



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2016-006

Date: June 9, 2016

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Michael Watson, 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
Randy Polidan, Interfaith
Sue Closser, Sunrise Services
Robert Sullivan, Pioneer Human Services
Beratta Gomillion, Center for Human Services

From: Joe Valentine, Executive Director

Subject: Revised Policy and forms

Policy 1522.00 – Out-of-Network Services

This revised policy has been through the complete review and approval process. The Executive Director signed and approved this policy June 9, 2016.

The policy is attached for your convenience.

The two (2) forms for Out-of-Network Requests referenced within the policy are separate attachments to the email. These forms will soon be posted on the website at: <http://nsmha.org/Forms/index.asp>.

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

cc: Cindy Ferraro, Bridgeways
Heather Fennell, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
Richard Sprague, Interfaith
Danae Bergman, Center for Human Services
Jackie Henderson, Island County Coordinator
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Anji Jorstad, Snohomish County Coordinator
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Contract File

Effective Date: 12/15/2014; 4/25/2008; 7/29/2004
Revised Date: 5/25/2016
Review Date: 5/25/2006

NORTH SOUND Behavioral Health Organization

Section 1500 – Clinical: Out-of-Network Services

Authorizing Source: 42 CFR 438.206

Cancels:

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

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 6/9/2016

Signature:

POLICY #1522.00

SUBJECT: OUT-OF-NETWORK SERVICES

PURPOSE

To identify when and how provision of medically necessary services by mental health providers outside of the North Sound Behavioral Health Organization (North Sound BHO) contracted Behavioral Health Agencies (BHAs) shall occur.

POLICY

North Sound BHO has developed a comprehensive care system and strives to provide all medically necessary mental health and Substance Use Disorder (SUD) care by a North Sound BHO contracted BHA. North Sound BHO and its BHAs have in place a process that permits arranging medically necessary services with an appropriate provider outside of the BHA when that service is not available and/or there is not a clinician with sufficient training and experience to provide the service at any North Sound BHO contracted BHA.

Services outside of a North Sound BHO contracted BHA may occur in two ways: as a subcontract between the BHA and the external provider or as an out-of-state referral arranged by North Sound BHO. As North Sound BHO is only able to contract with BHAs, all in-state, out-of-network services must be provided through a subcontract with a BHA. North Sound BHO and BHAs may only consider subcontracts and out-of-state services with licensed providers or agencies that are qualified to treat the particular condition identified in the request.

A subcontract is a contract between a North Sound BHO contracted BHA and an individual or organization to provide services not available within any BHA. These may be ongoing subcontracts for a particular class of services or single-case contracts. Subcontracted services do not require approval by North Sound BHO. However, North Sound BHO does require notification of individuals receiving these services. BHAs may not subcontract with an out-of-state provider.

When a medically necessary service is not available within Washington State, the BHA or individual can request that North Sound BHO set up an out-of-state referral. An out-of-state referral is a single-case contract set up between North Sound BHO and an out-of-state provider. It is for a specific individual at a specific time for a specific service and service period.

North Sound BHO shall keep a log of all subcontracted and out-of-state treatment provided.

PROCEDURES

Information and Requirements for All Out-of-Network Requests:

1. Individuals requesting to receive services with a provider outside of a North Sound BHO- contracted BHA shall:
 - a. Have current Washington Apple Health with a Behavioral Health Organization (BHO) mental health and SUD benefit. Individuals eligible for outpatient treatment understate funding may be provided with out-of-network treatment within available resources.
 - b. Have an open outpatient episode and current North Sound BHO authorization with a North Sound BHO -contracted BHA.
2. Out-of-network services should be considered when the BHA determines that they or any other North Sound BHO-contracted BHA do not have the resources to treat an individual; or when an individual requests an out-of-network service. These requests should be evaluated based on whether:
 - a. The request is for services related to treating a covered diagnosis;
 - b. The requested services are medically necessary;
 - c. There is a qualified Mental Health Care Provider (MHCP) or appropriate service available within a North Sound BHO -contracted BHA; and
 - d. The individual is expected to benefit from the proposed intervention.
3. The BHA must:
 - a. Keep the individual's outpatient episode open while the individual receives treatment outside of the BHA.
 - b. Assign an MHCP or SUD specialist from the BHA who retains primary responsibility for the individual's care.
 - i. The MHCP or SUD specialist will continue to work with the individual as indicated (for example, if the individual has case management or other needs that the BHA is able and required to address).
 - ii. The MHCP or SUD specialist shall continue to be an active part of the treatment team and, at a minimum, shall provide ongoing care coordination. The provision of care coordination is meant to ensure the individual's needs are being met and to verify the individual meets continued stay criteria or is in the process of discharging from treatment.
 - c. Retain responsibility for ensuring all required documentation is completed. Generally, this means the BHA obtains progress notes from the out-of-network provider, but the MHCP or SUD specialist completes the rest of the required documentation in coordination with the out-of-network provider (e.g., MHCP or SUD specialist develops and updates the Recovery/Resiliency Plan (RRP) or Individual Service Plan (ISP) and Crisis Plan through a coordinated effort with the individual and the out-of-network provider).

- d. Contact North Sound BHO Adult or Child/Youth Care Coordinator, at a minimum of once per six months, to report on the individual's need for continued out-of-network services. The BHA shall also notify the Care Coordinator when an individual is discharged from subcontracted services or experiences another significant event in their care.

Additional Information and Requirements for BHA-Subcontracted Services:

1. If the BHA decides not to provide a requested out-of-network service and the individual requesting the service disagrees with the decision, this is considered a disagreement with the RRP/ISP. Providers should follow the procedure for disagreements with the RRP/ISP, as outlined in Policy 1551.00 – Resiliency/Recovery Plans.
2. When a BHA subcontracts for services, they must notify North Sound BHO Adult or Child/Youth Care Coordinator by submitting the North Sound BHO Out-of-Network Notification form (<http://nsmha.org/Forms/index.asp>). By submitting the signed Notification form, the BHA is attesting the subcontracted provider has a current license and certification in good standing to perform the services requested. (Policy 2001)
3. Copies of new subcontracts shall be submitted to North Sound BHO within 30 days of the contract start date.
4. The BHA will submit encounter data to North Sound BHO and maintain appropriate documentation in order to comply with federal and state regulations and North Sound BHO policy.

Subcontracted services are contracted and paid by the BHA. North Sound BHO will reimburse the BHA at the standard rate for the submitted encounter.*

5. If the subcontracted provider recommends a particular treatment, diagnostic test, or service covered by North Sound BHO, and it is determined by the BHA to be medically necessary and a North Sound BHO - covered service (a service to treat a covered diagnosis that is present in the Service Encounter Reporting Instructions) then that treatment, diagnostic test, or service will be paid by North Sound BHO at the standard rate and provided at no cost to the individual.

North Sound BHO recognizes that in some rare circumstances, the standard reimbursement rate will not be sufficient. In these cases, the BHA can enter into a contract with North Sound BHO to allow additional reimbursement. Encounters must still be submitted through the usual channels. When this type of rate negotiation is necessary, the BHA will contact North Sound BHO Adult or Youth Care Coordinator.

North Sound BHO will review the medical necessity of the request and will negotiate a rate with the out-of-network provider. The special rate will be valid for a pre-approved length of time and can be extended based on a North Sound BHO review of the continued medical necessity.

Additional Information and Requirements for Out-of-State Referrals:

1. When an individual requires a service that is not available within the state a request may be submitted by the BHA to North Sound BHO Adult or Child/Youth Care Coordinator on the North Sound BHO Out-of-Network Out-of-State Service Request form (<http://nsmha.org/Forms/index.asp>).
 - a. The MHCP or SUD specialist must ensure the following issues are addressed when completing the form:
 - i. Diagnoses/issues including medical, developmental, substance use, in addition to, psychiatric.
 - ii. What is being requested, reason for the request including the individual's specific needs that warrant the requested service, what other treatment options have been tried/explored/refused and whether they were successful or appropriate.
 - iii. The BHA MHCP or SUD specialist certifies the treatment requested for the individual is medically necessary and is not available within the state.
 - b. Once the Care Coordinator or designee determines the issues on the form have been thoroughly addressed, the MHCP or SUD specialist shall be directed to send relevant records.
2. If the BHA decides not to submit a request for an out-of-state service and the individual requesting the service disagrees with the decision, this is considered a disagreement with the RRP (ISP). Providers should follow the procedure for disagreements with the RRP, as outlined in Policy 1551.00 – Resiliency/Recovery Plans (ISP).
3. The request for an out-of-state referral will be reviewed by the Care Coordinator or designee in conjunction with North Sound BHO's Medical Director as necessary.
 - a. The Care Coordinator and Medical Director, as necessary, will evaluate whether the request is for services related to treating a covered diagnosis; whether the requested services are medically necessary; whether there is a qualified MHCP or SUD specialist or appropriate service available within a North Sound BHO-contracted BHA or within the state; and whether the individual is expected to benefit from the proposed intervention.
 - b. North Sound BHO may request a second opinion in this process.
 - c. North Sound BHO may request a case conference with the BHA or other relevant providers.
4. If the out of state request is approved:
 - a. North Sound BHO shall arrange the single case contract with the out of state provider.
 - b. If it seems the individual will require out-of-state treatment beyond the authorized time period, the BHA is responsible for pro-actively requesting a time extension from North Sound BHO.

5. If the out-of-state request is denied:

Notices of determination will be rendered within the following time limits, following the receipt of all requested records:

- a. Expedited treatment within three (3) working days or as expeditiously as the individual's health condition requires;
- b. Routine treatment within fourteen (14) calendar days.

ATTACHMENTS

None