

Effective Date: 11/29/2005
Revised Date: 3/29/2018
Review Date: 3/30/2018

North Sound Mental Health Administration

Section 3000 – Fiscal: Eligibility Verification

Authorizing Source:

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Fiscal Officer

Executive Director's Signature:

Date: 4/20/2018

POLICY #3045.00

SUBJECT: ELIGIBILITY VERIFICATION

POLICY

North Sound Behavioral Health Organization (North Sound BHO) requires North Sound Behavioral Health Agencies (BHAs) to regularly verify financial eligibility of individuals requesting services and individuals receiving ongoing behavioral services funded by North Sound BHO. North Sound BHO requires BHAs to establish the procedures for conducting the verification process.

PROCEDURE

All North Sound BHO providers shall conduct eligibility verification for individuals who may be eligible to be enrolled in services, to determine financial eligibility.

The BHA must determine whether an individual has Medicaid before opening an individual to services. Health Care Authority (HCA) determines Medicaid eligibility and issues a Medicaid card to Medicaid enrollees. HCA Providers are required to verify Medicaid eligibility via ProviderOne. Following initial verification of Medicaid, the BHA shall verify an individual's Medicaid eligibility at each appointment. If an individual's Medicaid is verified and they do have a mental health benefit, they are financially eligible for an intake to determine clinical eligibility for ongoing services per the State Access to Care Criteria.

For individuals not currently enrolled in Medicaid, the BHA shall refer individuals to the designated in-person assistor agency in their catchment area or regional Customer Service Office (CSO) to determine potential for Medicaid eligibility.

Individuals who do not have the financial resources to pay for services, do not have health insurance or Medicaid may be eligible for services if the individual has an income of 220% or less of the Federal Poverty Guideline. Clinical eligibility is determined by the North Sound BHO current priorities for Non-Medicaid funded services which includes State General Mental Health Funds, Substance Abuse Block Grant Funds (SABG), and Criminal Justice Treatment Act Funding (CJTA).

Individuals who are eligible for Non-Medicaid funded services are authorized for ongoing services based on meeting the Access to Care criteria and the availability of Non-Medicaid Funds. If an individual needs services, but there are not sufficient Non-Medicaid funds, they are referred to other community resources.

ATTACHMENTS

None