

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 2014-009

Date: June 17, 2014

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
Mitch Lykins, Pioneer Human Services
Dr. Jerry Jenkins, NWESD 189

From: Joe Valentine, Executive Director

Subject: Revised Policy

Policy 1574.00 – State Only Funding Plan – Mental Health Services

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy June 12, 2014.

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

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

Effective Date: 6/12/2014; 5/29/2009; 9/11/2008; 6/19/2008
Revised Date: 5/28/2014
Review Date: 6/11/2014

North Sound Mental Health Administration

Section 1500 – Clinical: State Only Funding Plan – Mental Health Services

Authorizing Source: SMH Contract; NSMHA

Cancels:

See Also:

Providers must “comply with” this policy and individualized implementation guidelines may be developed by CMHAs

Approved by: Executive Director:

Date: 6/12/2014

Responsible Staff: Deputy Director

POLICY 1574.00

SUBJECT: STATE ONLY FUNDING PLAN – MENTAL HEALTH SERVICES

PURPOSE

To identify the individuals eligible for and services covered by State funds in the North Sound region. For individuals eligible for services covered by State funds and within available resources, this policy is also meant to ensure consistent application of standards region-wide for access to medically necessary outpatient mental health services.

POLICY

North Sound Mental Health Administration (NSMHA) utilizes State funds, as long as available, to provide services to specific populations of individuals with insufficient funding as well as pay for certain programs and services. The use of State funds may be revised as State funding availability changes. Any changes to these categories shall be effective immediately upon written notification.

NSMHA funds a variety of outpatient and inpatient services including the following with State funds:

- A. Access and authorization
- B. Court filing fees
- C. Crisis Services including Mobile Outreach Teams
- D. Evaluation & Treatment Facilities (E&Ts) including out of region E&T costs
- E. Flex Funds
- F. Inpatient Psychiatric Hospitalization costs
- G. Involuntary Treatment Act (ITA) Services
- H. Jail Services
- I. Medicaid Personal Care
- J. Ombuds Services
- K. Out of Network Services
- L. State Plan Outpatient Services to identified populations (see Procedure section below)
- M. Peer Centers
- N. Residential Room and Board costs

NSMHA shall allocate a proportionate and fixed amount of State funds to each Community Mental Health Agency (CMHA) on an annual basis to provide State Plan outpatient services to individuals with insufficient funding. Each CMHA is responsible for management of their allotted funds. If providers exceed their allotted amount, they run the risk of not receiving payment for services provided.

State funds payment by NSMHA for individuals receiving State Plan services shall be considered payment in full as long as they meet State funding qualifications, per State guidelines and this policy, and do not

have third party resources. Additionally, payments of State funds for individuals on a spenddown shall be considered qualifying medical expenses that have been paid on behalf of the individual by a publicly administered program per Washington Administrative Code (WAC) 182-519-0110(9).

Community Mental Health Agencies (CMHAs) shall work with individuals to apply for Washington Apple Health and/or meet their spenddowns. For individuals who are not eligible for Washington Apple Health, consideration shall be given to transitioning them to other programs/services.

PROCEDURE

State Plan Outpatient Services

The following populations of individuals are eligible for medically necessary, State Plan outpatient treatment services under State funding.

- A. Individuals making a request for NSMHA initial authorization or reauthorization and individuals in a current NSMHA authorization period regardless of NSMHA outpatient episode status who are:

1. Discharging, or discharged within the past 30 days, from a Children's Long-Term Inpatient Program (CLIP) facility or Western State Hospital (WSH).
2. Currently on a Less Restrictive Alternative (LR) court order or Conditional Release (CR).

NSMHA-contracted Community Mental Health Agencies (CMHAs) shall serve the individuals identified in this section (A 1-2). It is NSMHA's expectation that State funds are prioritized for these individuals and that there are enough available resources to serve all individuals who meet one or both criteria. For initial and reauthorizations, NSMHA shall provide authorization for a period not to exceed 3 months*. For individuals in a current authorization, NSMHA shall allow for continuation of the current authorization for a period not to exceed 3 months*.

- B. Individuals with a current NSMHA authorization *and* in a current NSMHA outpatient episode who:

1. Are funded by Washington Apple Health, but currently subject to a spenddown from the Department of Social and Health Services (DSHS).
2. Lose their Washington Apple Health coverage and do not fit any of the previously identified categories.

For individuals identified in this section (B 1-2), NSMHA shall allow for continuation of the current authorization for a period not to exceed 3 months from when Washington Apple Health is not active or end of the current authorization period, whichever is sooner*. Due to limited funding, individuals identified in this section are not eligible for initial authorization of outpatient services unless they qualify on some other basis. See below regarding the reauthorization process.

- C. Individuals 18 and older, with an income up to 200% of the Federal Poverty Level, may be served in PACT (Program of Assertive Community Treatment) as long as they were in the

program as of October 7, 2011 and have not closed their PACT treatment episode since that time.

- D. Individuals, in a current NSMHA outpatient episode or not, admitted to CLIP (Children's Long-Term Inpatient Program) facilities or WSH (Western State Hospital), returning to or entering NSMHA services upon discharge, and who are in need of care coordination from the CMHA to facilitate inpatient treatment and discharge planning.
 - 1. CMHAs should use the Rehabilitation Case Management CPT (Current Procedural Terminology/HCPCS [Healthcare Common Procedure Coding System]) code.

Reauthorization

- A. NSMHA shall authorize eligible individuals for medically necessary, State-funded services for a period not to exceed 3 months per reauthorization*.
- B. The determination whether to request reauthorization for an individual covered by State funding is the responsibility of the CMHA to be made in the context of medical necessity and availability of resources with the exception of individuals currently meeting one or both of the criteria in State Plan Outpatient Services – Section A above; a reauthorization is expected for these individuals.
 - 1. Examples of when it may be appropriate to request reauthorization may include, but not be limited to:
 - i. Individual at imminent risk of psychiatric hospitalization.
 - ii. Individual on a complex psychotropic medication regimen for which no prescriber outside the CMHA can be located.
 - iii. Individual improving in intensive services, but who needs time to transition in to a lower level of care prior to discharge from treatment.

***Re/Authorization Limit Exceptions**

- A. Providers may determine there are exceptional cases for which they want an authorization period longer than 3 months. This determination is left to the provider, but the rationale for the exception must be noted in the electronic authorization request in order for NSMHA to provide authorization for a period longer than 3 months.
- B. For individuals who become State-funded during their authorization period, it is the responsibility of the CMHA to request termination of the authorization from NSMHA. For termination of an authorization, see the Change in Mental Health Coverage (Loss of Coverage/Change in Payer) section of NSMHA Policy 1505 Authorization for Ongoing Outpatient Services.

Transfers and Coordination of Care

- A. For State-funded individuals where transfer or coordination of care with another CMHA is requested by the individual or appears clinically appropriate, the MHCP shall contact the second CMHA to determine if they have the funds to accept an individual covered by State funding.
 - 1. The MHCP shall have assisted the individual in attempting to obtain Washington Apple Health prior to transfer or coordinated of care whenever possible.

2. The MHCP shall give consideration to the length of the remaining authorization and need for continued services prior to initiating a transfer or coordination of care.
3. Refusal of transfer or coordinated services by a CMHA should be a rare occurrence. The CMHA initiating the transfer or coordinated services shall notify NSMHA when another CMHA refuses the request.

B. Transfers and coordination of care shall otherwise follow NSMHA Policy 1510.

ATTACHMENTS

None