



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 2018-020

Date: August 30, 2018

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Jenny Billings, 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
Shanon Hardie, 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 Centers
Marli Bricker, Therapeutic Health Services
Jane Jisun Kim, Asian Counseling Treatment Services

From: Joe Valentine, Executive Director

Subject: **Revised** Policies

Greetings BHA Providers:

Attached are revised/updated Policies 1001.00, 1002.00, 1003.00, 1004.00 and 1005.00.

Policy 1001.00 – Grievance, Appeal Administrative (Fair) Hearings and Notice – General Policy Requirements

The Executive Director approved and signed this policy on 8/30/18.

Policy 1002.00 – Grievance

The Executive Director approved and signed this policy on 8/30/18.

Policy 1003.00 – Appeal

The Executive Director approved and signed this policy on 8/30/18.

Policy 1004.00 – Administrative (Fair) Hearings

The Executive Director approved and signed this policy on 8/30/18.

August 30, 2018

Policy 1005.00 – Notice Requirements

The Executive Director approved and signed this policy on 8/30/18.

Please ensure all appropriate staff receives this information.

The revised policies are attached to this NM for your convenience.

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
Rowell Dela Cruz, Pioneer Human Services
Perry Mowery, Whatcom County
Contract File

North Sound Behavioral Health Organization, LLC

Section 1000 – Administrative: Grievance, Appeal, Fair (Administrative) Hearing & Notice – General Policy Requirements

Authorizing Source: 42 CFR 438 Subpart F, WAC 388-877-0660, 388-877-0654 through 388-877-0680, 42 CFR 431

Cancels:

See Also:

Providers must comply with this policy and may develop

Individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Executive Director Signature:

Approved by: County Authorities Executive Committee (formerly known
as the Board of Directors)

Motion #: 04-027

Date: 6/20/2004

Date: 8/30/2018

POLICY #1001.00

SUBJECT: GRIEVANCE, APPEAL, ADMINISTRATIVE (FAIR) HEARING and NOTICE – GENERAL POLICY REQUIREMENTS

PURPOSE

To provide an overview of the North Sound Behavioral Health Organization (North Sound BHO) Grievance and Appeal System which includes Grievance, Notice, Appeal and access to the state Administrative (Fair) Hearing policies and process for individuals applying for, eligible for and having received or are receiving mental health (MH) and/or substance use disorder (SUD) services from North Sound BHO.

North Sound BHO's grievance and appeal system policies outline the rights, responsibilities and requirements of North Sound BHO, individuals, providers, designees and other involved parties at all levels of the grievance, appeal, Administrative (Fair) Hearing system and notice of adverse benefit determination. Refer to the following North Sound BHO policies for specific requirements: #1002 – Grievance Policy, #1003 – Appeals Policy, #1004 – Administrative (Fair) Hearing Policy, #1005 – Notice Requirement Policy and #1547 Customer Service Policy.

GENERAL POLICY

It is the policy of North Sound BHO to resolve grievances and appeals at the lowest possible level, in a confidential manner and without retaliation. North Sound BHO's policy is to resolve or rule upon, if necessary, individuals' grievances or appeals honoring individual voice, choice and rights while considering the most effective clinical practices, Statewide Access to Care Standards (ACS), medical necessity, laws and Federal/State/North Sound BHO contractual requirements.

North Sound BHO maintains a Grievance and Appeal System that complies with the requirements of Code of Federal Regulations (CFR) 42 CFR 438 Subpart F and Washington Administrative Code (WAC) WAC 388-877-0654 through 388-877-0680 insofar as those WACs are not in conflict with 42 CFR 438 Subpart F.

The grievance system includes:

1. Grievance process;
2. Appeal process; and
3. Access to Administrative (Fair) Hearings.

Before requesting an Administrative (Fair) Hearing, the individual must:

1. Exhaust the appeal process, subject to WAC 388-877-0670; or
2. Receive an adverse notice of determination regarding a non-Medicaid service.

An individual may also request an Administrative (Fair) Hearing if North Sound BHO fails to follow required timeframes for grievances and appeals.

An individual or the individual's authorized representative applying for, eligible for, or receiving mental health (MH) and/or substance use disorder (SUD) services, authorized by North Sound BHO, may access the North Sound BHO's grievance and appeal (for Medicaid only) system to express concern about their rights, services, or treatment. An individual may pursue a grievance with their behavioral health agency (BHA) or with North Sound BHO.

1. **For all Medicaid Behavioral Health Services other than Wraparound with Intensive Services (WISe)**, if services are requested through North Sound BHO and an individual disagrees with a treatment decision made by their network provider, they may attempt to resolve the disagreement with their provider through the BHA grievance process or may contact North Sound BHO. If an individual contacts North Sound BHO, and North Sound BHO upholds the BHA's treatment decision and the decision is a denial, reduction, suspension, or termination of a previously authorized service, the disagreement with a treatment decision will be treated as an Appeal of an Adverse Benefit Determination. In the event this should occur, North Sound BHO will adhere to all appeal timelines as stipulated in North Sound BHO Policy 1003.00.
2. **For Wraparound with Intensive Services (WISe) for Medicaid individuals**, if an individual disagrees with a treatment decision made by their BHA, they may attempt to resolve the disagreement with their provider through the BHA grievance process or they may contact North Sound BHO. If they contact North Sound BHO, North Sound BHO will treat their disagreement with a treatment decision as an Appeal of an Adverse Benefit Determination. In the event this should occur, North Sound BHO will adhere to all appeal timelines as stipulated in North Sound BHO Policy 1003.00.

Individuals will be informed of available system resources including BHA provider grievance contacts, North Sound BHO customer service, independent Ombuds services, which are free of charge and other supports available to them at each level of the process.

North Sound BHO provides customer service toll-free to assist individuals with their options to pursue grievances, appeals, second opinions and Administrative (Fair) Hearings. North Sound BHO's administrative and quality specialist customer service staff will assist callers to triage their concern to the appropriate party and outline available supports for the process.

Each North Sound BHO contracted BHA is required to have a specific grievance system contact with toll-free access to receive grievances and assist with the processes. These toll-free grievance contact telephone numbers will be specified in each BHA's grievance system policies. Individuals may use the free and confidential Ombuds services contracted through the North Sound BHO. Ombuds services are offered and provided independent of North Sound BHO and BHAs and are offered to individuals at any time to help them with resolving issues or problems at the lowest possible level during the grievance, appeal, or Administrative (Fair) Hearing processes.

BHAs, formal designees and North Sound BHO staff are also available to provide individuals with assistance in completing any forms and taking other procedural steps. This includes, but is not limited to, provision of Ombuds services, interpreter services/translation and toll-free numbers with adequate TTY/TTD capability provided by Washington Relay Services, all free of charge. North Sound BHO grievance and appeal processes will be age, culturally and linguistically competent. North Sound BHO and BHAs will provide free written translation in all prevalent languages and oral interpretation to include any non-English language. In addition, they will provide auxiliary aids, such as, American sign language, TTY/TDY telephone services and alternative formats to include large print and Braille upon request.

Individual reporting requirements for grievances and appeals on the part of the BHA and North Sound BHO are outlined in their respective policies.

Grievance and Appeal System Definitions

The terms and definitions in WAC 388-877-0200 and 388-877-0655 apply to the grievance and appeal system rules.

1. **"Adverse Benefit Determination"** means in the case of Medicaid Services Administered by a behavioral health organization (BHO), one (1) or more of the following:
 - a. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
 - b. The reduction, suspension, or termination of a previously authorized service;
 - c. The denial, in whole or in part, of payment for a service;
 - d. The failure to provide services in a timely manner, as defined by the state;
 - e. The failure of a BHO to act within the grievance and appeal system timeframes as provided in WAC [388-877-0660](#) through [388-877-0670](#) regarding the standard resolution of grievances and appeals;
 - f. For a resident of a rural area with only one (1) BHO, the denial of an individual's request to exercise their right to obtain services outside the network; and/or
 - g. The denial of an individual's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance and other enrollee financial liabilities.
2. **"Administrative (Fair) Hearing"** means a proceeding before an administrative law judge to review an adverse benefit determination or a BHO decision to deny or limit authorization of a requested non-Medicaid service communicated on a notice of determination.
3. **"Appeal"** means an oral or written request by an individual or with the individual's written permission, the individual's authorized representative, for a BHO to review an "adverse benefit determination" as defined in this section. See also "expedited appeal."
4. **"Appeal process"** is one (1) of the processes included in the grievance and appeal system that allows an individual to appeal an adverse benefit determination made by the BHO and communicated on a "notice of adverse benefit determination".
5. **"Behavioral Health Agency"** means any provider that provides behavioral health services.

6. "**Expedited appeal process**" allows an individual, in certain circumstances, to file an appeal that will be reviewed by the BHO more quickly than a standard appeal.
7. "**Grievance**" means an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to:
 - a. An individual's right to dispute an extension of time proposed by the BHO to make an authorization decision;
 - b. The quality of care or services provided;
 - c. Aspects of interpersonal relationships, such as, rudeness of a behavioral health provider or employee; and
 - d. Failure to respect the individual's rights regardless of whether a specific action is requested by the individual.
8. "**Grievance process**" is one (1) of the processes included in the grievance and appeal system that allows an individual to express concern or dissatisfaction about a behavioral health service.
9. "**Grievance and Appeal system**" means the processes the BHO implements to handle appeals of adverse benefit determinations and grievances, as well as, the processes to collect and track information about them. The grievance and appeal system must be established by the BHO, must meet the requirements of 42 CFR 438, Subpart F.
10. "**Individual**" means a person who applies for, is eligible for, or receives BHO authorized behavioral health services from an agency licensed by the department as a BHA.
11. For the purposes of accessing the grievance and appeal system and the administrative hearing process, when another person is acting on an individual's behalf, the definition of individual also includes any of the following:
 - a. In the case of a minor, the individual's parent or, if applicable, the individual's custodial parent;
 - b. The individual's legal guardian;
 - c. The individual's representative if the individual gives written consent; or
 - d. The individual's BHA if the individual gives written consent, except the BHA or inpatient provider cannot request continuation of benefits on the individual's behalf.
12. "**Notice of Adverse Benefit Determination**" is a written notice the BHO provides to an individual to communicate an adverse benefit determination for Medicaid Services administered by the BHO.
13. "**Notice of Determination**" means a written notice that must be provided to an individual to communicate denial or limited authorization of a non-Medicaid service offered by the BHO.

ATTACHMENTS

None

Effective Date: 5/23/2017; 4/1/2016; 8/29/2014; 2/5/2009; 12/8/2005; 6/29/2004, Approved by BOD, Motion #04-027

Revised Date: 8/28/2018

Review Date: 8/28/2018

North Sound Behavioral Health Organization

Section 1000 – Administrative: Grievance

Authorizing Source: WAC 388-877-0660; See references Policy 1001

Cancels:

See Also:

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

Responsible Staff: Operations Manager

Executive Director Signature:

Approved by: County Authorities Executive Committee (formerly known as the Board of Directors)

Motion #04-027

Date: 6/29/2004

Date: 8/30/2018

POLICY #1002.00

SUBJECT: GRIEVANCE

PURPOSE

To outline North Sound Behavioral Health Organization (North Sound BHO) grievance processes and requirements.

DEFINITIONS

See North Sound BHO Policy 1001 for definitions.

POLICY

North Sound BHO offers individuals applying for, eligible for, or receiving behavioral health services authorized by North Sound BHO the right, through individual choice, to access the grievance and appeal system to express their concern or dissatisfaction about their rights, services, or treatment. Individuals and/or their authorized representatives may access North Sound BHO grievance and appeal system and initiate grievances directly with their Behavioral Health Agency (BHA) or North Sound BHO. Individuals may initiate grievances in person, by mail, or phone. Ombuds services are available to assist people to initiate grievances with the BHA or North Sound BHO. Grievances may be initiated at any time.

The BHA and North Sound BHO will ensure the following:

1. Other persons, if the individual chooses, are allowed to participate in the grievance process.
2. The individual's right to have currently authorized behavioral health services continued pending resolution of the grievance.
3. A grievance is resolved even if the individual is no longer receiving behavioral health services.
4. The individual will be free from retaliation.
5. The persons who make decisions on a grievance:
 - a. Neither were involved in any previous level of review or decision making nor are subordinates of any person who reviewed or decided on a previous level of the grievance;
 - b. Are mental health or chemical dependency professionals who have appropriate clinical expertise in the type of behavioral health service if deciding a grievance concerning denial of an expedited resolution of an appeal (North Sound BHO) or a grievance that involves any clinical issues; and

- c. Consider all comments, documents, records and other information submitted by the individual or the individual's representative.
6. Staff will attempt to resolve grievances quickly and at the lowest level possible to the individual's satisfaction. Grievance resolution notices will be in easily understood formats following 42 CFR 438.10 which includes requirements that each notice will meet the following requirements:
 - a. Be written in the individual's non-English language, if applicable
 - b. Contains the BHA and BHO toll free and TTY/TTD telephone numbers for BHA level grievances and North Sound BHOs toll free and TTY/TTD telephone numbers for North Sound BHO level grievances; and
 - c. Explains the availability of free written translation, oral interpretation to include any non-English language, auxiliary aids, such as, American sign language, TTY/TTDY telephone services and alternative formats to include large print and Braille.

North Sound BHO Ombuds services are available and are provided independent of NorthSound BHO and the BHAs. Ombuds services are offered to individuals at any time to assist them with resolving issues or problems at the lowest possible level during the grievance. Ombuds services are provided free of charge and are confidential.

Each BHA will identify a grievance contact to receive grievances and provide a toll-free telephone number to North Sound BHO for contact. Should a BHA grievance contact information change, the BHA will notify North Sound BHO and provide updates: admin_support_req@northsoundbho.org.

Individuals will be encouraged to first file their grievance directly with the BHA or other North Sound BHO contracted entities to seek a decision. BHA and Ombuds will be available to provide support for individuals to address the grievance directly with the BHA and North Sound BHO can provide contact information.

If an individual decides not to file a grievance with the BHA, once the individual receives a decision on a grievance from North Sound BHO, the individual cannot file the same grievance with the BHA.

GRIEVANCE PROCEDURE

BHA Level Grievances

1. Individual or authorized representative files grievance in person, verbally, or in writing to the BHA.
 - a. When the grievance is filed in person or verbally, the specific issues of the grievance and a description of concerns shall be documented in writing by the BHA.
 - b. When a grievance is provided in writing, the grievance must be signed by the individual or the individual's authorized representative.
 - c. The BHA will document date and time the grievance is received on the above.

2. The request for the grievance should include:
 - a. The individual's name;
 - b. How the BHA can best contact the individual;
 - c. The individual and/or authorized representatives' phone number(s) and address;
 - d. The specific issues of the grievance and a description of the concerns;
 - e. The individual's desired options for resolution for each concern; and
 - f. Any additional information the individual or others wish to submit.
3. The BHA will notify North Sound BHO of the grievance by entering required data elements into the Consumer Information System (CIS) Grievance Web Portal within five (5) business days of receipt of the grievance.
4. The BHA sends the individual written acknowledgement of the receipt of the grievance within five (5) business days and Ombuds, if involved, retaining a copy in the BHA's grievance file for the individual. The written acknowledgement will include:
 - a. Date grievance was filed;
 - b. Summary of expressed concerns about North Sound BHO funded services;
 - c. Individual's desired options for resolution;
 - d. Notice to the individual or representative previously authorized services will continue or be reinstated during the grievance process at the individual or authorized representative's request; and
 - e. The individual may use Ombuds services free of charge to assist them with their submission.
5. The BHA investigates the grievance request.
6. The BHA sends a written notice to the individual describing the resolution decision regarding the grievance, as expeditiously as the individual's health condition requires, no later than 90 calendar days from the date the grievance was received by the BHA. A copy of the written notice will be sent to Ombuds, if involved. The written notification will include:
 - a. The decision on each issue of the grievance;
 - b. The reason for the decision; and
 - c. The right to file a grievance with North Sound BHO.
7. The timeframe for the grievance at the BHA can be extended up to an additional 14 calendar days, if requested by the individual or the individual's authorized representative, or the BHA when additional information is needed and the BHA can demonstrate it needs additional information and the added timeframe is in the individual's best interest. For extensions not requested by the individual or their representative, the BHA must make reasonable efforts to:
 - a. Give the individual prompt oral notice of the delay;
 - b. Within two (2) calendar days, give the individual written notice of the reason for the decision to extend the timeframe; and
 - c. Inform the individual of the right to file a grievance if the individual disagrees with that decision.

8. The BHA will complete the CIS Grievance Web Portal entry by entering the required data elements and uploading required documentation into the CIS Grievance Web Portal within 10 business days of the resolution or by the end of the calendar month in which the grievance was resolved, whichever comes first.
9. If the individual is not satisfied with the BHA's written decision on the grievance or if the individual does not receive a copy of the decision from the BHA within 90 calendar days, the individual may then choose to file the grievance with North Sound BHO.

Behavioral Health Organization (BHO) Level Grievances

1. Individual or authorized representative files a grievance in person, verbally, or in writing to North Sound BHO.
 - a. When the grievance is filed in person or verbally, the specific issues of the grievance and a description of concerns shall be documented in writing by North Sound BHO.
 - b. When a grievance is provided in writing, the grievance must be signed by the individual or the individual's authorized representative.
 - c. North Sound BHO will document date and time the grievance is received on the above.
2. The request for the grievance should include:
 - a. The individual's name;
 - b. How North Sound BHO can best contact the individual;
 - c. The individual and/or authorized representatives' phone number(s) and address;
 - d. The specific issues of the grievance and a description of the concerns;
 - e. The individual's desired options for resolution for each concern; and
 - f. Any additional information the individual or others wish to submit.
3. North Sound BHO will enter grievance information into the CIS Grievance Web Portal within five (5) business days of receipt of the grievance.
4. North Sound BHO sends the individual written acknowledgement of the receipt of the grievance within five (5) business days and (Ombuds, if involved) retaining a copy in the BHO's grievance file for the individual. The written acknowledgement will include:
 - a. Date grievance was filed;
 - b. Summary of expressed concerns about North Sound BHO funded services;
 - c. Individual's desired options for resolution for each concern, if applicable;
 - d. Notice to the individual or representative that previously authorized services will continue or be reinstated during the grievance process at the individual or authorized representative's request; and
 - e. The individual may use Ombuds services free of charge to assist them with their submission.

5. North Sound BHO investigates the grievance.
6. North Sound BHO sends a written notice to the individual describing the resolution decision regarding the grievance, as expeditiously as the individual's health condition requires, no later than 90 calendar days from the date the grievance was received by North Sound BHO. A copy of the written notice will be sent to Ombuds, if involved. The written notification will include:
 - a. The decision on each issue of the grievance;
 - b. The reason for the decision; and
 - c. The right to file a grievance with North Sound BHO.

If the individual does not receive a copy of the written decision from North Sound BHO within 90 calendar days, or 105 days, if extended (see 7 below), the individual may then choose to file for an Administrative (Fair) Hearing.

7. The timeframe for the grievance can be extended up to an additional 14 calendar days, if requested by the individual or the individual's authorized representative or North Sound BHO when additional information is needed and North Sound BHO can demonstrate it needs additional information and the added timeframe is in the individual's best interest. For extensions not requested by the individual or their representative North Sound BHO must:
 - a. Make reasonable efforts to give the individual prompt oral notice of the delay; and
 - b. Within two (2) calendar days, give the individual written notice of the reason for the decision to extend the timeframe and inform the individual of the right to file a grievance if the individual disagrees with that decision.
8. Once the decision has been made, North Sound BHO will complete the CIS Grievance Web Portal entry by entering the required data elements and uploading required documentation into the CIS Grievance Web Portal within 10 business days of the resolution or by the end of the calendar month in which the grievance was resolved, whichever comes first.
9. Quality improvement inquiries made by North Sound BHO to the BHA may require response by the BHA within 30 calendar days of the date of the inquiry.

RECORDS REQUIREMENTS

North Sound BHO must ensure full records of all grievances and materials received and compiled in the course of processing and attempting to resolve grievances are maintained by the BHA and/or North Sound BHO and:

1. Kept for a period of no less than 10 years after the completion of the grievance process;
2. Made available to the department upon request as part of the state quality strategy and made available upon request to the Centers for Medicare and Medicaid Services (CMS);
3. Kept in confidential, locked files separate from the individual's clinical record;
4. Not disclosed without the individuals written permission, except to the department as necessary, to resolve the grievance; and
5. Are accurately maintained and contain, at a minimum, all of the following information:

- a. A general description of the reason for the grievance;
- b. The date received;
- c. The date of each review or, if applicable, review meeting;
- d. Resolution at each level of the grievance, if applicable;
- e. Date of resolution at each level, if applicable; and
- f. Name of the covered person for whom the grievance was filed.

REPORTING REQUIREMENTS

1. Information entered by the BHA and North Sound BHO into the CIS Grievance Web Portal regarding grievances will be utilized by North Sound BHO to complete Department of Behavioral Health and Recovery (DBHR) required Grievance and Appeals System reports.
2. BHAs are required by contract to participate in North Sound BHO reporting to the State.
3. North Sound BHO will distribute a request for the Grievance report with instructions, a category list, a writeable narrative form and deadline for submission. Forms can also be found on the BHO website at: <http://northsoundbho.org/forms>.

ATTACHMENTS

None

Effective Date: 4/1/2016; 8/29/2014; 2/5/2009; 12/8/2005; 6/29/2004, Motion #04/027

Revised Date: 8/28/2018

Review Date: 8/28/2018

North Sound Behavioral Health Organization

Section 1000 – Administrative: Appeal

Authorizing Source: WAC 388-877-0670; See references Policy 1001

Cancels:

See Also:

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

Responsible Staff: Deputy Director

Executive Director Signature:

Approved by: County Authorities Executive Committee (formerly known as the Board of Directors)

Motion #: 04-027

Date: 6/29/2004

Date: 8/30/2018

POLICY # 1003.00

SUBJECT: APPEAL

PURPOSE

To outline North Sound Behavioral Health Organization (North Sound BHO) appeal and expedited appeal processes and requirements.

DEFINITIONS

See North Sound BHO Policy 1001.00 for definitions.

POLICY

Individuals will receive a written Notice of Adverse Benefit Determination explaining the adverse benefit determination North Sound BHO intends to take or has taken, the reasons for the adverse benefit determination and the right to request an appeal or expedited appeal of these determinations. The Notice of Adverse Benefit Determination will include an outline of the process to appeal an adverse benefit determination with North Sound BHO. Requesting providers will also receive notification (maybe oral). If a written Notice of Adverse Benefit Determination was not received, an appeal may still be filed for an adverse benefit determination taken by North Sound BHO or its designee.

Appeals are an oral or written request by an individual and/or the individual's authorized representative or Behavioral Health Agency (BHA) with written permissions for North Sound BHO to review an adverse benefit determination. Expedited appeals are requests to North Sound BHO for expedited review of an adverse benefit determination. Although a BHA or inpatient provider can initiate an appeal with the individual's written permission, the BHA/inpatient provider cannot request continuation of benefits during the appeal process.

Individuals enrolled in North Sound BHO services, their authorized representative, or BHA may request to appeal a Notice of Adverse Benefit Determination to North Sound BHO. Individuals may also request an expedited appeal (see "Expedited Appeal Request" below). Requests for an appeal initiated orally must be followed up with a signed written request by the individual and/or authorized representative, or BHA/inpatient provider. Requests for expedited appeal are not required to be followed with a written request.

The individual requesting review of an adverse benefit determination must file an appeal and receive a notice of resolution from North Sound BHO, unless the individual does not receive a notice of resolution within required timeframes for appeal or extension before requesting an Administrative (Fair) Hearing; and the individual may not file a grievance with the BHA or North Sound BHO for the same issue as the appeal once the appeal has been filed.

The appeal process must:

1. Provide the individual a reasonable opportunity to present evidence and testimony and make legal and factual arguments in person, as well as, in writing. The BHO must also inform the individual of the limited time available.
2. Provide the individual, free of charge and sufficiently in advance, the individual's clinical record, including new or additional evidence, medical records and any other documents and records considered during the appeal process.
3. If the individual requests their authorized representative review protected health information (PHI) without the individual present, the individual must sign a release of information (ROI) in accordance with privacy rules and regulations. See North Sound BHO Policy 2501.00.
4. Include as parties to the appeal as applicable:
 - a. The individual;
 - b. The individual's authorized representative; and/or
 - c. The legal representative of a deceased individual's estate.
5. Provide an appeal resolution notice in an easily understood format following 42 CFR Sec 438.10, which includes requirements that each notice:
 - a. Be written in the individual's non-English language, if applicable;
 - b. Contains North Sound BHO toll free and TTY/TTD telephone numbers; and
 - c. Explains the availability of free written translation, oral interpretation to include any non-English language, auxiliary aids, such as, American sign language, TTY/TTDY telephone services and alternative formats to include large print and Braille.

North Sound BHO must ensure the persons who make decisions in an appeal:

1. Neither were involved in any previous level of review or decision making nor are subordinates of any person who reviewed or decided on a previous level of appeal;
2. Are mental health or chemical dependency professionals who have appropriate clinical expertise in the type of behavioral health service if deciding an appeal of an adverse benefit determination concerning medical necessity or an appeal that involves any clinical issues; and
3. Consider all comments, documents, records and other information submitted by the individual regardless of whether the information was considered in the initial review.

North Sound BHO will make determinations on appeals as expeditiously as the individual's health condition requires and within state required timeframes.

PROCEDURE

Standard Appeals for Adverse Benefit Determinations communicated on a Notice of Adverse Benefit Determination – continued services not requested

All of the following apply:

1. The individual must file the Appeal within 60 calendar days from the date on the Notice of Adverse Benefit Determination. An oral filing of a standard appeal must be followed with a written and signed appeal, but North Sound BHO must use the date of the oral appeal as the official filing date to establish the earliest possible filing date.
2. North Sound BHO must confirm receipt of Appeals in writing within five (5) business days.
3. North Sound BHO must send the individual a written notice of the resolution as expeditiously as the individual's health condition requires and no longer than 30 calendar days of receiving the appeal. North Sound BHO may extend the timeframe up to 14 additional calendar days if the individual requests an extension or North Sound BHO can demonstrate it needs additional information and the added time is in the individual's interest. If the extension is not requested by the individual, the individual's authorized representative, or BHA, North Sound BHO must:
 - a. Make reasonable efforts to give the individual prompt oral notice of the delay;
 - b. Within two (2) calendar days, give the individual written notice stating the reason for the decision to extend the timeframe; and
 - c. Inform the individual of the right to file a grievance if the individual disagrees with the decision to extend the timeframe.
4. The written notice of the resolution must include:
 - a. The North Sound BHO's decision and date of the decision;
 - b. The reason for the decision; and
 - c. The right and process to request an Administrative (Fair) Hearing if the individual disagrees with the decision. The Administrative (Fair) Hearing must be requested within 120 calendar days from the date of the notice of resolution or within 10 calendar days from the date of the notice of resolution if continued services are requested.

Standard Appeals for termination, suspension, or reduction of previously authorized services – continued services requested

An individual receiving a Notice of Adverse Benefit Determination from North Sound BHO that terminates, suspends, or reduces previously authorized services may file an appeal orally or in writing and request continuation of those services pending North Sound BHO's decision on the appeal. All of the following apply:

1. The individual must:
 - a. File the appeal with North Sound BHO on or before the later of the following:
 - i. Within 10 calendar days of the date on the Notice of Adverse Benefit Decision;

- ii. The intended effective date of North Sound BHO's proposed adverse benefit determination.
 - b. Request continuation of services.
 2. North Sound BHO must:
 - a. Confirm receipt of the appeal and the request for continued services with the individual orally or in writing within five (5) business days;
 - b. Send a Notice in writing that follows up on any oral confirmation made; and
 - c. Include in the Notice, if the appeal decision is adverse to the individual, North Sound BHO may recover the cost of the behavioral health services provided pending North Sound BHO's decision.
 3. North Sound BHO must send the individual a written notice of the resolution within 30 calendar days of receiving the appeal. North Sound BHO may extend the timeframe up to 14 additional calendar days if the individual requests an extension or North Sound BHO can demonstrate it needs additional information and the added time is in the Individual's interest. If the extension is not requested by the individual, the individual's authorized representative, or the individual's BHA, North Sound BHO must:
 - a. Make reasonable efforts to give the individual prompt oral notice of the delay;
 - b. Within two (2) calendar days, give the individual written notice stating the reason for the decision to extend the timeframe; and
 - c. Inform the individual of the right to file a grievance if the individual disagrees with the decision to extend the timeframe.
 4. The written notice of the resolution must include:
 - a. North Sound BHO's decision on the appeal and the date the decision was made;
 - b. The reason for the decision; and
 - c. The right to request a fair hearing and how to do so if the individual disagrees with the decision and include the following timeframes:
 - i. Within 10 calendar days from the date on the notice of the resolution if the individual is asking that services be continued pending the outcome of the hearing; and
 - ii. Within 120 calendar days from the date on the notice of the resolution if the individual is not asking for continued service.

Expedited Appeal Process

If an individual or the individual's BHA feels the time taken for a standard resolution of an appeal could seriously jeopardize the individual's life, physical or mental health, or ability to attain, maintain, or regain maximum function, an expedited appeal and resolution of the appeal can be requested.

If North Sound BHO denies the request for the expedited appeal and resolution of an appeal, it must:

1. Transfer the appeal to the timeframe for standard resolutions as outlined above;
2. Make reasonable efforts to give the individual prompt oral notice of the denial of expedition and follow up within two (2) calendar days with a written Notice of denial of expedition; and
3. The written notice will include the right to a grievance regarding the denial of expedition of the appeal.

Both of the following apply to expedited appeal requests:

1. The adverse benefit determination must be for denial of a requested service, termination, suspension, or reduction of previously authorized behavioral health services; and
2. Expedited appeal requests must be filed with North Sound BHO, either orally or in writing, **within:**
 - a. Ten (10) calendar days of the date on North Sound BHO's mailing of the written Notice of Adverse Benefit Determination or the intended effective date of North Sound BHO's proposed adverse benefit determination, if the individual is requesting continued benefits; or
 - b. Sixty (60) calendar days from the date on North Sound BHO's written notice of adverse benefit determination if the individual is not requesting continued benefits.

If an expedited appeal is requested and North Sound BHO determines taking the time for a standard resolution of an appeal could seriously jeopardize the individual's life or health and ability to attain, maintain, or regain maximum function, North Sound BHO shall meet the following requirements:

1. Confirm receipt of the request for an expedited appeal in person or by telephone; and
2. Send the individual a written notice of the resolution as expeditiously as the individual's health condition requires and no longer than 72 hours after receiving the request for an expedited appeal (if expedition is accepted). North Sound BHO must also make reasonable efforts to provide oral notice.

North Sound BHO may extend the timeframe up to 14 additional calendar days if the individual requests an extension or North Sound BHO can demonstrate it needs additional information and the added time is in the individual's interest. If the extension is not requested by the individual, the individual's authorized representative, or BHA, North Sound BHO must:

1. Make reasonable efforts to give the individual prompt oral notice of the delay;
2. Within two (2) calendar days, give the individual written notice stating the reason for the decision to extend the timeframe;
3. Inform the individual of the right to file a grievance if the individual disagrees with the decision to extend the timeframe; and
4. Resolve the appeal as expeditiously as the individual's health condition requires and no later than the date the extension requires.

North Sound BHO must ensure punitive action is not taken against a BHA who requests an expedited resolution or supports an individual's appeal.

Duration of Continued Services during the Appeal Process

When an individual has requested continued behavioral health services pending the outcome of the appeal process and the criteria are met, North Sound BHO must ensure services are continued until one (1) of the following occurs:

1. The individual withdraws the appeal; or
2. North Sound BHO provides a written notice of the resolution that contains a decision that is not in favor of the individual and the individual does not request an Administrative (Fair) Hearing within 10 calendar days from the date North Sound BHO mails the notice.

See North Sound BHO Administrative (Fair) Hearing Policy 1004.00 for information on continuation of services during an Administrative (Fair) Hearing.

In the case of residential services, services would continue; however, the continued services may not be in the residential setting if there are health or safety issues. Any change would be made in consultation with North Sound BHO staff.

Recovery of the Cost of Behavioral Health Services in Adverse Decisions of Appeals

If the final written notice of the resolution of the appeal is not in favor of the individual, North Sound BHO may recover the cost of the behavioral health services furnished to the individual while the appeal was pending to the extent they were provided solely because of the requirements for duration of continued services. Recovery of the cost of Medicaid services is limited to the first 60 days of services after the department or OAH receives an administrative hearing request (see RCW [74.09.741](#)).

Reversal of an adverse benefit determination

If North Sound BHO or the administrative (fair) hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, North Sound BHO must authorize or provide the disputed services as expeditiously as the individual's behavioral health condition requires no later than 72 hours from the date it receives notice reversing the determination. If North Sound BHO or the administrative (fair) hearing officer reverses a decision to deny authorization of services and the individual received the disputed services while the appeal was pending, North Sound BHO or the state must pay for those services.

Records Requirements and Reporting Requirements

North Sound BHO must ensure full records of all appeals and materials received and compiled in the course of processing and attempting to resolve appeals are:

1. Kept for a period of no less than 10 years after the completion of the appeal process;
2. Made available to the department upon request as part of the state quality strategy and made available upon request to the Centers for Medicare and Medicaid Services (CMS);
3. Kept in confidential, locked files separate from the individual's clinical record;
4. Not disclosed without the individuals written permission, except to the department as necessary, to resolve the appeal; and
5. Are accurately maintained and contain, at a minimum, all of the following information:

- a. A general description of the reason for the appeal;
- b. The date received;
- c. The date of each review or, if applicable, review meeting;
- d. Resolution at each level of the appeal, if applicable;
- e. Date of resolution at each level, if applicable; and
- f. Name of the covered person for whom the appeal was filed.

North Sound BHO will report individual's appeals as required by state and/or contract reporting instructions.

ATTACHMENTS

None

Effective Date: 4/1/2016; 8/19/2014; 2/5/2009; 6/29/2007; 12/8/2005, Motion #05-122; 6/29/2004, BOD Approved, Motion #04-027
Revised Date: 8/28/2018
Review Date: 8/28/2018

North Sound Behavioral Health Organization, LLC

Section 1000 – Administrative: Fair Hearing

Authorizing Sources: See references Policy 1001

Cancels:

See Also:

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

Responsible Staff: Deputy Director

Executive Director Signature:

Approved by: County Authorities Executive Committee (formerly known as the Board of Directors)

Motion #: 05-122

Date: 12/8/2005

Date: 8/30/2018

POLICY #1004.00

SUBJECT: ADMINISTRATIVE (FAIR) HEARINGS

PURPOSE

To outline the State Administrative (Fair) Hearing process and requirements.

DEFINITIONS

See North Sound Behavioral Health Organization (North Sound BHO) Policy 1001.00 for definitions.

ADMINISTRATIVE (FAIR) HEARING POLICY

Administrative (Fair) Hearings are proceedings before an administrative law judge that gives an individual an opportunity to be heard in disputes about adverse benefit determinations or a decision by North Sound BHO to deny or limit authorization of a requested non-Medicaid service communicated on a notice of determination.

There will be no retaliation against an individual who requests an Administrative (Fair) Hearing. Individuals may contact North Sound BHO or the regional Ombuds services if they have concerns about retaliation.

Rights to Request an Administrative (Fair) Hearing

Only the individual, the individual's authorized representative, the individual's Behavioral Health Agency (BHA), or the legal representative of a deceased individual's estate may file a request for an Administrative (Fair) Hearing. Individuals may call the Office of Administrative Hearings (OAH) to inquire about qualifying for a State Administrative (Fair) Hearing.

Situations when an individual may request an Administrative (Fair) Hearing include the following:

1. After an individual receives a notice that North Sound BHO upheld an adverse benefit determination.
2. After an individual receives a North Sound BHO decision to deny or limit authorization of a requested non-Medicaid service communicated on a notice of determination.
3. North Sound BHO does not adhere to the timeline for a grievance resolution as stipulated in Policy 1002.00.
4. North Sound BHO does not adhere to appeal resolution timeframes as stipulated in Policy 1003.00.
5. North Sound BHO or its contracted BHA does not reach service authorization decisions within the required timeframes or fails to provide services in a timely manner.

Time Frames for Administrative (Fair) Hearing Requests

1. If continued services are not requested, a fair hearing must be requested within 120 calendar days from the date on the written notice from North Sound BHO at the end of the appeal or within 120 calendar days from the date on the notice of determination.
2. If continued Medicaid services are requested pending the outcome of the Administrative (Fair) Hearing, all of the following apply:
 - a. The individual appealed a decision on the notice of adverse benefit determination for termination, suspension, or reduction of the individual's behavioral health services;
 - b. The individual appealed the adverse benefit determination and the BHO upheld it; and
 - c. The individual requests an Administrative (Fair) Hearing and continued behavioral health services within 10 calendar days of the date on the written notification of the resolution.
3. North Sound BHO is not obligated to continue non-Medicaid services pending result of an Administrative (Fair) Hearing when available resources are exhausted, since services cannot be authorized without funding regardless of medical necessity.
4. If an individual or the individual's BHA believes the time taken for a standard Administrative (Fair) Hearing could seriously jeopardize the individual's life, physical or mental health, or ability to attain, maintain, or regain maximum function, an expedited hearing may be requested.

If continued behavioral health services are requested the rules above apply.

5. North Sound BHOs failure to issue a grievance or appeal decision in writing within the timeframes in WAC 388 877 0660 or 0670 constitutes an exhaustion of the appeal process and the individual may request an Administrative (Fair) Hearing.

Continuation of Services During Fair Hearing Process

North Sound BHO will continue to provide Medicaid behavioral health services during the Administrative (Fair) Hearing process if criteria are met for continued services, per Washington Administrative Code (WAC), until one of the following occurs:

1. The individual withdraws the hearing request; or
2. The administrative law judge issues a hearing decision adverse to the individual.

Assistance with Fair Hearings

North Sound BHO will provide assistance to individuals in pursuing Administrative (Fair) Hearings. North Sound BHO will provide information about how to request an Administrative (Fair) Hearing and access to Ombuds services. Ombuds services are available to advocate and support individuals throughout the fair hearing process at no cost.

Fair Hearing Outcome

DSHS is responsible for the implementation of the fair hearing decision.

1. DSHS will notify North Sound BHO of the hearing determination.
2. North Sound BHO must be bound by the hearing determination, whether or not the hearing determination upholds North Sound BHO's decision.
3. If North Sound BHO or the State Fair Hearings officer reversed the decision to deny, limit, or delay services that were not furnished while the appeal was pending, North Sound BHO must authorize or provide the disputed services promptly and as expeditiously as the individual's behavioral health condition requires, but no later than 72 hours from the date it receives notice of the adverse benefit determination being overturned.
4. If the Administrative (Fair) Hearing decision is not in favor of the individual, North Sound BHO may recover the cost of the behavioral health services furnished to the individual while the hearing was pending to the extent they were provided solely because of service continuation requirements. Recovery of the cost of Medicaid Services is limited to the first 60 days of services after the department or OAH receives an Administrative (Fair) Hearing request.

If the state fair hearing officer reverses a decision to deny authorization of services and the enrollee received the disputed services while the fair hearing was pending, North Sound BHO or the state must pay for those services in accordance with state policy and regulations.

ATTACHMENTS

None

Effective Date: 4/1/2016; 8/29/2014; 9/16/2005; 6/29/2004, BOD Approved, Motion #04-027
Revised Date: 8/28/2018
Review Date: 8/28/2018

North Sound Behavioral Health Organization

Section 1000 – Administrative: Notice Requirements

Authorizing Source: See references in North Sound BHO Policy 1001

Cancels:

See Also:

Providers must comply with this policy and may develop

Individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Executive Director Signature:

Approved by: County Authorities Executive Committee (formerly known as
the Board of Directors)

Motion #: 04-027

Date: 6/29/2004

Date: 8/30/2018

POLICY# 1005.00

SUBJECT: NOTICE REQUIREMENTS

PURPOSE

To ensure notices regarding individuals' services are provided in a manner that gives timely, clear and easily understood information to individuals' seeking and receiving behavioral health services.

DEFINITIONS

See North Sound Behavioral Health Organization (North Sound BHO) Policy 1001.00 for definitions.

POLICY

North Sound BHO ensures Notices are sent to individuals to inform them of authorization of services or when North Sound BHO, or its formal designee, makes an adverse benefit determination, related to their requested or previously authorized services. Only North Sound BHO or its designee (Volunteers of America [VOA]) may issue Notices.

Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested must be determined by a professional who meets or exceeds the requirements of a Chemical Dependency Professional (CDP) or Mental Health Professional (MHP) with the appropriate clinical expertise to make that decision. A decision to deny inpatient care can only be made by a psychiatrist or doctoral-level clinical psychologist.

Notices outlined in this policy are sent or provided to the individual, or his or her legal guardian, or authorized representative (see definition of "individual" in North Sound BHO Policy 1001.00). The requesting behavioral health provider will also be notified in writing, by North Sound BHO (or its formal designee for inpatient utilization management).

Language and Format of Notices

Notices will be provided in languages and format as outlined in North Sound BHO Policy 1515.00 – Interpreter and Translation Services. Written Notices shall:

1. Be provided in the individual's prevalent non-English languages when applicable. Oral interpretation is available free of charge to the individual. This applies to all non-English languages, not just those identified as prevalent.

2. Include the BHO's toll-free and TTY/TDY telephone numbers.
3. Use easily understood language and format.
4. Use a font no smaller than 12 point.
5. Be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.
6. Include a large print tagline (no smaller than 18 point) explaining how to request auxiliary aids and services, including the provision of the material in alternative formats, which include large print and Braille.

Notices of Service Authorization shall include:

1. A description of authorized services and timeframes.
2. Information about the availability of other services under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for individuals under 21 and their legal representative for individuals with Washington Apple Health coverage.

Notices of Adverse Benefit Determination shall include:

1. The adverse benefit determination North Sound BHO or its formal designee intends to take;
2. The reasons for the adverse benefit determination and a citation of the rule(s) being implemented and the criteria used for the basis of the decision;
3. The enrollee's right to be provided, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the enrollee's adverse benefit determination.
4. A description of alternative services, if applicable.
5. An explanation of the individual's right to request a second opinion, appeal, or expedited appeal including:
 - a. The timeframes and processes to request a second opinion, expedited appeal, or appeal;
 - b. The rights and processes to have services continue pending resolution of the appeal;
 - c. The circumstances under which the individual may be required to pay the costs of these services;
 - d. Information on exhausting the BHO's one-level appeal process; and
 - e. The circumstances when, and processes by which, an individual can request a fair hearing.

Notices of Determination shall include:

1. The reason for the denial or offering of alternative services.
2. A description of alternative services, if available.
3. An explanation of the individual's right to file a grievance, request a second opinion, appeal, or expedited appeal, or administrative hearing including:

- a. The timeframes and processes to request a these processes
- b. The rights and processes to have services continue during these processes;
- c. The circumstances under which the individual may be required to pay the costs of these services;
- d. Information on exhausting the BHO's one level appeal process; and
- e. The circumstances when, and processes by which, an individual can request a fair hearing.

PROCEDURE

Notice Types

Notice of Service Authorization

Notices of Service Authorization (NOSAs) shall be provided to all individuals when they are authorized for services by North Sound BHO or its formal designee. NOSAs shall be issued by:

1. North Sound BHO for outpatient services.
2. North Sound BHO's formal designee for Inpatient Utilization Management (UM) for inpatient psychiatric services.

Notices of Adverse Benefit Determination

Notices of Adverse Benefit Determination shall be issued by:

1. North Sound BHO for outpatient services.
2. North Sound BHO's formal designee for Inpatient UM for psychatric inpatient services.
3. North Sound BHO or the BHO's formal designee for denials of expedited inpatient services.

Notices of Adverse Benefit Determination shall be provided to individuals and the requesting provider when:

1. North Sound BHO denies access to an intake evaluation/assessment appointment requested by a financially eligible individual.
 - a. Individuals with Washington Apple Health with a BHO or fully integrated managed care (FIMC) behavioral health benefit and those who meet funding priorities per North Sound BHO Policy 1574.00 – State and Substance Abuse Block Grant (SABG) Funding Plan are considered financially eligible.
 - b. North Sound BHO's policy is that no financially eligible individual is denied an intake evaluation/assessment appointment. Should a circumstance arise where a financially eligible individual would be denied an intake/assessment appointment, only the BHO may make this determination.

Or

2. North Sound BHO determines services beyond an intake evaluation/assessment or previously authorized benefit are not medically necessary and no services are authorized by North Sound BHO. When a Behavioral Health Agency (BHA) completes an intake evaluation/assessment and believes the individual is not eligible for continued services, they should submit a denial review request (DRR) following the procedures outlined in BHO Policy 1505.00.

Or

3. North Sound BHO denies access to Wraparound with Intensive Services (WISe) or substance use disorder (SUD) residential services. It is not a denial if there is not current capacity in the program.
 - a. If WISe services are requested by the youth (and family, if the youth is under age 13) and the youth is denied WISe or authorization is limited, the BHA should submit a DRR following the process in 3(c) of this section. This includes when WISe is requested by youth (and family, if the youth is under age 13) and the outcome of the Child/Adolescent Needs and Strengths (CANS) screen does not meet the algorithm.
 - b. If SUD residential services are specifically requested by an individual, and the BHA determines the individual does not meet criteria for residential services including not meeting the American Society of Addiction Medicine (ASAM) criteria, the BHA would submit a DRR following the process in 3(c) of this section.
 - c. Process for requesting a DRR: When the BHA determines the individual does not meet the additional criteria for WISe or SUD residential, the BHA with the program must complete the DRR for Intensive Service Programs form available on the North Sound BHO website and submit any requested documentation to North Sound BHO within one (1) business day in order for BHO staff to review and issue a timely Notice as needed. BHO staff with the appropriate credentials will make the final decision to authorize or deny access to the requested program.

Or

4. North Sound BHO reduces, suspends, or terminates previously authorized outpatient or residential services. North Sound BHO or its designee will not reduce, suspend, or terminate previously authorized inpatient psychiatric services.

Or

5. Service authorization decisions are not provided in a timely manner as defined by the State.

Or

6. North Sound BHO does not act within grievance and appeal system timeframes.

Or

7. North Sound BHO denies, in whole or in part, payment for services.

Notice of Determination

Notices of determination must be provided when an available non-Medicaid service is denied or limited. A Notice of Determination will also be provided to the requesting provider. Notices of Determination are only issued when a non-Medicaid service is available and the individual is financially eligible for that service according to BHO policy. When a BHA determines an individual is not clinically eligible for a non-Medicaid service, they should follow procedures as defined above under "Notice of Adverse Benefit Determination" to submit a DRR.

Timelines for Issuing Notices

Notices issued by North Sound BHO for outpatient and residential services

BHAs shall submit any necessary documentation to North Sound BHO so the determination and corresponding Notice may be issued per the following timelines.

All Notices (Notices of Service Authorization, Notices of Adverse Benefit Determination and Notices of Determination)

1. For standard service authorization and denial decisions, Notices shall be issued as expeditiously as the individual's behavioral health condition requires, not exceeding 14 calendar days following receipt of the request for authorization or denial. An extension of up to 14 calendar days is possible if the individual or the provider requests it, or North Sound BHO justifies, to the Department of Social and Health Services (DSHS) upon request, a need for additional information and how the extension is in the individual's interest.
2. If North Sound BHO extends the timeframes for issuing a Notice for standard decisions it must give the individual written notice of the reason for the decision to extend the timeframe and inform the individual of the right to file a grievance if he or she disagrees with that decision. North Sound BHO must carry out and issue its determination as expeditiously as the individual's health condition requires and no later than the date the extension expires.
3. For expedited service authorization and denial decisions, Notices shall be issued as expeditiously as the individual's health condition requires, no later than 72 hours after receipt of the request for authorization or denial. An extension of up to 14 calendar days is possible if the individual or the provider requests it, or North Sound BHO justifies, to DSHS upon request, a need for additional information and how the extension is in the individual's interest.

Notices of Adverse Benefit Determination and Notices of Determination

1. For denial of payment, on the date of the adverse determination affecting the claim/payment.
2. When service authorization decisions are not reached within the required timeframes, this constitutes a denial, and a notice is required on the date the timeframes expire.

3. For termination, suspension, or reduction of previously authorized services, at least 10 calendar days before the effective date of the action except in the following circumstances, the Notice may be issued on the date of the action:
 - a. North Sound BHO or designee has factual information confirming the death of an individual.
 - b. North Sound BHO or designee receives a clear written statement signed by an individual that he or she no longer wants services or gives information that requires termination or reduction of services and indicates he or she understands this must be the result of supplying that information.
 - c. The individual has been admitted to an institution where he or she is ineligible under the plan for further services.
 - d. The individual's whereabouts are unknown and the post office returns North Sound BHO or designee's mail directed to the individual indicating no forwarding address.
 - e. North Sound BHO establishes the fact the individual has been accepted for services by another local jurisdiction, state, territory, or commonwealth.
 - f. The individual's physician prescribes a change in the level of medical care.
 - g. The notice involves an adverse determination made with regard to the pre-admission screening requirements (for Nursing Facilities admissions) from section 1919(e)(7) of the Social Security Act.
 - h. The transfer or discharge from a facility will occur in an expedited fashion as described in Code of Federal Regulations (CFR) 42 Section 483.15(b)(4)(ii) and (b)(8) (Long Term Care Facilities).
 - i. Denial of payment or at the time of any adverse benefit determination directly affecting the claim.
4. When North Sound BHO has verifiable information indicating the action should be taken because of probable fraud by the individual, the Notice can be provided in as few as five (5) calendar days in advance of the action and the facts have been verified, if possible, through secondary services.
5. Refer to North Sound BHO Policy 1571.00 for inpatient notice of adverse benefit determination and required timelines.

ATTACHMENTS

None