



# North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2017-016

Date: October 3, 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'Allegrì, 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: Revised Policies

Greetings BHA Providers:

**Policy 1551.00 – Outpatient Recovery and Resiliency Plans/Individual Service Plans**

This policy has been through the review and approval process. The Executive Director signed and approved this policy October 3, 2017.

**Policy 4015.00 – Verification of Accuracy of Data**

This policy has been revised by Information Systems Specialist. The Executive Director signed and approved this policy October 3, 2017.

The NM with policy attachments included below for your convenience.

Please ensure all appropriate staff is notified of this new policy.

Full implementation of this policy 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: 8/29/2014; 4/23/2012; 11/29/2011; 10/6/2010; 7/31/2008; 11/21/2005  
Revised Date: 9/13/2017  
Review Date: 9/13/2017

## North Sound Behavioral Health Organization

### Section 1500 – Clinical: Outpatient Recovery and Resiliency Plans/Individual Service Plans

Authorizing Source: DBHR/North Sound BHO Contracts; WAC 388-877-0620; WAC 388-877A-0135; WAC 388-877B

Cancels:

See Also: North Sound BHO Policies #1002.00; 1520.00

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

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 10/3/2017

#### **POLICY# 1551.00**

#### **SUBJECT: OUTPATIENT RECOVERY AND RESILIENCY PLANS / INDIVIDUAL SERVICE PLANS**

#### **PURPOSE**

To ensure development of the Recovery and Resiliency Plan (RRP), also referred to as an Individual Service Plan (ISP), is a collaborative effort between the individual, or individual's parent or legal representative, if applicable, and Behavioral Health Provider (BHP) that results in an individual-centered, strength-based plan that meets the individual's unique behavioral health needs.

#### **POLICY**

RRP reflects the North Sound BHO focus on integrating the fundamentals of recovery as found in the Substance Abuse Mental Health Services Administration (SAMHSA) Working Definition of Recovery. The term ISP is terminology utilized in the Washington Administrative Code (WAC). It is acceptable to use this terminology and North Sound BHO encourages Behavioral Health Agencies (BHA) to use the term RRP or similar terminology (e.g., Individual Recovery Plan or Cross-System Care Plan).

RRP/ISP shall reflect the principles and fundamentals found in the North Sound BHO Clinical Practice Guidelines:

[http://northsoundbho.org/Assets/PDFs/Clinical\\_Guidelines/Clinical\\_Guidelines\\_Manual.pdf](http://northsoundbho.org/Assets/PDFs/Clinical_Guidelines/Clinical_Guidelines_Manual.pdf)

Recovery and Resiliency planning is an ongoing, dynamic process that begins at the initial assessment and/or the initial intake. A clearly articulated RRP/ISP provides the following benefits to the individual and the service team:

1. Serves as a roadmap for the individual and the service team, providing direction and allowing the team and the individual to evaluate progress toward recovery/resiliency goals, desired outcomes and the effectiveness of interventions;
2. Supports the individual as he/she works through his/her personal recovery/resiliency process; and
3. Documents both individual and the BHA responsibilities towards recovery/resiliency.

RRP/ISP reflect:

1. Goals that address individual needs identified at the initial assessment and/or initial intake and throughout the services. This may include, but is not limited to:
  - a. Behavioral health needs (i.e., related to diagnosis) necessitating current services;
  - b. For substance use disorder (SUD) services, include each substance used needing treatment, including tobacco, as appropriate;
  - c. Non-behavioral health needs requiring referral and/or support;
  - d. Risk; and
  - e. Rationale for deferring services/referral of a need.
2. Individual's stated recovery and resiliency goals and desired outcomes (discharge criteria/level of care change criteria).
3. Interventions and services that are recovery and resiliency oriented and can reasonably be expected to assist the individual in achieving his/her goals.

#### **PROCEDURE**

The Outpatient Behavioral Health RRP/ISP must:

1. Be completed within:
  - a. For mental health services, 30 days from the date of the first session following the initial assessment (MH); and
  - b. For SUD services, before treatment services are provided.
2. Document the BHP collaborating on the plan is:
  - a. For mental health services, a Mental Health Professional (MHP) and/or the plan has been reviewed by a MHP (i.e., signature of MHP on the plan); and
  - b. For SUD services, a Chemical Dependency Professional (CDP)/Chemical Dependency Professional Trainee (CDPT) and/or the plan has been reviewed by a CDP (i.e., signature of CDP on the plan).
3. Address the provision of information and education about the individual's behavioral health diagnosis;
4. Address the individual's unique needs including, but not limited to:
  - a. Age, gender, cultural and/or disability, strengths or issues as identified by the individual or their parent or other legal representative, if applicable, as relevant to services.
  - b. Identified needs beyond behavioral health needs, such as, physical health care and daily activity needs, such as, living arrangements, employment and education.

5. Identify and incorporate specific strengths and resources in a way that actively supports the individual in recovery/resiliency.
6. Include recovery/resiliency objectives that are measurable and allow the BHP and individual to evaluate progress.
7. Identify medically necessary service modalities, mutually agreed upon by the individual and BHP for services.
8. Participation must include family or significant others as requested by the individual or as applicable for individuals younger than 13 years or who have a legal representative.
9. Demonstrate the individual's participation in the development of the plan in the following ways:
  - a. The RRP/ISP includes at least one (1) goal/objective identified by the individual which is identified by quotes;
  - b. The RRP/ISP includes the individual's signature; and
  - c. The RRP/ISP is in language and terminology that is understandable to the individual.
10. Include coordination goals/objectives with other systems or organizations when required or the individual identifies as being relevant to his/her recovery with the individual's consent or their parent or other legal representative, if applicable. This includes, but is not limited to:
  - a. Coordination with any Individualized Family Service Plan (IFSP) when serving children less than three (3) years of age;
  - b. Education and/or employment system;
  - c. Children's Administration;
  - d. Medical Care Physician(s) and other health care providers;
  - e. Other behavioral health care providers; and/or
  - f. Legal systems (e.g., Department of Corrections, Mental Health Court, Drug Court and Deferred Prosecution).

Violation of a court order or lack of participation in treatment must be reported to the assigned authority as required by WAC.

11. Include documentation the individual's plan was reviewed and revised to reflect any changes in the individual's needs or as requested by the individual, or their parent, or other legal representative, if applicable.
12. Progress notes shall clearly reflect provision of services consistent with the RRP/ISP.

The services proposed and provided are consistent with North Sound BHO Clinical Practice Guidelines. In the absence of a North Sound BHO Clinical Practice Guideline, service follows generally accepted clinical practice for the individual's diagnosis.

#### **ATTACHMENTS**

None

Effective Date: 12/5/2008; 6/14/2005  
Revised Date: 9/11/2017  
Review Date: 9/11/2017

## North Sound Behavioral Health Organization

### Section 4000 – CIS: Verification of Accuracy of Data

Authorizing Source: PIHP & BHSC Contracts

Cancels:

See Also:

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

Responsible Staff: IS Specialist

Approved by: Executive Director

Signature:

Date: 10/3/2017

## **POLICY #4015.00**

### **SUBJECT: VERIFICATION OF ACCURACY OF DATA**

#### **PURPOSE**

To ensure North Sound Behavioral Health Organization (North Sound BHO) submits accurate data to the Department of Behavioral Health and Recovery (DBHR) to meet contractual requirements.

#### **POLICY**

Data accuracy of North Sound BHO's administrative systems and processes is critical to ensure encounter data submissions to DBHR are complete and accurate reflections of the care provided to Medicaid beneficiaries; instances where the editing process rejects data for data quality deficiencies are minimized; and report templates and quality measures accurately reflect the data is truly comparable across all Regional Support Networks (RSNs). The goal is to design an encounter data validation (EDV) process that ensures accuracy, completeness and integrity of encounter data by comparing encounter data with other administrative data.

#### **PROCEDURE**

1. Provider level: Providers will establish internal forms, policies and staff training that support the collection of accurate data. Provider staff will validate consumer demographic information at least monthly or at each visit if less than monthly.
2. North Sound BHO Macro level: North Sound BHO will test the entire encounter database; assess quantity, completeness and quality of encounter data; and, analyze the entire system, provider networks or individual providers. By identifying problems, North Sound BHO can ensure that data will be accurate when used to develop rates, project service needs, maintain fidelity to access criteria, assess performance indicators, etc.
3. North Sound BHO Micro level: Comparison of individual encounters to clinical records (encounter validation).

- a. Clinical chart reviews allow North Sound BHO to validate the service was performed and the correct information was collected. Chart reviews shall include verification of dates of encounters, diagnoses codes and ensure diagnoses codes are current and complete. Procedure codes will also be reviewed against system records. These reviews will identify over-reporting, under-reporting and inaccurate reporting.
- b. North Sound BHO will validate encounters using a sampling protocol, methodology, sample size and tool. North Sound BHO Information Systems (IS) staff will generate reports for Quality Management according to our defined sampling methodology for selection of medical records for individual record audits.
- c. Quality Management staff will do individual record audits. This will be combined with Utilization Review or other record review activities for efficiency.
- d. North Sound BHO will maintain aggregate data and a system of tracking the audits and validation process, provide feedback to DBHR and the provider on the results of an audit, provide technical assistance on how to improve deficiencies and determine the amount of under-reporting of encounters by using other data systems to cross validate and investigate reasons and causes of under-reporting. North Sound BHO shall educate providers on our mutual benefit of appropriate reimbursement and if necessary, consider corrective action, quality improvement, sanctions, or other remedies as needed and appropriate as warranted by the type and amount of inaccurate data.
- e. Staff from IS will complete the macro level functions, initial error checks, complete error analysis reports and notify providers of errors.

## **ATTACHMENTS**

None