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Review Date: 6/19/2018

North Sound Behavioral Health Organization

Section 3000 – Fiscal: Eligibility Verification

Authorizing Source:

Cancels:

See Also:

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

Responsible Staff: Fiscal Officer

Approved by: Executive Director

Signature:

Date: 6/21/2018

POLICY #3045.00

SUBJECT: ELIGIBILITY VERIFICATION

POLICY

The North Sound Behavioral Health Organization (North Sound BHO) requires some North Sound BHO providers and some North Sound BHO designees to conduct eligibility verification processes for individuals of the public behavioral health system and 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.

First, the provider must determine whether the individual has a Medicaid or state coupon. Medical Assistance Administration (MAA) determines Medicaid eligibility and issues coupons to Medicaid enrollees. MAA also issues coupons for individuals eligible for state funded programs. The provider must verify the coupon status. Providers must have an established relationship with a vendor to do the state look-up or have a connection to the Department of Behavioral Health and Recovery (DBHR) intranet to look up the individual's information. If the individual's coupons are verified and they do have a behavioral health benefit, they are financially eligible for an intake to determine clinical eligibility.

If the individual does not have the financial resources to pay, insurance or coupons, the individual is asked for their family income. If the individual has an income of 200% or less of the Federal Poverty Level, they are financially eligible for state funded services. Clinical eligibility is determined by the North Sound BHO's current priorities services (see current list of priority services) for state funded services.

State funded individuals are authorized for ongoing services based on priority criteria and the availability of State Funds. If an individual needs services but there are not sufficient funds to admit them into public behavioral health services, they are referred to other community resources.

ATTACHMENTS

None