



SALISH BHO

CLINICAL POLICIES AND PROCEDURES

Policy Name: ACCESS TO SERVICES, TIMELY

Policy Number: 11.01

Reference: 42 CFR 438.206; WAC 388-877-0610; PHIP and State Contract

Effective Date: 2/2002

Revision Date(s): 6/2016; 6/2018

Reviewed Date: 6/2016; 6/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Plan: Utilization Management Plan
- Policy: Access to Services Prior To Intake Assessment - Medicaid Only
- Policy: Authorization for Outpatient Services based on Medical Necessity
- Policy: Corrective Action Plan

PURPOSE

The Salish Behavioral Health Organization (SBHO) shall ensure individuals seeking, or requesting services, have timely access to services. The SBHO network providers will consistently assess an individual for initial authorization into services.

- For non-Medicaid individuals, an intake and authorization into services will only be provided within available resources.

The SBHO contracts with an administrative service organization (ASO) to conduct the SBHO authorization reviews for services. The contracted ASO will consistently apply the SBHO Access Standards as outlined in the SBHO Levels of Care (LOC) standards.

DEFINITIONS

Enrollee means a person who has applied for, is eligible for or who has received publicly funded behavioral health services.

- For a child under the age of thirteen (13), the definition of enrollee includes the parents or legal guardians.

- For a child thirteen (13) years or older who provides consent for their parents or legal guardians to be involved in the treatment planning, the definition of enrollee includes the parents or legal guardians.

Enrollee is defined as an individual currently enrolled in a Medicaid plan that provides a behavioral health benefit, or an individual not yet enrolled but eligible for a Medicaid plan that provides a behavioral health benefit.

Family means:

- For child clients: Family means a child's biological parents, adoptive parents, foster parents, guardian, legal custodian authorized pursuant to Title 26 RCW, a relative with whom a child has been placed by the Department, or a Tribe.
- For adult clients: Family means those the person defines as family or those appointed/assigned to the client (such as guardians, siblings, caregivers, and significant others).

Request for services is defined as the point in time when a request for behavioral health services are sought or applied for through a telephone call, in person, or receipt of a written request from an enrollee or the person authorized to consent to treatment for that individual through any of the following access points:

- Contacting SBHO
- Contacting CommCare
- Contacting the network provider
- Crisis services

PROCEDURE

1. Medicaid enrollees shall have timely access to care and services. Services for non-Medicaid individuals will be provided within available resources.
2. SBHO Network Providers shall comply with state access to care guidelines for timeliness:
 - a. The determination of eligibility for authorization to service shall be based on the Access to Care standards. Authorization shall not take more than fourteen (14) calendar days, unless the enrollee or the community behavioral health agency requests an extension.
 - Urgent and emergent medically necessary behavioral health services may be accessed without full completion of intake evaluations and/or other screening and assessment processes.
 - Expedited Reviews can be utilized to authorize emergent an urgent service requests.
 - b. An intake assessment is initiated within ten (10) working days of the request for behavioral health services.

- If the intake does not occur due to cancellation or no show by the consumer, another intake appointment will be initiated to occur within ten (10) days of the original request or as soon as possible if ten (10) days from the original request has already lapsed.
 - If the enrollee has any of the following risk factors, active outreach and engagement should occur until the enrollee has received an intake assessment:
 - Indication of current or recent past danger to self or others, or grave disability, or
 - Indication that symptoms of mental illness or substance use disorder may be a barrier to attending an appointment, or
 - Any other indication of factors that indicate a barrier to accessing services or a need for a more assertive approach, such as an outreach.
 - If after the guidelines in 2.b of this policy have been applied, and the enrollee has still not received an intake assessment within 30 days of the request, the request may be closed and a new request may be made and recorded as appropriate to the enrollee's needs or desires.
- c. Routine behavioral health services are offered to occur within fourteen (14) calendar days of a determination of eligibility. An extension is possible upon request by the enrollee. A total of twenty-eight (28) calendar days from request for services to first routine appointment will be the normal time period expected.
- d. Emergent behavioral health care occurs within two (2) hours of the request for behavioral health services from any source.
- e. Urgent care occurs within twenty-four (24) hours of the request for behavioral health services from any source.
3. The SBHO network providers will use the SBHO standardized form to request services from the delegated ASO.
4. The contracted ASO will follow the authorization procedures as outlined in the SBHO Utilization Management Plan, LOC standards, and Service Denial Determinations policies.

MONITORING

1. This policy is a mandate by contract and statute. This policy will be monitored through use of SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Biannual Provider Chart Reviews
 - SBHO Grievance Tracking Reports
 - Quarterly Provider Performance Reports

- The Behavioral Health Enrollee Survey (BHES): The BHES survey is conducted by Washington State University. It replaces the Mental Health Statistics Improvement Program (MHSIP). Clients who have received mental health services are randomly selected to participate in the survey.
 - Review of previous Provider Corrective Action Plans related to Age and Cultural Competence policy, including provider profiles related to performance on targeted indicators
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.