



SALISH BHO

CLINICAL POLICIES AND PROCEDURES

Policy Name: ACCESS TO SERVICES PRIOR TO ASSESSMENT - MEDICAID ONLY

Policy Number: 11.02

Reference: PHIP and Contract Contract; WAC 388-877-0680; WAC 388-877-0748; WAC 388-877-0900 to -0915; WAC 388-877-0920

Effective Date: 10/2005

Revision Date(s): 5/2016; 6/2017; 6/2018

Reviewed Date: 5/2016; 6/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Plan: Utilization Management Plan
- Policy: Access to Timely Services
- Policy: Corrective Action Plan
- Policy: Monitoring & Activity Table
- Policy: General Information Requirements
- Policy: Enrollee Information
- Policy: Enrollee Rights
- Policy: Interpreter Service & Assistance
- Policy: Service Modalities- Crisis
- Policy: Crisis Prevention Plan Standards

PURPOSE

The Salish Behavioral Health Organization (SBHO) ensures Medicaid recipients/enrollees and individuals eligible for Medicaid are made aware of their right to access crisis and stabilization services, evaluation and treatment services, rehabilitation case management services, and psychiatric inpatient services, prior to having an assessment.

DEFINITIONS

Assessment means the process of obtaining all pertinent bio-psychosocial information, as identified by the individual, and family and collateral sources, for determining a diagnosis and to plan individualized services and supports.

Enrollee means a person who has applied for, is eligible for or who has received publicly funded behavioral health services.

- For a child under the age of thirteen (13), the definition of enrollee includes the parents or legal guardians.
- For a child thirteen (13) years or older who provides consent for their parents or legal guardians to be involved in the treatment planning, the definition of enrollee includes the parents or legal guardians.

Enrollee is defined as an individual currently enrolled in a Medicaid plan that provides a behavioral health benefit, or an individual not yet enrolled but eligible for a Medicaid plan that provides a behavioral health benefit.

Family means:

For child clients: Family means a child's biological parents, adoptive parents, foster parents, guardian, legal custodian authorized pursuant to Title 26 RCW, a relative with whom a child has been placed by the Department, or a Tribe.

For adult clients: Family means those the person defines as family or those appointed/assigned to the client (such as guardians, siblings, caregivers, and significant others)

Request for services is defined as the point in time when a request for behavioral health services are sought or applied for through a telephone call, in person, or receipt of a written request from an enrollee or the person authorized to consent to treatment for that individual through any of the following access points:

- Contacting SBHO
- Contacting CommCare
- Contacting the network provider
- Crisis services

Crisis Services are defined as crisis evaluation and treatment services to Medicaid individuals experiencing a behavioral health crisis.

A Behavioral Health Crisis is defined by an individual as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible negative consequences will follow.

Stabilization Services are defined as services provided to Medicaid individuals who are experiencing a mental health crisis. These services are to be provided in the person's own

home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects.

Rehabilitation Case Management Services are defined as a range of activities by the outpatient community behavioral health agency's liaison conducted in, or with, a facility for the direct benefit of a Medicaid individual in the public behavioral health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and transitional care coordination from the facility. Activities include assessment for discharge or admission to community based behavioral health care, integrated behavioral health treatment planning, community-based resource identification and linkage to behavioral health rehabilitative services, and collaborative development of individualized services that promote continuity of behavioral health care as a person transitions from facility to community-based care.

Psychiatric Inpatient Services are defined as 24-hour psychiatric services provided to individuals admitted to a hospital.

Freestanding Evaluation and Treatment Services are defined as services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health (DOH) and certified by the mental health Department to provide medically necessary evaluation and treatment to Medicaid individuals who would otherwise meet hospital admission criteria. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involves the individual, family, significant others, and the identified outpatient provider to ensure continuity of mental health care.

PROCEDURE

1. Prior to receiving an assessment and/or evaluation, an individual with Medicaid is made aware of his or her right to access the following services:
 - Crisis services
 - Evaluation and treatment services
 - Stabilization services
 - Rehabilitation case management services
 - Residential services
 - Inpatient services
 - SUD Assessment
 - SUD Withdrawal Management Services
 - ADIS (Alcohol and Drug Information School)
2. Individuals with Medicaid are referred and/or assisted to the appropriate service(s) listed above, as medically necessary, prior to requiring an assessment to ensure access to all services are available to individuals in need.

3. Individuals with Medicaid receive the following written information regarding the Medicaid and non-Medicaid services that are available and they are eligible for. The written information includes their right to receive certain services prior to an evaluation.
 - a. State benefits booklet is provided when an individual enrolls into a Medicaid plan.
 - b. State benefits booklet is posted in the lobby of all the SBHO network community behavioral health agencies. Information is available in English, Cambodian, Chinese, Korean, Laotian, Russian, Spanish, Vietnamese and any other prevalent language(s) within the SBHO geographical area.
 - c. SBHO member handbook and informational brochure with general information.
 - d. SBHO notice of adverse benefit determination (NOABD) letters notifying individuals of the level of authorized outpatient services or justification for not authorizing services (reason of ineligibility).
 - e. The SBHO requires network providers, subcontractors, and Ombuds to give each individual written material available in English or other alternate languages which include:
 - A statement of services provided by the agency or organization, and how to access
 - Enrollee Rights and Responsibilities
 - Agency/SBHO Grievance Procedures, including how to file a concern at various levels
 - Ombuds Services
 - HIPAA Privacy Statements
 - Signs of mental illness or substance use disorder
 - How to request information in another format/language
 - f. The SBHO requires network providers to offer every Medicaid enrollee a Behavioral Health Benefit Booklet at assessment and inform enrollee that the booklet is kept on the DBHR website.
4. Individuals covered by Medicaid are asked to acknowledge that they received, read, or been explained this information, prior to an assessment.
 - a. Individuals with any questions regarding the information are asked to discuss these questions with a SBHO network community behavioral health agency staff member, contact the Ombuds office, or call the SBHO office directly.
5. The SBHO requires network providers to provide special accommodations for individuals, regardless of funding status, who request and/or need assistance understanding their rights.
 - a. Individuals who speak a language other than English will be provided translation interpreter services.

- b. Individuals who are blind or hearing impaired are provided with special assistance needed to ensure that their right to care is understood.
6. The SBHO ensures all required Medicaid state plan services are available and accessible to individuals residing within the SBHO through the Utilization Management Plan and resource monitoring activities.
 - a. The SBHO maintains the provision of crisis services, including crisis stabilization services.
 - b. The SBHO provides oversight to the rehabilitation case management services provided via a network community behavioral health agency. The SBHO monitors bed allocation, daily usage, and transitional care coordination for children and youth transitioning in and out of the state administered Children's Long-Term Inpatient (CLIP) facilities, Western State Hospital (WSH), and other facility based care.
 - c. The SBHO ensures access to Psychiatric Inpatient, Withdrawal Management, Secure Detox, and Residential Substance Use Disorder Services, when needed.

MONITORING

This policy is mandated by contract and statute.

1. The SBHO monitors this policy through the use of the SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Biannual Provider Chart Reviews
 - SBHO Grievance Tracking Reports
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
 - The Behavioral Health Enrollee Survey (BHES): The BHES survey is conducted by Washington State University. It replaces the Mental Health Statistics Improvement Program (MHSIP). Clients who have received mental health services are randomly selected to participate in the survey.
 - Utilization Management Committee, utilization data reports to monitor the rates and trends of Medicaid individuals authorized for the services not requiring an assessment and not concurrently authorized for outpatient services, provide in depth analysis of concerning trends, and make policy and auditing recommendations to the SBHO and the network providers.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.