

# North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties  
*Improving the mental health and well being of individuals and families in our communities*

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NSMHA Contract Memorandum 2012-017

Date: October 26, 2012

To: Tom Sebastian, Compass Health  
Donna Konicki, Bridgeways  
Michael Watson, Lake Whatcom RTC  
Dean Wight, Whatcom Counseling and Psychiatric Center  
Kathy McNaughton, Catholic Community Services Northwest  
Claudia D'Allegri, Sea Mar  
Ken Stark, Snohomish County Human Services Director  
Phil Smith, Volunteers of America  
Cindy Paffumi, Interfaith  
Sue Closser, Sunrise Services  
Christine Furman, Pioneer Human Services

From: Rebecca Pate, Administrative Assistant

Subject: Revised Policy

## ***Policy 1576.00 – Medicaid Personal Care (MPC)***

This policy went through all the approval processes back in June 2011 but for some reason fell off the radar and never got posted to the website. The Deputy Director signed this policy on October 26, 2012. It is my understanding this is already being implemented but the correct policy was never got sent out.

Please accept my apologies for the delay in getting the approved policy out to you and posted to the NSMHA website.

cc: Cindy Ferraro, Bridgeways  
Heather Fennell, Compass Health  
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Contract File

Effective Date: 2/11/2010; 5/29/2009  
Revised Date: 5/9/2011  
Review Date: 6/22/2011

## North Sound Mental Health Administration

Section 1500 – Clinical: Medicaid Personal Care (MPC)

Authorizing Source: MHD and NSMHA contracts

Cancels:

See Also: MPC protocol between HCS AAA and NSMHA

Approved by: Executive Director

Date: 10/26/2012

Providers must "comply with" this policy

Responsible Staff: Deputy Director

Signature

### **POLICY #1576.00**

### **SUBJECT: MEDICAID PERSONAL CARE (MPC)**

#### **PURPOSE**

To clarify the responsibilities of Aging and Disability Services Administration (ADSA) Home and Community Services (HCS), Area Agencies on Aging (AAA's) and the North Sound Mental Health Administration (NSMHA) as they relate to Medicaid Personal Care Services provided to NSMHA clients by HCS and AAA's.

#### **ASSUMPTIONS**

This protocol is based on the following assumptions:

1. The Department of Social and Health Services (DSHS) is the state agency responsible for the administration of the Title 19 Medicaid Personal Care Program. ADSA/HCS has responsibility for some of the adult DSHS clients eligible for MPC services.
2. Regional Support Networks (RSNs) have fiscal responsibility for Medicaid Personal Care (MPC) Services provided to Regional Support Network (RSN)-enrolled clients who both:
  - a. Qualify for MPC Services due solely to their psychiatric disability.
  - b. Were authorized for services after June 30, 1995.
3. MPC services can be provided to clients whose unmet need for personal care is based solely on a psychiatric disability. HCS clients who appear to meet this criteria will be referred to the RSN for review and, if appropriate, approval of the MPC services. The CARE assessment must document the client's needs and how MPC and other services (as determined by the needs of the individual client) would address the identified needs. MPC would not be provided if the client's personal care needs could be met through provision of other available RSN resources.

#### **REFERRAL AND AUTHORIZATION PROCESS FOR MPC SERVICES/RSN INITIATED**

1. When a NSMHA provider agency clinician/manager determines that a client needs a higher level of care with personal care and activities of daily living than they believe is available in the mental health system they will:
  - a. Call NSMHA and consult with a member of the Intensive Services Review Committee (ISRC) for the options available to meet the needs of the individual client. This consultation will focus on whether NSMHA has a program available to meet the needs of the client, or if it appears that MPC may be the most appropriate program to meet client's need.

- b. If NSMHA has a program that will likely meet the needs of the individual, the clinician will be instructed to discuss this program with their manager.
  - c. If MPC appears to be the most appropriate program for the client, the clinician will be instructed to assist the client in completing the MPC Application form, and will follow the steps below.
2. NSMHA provider agency clinicians shall access MPC Services by submitting an application form, including **all** of the following documents to HCS **and** faxing a copy of them to NSMHA:
- a. Necessary Releases of Information authorizing exchange of information between HCS and
  - b. NSMHA contracted provider agency
  - c. Reason for request to include an overview of the situation including a current description of basic needs, current living situation, and history of residential or specialized housing
  - d. Confirmation that the referred consumer is an NSMHA-enrolled client
  - e. A psychosocial history
  - f. Diagnoses (psychiatric/medical)
  - g. Mental health assessment AND treatment plan
  - h. Proposed use of MPC for consumer care
  - i. Identification of a designated mental health clinician and their contact information

### **REFERRAL AND AUTHORIZATION PROCESS FOR MPC SERVICES/HCS INITIATED**

HCS workers are directed to proceed as follows per LTC Manual chapter 7; MPC services for individuals with a mental illness are funded in one of the following ways:

- 1. RSN Reimbursement - If it appears all the personal care tasks the client requires are based solely on a psychiatric disability:
  - a. You must, prior to authorization, assemble a packet for RSN review. The packet consists of:
    - i. A completed 13 712, Medicaid Personal Care Client RSN Transmittal form;
    - ii. CARE service summary and assessment details. ADSA has an interagency agreement that allows HCS/AAA to share this information with the RSN without a signed release of information from the client.
  - b. If the RSN agrees to the reimbursement, authorize the payment using the
  - c. MPC SSPS code with the designated RSN reason code;
  - d. The 13-712, Medicaid Personal Care Client RSN Transmittal form, indicating RSN approval, must be in the client's file;
  - e. If the RSN denies payment for MPC services, refer the client back to the RSN.

(NOTE: if the RSN states client is NOT an RSN eligible client, HCS will staff case with chain of command for direction).

2. RSN/ADSA funded: After December 1, 2010, the RSN is limited to funding MPC for clients whose “need for MPC services is based solely upon a psychiatric disability”. The only exception to this policy will be when a person cannot be placed out of a hospital without an increased MPC payment and when the MPC cost to NSMHA exceeds the cost of a hospital stay. If approved, these payments will be time limited and aimed at allowing the individual to receive more intensive care while they adjust to living in a new and less restrictive living situation. These cases will be reviewed at three or six months following placement, depending on the individual case. Upon receipt of an MPC request, NSMHA Intensive Services Review Committee (ISRC) staff will review the request to determine if the MPC eligibility is based upon a solely psychiatric disability. If the ISRC has difficulty determining the relative severity of psychiatric or medical conditions, they will consult with the NSMHA Medical Director to determine if the MPC eligibility is based upon a solely psychiatric disability. If NSMHA reviewers determine that a received MPC request is not based upon a solely psychiatric disability, they will send notification that NSMHA will be denying payment.

For those individuals receiving MPC payments approved by NSMHA prior to December 1, 2010 and whose subsequent MPC request is determined by NSMHA reviewers not to be based upon a solely psychiatric disability, payments will be terminated by NSMHA as outlined below;

- a. NSMHA will continue to pay the previously agreed upon MPC payment for up to three (3) months beyond the expiration of the current MPC approval period so that any necessary contingency planning to secure alternative funding and/or services for the individual may be initiated.
  - b. In cases where the NSMHA decision to rescind the MPC payment is disputed by the requesting entity, NSMHA will continue to pay the previously agreed upon payment amount while the dispute is being processed and/or resolved, per conditions outlined in the Medicaid Personal Care Protocol between Aging and Disability Administration (ADSA), Area on Aging (AAA) and NSMHA.
  - c. All relevant requests for MPC services should be sent to NSMHA with the knowledge that the standards defined above will be followed. Rapid (within five (5) business days) by NSMHA to MPC requests will assure that these requests can be processed expeditiously.
3. ADSA funded - If the client has a combination of mental health and medical diagnosis, which make him/her eligible for MPC and RSN denies funding, the cost of care will be paid by ADSA. Authorize the payment in SSPS using the ADSA funded reason code.

(NOTE: If the client's CARE cost is not accepted by a prospective provider, and an ETR is needed follow internal HCS procedures related to Exception To Rule requests.)

4. HCS/AAA case manager contacts mental health clinician and invites them to attend CARE assessment, with client's permission/agreement. NSMHA encourages clinicians to attend CARE assessments whenever possible to improve continuity of care between agencies. If unable to attend the assessment, or if client is unwilling to have clinician attend, the mental health clinician will offer availability to discuss the outcome and implications of the CARE assessment with the HCS/AAA case worker.
5. Following the CARE assessment HCS shall send the following information to the NSMHA: (every effort will be made to transmit this information within 10 working days from the date they receive the referral package. *Consideration of timeliness will be based on consumer need-acute situations may reflect a need for shorter response time, which will be accommodated when possible*).
  - a. HCS/AAA RSN transmittal form.
  - b. A copy of the CARE Assessment, including Service Summary.
6. The NSMHA ISRC shall review the client's CARE Assessment and communicate the following to HCS/AAA: (The NSMHA will make every effort to transmit this information within 5 working days from the date they received the CARE Assessment. The ISRC meets weekly to review these cases. *Consideration of timeliness will be based on consumer need-acute situations may require a shorter response time*).
  - a. Confirm client's status as NSMHA-enrolled consumer.
  - b. Agree/disagree with ADSA's determination of client's unmet need and MPC Services authorization information.
  - c. Determine whether MPC or other NSMHA services are most appropriate to meet client's need.
  - d. Accept or reject financial responsibility for the referred clients MPC Services.
7. HCS/AAA shall send the following information to the NSMHA:
  - a. A completed copy of the Social Services Payment System (SSPS) authorization form (documenting client's name, hours of service, payment amount, start date, termination date, etc.).
8. HCS/AAA will submit SSPS authorization for MPC Services to be billed to NSMHA ONLY AFTER receiving written agreement from NSMHA (fax transmittal form) that NSMHA accepts financial responsibility.

**Steps 3 thru 8 also apply to annual reassessments and reauthorizations of ongoing clients**

### **COORDINATION OF CARE**

Case management responsibilities related to personal care needs will be provided by both HCS/AAA and NSMHA provider agency designated staff as needed and as identified in the client's service plan, Service Summary, mental health treatment plan and mental health crisis plan, updated copies of which shall be shared between the mental health agency and HCS case manager.

Clinicians from HCS/AAA and NSMHA provider agencies will have regular contact to provide coordinated care for mutually served clients. It is the responsibility of each agency's designated staff (clinician) to keep updated releases of information in the client chart such that the above communication is maintained for the duration of the services (not required for HCS).

In the event that a NSMHA contracted provider agency is planning to end services with a NSMHA client who is currently receiving MPC services, the provider agency will notify both NSMHA and HCS/AAA of the planned date of services ending. When outpatient services by the provider agency stop, NSMHA payment for MPC services will also stop as of the same date if no other NSMHA contracted provider is involved with the client. Stopping mental health services and NSMHA MPC payment may affect the residency status of some NSMHA clients living in Adult Family Homes, which needs to be considered in client care planning.

In the event that HCS/AAA staff are planning to cease or reduce MPC services to a client connected to a NSMHA contracted provider agency, HCS/AAA staff will inform both provider agency and NSMHA staff of the planned MPC reduction or cessation so that the provider agency and NSMHA staff can planfully assist the client with the change in services and reevaluate the client's needs from the mental health provider agency.

### **DISPUTE RESOLUTION**

All parties agree to participate in discussions when circumstances arise regarding disagreements pertaining to eligibility, effectiveness and appropriateness of the MPC Services, including changes in psychiatric symptoms, environment and related risk factors. Disagreements regarding the need for MPC Services and assignment of financial responsibility shall be worked out between the NSMHA and Region 3 HCS/AAA Deputy Directors or their designees. Each party agrees to participate in discussions and case staffings; as needed, to resolve differences.

NSMHA financial obligation for MPC services shall not occur until the disagreement has been resolved to the satisfaction of all parties.

### **FAIR HEARINGS**

All parties agree to participate/cooperate in any fair hearings resulting from an NSMHA-enrolled client referred to and/or receiving MPC Services who disagrees with the determination of need for MPC or service level authorization.

The undersigned have agreed to implement this protocol as of the date and year written below and agree that it will remain in full force and effect until such time as the parties agree to amend it. All parties agree to review the protocol on an annual basis.

### **ATTACHMENTS**

None