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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: 5/3/2022

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 Federal Block Grant (FBG) 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. Access to crisis safety plan and coordination information for individuals in crisis
2. 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.
3. Strategies to reduce unnecessary crisis system utilization as defined in the Crisis System Section of North Sound BH-ASO's contract with the Health Care Authority (HCA).
4. 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.
5. 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.

North Sound BH-ASO will provide Care Coordination to Individuals who are named on the HCA Referral List, also known as the "high utilizer list," in the Trueblood, et al., v. Department of Social and Health Services Settlement Agreement. North Sound BH-ASO will:

1. Support connecting Individuals with behavioral health needs and current or prior criminal justice involvement receive Care Coordination.
2. North Sound BH-ASO will ensure all Trueblood Misdemeanor Diversion Fund reporting is completed in

accordance with HCA's established reporting periods.

### **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, tribes and non-tribal Indian Health Care Providers (IHCs) 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.

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 and Community Hospital and Evaluation and Treatment 90/180 Civil Commitment Facilities**

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.

## Utilization of State Hospital Beds

1. North Sound BH-ASO is assigned patients for discharge planning purposes in accordance with agency assignment process within each region in which the North Sound BH-ASO operates.
2. If North Sound BH-ASO disagrees with the patient assignment, it must request a reassignment within thirty (30) days of admission. If a request to change the assignment is made within thirty (30) days of admission and the request is granted, the reassignment will be retroactive to the date of admission.
3. If the North Sound BH-ASO's request is received by HCA after the effective date of the reassignment will be based on the date HCA receives the reassignment request form.
4. North Sound BH-ASO will be responsible for coordinating discharge for the patients assigned and, until discharged.
5. North Sound BH-ASO may not enter into any agreement or make other arrangements for use of State Hospital beds.

## Admission and Discharge Planning for State Hospital and Community 90/180 Civil Commitment Facilities

North Sound BH ASO shall meet the requirements of the State Hospital MOU or Working Agreement.

1. North Sound BH-ASO shall ensure Individuals are medically cleared, if possible, prior to admission to a State Psychiatric Hospital or 90/180 Community Civil Commitment facility.
2. North Sound BH-ASO shall use best efforts to divert admissions and expedite discharges by using alternative community resources and behavioral health services, within available resources.

North Sound BH-ASO shall work with the discharge team to identify potential placement options and resolve barriers to placement, to ensure that Individuals will be discharged back to the community after the physician/treatment team determines the Individual is ready for discharge.

North Sound BH-ASO will make its best, good-faith efforts to schedule prescriber and other provider appointments within seven (7) days of an individual's discharge and communicate back to the facility, including for individuals discharging from state hospital forensic units.

## 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, in coordination with the individual's IHCP, if applicable:

1. Crisis services and related coordination of care;
2. Involuntary commitment evaluation services; and
3. Services related to inpatient discharge and transitions of care.
4. Assistance in identifying services and resources for individuals with voluntary admissions.

## 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 Conditional Release (CR/Less Restrictive (LR)/Assisted Outpatient Treatment (AOT) Orders*. North Sound BH-ASO will document LRA tracking. Documentation will include a log with the following:

1. Name of the individuals on an LRA;
2. Date of LRA Order;
3. Name of responsible MCO;
4. Date North Sound BH-ASO notified the MCO of an individual on an LRA;
5. Name of the staff notified at MCO;
6. If North Sound BH-ASO did not notify the responsible MCO this information will be recorded in the tracking log, and;
7. North Sound BH-ASO will state on the tracking log if the LRA includes within the order the agency providing LRA treatment.

North Sound BH-ASO shall offer behavioral 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. LRA treatment must be provided regardless of available resources.

1. If the individual is enrolled in a managed care plan, the MCO will purchase the services.
2. If the individual is Medicaid fee-for-service, Medicaid will cover the services.
3. If the individual is covered by commercial insurance, the insurance provider will purchase the care.
4. If the individual is non-funded, the BH-ASO will be responsible for purchasing the LRA treatment services.

Non-Medicaid Conditional Release Individuals in transitional status in Pierce or Spokane County will transfer back to the region they resided prior to entering the State Hospital upon completion of transitional care. Individuals residing in North Sound BH-ASO's region prior to admission, and discharging to another region, will do so according to the 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 Behavioral Health 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 (AL TSA) 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.
3. Coordinate with Tribal governments and/or IHCPs for AI/AN individuals, when North Sound BH-ASO has knowledge that the individual is AI/AN and receives health care services from a Tribe and/or IHCP in Washington State.

### **Peer Bridger Program**

North Sound BH-ASO shall develop and 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. Services shall be delivered equitably to individuals assigned to the MCOs and the North Sound BH-ASO. North Sound BH-ASO may begin utilizing Peer Bridgers for local psychiatric inpatient discharges. The program shall follow Peer Bridger program standards established by HCA.

North Sound BH-ASO shall ensure that the Peer Bridger is allowed to attend treatment activities with the individual during the one hundred twenty (120) day period following discharge if requested by the individual. Examples of activities include but are not limited to: intake evaluations, prescriber appointments, treatment planning, etc. This may be extended on a case-by-case basis.

North Sound BH-ASO may utilize Peer Bridger Participants Relief Funds to assist individuals with engaging and service retention with services aligned/associated with continuing in treatment for mental health and/or SUD. North Sound BH-ASO shall track Peer Bridger Participant Relief Funds. North Sound BH-ASO shall submit the Peer Bridger Participant Treatment Engagement Resources report to HCA by the 15<sup>th</sup> of the following month.

Peer Bridger Participant Relief Funds may be used to purchase, but are not limited to, the following items:

1. Bus passes for individual's transportation to treatment;
2. Individuals' clothing for employment interviews; and
3. Individual's data minutes for pay-as-you-go mobile phone or device.

North Sound BH-ASO shall submit the Peer Bridger Monthly Report to HCA by the 15<sup>th</sup> of the month following the month being reported. When reporting service encounters, North Sound BH-ASO may use the Rehabilitation Case Management Services codes for services within inpatient settings or other appropriate outpatient modalities ensuring no duplication of services occur.

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.

### **Filing of an Unavailable Detention Facilities 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, Secure Withdrawal Management and Stabilization Facility, psychiatric unit, or under a single bed certification, and the DCR was not able to arrange for a less restrictive alternative for the individual.

1. When the DCR determines an Individual meets detention criteria, the investigation has been completed and when no bed is available, the DCR shall submit an Unavailable Detention Facilities report to HCA within 24 hours. The report shall include the following:
  - a. The date and time the investigation was completed;
  - b. A list of facilities that refused to admit the individual;
  - c. Information sufficient to identify the individual, including name and age or date of birth;

- d. The identity of the responsible BH-ASO and MCO, if applicable;
  - e. The county in which the person met detention criteria; and
  - f. Other reporting elements deemed necessary or supportive by HCA.
2. When a DCR submits a No Bed Report due to the lack of an involuntary treatment bed, a face-to-face re-assessment is conducted each day by the DCR, or Mental Health Professional (MHP) employed by the crisis provider to verify that the person continues to require involuntary treatment. If a bed is still not available, the DCR sends a new Unavailable Detention Facilities Report (No Bed Report) to HCA and the DCR or MHP works to develop a safety plan to help the person meet their health and safety needs, which includes the DCR or MHP continuing to search for an involuntary treatment bed or appropriate less restrictive alternative to meet the Individual's current crisis.
  3. Upon notification by HCA that a No Bed Report has been filed on an Individual, North Sound BH-ASO will attempt to engage the Individual in appropriate services for which the Individual is eligible and report back within seven (7) calendar days to HCA. The report must include a description of all attempts to engage the individual, any plans made with the individual to receive treatment, and all plans to contact the individual on future dates about the treatment plan from this encounter. North Sound BH-ASO may contact the individual's insurance provider or treatment providers to ensure services are provided.
  4. North Sound BH-ASO shall implement a plan to provide appropriate treatment services to the Individual, which may include the development of LRAs or relapse prevention programs reasonably calculated to reduce demand for involuntary detentions to E&T Facilities and Secure Withdrawal Management and Stabilization Facilities.
  5. HCA may initiate corrective action to ensure an adequate plan is implemented. An adequate plan may include development of LRAs to Involuntary Commitment, such as crisis triage, crisis diversion, voluntary treatment, or relapse prevention programs reasonably calculated to reduce demand for evaluation and treatment.

Please reference North Sound BH-ASO Policy 1734.00 *Mobile Crisis Outreach: Crisis Intervention and Involuntary Treatment Investigation Services* and Policy 1733.00 *Scope of Crisis Services: General Requirements*.

#### **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. Each E&T location shall have a designated E&T Discharge Planner. 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.

North Sound BH-ASO shall submit to HCA the E&T Discharge Planner's reports that track the total number of all discharges from their E&T location and differentiate between those that were deemed complex and those that were deemed standard. The report is due the last business day of the month following the month being reported using the template provided by HCA.

#### **Attachments**

None