowery, Whatcom County
Contract File

Effective Date: 7/28/2004
Revised Date: 2/27/2009
Review Date: 2/25/2009

North Sound Behavioral Health Organization

Section 1500 – Clinical: Choice or Change of Mental Health Care Provider (MHCP)

Authorizing Source: WAC 388-877A-0460, 388-877-0600,

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

Signature:

Date: 6/21/2018

POLICY #1511.00

SUBJECT: CHOICE OR CHANGE OF BEHAVIORAL HEALTH PROVIDER (BHP)

PURPOSE

To ensure each individual receiving behavioral health services in North Sound Behavioral Health Organization (North Sound BHO), has a choice in his/her Behavioral Health Provider (BHP).

POLICY

At any time during services, individuals, parents of individuals under the age of 13 and legal guardians of individuals of all ages, shall be able to select a primary clinician from the available Behavioral Health Agency (BHA) staff within the North Sound BHO network.

If the individual does not make a choice, the BHA must assign a Behavioral Health Professional (BHP) no later than 14 business days following the request for services. North Sound BHO encourages BHAs to assign individuals to primary clinicians who are anticipated to provide services to the individual throughout the authorization period.

The provider must notify the individual they may change primary clinicians at any time for any reason. Any change of a primary clinician may be made with documented justification at the individual's request by:

1. Notifying the BHA of his/her request for a change; and
2. Identifying the reason for the desired change.

If an individual's request to change their BHP is denied or whose request for a specific BHP is not honored, the individual may pursue a grievance with the BHA or North Sound BHO. Individuals who have exhausted the grievance system at the BHA/BHO level and remain unsatisfied with the result may then request an administrative (fair) hearing (Policy 1002). Individuals may contact Ombuds services for assistance with the grievance system processes, including administrative (fair) hearing.

Should a change in BHP result from a BHA or clinician decision (e.g., clinician resigning or taking a leave of absence, clinician being reassigned), the BHA shall ensure the individual and treatment team (which may include family members, other natural supports and/or other system staff) are informed of the change.

North Sound BHO requires that children and their parents/caregivers/families are served at the same BHA whenever possible, if the family so chooses, and that adolescent individuals reaching the age of majority are provided continuity of care without service disruptions or mandatory changes in BHA or BHP.

If an individual requests a change in BHP, the BHA cannot guarantee the individual will have the same day and time reserved for services. This includes group days and times and individual session days and times.

PROCEDURE

Individual seeking change of BHP

1. When an individual requests a change in BHP, he/she is asked to communicate this desire to the current BHP or the BHP's supervisor. Individuals may request a specific BHP during this process.
2. The individual will be notified within 10 days of the name of the new BHP or why a new or requested BHP is not being assigned.
3. The current BHP's supervisor or designee will arrange for the first appointment with the new BHP.
4. If the individual's change in BHP is due to a grievance, this will be noted in the BHAs grievance system record for the individual.
5. Changes in BHP will be entered into the BHA's information management system within 10 days of the change.

BHP resigns or is on a leave of absence

1. If a BHP resigns or will be going on a leave of absence, the BHP, supervisor, or designee will ensure the individual is aware of the new BHP before that provider's departure. In the event the new BHP is not known, the supervisor or designee will serve as the BHP until a replacement is assigned. Individuals may request a specific provider during this process.
2. If a BHP will be on an extended leave from the office (greater than 10 business days), that provider will notify the individual and all members of their treatment teams to discuss continuity of care if clinically appropriate/necessary based on the individual's assessed current level of risk. If that provider is the only member from the agency serving the individual, he/she will also offer a meeting to external team members. If an individual has another agency staff on his/her treatment team, a meeting offer is not required.
3. During the BHP's absence, any member of the treatment team can ask for a team meeting if he/she feels it is appropriate/necessary.

4. Changes in BHP will be entered into the BHA's information management system within 10 days of the change.

BHA decides to reassign BHP

1. If a change in BHP is not by the individual's choice, the individual will be notified within 10 days by the BHP, supervisor, or designee as to whom the new BHP will be. Individuals may request a specific provider during this process.
2. The current BHP, supervisor, or designee will arrange for the first appointment with the new BHP.
3. In the event the new BHP is not known, the supervisor or designee will serve in the BHP role until a replacement is assigned.
4. Changes in primary clinician will be entered into the BHA's information management system within 10 days of the change.

ATTACHMENTS

None

Effective Date: 1/18/2017; 11/29/2005
Revised Date: 6/19/2018
Review Date: 6/19/2018

North Sound Behavioral Health Organization

Section 3000 – Fiscal: Third-Party Resources Requirements

Authorizing Source: DBHR 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: 6/21/2018

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 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 individual's 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: 1/18/2017; 11/29/2005
Revised Date: 6/19/2018
Review Date: 6/19/2018

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

Responsible Staff: Fiscal Officer

Approved by: Executive Director

Signature:

Date: 6/21/2018

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 behavioral 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 behavioral 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 needs services but there are not sufficient funds to admit them into public behavioral health services, they are referred to other community resources.

ATTACHMENTS

None

Effective Date: 5/15/2009; 12/3/2007
Revised Date: 6/19/2018
Review Date: 6/19/2018

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: 6/21/2018

POLICY #3046.00

SUBJECT: FLEX FUNDS

PURPOSE

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

POLICY

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 behavioral 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 three [3] months) when no other enrollee or community resources are available to meet specific behavioral health needs:

1. To divert hospitalization or out of home placement;
2. To create or maintain a least restrictive, safe living environment; or
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 individual's current needs related to behavioral 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.

Exclusions:

Flex funds may not be used for legal fees.

Any flex fund request for reimbursement over \$1500 per incident requires prior approval of North Sound BHO Fiscal Officer. Flex Fund usage will be reported to North Sound BHO by providers monthly for reimbursement on 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 Community 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 behavioral 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 Flex Fund Billing Form. Provider's Flex Fund Manager will maintain a log of Flex Fund uses and will submit it with receipts from each use to North Sound BHO for the reimbursement of Flex Funds monthly.

ATTACHMENTS

None