

## EXHIBIT A

### PROVIDENCE HEALTH SERVICES INPATIENT ITA PSYCHIATRIC SERVICES

#### I. WORK STATEMENT

The Facility Participating Provider shall provide certified involuntary inpatient for Non-Medicaid eligible individuals in a licensed facility that is qualified to provide mental health inpatient services as outlined in WAC 246-341-1118 or any successors. This contract covers Providence Everett, Swedish Edmonds and Swedish Ballard.

##### Funding Source

The Facility Participating Provider will be reimbursed on a per diem basis at the HCA published rate for Non-Medicaid Individuals. The maximum reimbursement is determined by the total number of bed days provided monthly during the contract period. Per Diem will be paid at the Health Care Authority's published psychiatric inpatient hospital rates. <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hospital-reimbursement>

Funding is contingent on an individual's lack of coverage through Medicaid, Medicare or any other behavioral health benefit and is at or below 220% of the federal poverty level.

#### II. Certification and/or Authorization

Services to eligible individuals must be certified by North Sound BH-ASO for involuntary services.

1. Involuntary Treatment Act Inpatient services requires Notification of Admission within 24 hours to the North Sound BH0-ASO.
2. ITA notification of admission forms and certification processes can be found at <https://nsbhaso.org/for-providers>
3. Admission
  - a. Provide efficient intake screenings and make admission determinations on involuntary within (1) hour from the point of referral.

#### PROGRAM DESCRIPTION

##### B. Goal

1. To provide acute psychiatric hospital services for Non-Medicaid individuals who require involuntary treatment in accordance with the Involuntary Treatment Act and 71.05 and 71.34 RCW.

##### C. Objectives

1. To provide eligible Non-Medicaid individuals with timely involuntary inpatient psychiatric intervention, resolution, referral, and follow-up services.
2. To stabilize individuals' symptoms as quickly as possible and assist them in returning to a level of functioning that no longer requires inpatient psychiatric services.

#### **D. Eligibility**

An individual in the North Sound BH-ASO regional service area:

1. Is detained and referred by a Designated Crisis Responder (DCR) for involuntary treatment and extended stay certification as needed.
2. The DCR has requested and received approval from the HCA for the use of a single Bed certification as described in RCW 71.05.745

#### **E. General Program Requirements**

1. The Facility Participating Provider shall be licensed and certified to provide inpatient psychiatric services under this Exhibit as described WAC's, 246-341, and/or 246-322 or any successors.
2. The facility has requested and received approval from the HCA for the use of a Single Bed certification as described in RCW 71.05.745
3. Additional requirements, as applicable, are described in:
  - a. The Washington State Health Care Authority Provider Mental Health Billing Guides and Fee Schedules for Inpatient Hospital, as applicable.
  - b. North Sound BH-ASO Policies for Utilization Management at <http://www.nsbhaso.org>

#### **F. Involuntary Treatment Considerations**

The Facility Participating Provider shall provide court evaluation and testimony services including, but not limited to:

1. Preparation and timely filing of legal documents pertaining to the involuntary detention of patients at the facility as required by 71.05, 71.34 RCW, applicable WACs and the County Superior Court system;
2. Provision of appropriate facilities around video court, where applicable;
3. Provision of expert witness testimony at court hearings pertaining to the involuntary detention of patients at the facility; and
4. If individuals are court-ordered to appear in person, accompanying the individuals throughout the time they are in court and taking steps to provide a safe return to the facility after the proceedings.

5. The Facility Participating Provider shall notify North Sound BH-ASO of any ITA discharge on a Less Restrictive Alternative (LRA) order under RCW 71.05.320 for compliance with LRA requirements.
6. The Facility Participating Provider shall notify and receive agreement from a certified accepting agency per RCW 71.05.585 that Less Restrictive treatment will be administrated upon discharge from the inpatient facility.

#### **G. Program-Specific Requirements**

Facility Participating Provider shall provide involuntary psychiatric inpatient services to referred:

- a. Youth (ages 13-17) Providence Everett only
- b. Adults (ages 18 to 54) and
- c. Older adults (ages 55+).

#### **Treatment Services**

The Facility Participating Provider shall provide involuntary inpatient psychiatric services according to the psychiatric standards of care that meet state of Washington and Federal requirements, according to North Sound BH-ASO Supplemental Provider Service Guide, relevant Utilization Management Policies and Clinical Practice Guidelines.

The Facility Participating Provider shall provide individualized treatment services in accordance with relevant WACs. Treatment Services should include, but are not limited to the following:

- a. Diagnostic and evidenced-based therapeutic services and physical healthcare services for identified co-morbid conditions;
- b. Inclusion of family, significant others, and natural supports, with the consent of the individual served and as clinically appropriate;
- c. Medication evaluation, provision of medications, medication management, and medication monitoring by qualified staff members
  - i. Medication monitoring is completed by a psychiatrist, psychiatric nurse practitioner or physician's assistant under the supervision of a psychiatrist at least 6 out of every seven days
- d. Psychiatric services including social work services coordinate and supervised by social worker with experiences with psychiatric patients;
- e. A child Psychiatrist for regular consultation when hospital policy permits admission of children or adolescents;
- f. A mental health professional or substance use disorder professional, as appropriate, must have daily contact with each individual and provide supporting documentation for the purpose of determining the need for continued involuntary treatment; and for the purpose of providing evidence-based psycho-therapeutic intervention appropriate to the presentation and patient's ongoing treatment needs;

- g. A psychiatric evaluation within 48 hours of admission and daily psychiatric management by a qualified, license professional (psychiatrist or psychiatric nurse practitioner).
- h. Medical history and physical within 24 hours of admission with follow up as indicated (to be completed by a qualified, licensed profession such as a physician or nurse practitioner).
- i. Specialty services as ordered by a qualified, licensed professional (such as, but not limited to, nutritional consultations, pharmacy assessments, or occupational therapy assessments).
- j. A psychosocial assessment completed by a qualified, licensed professional within 72 hours of admission.
- k. Documentation of services shall occur per licensing, certification, and accreditation requirements.
- l. **Single Bed Certifications:** If a person is detained for involuntary care and a bed is not available in a facility certified by DOH, the state psychiatric hospital may issue a single bed certification.
  - i. Hospitals not licensed by DOH as a Medicare-Certified or stat-designated psychiatric unit, under the supervision of a physician, including single-bed certifications for ITA admissions that occur in an emergency circumstance;
  - ii. The facility provider must receive approval from DSHS authority that treatment service provided meet regulatory standards for active psychiatric treatment (WAC 246-322-170) in addition to the any treatment services identified above
- m. Incidental Services are as follows:
  - i. Medical Service: This includes, but is not limited to, services provided by a primary care physician, specialist, other than psychiatry, emergency medical care, or medical hospitalization.
  - ii. Medication: This includes all medication prescribed for the treatment of the Individuals includes medication prescribed as a result of a medical condition.
  - iii. Lab Work and Medical Tests: This includes blood levels, EEG, EKG, X-rays, etc., required to assess and treat the Individual's medical and psychiatric conditions.
  - iv. Dental: Any dental assessment and treatment. Only emergency dental care will be addressed during the Individual's stay in the facility.
  - v. Ambulance Transportation: This includes ambulance service required for transportation of an Individual to a hospital for a medical emergency.
  - vi. Transportation: To and from the facility on admission and discharge.

## 1. Care Coordination

- a. Upon the individual's admission, the Facility Participating Provider shall communicate directly with ongoing outpatient behavioral health treatment providers for coordination of care prior to discharge.
- b. If an individual does not have an ongoing outpatient behavioral health treatment provider in place prior to admission to the hospital, the Facility Participating Provider shall facilitate linkage to these services prior to discharge.
- c. The Facility Participating Provider must demonstrate ongoing assistance to individuals who are not enrolled until time of discharge, but eligible for Medicaid to apply for coverage.
- d. Coordinate a community-based discharge plan for each Individual served under this Contract. Discharge planning shall initiate upon admission and shall apply to all Individuals.
- e. Coordinate services to financially eligible Individuals who need medical services

## **2. Discharge Planning**

The Facility Participating Provider shall develop and implement an appropriate, timely, and individualized discharge plan for individuals in accordance with WAC 246-322-170. Discharge planning services should include, but are not limited to the following:

- a. Integration within the Comprehensive Treatment Plan
- b. Linkage to outpatient behavioral health treatment services for individuals without a service connection in place. Coordination with appropriate ongoing outpatient behavioral health treatment providers for individuals with service connection in place;
- c. Inclusion of family, significant others, and natural supports, with the consent of the individual served and as clinically appropriate;
- d. Supply of medications prescribed during the inpatient hospital stay sufficient to allow continuous treatment until the patient can be seen by an outpatient prescriber, and a specific plan for filling ongoing prescriptions;
- e. Coordination with community resources, including discharge to stable, safe, and housing with a specific transportation plan at the time of discharge, whenever possible; and
- f. For residents outside of the North Sound Regional Service Area who are detained in the North Sound Regional Service Area by a North Sound BH-ASO contracted DCR provider the Facility Participating Provider must contact the county of residence for purposes of discharge planning.

## **3. Change in Circumstances**

The Facility Participating Provider shall notify North Sound BH-ASO within 24 hours or the next business day (whichever is sooner) of the following changes in an individual's status after admission:

- a. Change in Principle Diagnosis: from a covered diagnosis to one that is not covered and from a diagnosis that is not covered to one that is covered; or
- b. Change in Legal Status: changes from involuntary to voluntary status or from voluntary to involuntary status per 71.05 and 71.34 RCW.
- c. Change in Hospital of Service (transfer): If the client is to be transferred from one hospital to another hospital during the course of inpatient psychiatric care, the hospital from which the client is being transferred must contact the ASO to request a new authorization for services to be provided in a new hospital 24 hours prior to the change in facility. Hospitals must ensure for involuntarily detained individuals are transferred, copies of any ITA court papers accompany the individual.
- d. Eligibility Change: Changes in Medicaid enrollment.

#### **4. Continuing Stay**

- a. For Involuntary Stays
  - i. The number of initial days certified for an involuntary psychiatric admission is limited to twenty days from date of detention
  - ii. The Facility Participating Provider must submit an extension request 24 hours prior to the end of the ITA certification period.
  - iii. North Sound BH ASO cannot deny extension request for adults who are detained under RCW 71.05 or 71.34 unless another less restrictive alternative is available. Concurrent reviews will occur to determine ongoing funding eligibility, progress toward recovery and readiness for discharge while the individual is hospitalized.

#### **5. Retrospective Authorization/Certifications**

For involuntary inpatient services for individuals detained under RCW 71.05 or 71.34, the Facility Participating Provider must contact North Sound BH ASO within 72 hours prior to the end of the current certification expiration and will render ITA certification decisions when the hospital notification did not occur within timelines stipulated.

#### **6. Referral to Children’s Long-Term Inpatient Program (CLIP)**

The Facility Participating Provider shall follow CLIP referral procedures outlined in HCA’s Mental Health Billing Guide, CLIP Administration and North Sound BH ASO policies and procedures.

#### **7. Critical Incidents**

The Facility Participating Provider shall track and report any critical incidents per the North Sound BH-ASO’s policies and procedures and in the requirements in North Sound BH-ASO Supplemental Provider Service Guide

#### **8. Grievances**

The Facility Participating Provider shall ensure individuals are aware of their right to file a grievance and shall respond to grievances as outlined in North Sound BH-ASO *policies and procedures*, Supplemental Provider Service Guide and WAC 182-538C-110.

### **III. COMPENSATION AND METHOD OF PAYMENT**

#### **A. Billing**

North Sound BH-ASO is always the payer of last resort. North Sound BH-ASO will not initially pay claims as primary if there is another payer such as Medicaid, Medicare or commercial insurance. The facility must have received certification for involuntary inpatient treatment or authorization for voluntary inpatient treatment from North Sound BH ASO according to the timelines stipulated in this contract and relevant North sound BH ASO Utilization Management policies.

The Facility Participating Provider shall submit 837i transaction with P1 number (for involuntary stays) and associated certification/authorization number and dates of services in accordance with WAC 245-455-020.

The 837i shall be submitted through the Secure File Server according to the Secure File Transfer protocols instructions provided by North Sound BH-ASO.

B. A “bed day” is defined as beginning at 12:00 am (aka 00.00) and ending twenty-three hours and fifty-nine minutes later at 11:59 pm (aka 23:59)

#### **C. Method of Payment**

The contractor shall be reimbursed for occupancy as follows:

1. Maximum daily psychiatric inpatient bed rates for the term of this Exhibit shall not exceed the published rates for bed days: <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hospital-reimbursement>
2. Reimbursement will be made monthly according to the following formula:  
Number of psychiatric inpatient bed days: actual occupancy minus the day of discharge x daily bed rate.