



SALISH BHO

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: DEFINITIONS AND COMMON LANGUAGE

Policy Number: 1.03

Reference: 42 CFR, 71.24 RCW, 388-865 WAC and State Contract

Effective Date: 7/2005

Revision Date(s): 7/2016; 7/2017

Reviewed Date: 7/2016; 7/2017

Approved by: SBHO Executive Board

DEFINITIONS AND COMMON LANGUAGE

The Salish Behavioral Health Organization (SBHO) has identified these common definitions, in addition to the definitions in the state contract and provider contracts, to be utilized across the region.

Adverse Benefit Determination (ABD): means, in the case of a Behavioral Health Organization (BHO):

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- The reduction, suspension, or termination of a previously authorized service;
- The denial in whole or in part, of payment for a service;
- The failure to provide services in a timely manner, as defined by the state; or
- The failure of a BHO to act within the grievance system timeframes as provided in WAC 388-877-0660 through 388-877-0670.

Administrative Hearing: Means a proceeding before an administrative law judge that gives a party an opportunity to be heard in disputes about DSHS programs and services. Administrative hearings are conducted through the auspices of the state Office of Administrative hearings in accordance with the Washington Administrative Code (WAC) 388-0200. The term “fair hearing” is synonymous with administrative hearing.

Agreement: Means an accord or contract and any Exhibits and other documents attached or incorporated by reference, between two parties.

Appeal: Means a review by a BHO of an adverse benefit determination.

Apple Health: Refers to the Medicaid program launched with the Washington HealthCare Exchange, October 2013.

Behavioral Health Organization, or BHO: Means a county authority or group of county authorities or commercial health plan, recognized and certified by the Secretary of Department of Social and Health Services (DSHS), which enter into joint operating agreements to contract with the DSHS Secretary pursuant to Chapter 71.24 RCW or successor.

CFR: Means Code of Federal Regulations. All references in Agreements to CFR chapters or sections shall include any successor, amended, or replacement regulation. The CFR may be accessed at Electronic Code of Federal Regulations

Child: For every purpose other than early periodic screening, diagnosis, and testing (EPSDT) and Medicaid, a child is considered by the SBHO to be 0-17 years of age. EPSDT and Medicaid reporting is 0-20 years of age.

Consultation: Consultation is a deliberation between providers on a case or its treatment. It requires an enhance form of communication that emphasizes trust and respect. Consultation requires a shared responsibility that allows an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Contracted Services: DSHS contracts with a large number of contractors to provide client services, personal services and purchased services. These contractors include individual providers, public agencies, and private (profit or non-profit) organizations. Among them are counties that receive contracts or grants to provide DSHS customers with alcohol and substance abuse treatment services, and counties that provide mental health services through Behavioral Health Organizations. Other contracted agencies also provide licensing services, group care services, and other social and health services.

Culturally Relevant: This describes a condition where services provided to clients are appropriate according to the clients' cultural backgrounds.

DBHR: Means the DSHS Health and Recovery Services Administration, Division of Behavioral Health and Recovery.

Debarment: Means an action taken by a Federal official to exclude a person or business entity from participating in transactions involving certain federal funds.

Denial: The decision not to offer an intake is a denial. The decision by a PIHP, or their formal designee, not to authorize covered Medicaid mental health services that meet medical necessity is a denial.

Direct Service: Services and related activities provided to or on behalf of service recipients that address mental health or behavioral health needs, and where appropriate, activities that assist the service recipient with social supports, friends and recreation, daily living, personal safety, cultural needs, housing, finances, education, employment, legal assistance or referral, physical health or alcohol and/or other drug problems. Examples include but are not limited to: individual and group counseling; medication monitoring; case management; individualized and tailored care (ITC) planning; interagency staffing's; GAU/SSI evaluations; job development; housing assistance; community support services, etc. These services are delivered face-to-face or by phone to a consumer or to a collateral or third party on behalf of a consumer.

Dispute Resolution: A term that refers to a number of processes that can be used to resolve a conflict, dispute or claim. When issues cannot be resolved through consultation process alone, a dispute resolution process may be useful to resolve technical issues, policy choices, or to ensure that the parties' values have been given fair hearing and due consideration.

Diversion for any voluntary hospitalization request: Means due to the clinical information provided, psychiatric hospitalization of the person was contemplated by a designated mental health professional (DMHP) but averted via an alternative disposition.

Diversion for Title XIX voluntary hospitalization requests for certification: Means a diversion or diversion alternative(s) is (are) considered a subset of the total number of diversions.

DSHS or the Department: Means the Department of Social and Health Services of the State of Washington and its Secretary, officers, employees, and authorized agents.

Enrollee: A Medicaid recipient who is enrolled in a Pre-Paid Inpatient Health Plan (PIHP).

Episode of Care:

- An outpatient episode of care represents the length of time from when an enrolled client's treatment episode is authorized and activated until the client is inactivated.
- Inpatient episodes of care begin at the point of admission to the free-standing evaluation and treatment (E&T), community hospital, or state hospital facility and end at the point of discharge.
- A client who is active in outpatient services and is then admitted to an E&T facility will have two episodes of care (inpatient and outpatient) running concurrently while at the E&T.
- A client who is active in outpatient services in more than one agency will have concurrent episodes of outpatient care.

Federally Recognized Tribes: an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs. Furthermore, federally recognized tribes are recognized as possessing certain inherent rights of self-government (i.e., tribal sovereignty) and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States. At present, there are 567 federally recognized American Indian and Alaska Native tribes and villages.

General Terms and Conditions: Means the contractual provisions contained within an Agreement which governs the contractual relationship between the contracting agency and the contractor, under that agreement.

Government-to-Government: This describes the relationships and protocols among and between Federally Recognized Tribes, and the federal, state, and other governments.

Grievance: Means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination, as “Adverse Benefit Determination” is defined above. The term is also used to refer to the overall system that includes grievances handled at the network agency and SBHO, as well as access to the State administrative hearing process.

Indian Policy Advisory Committee (IPAC): This DSHS advisory committee is comprised of representatives from Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations. It guides the implementation of the Original Concurrent Jurisdiction Tribal State Agreement 1987, Original Exclusive Jurisdiction Tribal State Agreement 1987, the Centennial Accord, the Millennium Agreement and the Governor’s Office of Indian Affairs. The Office of Indian Policy along with the Department tribal liaisons, provide technical support to Indian Policy Advisory Council (IPAC) in its ongoing communications through meeting, planning, and consultation activities. According to article XI of the IPAC bylaws, IPAC does not have the authority or power to infringe or jeopardize the sovereignty of any Federally Recognized Tribe or non-member Tribe.

Individual: Means a person who applies for, is eligible for, or receives BHO-authorized behavioral health services from an agency licensed by the state as a behavioral health agency. See Policy 6.02 Grievances for an expanded definition for grievances.

Key Identified Positions: These are DSHS managers and employees in regional or headquarters offices whose emphasis of responsibility is working in conjunction or association with the American Indian and Alaska Native Tribes. Employees in these key identified positions are required to attend the Administrative Policy 7.01 Training.

Low Income: Those individuals whose gross household monthly income does not exceed 80% of the median family income for the state of Washington, with adjustment

for family size. Fees are based on a sliding fee scale whose beginning range corresponds to the state GAU standard (DSHS standard) and top range corresponds to 80% of median income (DASA standard).

Office of Indian Policy: This office reports to the Secretary of DSHS and is responsible for coordinating efforts with Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations in order to address the collective service needs of individual American Indians and Alaska Natives in Washington State.

Personal Information: Means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver's license numbers, other identifying numbers, and any financial identifiers.

Prepaid Inpatient Health Plan or PIHP: Means an entity that provides or arranges for a) mental health services to enrollees under contract with the state on the basis of prepaid capitation payments, or other payment arrangements that don't use state plan payment rates; b) provides for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; c) does not have a comprehensive risk contract.

RCW: Means the Revised Code of Washington. All references to RCW chapters or sections shall include any successor, amended, or replacement statute. The RCW can be accessed at <http://app.leg.wa.gov/rcw/>.

Reduction: The decision by a pre-paid inpatient plan (PIHP) to decrease an enrollee's previously authorized covered Medicaid mental health services describe in their Level of Care Guidelines. The decision by a Behavioral Health Agency (BHA) to decrease or change a covered service in the individualized service plan (ISP) is not a reduction.

Recognized American Indian Organizations: These organizations, as recognized in accordance to IPA bylaws, include the American Indian Community Center (AICC), NATIVE Project, Seattle Indian Health Board (SIHB), Small Tribes of Western Washington (STOWW), United Indians of All Tribes Foundation (UIATF), and South Puget Intertribal Planning Agency (SPIPA), a tribal consortium. These organizations exercise their rights as American Indians and citizens of the United States and residents of the State of Washington.

Request for Services: A request by an individual residing within the provider's catchment area for any covered behavioral health service. The individual may be temporarily hospitalized at the time of the request outside of the providers catchment area. A request for service may be made by telephone call, walk-in person, or written request for services from an enrollee or person authorized to consent to treatment for that person.

In the case of an individual currently enrolled in the Medicaid program, any request for services will result in a comprehensive clinical face to face assessment.

Special Terms and Conditions: Means the contractual provisions contained within an agreement which includes a statement of work to be performed by the Contractor/ Subcontractor and payment to be made by the first party to the agreement, along with other special terms and conditions effecting the agreement.

Stabilization Services: Services are provided to the person who is experiencing a mental health emergency or crisis. Services are provided in the person's own home or another home-like setting. Services include short term (less than 2 weeks per episode) face-to-face assistance with self-care, meals, and medication monitoring. These services may be provided prior to an intake evaluation.

Suspension: The decision by a pre-paid inpatient health plan (PIHP), or their formal designee, to temporarily stop an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency (CMHA) to temporarily stop or change a covered service in the Individualized Service Plan (ISP) is not a suspension.

Termination: The decision by a pre-paid inpatient health plan (PHIP), or their formal designee, to stop an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency (CMHA) to stop or change a covered service in the Individualized Service Plan (ISP) is not a termination.

Third Party Payments: All fee for service payments collected for RSN enrolled service recipients from sources other than the RSN (Medicaid or state-only revenue) or the party financially responsible for the service recipient.

Tribal Sovereignty: Federally Recognized Tribes are recognized in federal law as possessing sovereignty over their members and their territory. Sovereignty means that tribes have the legislative, executive, and judicial power to make and enforce laws, and to establish courts and other forums for resolution of disputes.

Uninsured: Non-Medicaid, low-income individuals. To be reported on a monthly basis with a 90-day lag time (following eligibility reconciliation) by providers as per the contract.

USC: Means United States Code. All references to USC chapters or sections shall include any successor, amended, or replacement regulation. The USC may be accessed at <http://www.gpoaccess.gov/uscode/>.

WAC: Means the Washington Administrative Code. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation. The WAC can be accessed at <http://app.leg.wa.gov>.