



## SALISH BHO

### ADMINISTRATION POLICIES AND PROCEDURES

**Policy Name:** SPECIAL NEEDS ACCOMMODATION  
PROCESS

**Policy Number:** 2.16

**Reference:** State Contract; WAC 388-865-0238

**Effective Date:** 10/2004

**Revision Date(s):** 11/2010; 4/2016; 7/2017

**Reviewed Date:** 4/2016; 7/2017; 6/2018

**Approved by:** SBHO Executive Board

#### CROSS REFERENCES

- Policy: Corrective Action Plan Policy

#### PURPOSE

Medicaid recipients may express a need to receive medically necessary services from a provider other than their local contracted network provider due to their disability and will be evaluated for the need to provide such accommodation.

#### PROCEDURE

1. Individuals may qualify to have their needs evaluated and addressed through this process if:

They currently qualify to receive public behavioral health benefits in Washington State and

- Are Medicaid eligible
- Are current or past service recipients from network providers, or
- They have a demonstrated history of difficulty receiving services from the local network provider, or
- The local network provider has been unable to meet the medically necessary service needs of the recipient.

2. Individuals may access the process by:
  - Contacting the SBHO Ombudsman at 360-692-1582 or 1-888-377-8174; or
  - Contacting the SBHO Office at 360-337-7050 or 1-800-525-5637
3. The Salish Behavioral Health Organization (SBHO) evaluates the needs of Medicaid recipients who express a need to receive medically necessary services from a provider other than their local contracted network provider (“home agency”). This can occur in two ways:
  - a. The Ombuds office works with the individual and local contracted provider to address the individuals concerns, or
  - b. The SBHO arranges for the individual to be evaluated by a senior clinician from one of its other network providers.
    - If an independent evaluation is performed, the evaluator reviews available clinical information.
4. The evaluation determines:
  - a. If the individual is unable to form an effective therapeutic relationship with *any* behavioral health professional at the assigned service provider because of a combination of the individual’s specific behavioral health illness and specific past experiences with the assigned service provider.
  - b. If there is any accommodation within the assigned service provider that might meet the individual’s needs.
  - c. If the individual has a reasonable prospect of being able to form an effective therapeutic relationship with an alternative service provider.
  - d. What services are medically necessary for the individual.
  - e. If the individual qualifies for services under the statewide Access To Care Standards and SBHO Level of Care criteria.
5. If the evaluation determines that the individual’s needs cannot be accommodated through the assigned network provider, and an alternative provider is necessary, the SBHO will provide the individual with at least two alternative providers through which they can receive services at no cost to the individual.
6. Every 180 days, the individual must be re-authorized for services through the SBHO’s standard authorization process.

## **MONITORING**

This Policy is a mandated by contract.

1. This policy is monitored through use of SBHO:
  - Annual SBHO Provider and Subcontractor Administrative Review
  - Grievance Tracking Reports
  - On a case by case basis, when an accommodation request is received by the SBHO
  
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval. Reference SBHO Corrective Action Plan Policy