



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ELIGIBILITY VERIFICATION

Policy Number: FI501

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PURPOSE

To describe Salish Behavioral Health Administrative Services Organization (SBH-ASO) process to determine individual Medicaid and third-party eligibility.

POLICY

The SBH-ASO requires SBH-ASO providers to conduct eligibility verification screening for individuals being served by the public behavioral health system to determine if they may be eligible for any third-party payments, including Medicaid. SBH-ASO staff determine eligibility for SBH-ASO funded services.

PROCEDURE

The SBH-ASO maintains protocols for determining eligibility for non-crisis Behavioral Health services. At a minimum, protocols address data collection, income verification, frequency of financial eligibility review, and identification of priority populations as outlined below.

1. Providers are required to complete authorizations and/or notifications utilizing the SBH-ASO Notification and Authorization Program (SNAP).
 - a. The SNAP forms include the collection of data elements to be able to identify income eligibility, third-party coverage (including Medicaid), referral/assessment for Medicaid eligibility, and identification as a priority population.
 - b. Providers are required to collect and submit this information upon initial request of SBH-ASO funding and at least monthly and/or when becoming aware of changes.

2. SBH-ASO staff will review submitted documentation to substantiate eligibility criteria have been met.
3. At HCA's direction, the SBH-ASO shall participate with the Managed Care Organizations (MCOs) in a regional initiative to develop and implement consistent protocols to determine clinical or program eligibility for the non-crisis Behavioral Health services.
4. The SBH-ASO shall participate in developing protocols for individuals with frequent eligibility changes. The protocols will address, at a minimum, coordination with the Apple Health IMC MCOs, referrals, reconciliations, and potential transfer of GFS/FBG funds to promote Continuity of Care for the individual.