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North Sound BHO Contract Memorandum 2016-019

Date: December 19, 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, 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, Executive Director

Subject: New/Revised Policies

Greetings BHAs:

Policy 1009.00 – Critical Incident Reporting and Review Requirements Quality Assurance and Improvement Process
This revised policy has been through the review and approval process. The Executive Director signed and approved this policy December 19, 2016.

Policy 1516.00 – Mental Health Professional (MHP) Requirements and Exception Requests
This revised policy has been through the review and approval process. The Executive Director signed and approved this policy December 19, 2016.

Policy 1520.00 – Second Opinions
This revised policy has been through the review and approval process. The Executive Director signed and approved this policy December 19, 2016.

Policy 1580.00 – Intensive Programs Crisis Response
This revised policy has been through the review and approval process. The Executive Director signed and approved this policy December 15, 2016.

The NM with policy attachments are included below for your convenience.

Please ensure all appropriate staff is notified of these revised policies.

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

cc: Cindy Ferraro, Bridgeways
Charissa Westergard, 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
Robert Sullivan, Pioneer Human Services
Contract File

Effective Date: 11/30/2012; 4/4/2012, fast tracked; 2/3/2010; 10/19/2009; 4/28/2008; 6/25/2007; 11/10/2005; 10/9/2003, Motion #03-054
Revised Date: 11/7/2016
Review Date: 12/14/2016

North Sound Behavioral Health Organization

Section 1000 – Administrative: Critical Incident Reporting and Review Requirements
Quality Assurance and Improvement Process

Authorizing Source: DBHR/North Sound BHO Contracts; WAC 388-877-0420; RCW 43.70.510
Cancels:
See Also:
Providers must comply with this policy & may develop individualized implementation guidelines as needed
Approved by: Executive Director
Date: 12/19/2016
Responsible Staff: Deputy Director
Signature:

POLICY #1009.00

SUBJECT: CRITICAL INCIDENT REPORTING AND REVIEW REQUIREMENTS QUALITY ASSURANCE AND IMPROVEMENT PROCESS

PURPOSE

This policy describes:

1. The processes, circumstances, methods and timelines by which Behavioral Health Agencies (BHAs) in the North Sound Region must provide information to North Sound Behavioral Health Organization (North Sound BHO);
2. The processes, circumstances, methods and timelines by which North Sound BHO must provide information to the Division of Behavioral Health and Recovery (DBHR);
3. The quality assurance and improvement activities involved in reporting and responding to critical incidents affecting individuals of the North Sound BHO Region and North Sound BHO contracted BHAs;
4. The purpose of the Critical Incident Reporting and Review Requirements and the North Sound BHO Critical Incident Review Committee (CIRC) quality improvement and assurance process is to:

    a. Ensure, in its ongoing commitment to quality assurance and improvement initiatives, North Sound BHO promotes individual safety and risk reduction by requiring the recognition and reporting of critical incidents. Specifically the North Sound BHO wants to ensure:

        i. Care and services delivered meet the requirements of DBHR/North Sound BHO and North Sound BHO/BHA contracts, North Sound BHO Clinical Eligibility and Care Standards (CECS), relevant Washington Administrative Codes (WAC), the Revised Codes of Washington (RCW) and the Code of Federal Regulations (CFR). There is a timely and systematic reporting mechanism that promotes appropriate responses to critical incidents; and
        ii. A framework, structure and set of guidelines for the timely reporting of critical incidents exist as defined by DBHR.

    b. Support and protect the reporting and documentation of critical incidents under North Sound BHO Coordinated Quality Improvement Program (CQIP). North Sound BHO maintains CQIP status through the Washington State Department of Health (DOH); and
    c. Communicate with the DOH for the purpose of improvement of the quality of health care services rendered to individuals and the identification and prevention of medical malpractice as set forth in RCW 43.70.510; and
    d. Encourage the development of a system-wide recovery-oriented culture, which minimizes individual blame or retribution for involvement in critical incidents and emphasizes accountability, trust, system improvement and continuous learning.

POLICY
The North Sound BHO appoints and supports a designated incident reporter (DIR) whose role is to:

1. Screen critical incident (CI) reports for appropriateness; and
2. Report CI to DBHR; and
3. Facilitate Critical Incident Review Committee (CIRC) which investigates CI; and
4. Follow-up with each review/investigation until a disposition is reached for each; and
5. Report investigation and follow-up activities, as well as, dispositions to DBHR; and
6. Prepare and deliver an annual report of activities to North Sound BHO Internal Quality Management Committee (IQMC) and other stakeholders.

All types of CI shall be reported to DBHR using DBHR's Behavioral Health and Recovery Incident Reporting System. If the Incident Reporting System is unavailable for use, a standardized form will be provided by DBHR with instructions.

PROCEDURE
CI Reporting: BHAs shall report CI to North Sound BHO and North Sound BHO shall report CI to DBHR in accordance with the requirements found in the CI categories, types, reporting parameters and operational definitions delineated below.

All North Sound BHO CI reports to DBHR will include:

1. Description of the incident;
2. Date and time of the incident;
3. Incident location;
4. Incident type;
5. Names and ages, if known, of all individuals involved in the incident; and
6. Nature of each individual's involvement in the incident:

    a. Service history with North Sound BHO, if any, of the individual(s) involved;
    b. Steps taken by North Sound BHO to minimize further loss or harm; and
    c. Any legally required notifications made by North Sound BHO.

CATEGORY I Incidents
1. BHAs shall notify North Sound BHO DIR immediately after becoming aware of a Category I incident, then follow-up with a same-day written report. Notifications and reports shall be sent to the following email address: ci@northsoundbho.org;
2. North Sound BHO DIR shall notify DBHR Incident Manager immediately after becoming aware of a Category I incident and follow-up with a same-day written report; and
3. North Sound BHO shall investigate and report Category I incidents that involve individuals who were served by a North Sound BHA within 365 days of the incident.

    a. **Any Death or serious injury of individuals, staff, or public citizen:** *Deaths and serious injuries that occur at a DBHR facility, or a facility that DBHR licenses, contracts with, and certifies. Serious injuries include any permanent injury or one that requires admission to a hospital.*
    b. **Unauthorized leave (UL) of a mentally ill offender or sexually violent offender:** *Incidents where a UL involves a mentally ill offender or a sexually violent offender that occurs from a Behavioral Health Facility or a Secure Community Transition Facility, which includes Evaluation and Treatment Centers (E&T) or Crisis Stabilization Units (CSU) and Triage Facilities that accept involuntary individuals.*

c. **Violent act:** *Any alleged or substantiated non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, or substantial property damage (> $100,000.00), committed by an individual and any other violent act as defined by RCW 71.05.020 and 9.94A.030.0.*
d. **Any event involving an individual or staff that has attracted media attention**.
e. **A bomb threat.**

CATEGORY II Incidents:

1. BHAs shall report all Category II incidents within one (1) business day of becoming aware of the incident. No prior notification (e.g. email or phone) is required by reporting BHAs or North Sound BHO.
2. North Sound BHO DIR shall report all Category II incidents to DBHR within one (1) business day of becoming aware of Category II incidents.

   For the purpose of reporting Category II incidents, individuals are defined by the following:

   a. Outpatient individuals are: those who have received an initial assessment and meet eligibility criteria for behavioral health outpatient services. These individuals are considered outpatient individuals until their outpatient services are completed.
   b. Residential individuals are: those who have received an initial assessment and meet eligibility criteria for substance use disorder residential services. These individuals are considered residential individuals until their residential services are completed.
   c. Crisis services individuals are: currently being served by Crisis personnel and remain so until their crisis services are completed and/or they have begun receiving services at another level of care.
   d. Jail services individuals are: those who have received an initial assessment and meet eligibility criteria for behavioral health jail services. These individuals are considered jail service individuals and remain so for up to 90 days post-release and/or they have begun receiving services at another level of care.

3. Category II Incidents include the following types:

   a. Alleged individual abuse or neglect of a serious or emergency nature by an employee, volunteer, licensee, contractor, or another individual receiving service. The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of an individual receiving services by a DBHR employee, volunteer, licensee, contractor, or another individual.
   b. A substantial threat to facility operation or individual safety resulting from a natural disaster. These may include: earthquake, volcano eruption, tsunami, urban fire, flood, or an outbreak of communicable disease, etc.
   c. Any breach or loss, including theft, of an individual's Personal Health Information (PHI) such as: a missing or stolen computer, or a missing or stolen computer disc or flash drive is considered as reportable in accordance with the Health Insurance Portability and Accountability Act (HIPAA) must be reported as directed by DBHR and BHO agreement on General Terms and Conditions, the HIPAA compliance section and Breach Notification subsection. In addition to the standard elements of an incident report, the BHA and North Sound BHO DIR will document and/or attach:

      i. Police report (when information is stolen);
      ii. Any equipment that was lost; and
      iii. Specifics of the individual information.

      A letter of notification shall be sent to each individual whose information was breached. This notification shall occur without unreasonable delay and in no case later than 60 days after discovery of the breach.

   d. Allegation of financial exploitation (FE) involving an agency, an individual, or other as defined by RCW 74.34.020:

Financial exploitation means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any individuals' or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:

i. *Use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;*
ii. *Breach of a fiduciary duty, including, but not limited to: the misuse of a power of attorney, trust, or guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or*
iii. *Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity that knows or clearly should know the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.*

e. **Suicide attempts requiring medical care**: *suicide attempts that occur at a DBHR facility or a facility that DBHR licenses, contracts with, and certifies.*
f. **Any potential media event regarding an individual receiving services or regarding a staff member or owner(s) of the agency.**
g. **Any event involving a credible threat towards a staff member that occurs at a DBHR facility, a facility DBHR licenses, contracts with, or certifies; or a similar event that occurs within the community.** *A credible threat towards staff is defined as "A communicated intent (veiled or direct) in either words or actions of intent to cause bodily harm and/or personal property damage to a staff member or a staff member's family, which resulted in a report to Law Enforcement, Restraining/Protection order, or workplace safety/personal protection plan.*
h. **Any incident that was referred to the Medicaid Fraud Control Unit by North Sound BHO or one (1) of its contracted BHAs.**
i. **A life safety event that requires an evacuation or is a substantial disruption to the facility**.

Note: *In addition to the categories described above, North Sound BHO DIR will utilize professional judgment and report incidents that fall outside the scope of these sections.*

BHA CI reports to North Sound BHO shall include:

1. Description of the incident;
2. Date and time of the incident;
3. Incident location; city if known. County, if city is not known.
4. Incident type;
5. Name and age (if known) of each individual involved in the incident;
6. Service history with North Sound BHO BHAs, if any, of the individuals involved;
7. Immediate actions taken by the BHA to minimize further loss or harm;
8. Future actions planned by the BHA to prevent the type of incident from occurring again, with the individual involved and/or others; and,
9. Any legally required notifications made by the BHA.

Critical Incident Reporting

1. BHAs attach a PDF of the completed North Sound BHO CI form (available online at www.northsoundbho.org/forms/index.asp) and send it in an encrypted email to: ci@northsoundbho.org.

2. North Sound BHO DIR or designee will utilize the Behavioral Health and Recovery Incident Reporting System. If the Incident Reporting System is unavailable for use, a standardized form will be provided by DBHR with instructions.
3. BHAs shall submit any additional information necessary to understanding the incident to North Sound BHO via an encrypted email to: ci@northsoundbho.org as it becomes known. North Sound BHO DIR shall forward this additional information to DBHR Incident Manager in an encrypted email as appropriate.
4. Additional reporting and review requirements for DBHR reportable CIs for North Sound BHO DIR:

    a. Notify County Coordinators and North Sound BHO Board Chair via a redacted copy of the DBHR CI report, and
    b. North Sound BHO Executive Director, Deputy Director and their designees via email. Notification shall occur within one (1) business day of North Sound BHO's receipt of the BHA CI report.

5. DBHR may require North Sound BHO DIR to report and initiate an investigation that has not yet been reported by a North Sound BHO BHA.
6. North Sound DIR will fully cooperate with any investigation initiated by DBHR and provide any information requested by DBHR within the timeframes specified within the request.

    a. If North Sound BHO DIR does not respond according to the timeframe in DBHR's request, DBHR may obtain information directly from any involved party and request their assistance in the investigation.
    b. DBHR may request medication management information.
    c. DBHR may also investigate or may require CIRC to investigate incidents that involved individuals who have received services from a North Sound BHO BHA more than 365 days prior to the incident.

Critical Incident Investigation Requirements & Quality Improvement Process

1. North Sound BHO maintains a CIRC whose purpose is to review all CI submitted. North Sound BHO CIRC membership will include:

    a. North Sound BHO Clinical Oversight Quality Specialist with expertise in adult services who serves as the DIR;
    b. North Sound BHO Clinical Oversight Quality Specialist with expertise in child/youth services;
    c. North Sound support staff member; and
    d. North Sound BHO Medical Director.

2. CIRC will meet regularly to review all CI reports, request written follow-up reports from BHAs, investigate CIs utilizing internal selective reviews and make quality improvement recommendations related to CIs to North Sound BHO Quality Management Oversight Committee (QMOC), North Sound BHO IQMC, and/or the Clinical Oversight Team for further appropriate action.
3. During the regularly scheduled CIRC meeting, North Sound BHO DIR shall facilitate review and discussion of each new CI and CIs from previous months on which the committee determined further review was required before proper disposition of the case could be determined.
4. During a CIRC review, the committee members shall address each incident in the following context:

    a. Does the description of the CI and/or subsequent information warrant concern about quality or appropriateness of care delivered by the BHA?

b. Does the incident report indicate appropriate action was taken immediately after the incident to lessen or prevent individual loss or harm?
c. Does the incident report indicate an appropriate plan for future action has been made to decrease the likelihood of this type of incident occurring again?
d. Can/should any further action be pursued by North Sound BHO or the BHA?

5. North Sound BHO may deem further action is warranted in the case of a particular CI or group of incidents. Actions may include, but are not limited to:

a. North Sound BHO selective review;
b. Request for a BHA internal case review;
c. Request for copies of parts of or complete medical records;
d. Request for special meetings or quality initiatives (e.g., Root Cause Analysis) regarding quality concerns involved;
e. Request for BHA initiated quality assurance and improvement activities based on incidents or groups or types of incidents; or
f. Other requests as deemed necessary.

6. Incident Review and Follow-up: CIRC will review and follow-up on all incidents reported. CIRC will provide sufficient information, review and follow-up to take the process and report to its completion. A CI will not be categorized as complete until the following information is provided:

a. Summary of any incident debriefings or review process dispositions;
b. Present physical location of the individual if known. If the individual cannot be located, the DIR will document the steps the BHA took to attempt to locate the individual by using available local resources;
c. Documentation of whether the individual is receiving or not receiving services from the BHA at the time the incident is being closed;
d. In the case of a death of the individual, the BHA must provide either a telephonic verification from an official source or via a death certificate.

    i. In the case of a telephonic verification, the BHA will document the date of the contact and both the name and official duty title of the person verifying the information.
    ii. If this information is unavailable, the attempt to retrieve it will be documented.

e. Actions taken as a result of the occurrence, results of said actions, additional actions that are planned in the future and efforts that have been undertaken and designed to lessen the potential for recurrence shall be reported to CIRC within 21 days of becoming available.
f. Additionally, the BHA ensures all plans for corrective action following a review or investigation are implemented for quality assurance and improvement and incorporated into all administrative areas, as necessary, for quality assurance and improvement.
g. When CIRC members reach a consensus, the CI report and any follow-up information answer the preceding questions satisfactorily, the incident is considered "closed".
h. CIRC will develop an annual summary report and data analysis each January. Copies of the annual report will be distributed and/or presented to North Sound BHO IQMC, QMOC and other stakeholders deemed appropriate by IQMC.

ATTACHMENTS

None

Effective Date: 4/4/2012; 3/31/2008; 6/26/2004
Revised Date: 12/14/2016
Review Date: 12/14/2016

North Sound Behavioral Health Organization

Section 1500 – Clinical:
Mental Health Professional (MHP) Requirements & Exception Requests

Authorizing Source: DBHR/North Sound BHO Contracts; WAC 388-865-0236 and RCW 71.24.260
See Also:
Providers must comply with this policy & may develop individualized implementation guidelines as needed — Approved by: Executive Director — Date: 12/19/2016
Responsible Staff: Deputy Director — Signature:

POLICY #1516.00

SUBJECT: MENTAL HEALTH PROFESSIONAL (MHP) REQUIREMENTS & EXCEPTION REQUESTS

PURPOSE

To delineate the requirements for clinicians to hold the status of a Mental Health Professional (MHP) and to describe the mechanisms put forth by the Washington State's Division of Behavioral Health and Recovery (DBHR) under which clinicians may apply for and North Sound Behavioral Health Organization (North Sound BHO) may request MHP exceptions.

POLICY

Mental Health Professional (MHP) – Under Washington Administrative Code (WAC) 388-865-0238, an "MHP" is:

1. A psychiatrist, psychologist, psychiatric nurse, or social worker as defined in Revised Code of Washington (RCW) 71.05 and 71.34;
2. A clinician who is licensed by the State of Washington Department of Health (DOH) as a mental health counselor, mental health counselor associate, marriage and family therapist, marriage and family therapist associate;
3. A clinician with a master's degree or further advanced degree in counseling or one of the behavioral sciences from an accredited college or university. Such person shall have, in addition, at least two (2) years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of an MHP; or
4. A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;
5. A person who had an approved waiver to perform the duties of an MHP that was requested by the Regional Support Network and granted by the Mental Health Division prior to July 1, 2001; or
6. A person who has been granted a time-limited exception of the minimum requirements of an MHP by DBHR, as detailed below.

If a clinician does not meet the definition of an MHP but the Behavioral Health Agency (BHA) needs the clinician to function in the role of an MHP, there is an option that allows this for which the clinician may qualify which is a MHP time-limited exception.

MHP Time-Limited Exception

A time-limited exception of the requirements of an MHP may be requested for a clinician with less than a master's degree level of training when there is a demonstrated need and it is established the clinician is qualified to perform the required functions based on verification of required education and training, including:

1. Bachelor of Arts or Sciences (BA or BS) degree from an accredited college or university; and,
2. Course work or training in making diagnoses, assessments and developing treatment plans; and
3. Documentation of at least two (2) years of direct treatment to persons with mental health disorders under the supervision of an MHP; and
4. A plan of action to become qualified as an MHP no later than two (2) years from the date of exception. Application for renewal is allowed.

PROCEDURE

Applying for a Time-Limited Exception

BHAs must complete the attached MHP Exception Request Form and include the following information:

1. Name, address and phone number of the BHA making request for the clinician;
2. Name of clinician (person for whom exception is being requested);
3. Affirmation the BHA is contracted with North Sound BHO;
4. Description of functions the clinician will be performing;
5. Statement of need for the exception;
6. Attachments of documentation to verify the following qualifications:

    a. BA or BS degree from an accredited college or university (must reflect degree, year, and institution);
    b. Course work or training in diagnoses, assessments, and developing treatment plans; and,
    c. Signed documentation of at least two (2) years of direct treatment of persons with a mental health disorder under the supervision of an MHP.

7. A plan of action to ensure the clinician will become qualified as an MHP no later than two (2) years from the date of the exception approval;
8. Signed and dated assurance that periodic evaluations of the clinician's job performance are conducted.

In addition to the above information provided by the clinician, North Sound BHO will augment the application with the following before submitting it to DBHR:

1. Statement, based on verification of required education and training, the clinician is qualified, based on the clinician meeting the requirements listed above in items 6a–c;
2. Dated signature reflecting North Sound BHO approval.

The completed request form is faxed to North Sound BHO at 360-416-7017. Fax is to be titled: **MHP Exception Request.**

ATTACHMENTS

None

Effective Date: 3/31/2008; 11/23/2005; 6/26/2004
Revised Date: 12/14/2016
Review Date: 12/14/2016

North Sound Behavioral Health Organization

Section 1500 – Clinical: Second Opinions

Authorizing Source: DBHR/North Sound BHO Contracts; WAC 388-877-0680
Cancels:
See Also: North Sound BHO Policies: #1510; #1522
Providers must comply with this policy & may develop individualized implementation guidelines as needed
Approved by: Executive Director
Date: 12/19/2016
Responsible Staff: Deputy Director
Signature:

POLICY #1520.00

SUBJECT: SECOND OPINIONS

PURPOSE

The purpose of this policy is to outline the process for requesting and providing a second opinion to an individual enrolled in Medicaid funded outpatient behavioral health services, regarding some aspect of behavioral health services that he/she is receiving from a North Sound Behavioral Health Organization (North Sound BHO) contracted Behavioral Health Agency (BHA).

POLICY

At any time during the course of behavioral health services, the principals to the services (e.g., individual, custodial parents of children under the age of 13 years, others with legal custody, a North Sound BHO contracted BHA, or a Behavioral Health Care Clinician) may submit a request for a second opinion regarding any clinical decision to North Sound BHO either verbally or in writing.

If other parties (family member[s], medical health provider) desire a second opinion, the request is made through the BHA. North Sound BHO contracted BHAs and Ombuds are available to assist individuals, custodial parents and legal guardians in accessing a timely second opinion.

Second opinions may be requested for many reasons, including situations in which:

1. There is a question regarding medical necessity;
2. There is a question regarding the reasonableness or necessity of recommended interventions and/or medications;
3. There is a question regarding a diagnosis or plan of care;
4. The clinical indications for a diagnosis are not clear or a diagnosis is in doubt due to conflicting test results; or
5. The service interventions in progress are not improving the condition of the individual within an appropriate period of time given the diagnosis and plan of care.

An individual is entitled to one (1) second opinion, per issue, per year.

The North Sound BHO informs individuals that they must not "no show" for their second opinion appointments. The North Sound BHO recognizes second opinion appointments use valuable resources. If an individual does miss his/her second opinion appointment, the North Sound BHO and the BHA will work together with the individual to meet his/her needs, but may need to set limits on continuing to schedule further appointments.

If an individual is not satisfied with a second opinion outcome, any additional opinion requests on the same issue, in the same year, must be submitted to North Sound BHO's Medical Director to determine if an additional opinion is clinically appropriate. Unless approved by North Sound BHO's Medical Director, an individual will not be entitled to a subsequent opinion until 12 months have passed since the second (most recent) opinion was rendered.

If an individual is not satisfied with the North Sound BHO's Medical Director's decision, the individual may file a grievance.

If an individual's clinical file contains more than one (1) clinical assessment about the issue in question, the most recent document will be considered a second opinion if:

1. It was conducted by a behavioral health provider in the same job class as the professional ("Same job class" means professionals who have the same or higher required credentials to perform the same functions); and
2. Both opinions were completed within the last 12 months.

Second opinions may only be rendered by professionals qualified to review and treat the behavioral health disorder in question.

Requests for referrals to BHAs outside North Sound BHO's network for second opinions will be considered only in the event the services requested are not available within the contracted network of BHAs.

The BHA providing the second opinion must be currently contracted with a State of Washington BHO to provide behavioral health services to individuals.

Disclosure: A consultative second opinion may not result in an individual's desired outcome. When the North Sound BHO Quality Specialist is preparing to schedule the second opinion, he/she will inform the individual the second opinion report will be given to the BHA which rendered the first opinion unless the individual specifically requests otherwise. However, a request by the individual not to share the second opinion with the first BHA limits North Sound BHO's ability to fully facilitate the process and consequently, may impact the desired outcome of the second opinion.

Types of Second Opinions:

1. Internal: The second opinion consultation is scheduled with, and completed by, a professional employed at the same BHA where the original opinion was rendered.
2. External: The second opinion consultation is scheduled with, and completed by, a professional employed at a BHA other than the one where the original was rendered.

PROCEDURES

Notifying Individuals of Second Opinion Rights

North Sound BHO's contracted BHAs are responsible for informing individuals of their right to a second opinion at the time of the initial assessment (through provision of the State of Washington Medicaid Benefit Booklet) and any time the individual expresses dissatisfaction with a particular clinical decision.

Requesting an Internal Second Opinion

1. With agreement from the individual, a BHA may arrange an internal second opinion for an individual.
2. When the decision is made to proceed with the BHA arrangement of the second opinion, the BHA must notify the North Sound BHO Quality Specialist of the individual's name, the individual's ProviderOne number and the reason for the second opinion per the individual.
3. North Sound BHO Quality Specialist will log the request on the Second Opinion Log.
4. The BHA will notify North Sound BHO Quality Specialist with the date, time and the second opinion consultant's name when the second opinion appointment is scheduled.
5. The BHA will send a copy of the second opinion report to North Sound BHO Quality Specialist who will record it in the individual's second opinion electronic file.
6. All second opinions shall be offered to occur as expeditiously as the individual's behavioral health disorder requires and no later than 30 calendar days from the date of the request unless the individual requests to postpone the second opinion to a date later than 30 days.

Requesting an External Second Opinion:

1. Upon receipt of external second opinion requests, or internal requests that the BHA has not been made aware of, the BHA, Ombuds or North Sound BHO will notify the North Sound BHO Quality Specialist who will review the request and arrange the second opinion consultation.
2. All second opinions shall be offered to occur as expeditiously as the individual's behavioral health disorder requires and no later than 30 calendar days from the date of the request unless the individual requests to postpone the second opinion to a date later than 30 days.

Second Opinion Outcomes & Dispositions

1. When the BHA giving the second opinion renders the report, they will contact the first BHA discuss the rationale of the second opinion unless the individual specifically requests otherwise.
2. After the second opinion report is rendered and distributed to all parties, there are different ways to proceed with any recommended services that are available within North Sound BHO's network of contracted BHAs and are medically necessary:*

    a. The original BHA decides to follow the second opinion recommendation(s) and the individual continues with that BHA;
    b. The individual requests a transfer to another BHA.

3. If, after discussion of the second opinion, the individual wishes to continue services with the first BHA, but the first BHA does not agree with the second opinion recommendation(s), the individual may still file a BHA or North Sound BHO level grievance.
4. If the medically necessary, covered service is unavailable within North Sound BHO's network of BHAs and an equivalent service or package of services does not meet the needs of the individual, then that service will be arranged (with the individual's agreement) by the original BHA.

**The fact the BHA furnishing the second opinion recommends a particular service, does not necessarily mean the recommended intervention is medically necessary or a North Sound BHO covered service. In addition, there are some North Sound BHO services that have additional procedures to follow after a recommendation before the service is made.*

Documentation & Distribution of Second Opinion Outcomes

All second opinions will be documented in a consultation report, which the BHA providing the second opinion shall make available to the individual, North Sound BHO and the BHA which provided the original opinion.

1. The BHA providing the second opinion consultation shall mail the individual a copy of the report or arrange an alternative method of conveying the report information to the individual within five (5) business days of the consultation.
2. The BHA providing the second opinion consultation shall mail a copy of the report to North Sound BHO within five (5) business days of the consultation.
3. North Sound BHO will make arrangements for a copy of the report to go to the original BHA within two (2) business days of receiving the report unless the individual specifically requests the original BHA does not receive a copy.

ATTACHMENTS

None

Effective Date: 6/29/2015
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North Sound Behavioral Health Organization, LLC

Section 1500: Intensive Programs Crisis Response

Authorizing Source: North Sound BHO
See Also: Contract
Providers must comply with this policy and may develop individualized implementation guidelines as needed.
Responsible Staff: Deputy Director

Approved by: Executive Director
Signature:

Date: 12/15/2016

POLICY #1580.00

SUBJECT: INTENSIVE PROGRAMS CRISIS RESPONSE

PURPOSE

This policy addresses roles and responsibilities of North Sound Behavioral Health Organization's (North Sound BHO) Behavioral Health Agencies' adult intensive programs in responding to crises for individuals enrolled in those programs. It provides guidance for the collaboration of the adult intensive programs, Integrated Crisis Response Services (ICRS) and hospital emergency departments (EDs).

DEFINITIONS

Adult intensive program – a program that serves adults and has a contractual or policy based expectation of 24/7 service availability for outreach. This includes, but is not limited to, Programs for Assertive Community Treatment (PACT), Adult Intensive Outpatient and Geriatric Transitions Program.

POLICY

Intensive program clinicians know the individuals enrolled in these programs very well, including their baseline functioning and the individualized supports available to them. Program staff members are well-equipped and expected to assist these individuals in stabilizing during a crisis and to prevent hospitalization when possible. Voluntary ICRS should not be necessary in most crisis situations for individuals in an intensive program.

PROCEDURES

<u>General procedures</u>

I. Outreach should be performed when:

A. It is clinically indicated, for example, when:

1. The clinician determines that his or her presence will provide support to the individual, or
2. The clinician can assist in diverting a hospitalization, and
3. Presence of the clinician is not contra-indicated for the individual's treatment.

When community outreach is contra-indicated for a specific individual, this should be clearly indicated in their crisis plan. The crisis plan should also clearly outline alternative strategies for dealing with crisis.

B. It can be performed safely. If safety concerns cannot be effectively addressed, the team will work to coordinate an alternative plan to meet the individual's needs.

C. It is within the program's home county, or an adjacent county along the I-5 corridor, or within a 45 minute drive from the intensive program office to which the individual is assigned.

1. Outreach to more distant locations is not expected, but can be provided at the program's discretion.
2. When outreach cannot be performed due to distance, geographical limitations (such as ferry schedules), or other factors, the clinician should provide as much assistance as possible via phone and/or other available means.

II. The following timelines are expected for phone and in-person responses:

A. Telephone response should be within 10 minutes of the initial page or contact.
B. In-person outreach should occur within two hours of the initial page or contact.
C. Whenever VOA contacts an intensive services clinician, the intensive services program should call in a disposition to VOA within 1 hour of completion of their response to the crisis situation.

III. Crisis situations in the community (other than hospital emergency departments)

A. If an individual in intensive services experiences a crisis and contacts VOA Care Crisis, VOA Care Crisis will contact a clinician from the intensive program and the clinician will determine what follow-up is needed. The clinician will call in the disposition to VOA Care Crisis after response to the crisis situation.

1. VOA Care Crisis may choose not to contact an intensive program clinician when:

    a. They are able to successfully help the individual through the crisis and no additional follow up is needed; and
    b. The client is not requesting to speak to a clinician from their intensive program.

2. If VOA is able to resolve the crisis and chooses not to contact the intensive program, the primary clinician will be notified of the call the following business day.

B. The intensive program should coordinate any voluntary crisis response, including community outreach, referral to crisis stabilization, voluntary hospitalization, and any other options less restrictive than evaluation by a Designated Mental Health Professional (DMHP). When voluntary hospitalization is deemed appropriate, the clinician should facilitate the hospitalization, including locating the bed, contacting VOA for certification/authorization, and communicating with the admitting hospital.
C. If the intensive services clinician believes an involuntary evaluation is needed, the clinician will contact VOA Care Crisis to request dispatch of a DMHP, and will indicate to VOA that this is the disposition of their involvement in the crisis situation. The clinician should provide any necessary information to the DMHP and VOA. The DMHP will call in their disposition to VOA Care Crisis after completion of their response to the crisis situation.

1. Prior to requesting a DMHP evaluation, the expectation is that a program clinician will have had face-to-face contact with the individual within the 12 hours prior to the request for an ITA evaluation. Face-to-face contact does not have to be conducted by the same

individual requesting evaluation, but the requester should be able to discuss relevant clinical details.

Exceptions to this standard are made on a case-by-case basis if both the referring clinician and the VOA staff are in agreement. For example, if the individual is unwilling to see the intensive program or participate in less restrictive options, the intensive program may request DMHP dispatch without having recently evaluated the individual.

2. Only DMHPs are able to write custody authorizations (pick-up orders) allowing law enforcement to involuntarily transport individuals. Therefore, in cases where evaluation for involuntary detention is warranted, but DMHP dispatch is deemed unsafe, DMHPs should consult with intensive program staff to determine a course of action, which if appropriate may include a pick-up order.

IV. Responding to crisis situations at hospital emergency departments (EDs)

A. If an individual enrolled with an intensive program arrives at an ED, hospital ED staff are requested to contact VOA at 1-800-747-8654 after they have evaluated the individual. VOA will contact the intensive program and communicate the hospital's information to the clinician. Follow up will be coordinated between the intensive program clinician and the hospital ED staff. The intensive program clinician will call in the disposition to VOA Care Crisis after responding to the crisis situation.

1. Intensive programs clinical staff responding to crisis situations are considered to have sufficient educational and professional experience to respond to crisis situations by providing community support services.
2. Intensive program staff involvement is not intended to supplant ED staff duties, although there may be some overlap in the rare circumstances noted below.
3. After phone consultation with the hospital ED staff, the clinician will perform an outreach to the hospital if it is determined by the clinician to be clinically warranted.
4. The clinician will clearly indicate to the ED staff whether they intend to perform an outreach, and if so, the approximate time they will arrive at the ED.
5. If all less restrictive options have been attempted, and the individual is determined to need voluntary hospitalization, the hospital staff should facilitate the hospitalization, including locating the bed, contacting VOA for certification/authorization, and communicating with the admitting hospital.

B. In some circumstances, the hospital emergency department may not have an on-duty social worker or other appropriate staff to facilitate voluntary hospitalization. If this is the case, the intensive program clinician should facilitate the hospitalization. This can be expected to occur at some of the region's smaller hospitals.

C. If there is disagreement between the hospital and the intensive program about who should facilitate the hospitalization, the intensive program clinician should perform these duties. The intensive program can contact North Sound BHO after the crisis situation is resolved with any concerns about this process.
If all voluntary options have been deemed inappropriate, and an involuntary evaluation is needed following a hospital emergency department intervention, the hospital staff should contact VOA Care Crisis to request dispatch of a DMHP.

D. The intensive program clinician should provide any necessary information to the DMHP and VOA.
E. In circumstances where the hospital has no social worker on duty, the clinician will contact VOA Care Crisis to request dispatch of a DMHP.
F. As above, if there is disagreement about who should perform these duties, the intensive program clinician should do so.

V. Disputes

A. In the case of dispute, please reference policy #1707, Crisis System Clinical Dispute Resolution.
B. The emphasis should always be on providing the best service possible to the individual.

ATTACHMENTS

None