



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 2017-004

Date: March 27, 2017

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

Subject: New, Revised, Archived and/or Canceled Policies

Greetings BHA Providers:

Policy 1024.00 – Reasonable Accommodation/Access to Services

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 24, 2017.

This policy **replaces Policy 4508.00 – Reasonable Accommodation and Access to Services**. Policy 4508.00 has been approved to be archived and will no longer be applicable or on the website.

Policy 1502.00 – Engagement of High-Need Individuals at Risk of Prematurely Terminating Services

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 24, 2017.

Policy 1508.00 – Clinical Practice Guidelines

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 20, 2017. This policy includes the “Clinical Practice Guidelines”

Policy 1515.00 – Interpreter and Translation Services

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 24, 2017.

Policy 1536.00 – State Hospital Admissions, Care and Discharge Coordination

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 24, 2017.

Policy 1550.00 – Early Periodic Screening Diagnostic Treatment (EPSDT)

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 27, 2017.

Policy 1556.00 – Clinical Eligibility and Care Standards

This policy has been approved to be archived and will no longer be applicable or on the website.

Policy 1560.00 – Care Coordination

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 24, 2017.

Policy 1564.00 – Day Support Services

This policy has been approved to be archived and will no longer be applicable or on the website.

Policy 1576.00 – Medicaid Personal Care (MPC)

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 24, 2017.

Policy 2002.00 – Prohibition on Physician Incentive Plans

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 24, 2017.

Policy 2003.00 – Utilization Management Compensation

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 24, 2017.

Policy 5001.00 – Administrative Contract Compliance

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 20, 2017.

Policy 5003.00 – Limitations on Enrollee’s Financial Obligations

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy March 8, 2017.

March 20, 2017

Page 3 of 3

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
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
Robert Sullivan, Pioneer Human Services
Perry Mowery, Whatcom County
Contract File

Effective Date: 6/24/2004
Revised Date: 3/22/2017
Review Date: 3/22/2017

North Sound Behavioral Health Organization

Section 1000 – Administrative: Reasonable Accommodation/Access to Services

Authorizing Source: WAC 388-877-0420 & 42CFR438.206

Cancels: 4508.00

See Also:

Providers must comply with this policy and may develop

Individualized implementation guidelines as needed

Responsible Staff: Contracts Manager

Approved by: Executive Director

Signature:

Date: 3/24/2017

POLICY #1024.00

SUBJECT: REASONABLE ACCOMMODATION/ACCESS TO SERVICES

PURPOSE

To ensure eligible individuals have access to age and culturally competent services and ensure reasonable accommodations are made for known disabilities of an eligible individual.

POLICY

North Sound BHO providers will:

1. Identify and reduce barriers to eligible individuals getting the services where and when they need them;
2. Comply with the Americans with Disabilities Act (ADA) and the Law Against Discrimination, RCW 49.60;
3. Ensure services are timely, appropriate and sensitive to the age, culture, language, gender and physical condition of an individual;
4. Provide alternative service delivery models to make services more available to underserved eligible individuals;
5. Provide access to telecommunication devices or services and certified interpreters for deaf, sight, or hearing impaired eligible clients and limited English proficient eligible individuals to utilize mental health treatment;
6. Bring services to the eligible individual or locate services at sites where transportation is available; and
7. Ensure compliance with all state and federal nondiscrimination laws, rules and plans.

PROCEDURE

1. North Sound BHO and its providers provide interpreter translation, or other specialized disability services to individuals as necessary to utilize behavioral health services.
2. North Sound BHO providers notify individuals of its intent to provide non-discriminatory practices by:
 - a. Making available a copy of *Individual Rights*.
 - b. By developing and distributing, in conjunction with its members, an individual's rights section in the *Welcome Packet*.
 - c. Making available a copy of the *North Sound BHO Non-Discrimination Policy*

3. Any Limited English Speaking (LES)/Limited English Proficient (LEP) individual has the right to interpreter and translation services at every aspect of service delivery, at no cost, without significant delay, and in the language in which they prefer to communicate.

ATTACHMENTS

None

Effective Date: 9/3/2008; 6/23/2004

Revised Date: 3/8/2017

Review Date: 3/8/2017

North Sound Behavioral Health Organization

Section: 1500 - Clinical: Engagement of High Need Individuals at Risk of Prematurely Terminating Services

Authorizing Source: DBHR/North Sound BHO Contracts;

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: 3/24/2017

POLICY #1502.00

SUBJECT: ENGAGEMENT OF HIGH-NEED INDIVIDUALS AT RISK OF PREMATURELY TERMINATING SERVICES

PURPOSE

To encourage accessibility of services and engagement of individuals in open episodes who have a high level of need and are ambivalent about and/or are not engaging in treatment as the result of symptoms of a behavioral health disorder. This policy specifically focuses on individuals who may be at-risk due to deteriorating behavioral health conditions. These individuals shall have access to services that meet their unique needs.

POLICY

To fully recognize and address both the internal and systemic barriers that make services more difficult to attain for these individuals, provider agencies shall align engagement efforts with the principles of the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Working Definition of Recovery](#). Namely, all efforts will engender hope, be relational and person-driven, be sensitive to cultural considerations, be respectfully offered, address trauma, include peer support and recognize many pathways toward recovery.

Behavioral Health Agencies (BHAs) shall increase the number and quality of services delivered to individuals who are ambivalent about services due to behavioral health symptomatology through use of internal agency procedures and through engagement with community partner agencies including the North Sound Behavioral Health Organization (North Sound BHO) and other Managed Care Organizations (MCOs) as applicable.

At the BHA level, clinicians, case managers, peer specialists and other agency staff shall consult within their agencies regarding appropriate interventions. When the individual is not responding to interventions, the risk warrants further intervention and the clinical team determines that involving the BHO is warranted, the team shall follow BHA's internal process for contacting North Sound BHO to coordinate care (see North Sound BHO Policy #1560).

PROCEDURE

BHAs are expected to address access, engagement and utilization barriers by acknowledging and attending to the unique needs of the individual. A certain degree of flexibility in the BHA's usual process is warranted when reaching out to this population. Some behavioral indicators that such steps are necessary may include, but are not limited to, current or historical instances of:

- 1 Repeated contact with the law as a result of a behavioral health disorder;
- 2 Repeated visits to Emergency Departments due to behavioral health conditions or to seek medical treatment where engagement with more appropriate providers is made difficult by symptoms of a behavioral health disorder;
- 3 Instances of losing housing or potential housing, as the result of a behavioral health disorder;
- 4 Repeated psychiatric hospitalizations;
- 5 Repeated admissions into residential substance use disorder (SUD) services without completion; and
- 6 Individuals on Less Restrictive Orders (LROs) or Conditional Releases (CRs) who do not attend intake/assessment appointments.

Potential interventions which may be considered include, but are not limited to:

- 1 Outreach to the individual, including calls, welfare checks and/or two (2) person outreach visits to the home;
- 2 Filing a Crisis Alert with Volunteers of America;
- 3 Facilitating access to an emergency appointment;
- 4 Requesting an evaluation for involuntary treatment if the person appears to be gravely disabled and/or a risk to self or others secondary to a behavioral health disorder and is at imminent risk;
- 5 Requesting revocation of an LRO or CR;
- 6 Communication with natural supports and community partners as authorized by the individual;
- 7 Referrals to community partner agencies which have the capacity to address issues posing as barriers to recovery; and/or
- 8 Coordination of care with the North Sound BHO.

North Sound BHO reviews behavioral health services in accordance with Policy #5501, to include performance indicators related to accessibility and engagement in services.

ATTACHMENTS

None

Effective Date: 2/3/2010; 11/2/2009; 7/29/2004

Revised Date: 3/8/2017

Review Date: 3/8/2017

North Sound Behavioral Health Organization

Section 1500 – Clinical: Clinical Practice Guidelines

Authorizing Source: DBHR Contract

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: 3/20/2017

POLICY #1508.00

SUBJECT: CLINICAL PRACTICE GUIDELINES

PURPOSE

To define the requirements, development and use of clinical practice guidelines for clinical decision-making.

POLICY

The North Sound Behavioral Health Organization (North Sound BHO) will ensure, through its contracts, that each provider contracted within the network adopts and adheres to the North Sound BHO clinical practice guidelines approved by North Sound BHO County Authorities Executive Committee. Clinical practice guidelines will be compliant with all state and Federal standards and requirements. Providers will utilize these practice guidelines as a training and supervision tool for direct clinical staff in accordance with their contracts and the Regional Training Plan. North Sound BHO shall ensure adherence to this requirement through review of personnel charts during administrative audits. Decisions for utilization management, enrollee education, coverage of services and other areas to which the guidelines apply will be consistent with the guidelines.

PROCEDURES

1. North Sound BHO will develop clinical practice guidelines through the collaborative processes of the Quality Management system and present them to the Quality Management Oversight Committee (QMOC) for approval.
2. Though they are not intended as a “standard of care”, these guidelines will be based on valid and reliable clinical evidence and a consensus of health care professionals in behavioral health, such as: American Psychiatric Association (APA) and American Academy of Child and Adolescent Psychiatry (AACAP).
3. The clinical guidelines will consider the needs of North Sound BHO’s enrollees and will be adopted in consultation with our providers.
4. As often as possible, the clinical guidelines will encompass internet links to APA and AACAP’s accepted and published clinical practice guidelines, which are self-updating. Guidelines will be reviewed periodically to ensure their ongoing compliance with requirements and clinical relevance.
5. North Sound BHO will disseminate the guidelines to all affected providers upon completion, as revised and upon request to enrollees and potential enrollees, as well as, making them available on North Sound BHO website at <http://northsoundbho.org/>.

6. Provider compliance with North Sound BHO clinical practice guidelines will be ensured by inclusion of this requirement in provider contracts and through ongoing oversight and monitoring to core elements of each guideline, as appropriate, during utilization review and administrative and clinical audits.

ATTACHMENTS

None

Effective Date: 7/7/2008; 11/21/2005

Revised Date: 3/8/2017

Review Date: 3/8/2017

North Sound Behavioral Health Organization
Section 1500 – Clinical: Interpreter and Translation Services

Authorizing Source: DBHR/North Sound BHO Contracts; 42 CFR §438.100; WAC 388-03 & 388-877

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 3/24/2017

Policy #1515.00

SUBJECT: INTERPRETER AND TRANSLATION SERVICES

PURPOSE

To ensure the North Sound Behavioral Health Organization (North Sound BHO) contracted Behavioral Health Agencies (BHA) have effective mechanisms to communicate with individuals whose primary language is not English (Limited English Proficient – LEP), and/or individuals with sensory impairments.

DEFINITIONS

Interpretation

The oral or manual transfer of a message from one (1) language to another language.

Translation

The written transfer of a message from one (1) language to another language.

Certified Interpreter

An individual who has passed any of the following fluency examinations:

1. Department of Social and Health Services' (DSHS) social services interpreter or medical interpreter certification examination;
2. State of Washington office of the administrator for the courts interpreter certification examination;
3. Federal courts interpreter certification examination;
4. Certification Commission for Healthcare Interpreters (CCHI);
5. National Board of Certification for the Medical Interpreters (NBCMI).

NOTE: *Those persons who have not passed the DSHS social services interpreter or medical interpreter certification examination, but have passed #2 - 5, above, can only be recognized if they have submitted a written request for recognition, a photocopy of their valid official certificate and a copy of official record attesting to their completion of the required minimum DSHS interpreter/translator orientation and interpreter/translator professional ethics trainings to the entity they contract with for their language services.*

POLICY

Individuals receiving behavioral health services from North Sound BHO contracted BHAs are provided oral and written information in their own language through certified and qualified interpreters and translators at every aspect of service delivery.

North Sound BHO and its contracted BHAs shall contract exclusively with agencies that can produce documentation that their subcontracted interpreters/translators are certified or qualified.

North Sound BHO's contracted BHAs facilitate certified interpreter and translation services for individuals in the language which they prefer to communicate, at no additional cost to the individuals.

Individuals may secure, at their own expense, their own interpreter or choose a family member or friend to function as their interpreter. This applies to individual services only and not group services. An individual's refusal of a BHA arranged interpreter shall be documented in the individual's clinical file. This does not waive the individual's right to have the BHA arrange for a certified interpreter at any time in the future. Minor children shall not be permitted to serve as interpreters for their parents.

PROCEDURE

1. Interpreter Services

If an individual requires interpreter services for their treatment services, the interpreter services shall be arranged by the individual's BHA, at no cost to the individual. The BHA will pay the interpreter. The BHO pays the BHA for the interpreter services per the contract with the BHA. (Payment method varies based on the payment structure for the program in question.)

If an individual speaks a language other than English but is illiterate in their native language, BHAs shall:

- a. Arrange for materials to be interpreted in the individual's language;
- b. Note in the individual's clinical file that the interpretation took place; and
- c. Ensure the individual signs the document containing the interpreted information indicating that he/she received the information and will put a copy in the individual's clinical file.

For individuals for whom written materials are not available in their preferred language, BHAs may meet this requirement by providing the information through audio and/or video recording in the individual's primary language, having a certified interpreter read the materials in the individual's primary language, or providing materials in an alternative format that is acceptable to the individual. If any of these methods are used it shall be documented in the individual's clinical file.

2. Translation Services

BHAs will post a multilingual notice in each of the DSHS determined prevalent languages, which advises individuals that information is available in other languages and how to access this information. BHAs will also post, in the DSHS determined prevalent languages, a translated copy of the individual rights as listed in the *Behavioral Health Benefits Booklet*.

Following is a list of the DSHS prevalent languages:

- a. English
- b. Chinese
- c. Cambodian
- d. Korean

- e. Laotian
- f. Russian
- g. Spanish
- h. Vietnamese
- i. Somali
- j. Arabic
- k. Amharic
- l. Punjabi
- m. Ukrainian

At the time of an initial assessment and/or initial intake BHAs must offer individuals the *Behavioral Health Benefits Booklet* published by DSHS. The *Behavioral Health Benefits Booklet* is the mechanism by which individuals are notified of their benefits, rights and responsibilities and can be downloaded from: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/behavioral-health-benefits-book> in any of the above languages.

At a minimum, the following written materials shall be readily available in the most prevalent non-English language, Spanish, as identified by DSHS:

- a. Applications for Services if applicable (translators will be available for verbal requests for services);
- b. Consent Forms (Consent for Treatment, Medication Consents, Release of Information); and
- c. Notice of Action (for Medicaid enrollees).

Written materials, other than those delineated above, are interpreted orally and/or translated by a certified interpreter or translator.

Whenever translated documents are sent to individuals, the English version shall be attached to the translation. Materials may be provided in English if the individual's primary language is other than English but the individual can understand English and is willing to receive the materials in English. The individual's consent to receiving information and materials in English must be documented in the individual's clinical file.

BHAs must maintain a log of all requests for interpreter services and/or translated materials.

BHAs shall notify North Sound BHO of any information necessary to update the *Behavioral Health Benefits Booklet* within seven (7) days of any changes to any BHA content contained in the booklet. North Sound BHO will then have an additional seven (7) days to forward any BHA update information to DSHS. BHA information updates should be submitted to North Sound BHO Contracts Coordinator to be forwarded to DSHS.

ATTACHMENTS

None

Effective Date: 10/29/2008; 7/13/2005
Revised Date: 3/8/2017
Review Date: 3/8/2017

North Sound Behavioral Health Organization

Section 1500 – Clinical: State Hospital Care and Discharge Coordination

Authorizing Source: BHSC & PIHP Contracts

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 3/24/2017

POLICY #1536.00

SUBJECT: STATE HOSPITAL ADMISSIONS, CARE, AND DISCHARGE COORDINATION

PURPOSE

To ensure quality care coordination between outpatient providers and State Hospitals, as well as, rapid, appropriate discharges from State Hospitals to the least restrictive community settings possible.

POLICY

North Sound Behavioral Health Organization (North Sound BHO) and its contracted providers shall participate in active care coordination with the State Hospitals to assist with providing high quality treatment and to facilitate rapid and appropriate discharges.

PROCEDURE

North Sound BHO and its providers will serve all people admitted to a State Hospital from the North Sound region and will comply with the Western State Hospital (WSH)/Regional Support Network (RSN)* Working Agreement (*see Attached Western State Hospital/RSN Working Agreement*). An admission packet, as defined in the WSH/RSN Working Agreement, will be provided to the State Hospital at or before the time of transfer whenever possible.

All communication between North Sound BHO providers and the State Hospital regarding an individual's care shall include the Hospital Liaisons. North Sound BHO's Hospital Liaisons or, in some cases, the designated provider will participate with State Hospital staff in developing plans for safe and appropriate discharge to the community with the goal of enabling individuals to leave the State Hospital upon determination the individual is ready for discharge. When necessary, the Hospital Liaisons will develop community discharge plans as Less Restrictive Orders (LRO). If eligible, the individual will select a Behavioral Health Agency (BHA) prior to discharge from the State Hospital with the support of North Sound BHO Hospital Liaison. **The North Sound BHO Hospital Liaison is responsible for scheduling a 'Hospital Discharge Assessment' and will ensure the assigned BHA has all the information necessary for effective continuity of care and quality improvement.**

When admissions slow down significantly or the State Hospitals issue census alert notifications, North Sound BHO will alert its Crisis/Designated Crisis Response (DCR) staff, community psychiatric hospitals, Evaluation & Treatment centers and outpatient providers to make their best efforts to divert State Hospital admissions and to expedite discharges from State Hospitals using alternative community resources and behavioral health services.

North Sound BHAs will provide community behavioral health services for all individuals involuntarily committed under RCW 71.05 who are discharged on Conditional Release (CR) or LRO. BHAs will also serve individuals committed under RCW 10.77 when criminal charges have been dismissed due to incompetence and the individual was subsequently held at the State Hospital under RCW 71.05 before being discharged on a CR or LRO. North Sound BHO Hospital Liaisons are expected to contact BHAs to request in writing that they assume responsibility for the CR or LRO.

North Sound BHO will follow the Inter-RSN Transfer process when an individual is being discharged to another BHO's region.

** RSN is the designation formerly used to describe what are now called Behavioral Health Organizations (BHO). The RSNs became BHOs on April 1, 2016.*

ATTACHMENTS

1536.01 – WSH-RSN Working Agreement

Effective Date: 3/31/2014; 10/4/2010; 6/17/2010; 11/29/2005, 7/3/2007
Revised Date: 12/22/2015
Review Date: 3/26/2014

North Sound Behavioral Health Organization
Section 1500 – Clinical: Early and Periodic Screening, Diagnosis
and Treatment (EPSDT) Services

Authorizing Source: DSHS Contract;

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 3/27/2017

POLICY #1550.00

**SUBJECT: EARLY AND PERIODIC SCREENING, DIAGNOSIS AND
TREATMENT (EPSDT) SERVICES**

PURPOSE

To ensure the North Sound Behavioral Health Organization (North Sound BHO) providers assess and provide appropriate levels of mental health and substance use disorder (SUD) services to individuals referred through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and to ensure ongoing coordination of care.

DEFINITIONS

EPSDT Program is a preventive health care benefit for individuals with Medicaid under 21 years of age. The program is intended to identify, through periodic screening, any existing physical and/or mental health/SUD issues and ensure appropriate referrals and treatment for identified issues. In the context of the North Sound BHO system, individuals are identified as being in the EPSDT Program when they have been referred to a North Sound BHO provider by a Primary Care Provider (PCP).

Primary Care Provider (PCP) is defined as the following providers eligible to perform EPSDT screens:

- A. EPSDT clinics;
- B. Physicians;
- C. Naturopathic Physicians;
- D. Advanced registered nurse practitioners (ARNPs);
- E. Physician Assistants (PA);
- F. Registered nurses working under the guidance of a physician or ARNP may also perform EPSDT screenings. However, only physicians, PA's and ARNP's can diagnose and treat problems found in screenings.

EPSDT Referral – North Sound BHO considers the following an EPSDT referral:

- A. Written referral in any format from the PCP;
- B. Verbal referral directly from the PCP; or
- C. Verbal referral by the PCP as reported by the individual.

POLICY

North Sound BHO believes the early screening and detection of mental health and SUD issues in individuals and coordination of care with health care providers are core components of quality services. Mental health and SUD services will be provided following the requirements of the EPSDT Program.

The individual's PCP performs the EPSDT screening, which includes a full physical examination at an interval prescribed by the treating PCP but not to exceed two (2) years. The examination may result in referral to mental health and/or SUD services.

EPSDT service must be structured in ways that are culturally and age appropriate, involve the family and/or caregiver and include a full assessment of the family's needs.

PROCEDURE

North Sound BHO providers are responsible for:

- A. Responding to EPSDT referrals that originate from PCPs. The referral may be a written referral in any format or verbal referral from the PCP office or individual.
 - i. When services are requested with an EPSDT referral, a written response must be provided to the Physician, ARNP, Physician Assistant, trained public health nurse, or RN who made the EPSDT referral. This notice must include at least the date of intake, the diagnosis and returned to the PCP within 30 days of the intake. If the individual does not attend the intake or does not sign a consent for communication back to the PCP, no communication back is needed and should be documented.
 - ii. Contacting the individual/guardian within 10 working days of all EPSDT referrals to confirm if services are being requested by the individual/guardian. Documentation of this effort shall be maintained for 1 year after the completion of the contract period, to confirm if the individual/guardian requests, declines, or does not respond to efforts within 10 working days to determine if these services are being requested.
 - iii. In the event an enrollee's referral to services **did not** originate from a PCP, the individual is not considered an EPSDT referral.
- B. Assisting individuals/families, who do not have a PCP, in locating and connecting with a PCP by assisting or referring the individual/family to the Health Care Authority (HCA) Washington Apple health EPSDT program provider guide.

- C. Developing, in coordination with the individual/family, other health care providers, and related allied systems, a Recovery and Resiliency Plan (RRP; aka Individual Service Plan [ISP]) that addresses the individual/family's needs per North Sound BHO policies on RRP/ISP and coordination of care 1517, 1546, 1551).
 - i. The RRP/ISP must contain clarification of roles and responsibilities of all health care providers involved in serving the youth.
 - ii. In the event the other health care providers and/or allied systems choose not to jointly create a coordination plan, the North Sound BHO provider must develop a plan that addresses how they will interact with the other external providers to address the individual/family needs.

Through routine review of North Sound BHO provider records, North Sound BHO will ensure providers have:

- A. Responded to EPSDT referrals per requirements;
- B. Assisted in locating and connecting to a PCP if indicated; and
- C. Coordinated development of RRP/ISP.

ATTACHMENTS

None

Effective Date: 7/6/2007
Revised Date: 3/8/2017
Review Date: 3/8/2017

North Sound Behavioral Health Organization

Section 1500 – Clinical: Care Coordination

Authorizing Source: DBHR & North Sound BHO Contracts;

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 3/24/2017

POLICY #1560.00

SUBJECT: CARE COORDINATION

PURPOSE

To ensure the behavioral health needs of individuals and families in the North Sound region are met through the provision of high-quality and high-value behavioral health care by addressing issues that create barriers to accessing these services.

DEFINITIONS

Allied Systems

Systems individuals may be involved with in addition to the behavioral health services system. Allied systems include, but are not limited to:

- 1 Department of Social and Health Services (DSHS) Aging and Long Term Care Services Administration (ALTA);
- 2 DSHS Children's Administration;
- 3 Community Health Clinics, Federally Qualified Health Centers (FQHCs) and Apple Health Managed Care Plans;
- 4 Educational Service Districts (ESDs);
- 5 Criminal Justice (courts, jails, law enforcement, public defenders);
- 6 Department of Corrections (DOC);
- 7 DSHS Division of Vocational Rehabilitation (DVR);
- 8 DSHS Juvenile Justice and Rehabilitation Administration (JJRA); and
- 9 Offender Re-entry Community Safety Program (ORCSP).

Capacity

Per RCW 71.32.020, capacity is the ability to make treatment decisions by an adult who has not been found to be incompetent pursuant to RCW 11.88.010 (1)(e).

High-Risk

Individuals are considered at high-risk based on patterns of utilization of inpatient, outpatient and crisis services which clinically indicate a high probability of undesirable outcomes. Engagement in risky activities due to behavioral health conditions may also put an individual at high-risk.

Incompetent

Per RCW 71.32.020, an adult is incompetent when that individual: (a) is unable to understand the nature, character and anticipated results of proposed treatment or alternatives, including non-treatment; or communicate his or her understanding of treatment decisions; or (b) has been found to be incompetent pursuant to RCW 11.88.010 (1)(e).

Service Team

A service team is a group of individuals who share the common goal of promoting the recovery of an individual. Service teams usually include individuals receiving care, their representatives if they are considered incompetent to make decisions or are under the age of 13, professionals providing services, natural supports (family, friends and other members of the community the individual identifies as part of his/her personal support system) and representatives of allied systems the individual may be involved with.

POLICY

Care coordination activities promote individual recovery by identifying and addressing systems issues that create barriers and interfere with care. North Sound BHO Care Coordinators organize care activities and share information with service teams in alignment with the needs and preferences of those individuals receiving services to the greatest possible degree.

PROCEDURE

North Sound BHO Care Coordinators ensure the behavioral health needs of individuals in the region are met by:

- 1 Monitoring engagement and service activities of individuals at high-risk;
- 2 Facilitating communication and collaboration between members of service teams and ensuring the needs and preferences of the individual in services are known by either including the individual with capacity in decision-making or their legal agent if they are considered incompetent;
- 3 Providing discharge planning support to psychiatric inpatient units when barriers are encountered; and/or
- 4 Engaging allied systems to address service gaps and resource shortages.

Activities include, but are not limited to:

- 1 Participation in meetings with allied systems, including collaboration on projects intended to address barriers which interfere with recovery efforts;
- 2 Data gathering, including review of treatment records and contact with members of service teams;
- 3 Consultation with North Sound BHO clinical staff and subject matter experts outside of North Sound BHO;
- 4 Providing service recommendations; and
- 5 Requiring follow-up from BHAs.

Individuals identified for care coordination services come to North Sound BHO's attention in a variety of ways including, but not limited to:

- 1 Children's Long-Term Inpatient Program (CLIP) Referrals;
- 2 Western State Hospital (WSH) Referrals;
- 3 BHAs;
- 4 Apple Health MCOs;
- 5 Ombuds;
- 6 Community Hospitals and Evaluation and Treatment (E&T) facilities;
- 7 Community Members;
- 8 Utilization Management Data;
- 9 Allied System Partners; and
- 10 Grievances.

ATTACHMENTS

None

Effective Date: 10/26/2012; 2/1/2010; 5/29/2009
Revised Date: 3/8/2017
Review Date: 3/8/2017

North Sound Behavioral Health Organization

Section 1500 – Clinical: Medicaid Personal Care (MPC)

Authorizing Source: DBHR Contract

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: 3/24/2017

POLICY #1576.00

SUBJECT: MEDICAID PERSONAL CARE (MPC)

PURPOSE

To clarify the responsibilities of North Sound Behavioral Health Organization (North Sound BHO) and its contracted provider agencies as they relate to the application process for Medicaid Personal Care (MPC) services for individuals in North Sound BHO-funded services.

POLICY

North Sound BHO has fiscal responsibility for MPC services provided to individuals in North Sound BHO-funded services who both:

1. Qualify for MPC services due solely to their psychiatric disability, and
2. Were authorized for services after June 30, 1995.

North Sound BHO's clinical staff review requests for MPC from Aging and Long Term Support Administration (AL TSA), Home and Community Services (HCS) and Area Agencies on Aging (AAA). To facilitate the most appropriate use of MPC, North Sound BHO requires information from its provider agencies to establish the individual qualifies for MPC services due to a psychiatric disability.

If MPC is approved by North Sound BHO, it is expected clinicians from AL TSA, HCS, AAA and North Sound BHO provider agencies will have regular contact to provide coordinated care for mutually served individuals. It is the responsibility of each agency to keep updated releases of information in the individual chart such that the above communication is maintained for the duration of the services.

PROCEDURE

Referral and approval process for MPC services:

Initial MPC requests

1. When a North Sound BHO provider agency clinician and/or manager, determine an individual needs a higher level of care to assist with personal care and activities of daily living than they believe are available in the mental health system they will:

- a. Call North Sound BHO and consult with a North Sound BHO clinical staff responsible for MPC decisions to discuss the options available to meet the needs of the individual. This consultation will focus on whether MPC or another program is the most appropriate program to meet the individual's need.
 - b. If a program is available within North Sound BHO's network that will likely meet the needs of the individual, the clinician will be instructed to discuss this program with his or her manager.
 - c. If MPC appears to be the most appropriate program for the individual, the clinician shall assist the individual in completing the MPC application process.
2. North Sound BHO provider agency clinicians access MPC services by submitting an application form to HCS.
3. AL TSA/HCS/AAA schedules a Comprehensive Assessment Reporting Evaluation (CARE) Assessment (utilizes the CARE tool). If, following the CARE Assessment, AL TSA/HCS/AAA believes North Sound BHO is responsible for all or part of the funding, the AL TSA/HCS/AAA case worker shall send the following information to North Sound BHO:
 - a. A copy of the CARE Assessment, including Service Summary;
 - b. HCS/AAA Regional Support Network (RSN) transmittal form;
 - c. Requested payment amount including both daily and monthly rates; and,
 - d. Requested approval period.
4. Upon confirming that the individual is authorized for North Sound BHO-funded services, the North Sound BHO MPC review staff shall review the individual's CARE Assessment and documentation from the North Sound BHO provider agency. North Sound BHO shall make every effort to transmit the following information back to HCS/AAA within 5 working days from the date the CARE Assessment packet is received (consideration of timeliness will be based on individual need and acute situations may require a shorter response time):
 - a. Agreement/disagreement with AL TSA's determination that individual's unmet need is due solely to a psychiatric disability;
 - b. Determination as to whether MPC or other North Sound BHO services are most appropriate to meet individual's need; and
 - c. Approval or rejection of financial responsibility for the referred individual's MPC Services. If the MPC request is approved, North Sound BHO staff shall complete the AL TSA/HCS/AAA fax transmittal form with the following information and fax the transmittal form back to the requesting AL TSA/HCS/AAA staff:
 - i. Payment amount including both daily and monthly rates;
 - ii. Approval period; and,
 - iii. Signature and date.

5. North Sound BHO shall also communicate the determination to approve or reject the MPC request to the North Sound BHO provider agency clinician. If the MPC request is approved, the provider agency clinician needs to update the Recovery/Resiliency Plan (RRP) to note the receipt of MPC services as a resource now available to the client. If the request is rejected based on provision of other North Sound BHO services, the RRP must be updated to address the personal care needs identified in the CARE Assessment.

Reauthorization of MPC requests

6. MPC may be approved for up to one year. If it appears MPC services are needed beyond the approved time period, AL TSA/HCS/AAA staff shall submit a new request to North Sound BHO MPC clinical review staff, following the procedure above, in the month preceding the current approval's expiration.
7. Case management responsibilities related to personal care needs will be provided by AL TSA/HCS/AAA and North Sound BHO provider agency staff as needed and as identified in the individual's HCS Service Summary and mental health RRP including crisis plan, updated copies of which shall be shared between the mental health agency and HCS case worker.
8. In the event a North Sound BHO contracted provider agency is planning to end services with an individual in a North Sound BHO authorization who is currently receiving MPC services, the provider agency will notify both North Sound BHO MPC clinical review staff and the AL TSA/HCS/AAA case manager of the planned date of services ending as soon as they have determined when this date will occur. When possible, this notification shall occur at least 30 days prior to the planned end of service date. Notification by phone is sufficient.
9. When outpatient services by the provider agency stop, North Sound BHO payment for MPC services will also stop as of the same date if no other North Sound BHO contracted provider is involved with the individual. Stopping mental health services and North Sound BHO MPC payment may affect the residency status of some individuals living in Adult Family Homes. The provider agency shall inform the individual receiving MPC services of this potential impact on residency and address this issue in the individual's care planning. Notification to the individual may be done verbally or in writing, but must be documented in the chart.
10. In the event AL TSA/HCS/AAA staff is planning to deny a request for MPC services or reduce or terminate current MPC services to an individual connected to a North Sound BHO contracted provider agency, AL TSA/HCS/AAA staff will inform both provider agency staff and North Sound BHO MPC clinical review staff via a phone call of the planned action. The provider agency and North Sound BHO staff will then reevaluate the individual's need(s) and adapt the RRP as needed. AL TSA/HCS/AAA staff is responsible for sending a Planned Action Notice to the individual, informing him or her of the pending action, effective date of the action and information on the right to appeal and the appeal process.

ATTACHMENTS

None

Effective Date: 6/27/2004
Revised Date: 12/13/16
Review Date: 3/20/2017

North Sound Behavioral Health Organization
Section 2000 – Compliance: Prohibition on Physician Incentive Plans

Authorizing Source: 42 CFR 422.208 and North Sound BHO contracts

Cancels:

See Also:

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

Approved by Executive Director

Responsible Staff: Contracts Manager

Signature:

Date: 3/20/2017

POLICY #2002.00

SUBJECT: PROHIBITION ON PHYSICIAN INCENTIVE PLANS

PURPOSE

The North Sound Behavioral Health Organization (North Sound BHO) sets out this policy governing relations with physicians. Physician incentive plan means any compensation arrangement between an entity (or downstream contractor) and a physician or physician group that may directly or indirectly have the effect of reducing or limiting services furnished with respect to individuals enrolled with the entity.

POLICY

North Sound BHO will not operate a physician incentive plan or contract with any provider who offers a physician incentive plan.

PROCEDURE

North Sound BHO shall include contract language in its provider network contracts prohibiting Physician Incentive Plans.

ATTACHMENTS

None

Effective Date: 6/27/2004
Revised Date: 3/22/17
Review Date: 3/22/17

North Sound Behavioral Health Organization
Section 2000 – Compliance: Utilization Management Compensation

Authorizing Source: 42 CFR 438.210 (e)

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Contracts Manager

Signature:

Date: 3/24/2017

POLICY #2003.00

SUBJECT: UTILIZATION MANAGEMENT COMPENSATION

PURPOSE

To ensure compensation to individuals or entities that conduct utilization management activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.

POLICY

Each North Sound BHO contract must provide that, consistent with state and federal regulation, compensation to individuals or entities that conduct utilization management activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.

PROCEDURE

The North Sound BHO Contracts Manager/designee will review all proposed contracts to ensure compliance with this policy.

ATTACHMENTS

None

Effective Date: 11/23/2005; 10/9/2003, Approved by BOD, Motion #03-055
Revised Date: 12/19/2016
Review Date: 3/20/2017

North Sound Behavioral Health Organization

Section 5000 – Contract: Administrative Contract Compliance Monitoring

Authorizing Source: DBHR Contract

Cancels:

See Also:

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

Responsible Staff: Contracts Manager

Executive Director Signature:

Approved by: Board of Directors

Date: 10/9/2003

Motion #: 03-055

Date: 3/20/2017

POLICY #5001.00

SUBJECT: ADMINISTRATIVE CONTRACT COMPLIANCE MONITORING

POLICY

All agencies providing services to or on behalf of North Sound Behavioral Health Organization (North Sound BHO) will be monitored for administrative, fiscal, and quality management systems assurance/improvement compliance. Whenever possible, North Sound BHO will collaborate and coordinate with State of Washington Division of Behavioral Health and Recovery (DBHR) to jointly conduct North Sound BHO's Administrative and Clinical Reviews with DBHR's Licensing Reviews of North Sound BHO contracted providers.

PURPOSE

The purpose of conducting an on-site review is to ensure contracted providers and their subcontractors are providing services in compliance with:

1. North Sound BHO Contract(s);
2. Washington Administrative Codes (WAC's);
3. Revised Codes of Washington (RCW's);
4. Washington State Medicaid Waiver; and
5. Federal Rules and Regulations (i.e., HIPAA, HI-TECH, Compliance), etc.).

This review is a limited review and the primary purpose is to ensure compliance with the terms of the contract the provider agency has with North Sound BHO. This on-site review is not a clinical review. Clinical reviews are conducted by North Sound BHO Clinical Oversight Team. The Administrative review is limited in scope. It is not intended to encompass all areas that are covered under a DBHR licensing review; however, findings and recommendations will be reported to DBHR to assist them. Conversely, findings and recommendations from DBHR will be reviewed during the North Sound BHO on-site review. It is not intended to encompass all federal, state and local laws and regulations that may apply to a provider agency, its primary focus is to ensure compliance with those laws and regulations that govern the contract between North Sound BHO and the agency. If North Sound BHO becomes aware of a potential legal violation that is outside of the scope of the review, North Sound BHO will report the alleged violation to the appropriate authorities.

ON-SITE REVIEW TEAM

The Administrative On-site Review Team shall be made up of one (1) or more of the following:

1. Contracts/HR Manager;
2. Contracts Specialist;
3. HR Specialist;
4. Compliance/Privacy Officer;
5. Fiscal Officer;
6. Quality Specialist; and/or
7. Quality Manager/Coordinator.

ON-SITE MONITORING COMPONENTS

The following risk factors shall be analyzed prior to the on-site review to determine the extent of the Administrative Review.

1. Frequency of outside reviews;
2. State DBHR Licensing Review Results;
3. Prior North Sound BHO review findings;
4. Current national accreditation or certification (i.e., JACHO, CARF, NCQA, other);
5. Responsibilities required under North Sound BHO's contract with DBHR that the agency is performing under its contract with North Sound BHO;
6. RCW, WAC and other state requirements North Sound BHO is required to ensure the fulfillment of through its contract with DBHR and the agency is performing under its contract with North Sound BHO;
7. Federal requirements North Sound BHO is required to ensure the fulfillment of through its contract with DBHR and the agency is performing under its contract with North Sound BHO;
8. Date of the last monitoring visit;
9. Type of contract;
10. History of marginal performance;
11. Prior review findings; and
12. Unusual personnel turnover.

The individual components of the Administrative On-site Review consist of the following:

1. Administrative Review

- a. Contract General Terms and Conditions
- b. Benefits Package or Statement of Work Requirements
- c. Performance Standards
- d. Personnel Policies
- e. Personnel Records, in order to ensure that the agency has an appropriate credentialing process.
- f. Compliance Program
- g. Posting of Required Materials
- h. Interpretation/Translation Logs
- i. Board meeting minutes, for indications of problem areas

2. Fiscal Review

- a. Review of agency fiscal policies and procedures
- b. Review of the financial system
- c. Review of documentation relative to the tracking of all revenue awarded by North Sound BHO.
- d. Review of documentation related to identifying, pursuing and recording Third Party Revenue, including collections and write-offs.
- e. Eligibility Verification process
- f. Desk review of the contractor's annual review report, with particular attention to any notes that indicate issues with financial viability and stability;
- g. The following risk factors shall be analyzed prior to the On-site Review in order to determine the extent of the Fiscal Review:
 - i. Prior review findings;
 - ii. Date of the last monitoring visit;
 - iii. Type of contract;
 - iv. Dollar amount of contract;
 - v. Internal control structure;
 - vi. Review of Agency's accounting system
 - vii. Review of Agency's most recent Independent Financial Audit
 - viii. If a sub-recipient, Length of time as a sub-recipient;
 - ix. Has not provided North Sound BHO with required Financial Reports on a timely basis;
 - x. Has not conformed to conditions of previous contracts.

3. Quality Assurance/Improvement

- a. Review of Agency's internal quality assurance, quality improvement systems, and peer review systems policies and procedures,
- b. Agency Internal Complaints Process
- c. Ombuds Grievances

ON-SITE MONITORING PROCESS

An onsite review shall be accomplished by following the steps outlined below:

1. 30 days prior to the scheduled on-site visit, North Sound BHO shall send the following to the provider:
 - a. Administrative Monitoring Questionnaire;
 - b. Personnel Records Review Worksheet;
 - c. On-site Review Checklist; and
 - d. On-site Schedule and Agenda.

2. On the first scheduled day of the site visit, an entrance interview with the agency director and his/her designee(s) shall occur. The entrance interview consists of the following:
 - a. Introductions – Identify for Agency which North Sound BHO Review Team Member will be reviewing each on-site component;
 - b. Sign Confidentiality Statements (when applicable);
 - c. North Sound BHO Re-State Purpose of On-site Review;
 - d. Review On-site Schedule;
 - e. Give Agency staff an opportunity to present a description of the various programs they provide through North Sound BHO contract(s); and
 - f. Tour of Agency Facility.
3. North Sound BHO Review Team shall reconvene as a group at least two (2) hours prior to the scheduled Exit Review to share the results of their monitoring efforts.
4. North Sound BHO Review Team shall conduct an exit interview with agency director and his/her designated staff. At the exit review the following will be presented and discussed:
 - a. Areas of excellence,
 - b. Areas of strengths,
 - c. Areas in need of corrective action (findings), and
 - d. Recommendations.
5. Once the on-site review is completed, a written On-Site Review Report will be prepared.
 - a. Each North Sound BHO Review Team participant will prepare a written report documenting areas of excellence, strength, findings and recommendations of the section(s) their team reviewed; Administration, Fiscal and Quality Management.
 - b. This documentation shall be submitted to the Contracts Manager who shall be responsible for finalizing the report.
 - c. The completed report shall be submitted to the Executive Director of the contract agency within 45 days of the exit review date.
 - d. The report consists of four (4) sections:
 - i. Scope of review;
 - ii. Summary of review;
 - iii. Findings and Recommendations, and
 - iv. Corrective action plan request and timeline.

The agency will have 30 days to respond in writing to all findings and recommendations.

6. North Sound BHO Review Team will review the agency's Corrective Action Plan to the findings and recommendations and provide a written response to the contract agency of those areas of correction that are acceptable and those areas that are unacceptable within 45 days of receipt.

7. When an agency's response has areas that are unacceptable, North Sound BHO Review Team will inform the agency in writing and request further action.
8. The Contract agency will be responsible and accountable for correcting all findings.

Failure of a provider to correct findings may result in North Sound BHO imposing sanctions and/or withholding payment(s) until the finding in question is resolved to the satisfaction of North Sound BHO.

The Monitoring Report and Response becomes a permanent part of the provider's file.

ATTACHMENTS

None

Effective Date: 6/27/2004
Revised Date: 12/14/16
Review Date: 3/20/2017

North Sound Behavioral Health Organization

Section: 5000 – Contract: Limitations on Enrollee Financial Obligations

Authorizing Source: 42 CFR 438.106, 116 and North Sound BHO contracts

Cancels:

See Also:

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

Approved by: Executive Director

Date: 3/20/2017

Responsible Staff: Contracts Manager

Signature:

POLICY #5003.00

SUBJECT: LIMITATIONS ON ENROLLEE FINANCIAL OBLIGATIONS

PURPOSE

The North Sound Behavioral Health Organization (North Sound BHO) sets out this policy governing the protection of enrollees in the event of insolvency and other situations.

POLICY

Medicaid Enrollees shall not be held liable for the following:

1. Debts in the event of the North Sound BHO's insolvency;
2. Covered services provided to the enrollee for which:
 - a. The state does not pay the North Sound BHO or
 - b. The State/North Sound BHO does not pay the individual or behavioral health provider that furnished the services under a contract, referral or other arrangement;
 - c. Payments for covered services provided by North Sound BHO's contractors or subcontractors, in the event of insolvency, and
 - d. Covered services furnished under a contractual, referral or other arrangement, to the extent that payments are in excess of the amount that the enrollee would owe if North Sound BHO or its contractors provided the services directly.

PROCEDURE

North Sound BHO shall include language limiting enrollee financial obligations in its provider network contracts.

ATTACHMENTS

None