



SALISH BHO

UTILIZATION MANAGEMENT POLICIES AND PROCEDURES

Policy Name: INTAKE ASSESSMENT AND EVALUATION SERVICES STANDARDS **Policy Number:** 7.04

Reference: WAC 246-341-0610; State Contract

Effective Date: 9/2005

Revision Date(s): 1/2013; 7/2016; 6/2018; 11/2018

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Approved by: SBHO Executive Board

CROSS REFERENCES

- Attachment: Outpatient Access Standards Grid
- Letter: Notice of Adverse Benefit Determination Form Letter Template
- Letter: SBHO Notice of Determination Template
- Policy: Access to Services, Timely
- Policy: Corrective Action Plans
- Policy: Notice of Adverse Benefit Determination Requirements
- Policy: Option to Choose a Behavioral Health Care Provider/Clinician

PURPOSE

The Salish Behavioral Health Organization (SBHO) shall ensure Medicaid enrollees requesting outpatient services will receive an intake assessment and evaluation services that are provided in accordance to Access to Care and/or ASAM standards, other applicable state and federal regulations, are culturally and age appropriate, and conducted in a standardized and uniform way.

For Non-Medicaid individuals requesting outpatient services, enrollment will depend on the individual meeting the SBHO additional Non-Medicaid criteria and within available resources.

DEFINITIONS

Request for Services means the point in time when services are sought or applied for through a telephone call, walk-in, or written request for services from an Enrollee or the Authorized Representative.

A Medicaid eligible recipient, or enrolled individual with entitlements that include behavioral health benefits shall be considered as “Medicaid” funded.

A Non-Medicaid individual is a person with no Medicaid mental health benefit coverage.

Some examples of non-Medicaid individuals include individuals with private insurance, private insurance and no mental health benefits, no insurance, and individuals on a Medicaid spend-down where the spend-down has not been met during a specific time period to ensure Medicaid mental health coverage.

PROCEDURE

1. An intake assessment is initiated prior to the provision of any non-crisis behavioral health services.
2. The SBHO ensures individual choice by contracting with comprehensive behavioral health agencies that:
 - a. Provide individuals a choice of accessible behavioral health care providers and programs. Reference SBHO Policy: Option to Choose a Behavioral Health Care Provider/Clinician.
 - b. Are responsible for geographical catchment areas. The agencies are contracted to meet the required travel standards for their designated areas.
 - c. Bring services to the individual or locate services (such as off-site offices) to sites where transportation is available to individuals.
 - d. Ensure that when individuals must travel to service sites, the sites are accessible per the following contract standards:
 - In rural areas, service sites are within a 30-minute commute time.
 - In large rural geographic areas, service sites are accessible within a 90-minute commute time.
 - In urban areas, service sites are accessible by public transportation with the total trip, including transfers, scheduled not to exceed 90 minutes each way.
 - Travel standards do not apply:
 - a) when the individual chooses to use service sites that require travel beyond the travel standards;
 - b) to psychiatric inpatient services;
 - c) under exceptional circumstances (e.g. inclement weather, hazardous road conditions due to accidents or road

- construction, public transportation shortages or delayed ferry service);
 - d) Substance use disorder residential; and
 - e) Secure withdrawal management.
3. Medicaid and Non-Medicaid Intake Assessment and Evaluation Services availability:
- a. Medicaid enrollees shall be provided an intake assessment and/or evaluation services, based upon Medicaid verification and request for services. All covered behavioral health services deemed medically necessary shall be provided.
 - b. Non-Medicaid individuals shall be provided an intake assessment and/or evaluation services and all other medically necessary behavioral health services, if there are available resources and criteria is met.
4. Access to services:
- a. The SBHO network providers must provide an intake assessment and/or evaluation services that are consistent with WAC 246-341-0610 that is culturally and age relevant.
 - b. Routine outpatient services may begin before the completion of the intake assessment once Access to Care criteria and medical necessity are established.
 - c. Ensure that an individual should not have to wait for over an hour beyond their scheduled appointment time for services provided in the office.
 - d. Provide emergent behavioral health services within two (2) hours of the request for behavioral health services from any source. Reference SBHO Policy: Access to Services, Timely.
 - e. Provide urgent care within twenty-four (24) hours of the request for behavioral health services from any source.
 - f. Intake assessments and evaluation services are provided by an appropriately credentialed professional. For child and youth mental health services, the mental health professional must be a child mental health specialist, or under the supervision of one.
5. All Intake Assessment documentation must:
- a. Be conducted in person
 - b. Be conducted by a professional appropriate credentialed or qualified to provide one or more of the following services as determined by state and federal law: Substance use disorder, mental health, and problem and pathological gambling.
 - c. Be initiated prior to the provision of any non-crisis behavioral health services
 - d. Be initiated within ten (10) working days of the request for services and completed within 30 (thirty) days of the initiation

- e. Be developed in collaboration with the individual seeking services
 - f. Be inclusive of input of people who provide active support to the individual
 - g. Include a copy of consent for treatment or copy of the detention/ ITA treatment order
 - h. Include a determination if medical necessity criteria is met for requested treatment services
 - i. If seeking any of the information required presents a barrier to the provision of services for the individual, any portion of the intake may be left incomplete providing the reason for the omission is clearly documented in the clinical record.
6. The assessment must document that the clinician conducted an age-appropriate, strengths-based psychosocial assessment that considered current needs and the patient's relevant history according to best practices. Such information may include, if applicable:
- a. Identifying information;
 - b. Presenting issues;
 - c. Medical provider's name or medical providers' names;
 - d. Medical concerns;
 - e. Medications currently taken;
 - f. Mental health history;
 - g. Substance use history, including tobacco;
 - h. Problem and pathological gambling history;
 - i. An assessment of any risk of harm to self and others, including suicide, homicide, and a history of self-harm;
 - j. A referral for provision of emergency/crisis services must be made if indicated in the risk assessment;
 - k. Legal history, including information that a person is or is not court-ordered to treatment or under the supervision of the department of corrections;
 - l. Employment and housing status;
 - m. Treatment recommendations or recommendations for additional program-specific assessment; and
 - n. A diagnostic assessment statement, including sufficient data to determine a diagnosis supported by the current and applicable Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
7. For agencies providing substance use disorder services, the assessment must additionally include:
- a. A statement regarding the provision of HIV/AIDS brief risk intervention and any referral made
 - b. A placement decision, using ASAM criteria dimensions when the assessment indicates the individual is in need of substance use disorder services
8. At the time of the intake assessment, the individual seeking services must be provided access to:

- a. Consent for treatment information
 - b. Individual rights
 - c. The State Benefit booklet
 - d. SBHO Benefits Booklet
 - e. SBHO Grievance System and Ombuds Information
 - f. An opportunity to choose a primary mental health care provider. Reference SBHO Policy: Option to Choose A Behavioral Health Care Provider policy
9. Intake Assessment and Enrollment Timeliness.
1. For Medicaid enrollees. An intake assessment must be initiated within 10 (ten) working days from the time of the request for services. The intake assessment must be completed within 30 (thirty) calendar days of the initiation of the intake assessment or documentation must be provided regarding how gathering the information would present a barrier to the individual seeking the service. Reference: Access Standards Grid
 2. Enrollment denials will be submitted to SBHO for review no later than 10 (ten) calendar days from the time of the Request for Service, otherwise an extension authorization must be requested for approval by the SBHO.
 - A provider may request an additional 14 (fourteen) calendar days, once the initial 14 (fourteen) days has expired following the Request for Service, to determine medical necessity and complete enrollment.
 - An extension must be requested on the date of assessment if that date exceeds 14 (fourteen) calendar days past the Request for Service.
 3. Following enrollment, the first routine outpatient appointment must not exceed 28 (twenty-eight) calendar days from the Request for Service.
10. Medicaid enrollees will not be denied an intake assessment.

MONITORING

This policy is mandated by statute and contract.

1. This policy is monitored through the use of the:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - SBHO Provider Chart Reviews
 - SBHO Grievance Tracking Reports
 - Quality Management Plan activities, such as review of targeted measures for trends and recommendations
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.