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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1597.00: Care Management and Coordination

Authorizing Source: HCA Contact
Approved by: Executive Director Date: 12/17/2019 Signature:

POLICY # 1597.00

SUBJECT: CARE MANAGEMENT AND COORDINATION

PURPOSE

To outline North Sound Behavioral Health Administrative Services Organization's (North Sound BH-ASO) Care Management and Coordination responsibilities for General Funds State (GFS) and State Block Grant (SBG) funded services in the North Sound Region.

DEFINITIONS

Care Coordination means an Individual's healthcare needs are coordinated with the assistance of a primary point of contact. The point of contact provides information to the Individual and the Individual's caregivers and works with the Individual to ensure the Individual receives the most appropriate treatment, while ensuring that care is not duplicated.

POLICY

Care Coordination Requirements

North Sound BH-ASO has established protocols that promote coordination, continuity, and quality of care that address the following:

1. Use of GFS or FBG funds to care for Individuals in alternative settings such as homeless shelters, permanent supported housing, nursing homes or group homes.
2. Strategies to reduce unnecessary crisis system utilization as defined in the Crisis System Section of North Sound BH-ASO's contact.
3. Care transitions and sharing of information among jails, prisons, hospitals, residential treatment centers, detoxification and sobering centers, homeless shelters and service providers for Individuals with complex behavioral health and medical needs.
4. Continuity of Care for Individuals in an active course of treatment for an acute or chronic behavioral health condition, including preserving Individual-provider relationships through transitions.

Coordination with External Entities

North Sound BH-ASO coordinates with External Entities including, but not limited to:

1. BH-ASOs for transfers between regions;
2. Family Youth System Partner Roundtable (FYSPRT);
3. Apple Health Managed Care Organizations (MCOs) to facilitate enrollment of Individuals who are eligible for Medicaid;
4. Tribal entities regarding tribal members who access the crisis system;
5. Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHC);

6. The Criminal Justice system (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system);
7. Department of Social and Health Services (DSHS) and other state agencies;
8. State and federal agencies and local partners that manage access to housing;
9. Education systems, to assist in planning for local school district threat assessment process;
10. Accountable Community of Health (ACH); and
11. First Responders.

North Sound BH-ASO shall coordinate the transfer of Individual information, including initial assessments and care plans, with other BH-ASOs as needed when an Individual moves between regions or gains or loses Medicaid eligibility, to reduce duplication of services and unnecessary delays in service provision. Please see North Sound BH-ASO Policy *1560.00 Care Coordination* for additional information.

North Sound BH-ASO shall participate in disaster preparedness activities and respond to emergency/disaster events (e.g., natural disasters, acts of terrorism) when requested by Health Care Authority (HCA), county, or local public health jurisdiction. North Sound BH-ASO shall attend state sponsored training and participate in emergency/disaster preparedness planning when requested by HCA, the county or local public health jurisdiction in the region and provide Disaster Outreach and post-Disaster Outreach in the event of a disaster/emergency. Please see North Sound BH-ASO's Policy 1549.00 *Disaster Preparedness*.

Care Coordination and Continuity of Care: Children and Youth in the Behavioral Health System
North Sound BH-ASO coordinates with all child/transitional age youth (TAY) serving systems, as follows:

1. Convene the regional Children's Long-Term Inpatient Program (CLIP) Committee unless an alternative organization is approved by HCA using the guidelines provided by HCA;
2. If requested by a WISe provider, CLIP facility or other program in the behavioral health system served by the North Sound BH-ASO; and
3. Refer potentially CLIP-eligible children to the regional CLIP Committee and CLIP Administration.

Please Reference North Sound BH-ASO's Policy 1529.00 *Children's Long-term Inpatient Program (CLIP) Care Coordination.*

Care Coordination and Continuity of Care: State Hospitals
North Sound BH-ASO shall work with Western State Hospital (WSH) discharge teams to identify potential placement options and resolve barriers to placement, to assure that individuals will be discharged back to the community after the physician/treatment team determines the individual is ready for discharge, per the timeline guidelines in the Ready to Discharge Behavioral Health Administration policy. Please reference North Sound BH-ASO's Policy 1536.00 *WSH Admissions and Discharges* and Policy 1578.00 *Western State Hospital (WSH) Admission Screening*.

The North Sound BH-ASO shall be responsible for coordinating discharge for the assigned Individuals and, until discharged, these Individuals will count against the North Sound BH-ASO's target allocation of State Hospital beds.

The North Sound BH-ASO shall ensure Individuals are medically cleared prior to admission to a State Hospital. The North Sound BH-ASO shall respond to State Hospital census alerts to divert admissions and expedite discharges by using alternative community resources and mental health services, within Available Resources.

Tribal Coordination
Please reference North Sound BH-ASO Policy 6003.00 *Coordination with Tribal Authorities*.

North Sound BH-ASO shall provide the following services for American Indian/Alaska Native Individuals in fee for service who have opted out of managed care:

1. Crisis services and related coordination of care;
2. Involuntary commitment evaluation services; and
3. Services related to inpatient discharge and transitions of care.

Less Restrictive Alternatives (LRA)
North Sound BH-ASO or our subcontractor shall monitor Individuals discharged from inpatient hospitalizations on Less Restrictive Alternatives (LRA) under Revised Code of Washington (RCW) 71.05.320 to ensure compliance with LRA requirements. Please reference North Sound BH-ASO Policy 1562.00 *Monitoring of Less Restrictive (LR) Orders*.

North Sound BH-ASO shall offer mental health services to Individuals who are ineligible for Medicaid to ensure compliance with LRA requirements.

North Sound BH-ASO shall respond to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with RCW 71.05.340. North Sound BH-ASO or a subcontractor shall provide mental health services to Individuals who are ineligible for Medicaid to ensure compliance with conditional release requirements (RCW 10.77.150 and RCW 71.05.340).

Individuals residing in North Sound BH-ASO's region prior to admission, and discharging to another region, will do so according to the Regional Service Area (RSA) Transfer agreement established between the receiving RSA and North Sound BH-ASO. The Agreements shall include:

1. Specific roles and responsibilities of the parties related to transitions between the community and the State Hospital.
2. Collaborative discharge planning and coordination with cross-system partners such as residential facilities, community mental health (MH) or substance use disorder (SUD) providers, etc.
3. Identification and resolution of barriers which prevent discharge and systemic issues that create delays or prevent placements in the North Sound BH-ASO's Service Area.

When Individuals being discharged or diverted from state hospitals are placed in a long-term care setting, North Sound BH-ASO shall:

1. Coordinate with DSHS Aging and Long-Term Services Administration (ALTSA) Home and Community Services (HCS) and any residential provider to develop a crisis plan to support the placement.
2. Coordinate with HCS and any residential provider in the development of a treatment plan that supports the viability of the HCS placement when the Individual meets access to care criteria.

Peer Bridger Program
North Sound BH-ASO shall implement a program staffed by at least one (1) or more Peer Bridger(s) based on HCA contract allocation tables in each region to facilitate and increase the number of State Hospital discharges and promote continuity of services when an Individual returns to the community.

North Sound BH-ASO shall submit the Peer Bridger monthly report to HCA to include discharges and community placements, efforts to discharge and place Individuals, and service encounters using the

Rehabilitation Case Management Services, until a new service encounter code is in place that is specific to the program.

Please reference North Sound BH-ASO's Policy 1596.00 *Peer Bridger Program*.

Inter-Regional Services
North Sound BH-ASO will negotiate and execute an Inter-Regional Service Area Transfer Agreement with a BH-ASO, when requested by a BH-ASO.

No Beds Available for Persons Meeting Detention Criteria - Report
North Sound BH-ASO shall ensure its designated crisis responders (DCRs) report to HCA when it is determined an Individual meets detention criteria under RCW 71.05.150, 71.05.153, 71.34.700 or 71.34.710 and there are no beds available at the evaluation and treatment facility, the Individual has not been provisionally accepted for admission by a facility, and cannot be served on a single bed certification or LRA.

Please reference North Sound BH-ASO Policy 1734.00 *Mobile Crisis Outreach: Crisis Intervention and Involuntary Detention Evaluation* Services and Policy 1733.00 *Scope of Crisis Services.*

Care Coordination and Continuity of Care: Evaluation and Treatment (E&T) Facilities
North Sound BH-ASO funds E&T Discharge Planners within the identified funding allocation resources. The E&T Discharge Planner shall develop and coordinate discharge plans that are: complex, multi system, mixed funding, and specific to Individuals that would otherwise be transferred to a state hospital. The plan shall track the Individual's progress upon discharge for no less than thirty (30) days after discharge from the E&T facility.

Attachments
None