



North Sound Regional CLIP Committee Agreement

The following protocols are an outlined agreement between North Sound Behavioral Health Administrative Services Organization (NS BH-ASO) and this region's Managed Care Organizations (MCO), Molina Healthcare, Amerigroup Washington, Coordinated Care, United Healthcare and Community Health Plan of Washington. This agreement is applicable for Medicaid eligible youth in the North Sound Regional service area which covers Snohomish, Skagit, Whatcom, Island and San Juan Counties.

Purpose

The purpose of this agreement is to provide a framework for the operations, structure and review process of voluntary CLIP Applications in the North Sound Region. Additionally, this agreement will serve as a guidance document for the roles and responsibilities of MCO and NS BH-ASO CLIP Liaisons when coordinating care for youth in the North Sound catchment area.

CLIP Committee

Each member of this agreement will designate a CLIP Liaison. The designated individual will be familiar with local resources and services and will participate in the monthly Regional CLIP Committee when they are presenting a case for review. The MCO CLIP Liaison will be responsible for submitting the completed application of their member to the BH-ASO CLIP Liaison for distribution. The BH-ASO CLIP Liaison will be responsible for organizing the monthly CLIP committee as well as dispersing the application to the CLIP committee members as needed. The MCO CLIP Liaison or designee will be responsible for presenting the case to the CLIP committee.

CLIP Committee Members

The core CLIP committee members that attend every meeting, as available, for youth being screened for CLIP level care or reviewed prior to a CLIP application, consist of the BH-ASO Liaison, DCYF representative, DDA representative and Parent and/or Peer Partner. MCO representatives will attend any screening involving their member along with the family of the member, the member (as clinically/age appropriate), family's chosen natural supports (e.g. friend, pastor, etc.), current treating providers (e.g. MH, WISE, SUD, etc.) and all other allied systems (e.g. school, JJRA, Tribal, etc.) involved with the specific member as appropriate and available.

NS BH-ASO
Amerigroup Washington
United Healthcare
Department of Children, Youth & Family (DCYF)
Parent and/or Peer Partner

Molina Healthcare
Coordinated Care
Community Health Plan of Washington (CHPW)
Developmental Disabilities Administration (DDA)

Committee Structure and Requirements

- The MCO Liaison will send a completed application to the BH-ASO CLIP Liaison. The BH-ASO CLIP Liaison will send this application out to the CLIP Committee members via a secure method and will schedule the youth to be reviewed at the next available CLIP Committee screening. If the next available screening date exceeds the 30-day timeline for review and determination, the BH-ASO Liaison will work with the MCO Liaison to determine a more suitable date and time. The MCO will provide the BH-ASO a list of non-core members and contact information to be invited to participate in the scheduled screening for their member.
- The North Sound Regional CLIP Committee will convene every 1st Wednesday and 3rd Thursday of the month from 10am – 11:30am at 301 Valley Mall Way Ste 110. If there is not a CLIP application to be screened or a meeting requested to review a case prior to a CLIP application, the meeting will be cancelled by the NS BH-ASO Liaison or designee via an email notification to the group no later than 1 week prior to the scheduled meeting. All members attending the CLIP Committee screening must sign a confidentiality agreement prior to the start of the meeting.
- The MCO CLIP Liaison will attend the Regional CLIP Committee in person and will ensure to the best of their ability the family does not experience barriers that would prevent their participation (e.g. lack of an interpreter, lack of transportation, etc.)
- The MCO that initiated the request for a CLIP Committee will present the application to the CLIP Committee in conjunction with the community team (e.g. outpatient provider, involved allied systems, other supports, etc.) This presentation should include clinical history and profile, treatment needs of the youth, and any less restrictive services that have been attempted prior to CLIP consideration and barriers to progress towards recovery.
- It is essential that the CLIP Committee remain family-focused, youth centered, strengths-based and culturally inclusive. While it is preferable for family to attend in person wherever possible, a phone provision will be available as needed / appropriate upon request. The family may bring any supports they deem relevant to the presentation and are encouraged to present the information from their perspective, including but not limited to, the current situation, historical information, cultural perspectives / practices, and barriers that may be impacting the success of community-based treatment interventions. Additionally, family will be encouraged to express their thoughts on how CLIP will be a beneficial treatment intervention and ask any remaining questions they have.
- Once the presentation is complete, this portion of the meeting will adjourn and all except the MCO and core CLIP committee members will be excused. Members of the core CLIP committee and the MCO will discuss the information in the packet and presented at the meeting in order to render a determination to “recommend” or “not recommend” the application at this time.
- If the CLIP Committee determines the application is “recommended” based on the medical necessity criteria, the BH-ASO Liaison will send a “recommended” determination letter to the MCO Liaison for their enrollee. The MCO Liaison will then send this letter to the family and/or youth 13 years and over

and will add it, along with any other MCO recommendations, to the CLIP packet to be sent to CLIP Administration for final review and possible certification. The MCO Liaison will also notify the family and/or youth age 13 years and over, of the available services and/or continuation of intensive services to support the youth and family while the youth awaits admission to a CLIP facility.

- If the CLIP Committee determines the application is “not recommended” based on the medical necessity criteria, the BH-ASO Liaison will send a “not recommended” determination letter to the MCO Liaison for their enrollee. Additionally, the MCO Liaison will provide family and/or youth age 13 years and over a written notice of the Appeal Process to appeal to the CLIP Administration for a review and final determination. This is considered an Adverse Benefits Determination and the written notice must include the reasons for not recommending CLIP and an outline of recommendations for alternative less restrictive services for the youth.
- An episode of CLIP treatment is not intended to be utilized as a placement resource. If the MCO Liaison feels a family or community team is requesting CLIP level care based on family seeking respite or feeling overwhelmed, it is the responsibility of the MCO CLIP Liaison to educate the family on the purpose of CLIP and assist the family with less restrictive options. Similarly, if the MCO CLIP Liaison does not feel the CLIP request is indicated, then the Liaison should also assist the family with finding alternative resources to address the needs.
- In the event an MCO Liaison requests the CLIP Committee to review a youth’s case prior to CLIP application completion, the MCO Liaison will ensure documentation is present that demonstrates a psychiatric illness is present that warrants CLIP level care, that youth 13 years old or older have consented by signing the CLIP treatment agreement and that a psychiatric evaluation has been completed within the last 6 months by a psychiatrist or psychiatric ARNP. The MCO will work with the BH-ASO Liaison in setting a meeting time and date for this review. If there are no pending CLIP applications to be reviewed, the next CLIP screening date may be used. If there are pending applications to be reviewed, another date and time will be determined. At no time will a case to be reviewed prior to a CLIP application, usurp any completed applications scheduled to be screened.
- Upon request, the Regional CLIP Committee will review and offer a plan of less restrictive and available alternatives to CLIP when an individual is hospitalized involuntarily.
- The BH-ASO CLIP Liaison will track and combine all referral and committee data, broken out by MCO, in a spreadsheet format to be submitted to the CLIP Administration no later than June 30th of each year.
 - The total number of CLIP referrals received for the year (June to June).
 - Total number of referrals that were reviewed by the Regional CLIP Committee
 - Total number of referrals Not Recommended for CLIP.
 - Documentation of all participating members at each committee meeting.
- The BH-ASO and MCO CLIP Liaisons will coordinate with the CLIP Administration in accordance with the CLIP Policies and Procedures Manual, January 2016, or its successors.

Molina Healthcare Date

Amerigroup Washington Date

United Health Care Date

North Sound BH-ASO Date

Coordinated Care Date

Community Health Plan of Washington Date