

## SALISH BH-ASO POLICIES AND PROCEDURES

| Policy Name:  | DEFINITIONS           | Policy Number: AD100 |
|---|-----------------------|----------------------|
| Effective Date:   | 1/1/2020              |                      |
| Revision Dates  | s: 12/16/2020         |                      |
| Reviewed Date   | : 4/16/2019; 4/5/2023 |                      |
| Executive Board Approval Dates: 5/17/2019; 11/1/2019; 1/15/2021 |                       |                      |
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## DEFINITIONS

<u>Abuse</u> – Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

<u>Action</u> – the denial or limited authorization of a Contracted Service based on medical necessity.

<u>Administrative Function</u> – means any obligation other than the actual provision of behavioral health services.

<u>Adverse Authorization Determination</u> – means the denial or limited authorization of a requested Contracted Service for reasons of medical necessity (Action) or any other reason such as lack of Available Resources.

<u>ASO</u> – Administrative Service Organization or "Behavioral Health Administrative Services Organization" (BH-ASO) means an entity selected by HCA to administer behavioral health programs, including crisis services and Ombuds for Individuals in a defined Regional Service Area (RSA), regardless of an Individual's ability to pay, including Medicaid eligible members.

<u>Authorized User - means an individual or individuals with an authorized business need to access the BH-ASO's confidential Information.</u>

Behavioral Health Crisis Services (Crisis Services) - means providing evaluation

and short-term treatment and other services to Individuals with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the individual's health or safety.

<u>Behavioral Health Services</u> – Mental health and/or substance use disorder treatment services provided by a Behavioral Health Agency (BHA) licensed by the State of Washington to provide these services.

<u>Breach</u> – means the acquisition, access, use, or disclosure of Protected Health Information (PHI) in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of PHI, with the exclusions and exceptions listed in 45 C.F.R. § 164.402.

<u>Business Hours</u> – means 8:00 am to 5:00 pm Pacific Time, Monday through Friday, except for Holidays observed by the State of Washington.

<u>Community Mental Health Agency (CMHA)</u> – means an agency that is licensed by the State of Washington to provide mental health services.

**<u>Compliance Officer (CO)</u>** – The person appointed by SBH-ASO to develop and implement policies, procedures, and practices to ensure compliance with federal program integrity requirements and state contractual requirement 42 CFR 438.608.

**Concurrent Utilization Review** – Review of individual's care during an episode of care. Concurrent review focuses on the efficient allocation of appropriate, medically necessary resources during an episode of care. Concurrent review helps to determine whether delivery options for the most appropriate, medically necessary care are available, and whether individuals are improving as a result of the treatment being delivered.

<u>Confidential Information</u> - "Confidential Information" means information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56 RCW or other federal or State law. Confidential Information includes, but is not limited to, personal information.

<u>Coordination of Benefits</u>: Those activities undertaken by the Salish Behavioral Health ASO (SBH-ASO) and Providers to ensure that appropriate client benefits, as identified in the individual service plan, are properly funded using all available resources.

<u>Credentialing</u> – The process of assessing and validating the qualifications of a registered and/or licensed individual, agency, or facility prior to and during their participation in the SBH-ASO Network.

<u>Credentialing Committee</u> – uses a peer review process with members from the range of specialties and practitioners participating in the SBH-ASO network. The SBH-ASO Medical Director is the Chair of the Committee and responsible for providing oversight.

<u>Credentials</u> – Documented evidence of registration, licensure, certification, education, training, experience, or other qualifications. This term applies to a Community Mental Health Agency (CMHA), Substance Use Disorder (SUD) treatment and support programs, licensed facilities, Designated Crisis Responders, and other individuals participating in the SBH-ASO Network..

<u>**Crisis**</u> – A behavioral health crisis, defined as a turning point, or a time, a stage, or an event, whose outcome includes a distinct possibility of an undesirable outcome.

**<u>Data</u>** - means the information that is disclosed or exchanged.

**Denial** – means the decision by SBH-ASO not to provide an assessment, non-crisis service, or episode that have been requested by a provider on behalf of an individual.

**Disclosure** - means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

**<u>Electronic Funds Transfer (EFT)</u>** – is a system of transferring money from one bank account directly to another without any paper money changing hands.

**Evaluation and Treatment** – means services provided for Individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self, due to the onset or exacerbation of a psychiatric disorder. Services are provided in freestanding inpatient residential (non-hospital/non-Institution for Mental Disease (IMD) facilities) licensed and certified by DOH to provide medically necessary evaluation and treatment to the Individual who would otherwise meet hospital admission criteria.

**Evaluation and Treatment Facility** – means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a behavioral health disorder and who are at risk of harm or are gravely disabled, and which is licensed or certified by the Department of Health (DOH) (RCW 71.05.020).

**External entities** – means organizations that serve eligible Individuals outside of SBH-ASO to include (but not limited to): Other BH-ASOs, Family Youth System Partner Roundtable (FYSPRT), Apple Health Managed Care Organizations, Community Health Clinics, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHC), the Criminal Justice System (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system), Ombuds, Tribal Entities, Department of Social and Health Services (DSHS) and other state Agencies, state and federal agencies and local partners that manage access to housing, education systems, Accountable Community of Health, and first responders.

**Fraud** – An intentional deception or misrepresentation made by a person (individual or entity) with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

<u>**Grievance**</u> – means an expression of dissatisfaction about any matter other than an Action. Possible subjects for grievances may include but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Individual's rights regardless of whether remedial action is requested. Grievance includes an Individual's right to dispute an extension of time proposed by the SBH-ASO to make an authorization decision.

<u>Hardened Password</u> - prior to July 1, 2019 means a string of at least eight (8) characters containing at least one (1) alphabetic character, at least one (1) number, and at least one (1) special character such as an asterisk, ampersand, or exclamation point.

<u>Health Care Authority (HCA)</u> – means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA or any of the officers or other officials lawfully representing HCA.

High Risk Individual – an individual who:

- Is using excessive Crisis Services due to inability to access non-crisis behavioral health services.
- Has more than five (5) contacts over six (6) months to the emergency department, law enforcement, detox facility, or a sobering center due to a behavioral health disorder.
- Individuals on Less Restrictive Orders (LRO) or Conditional Releases (CR) who do not attend intake/assessment appointments.

**<u>HIPAA</u>** - means the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, as modified by the American Recovery and Reinvestment Act of 2009 ("ARRA"), Sec. 13400 - 13424, H.R. 1 (2009) (HITECH Act).

**<u>HIPAA Rules</u>** - means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Parts 160 and Part 164.

<u>Individual</u> – means any person in the RSA, regardless of income, ability to pay, insurance status, or county of residence. With respect to non-crisis services, "Individual"

means a person who has applied for, is eligible for, or who has received GFS/FBG services through the HCA BH-ASO contract.

**Inpatient Psychiatric Hospitalization** – means a time-limited, structured, active treatment program offering therapeutically intensive, coordinated and structured clinical services within a stable, safe, therapeutic environment. Inpatient hospitalization is necessary for stabilization of the acutely ill psychiatric patient requiring round-the-clock nursing care and observation to maintain patient safety. It is the most restrictive and most acute service on the continuum of psychiatric care.

**Interim Services:** means services to Individuals who are currently waiting to enter a treatment program to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease.

**Involuntary Treatment Act (ITA)** - "Involuntary Treatment Act (ITA)" are state laws that allow for individuals to be committed by court order to a Facility for a limited period of time. Involuntary civil commitments are meant to provide for the evaluation and treatment of individuals with a behavioral health disorder and who may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial commitment may last up to one hundred twenty (120) hours, but, if necessary, individuals can be committed for additional periods of fourteen (14), ninety (90), and one hundred eighty (180) calendar days of inpatient involuntary treatment or outpatient involuntary treatment (RCW 71.05. and RCW 71.34).

<u>Involuntary Treatment Act Services</u> - includes all services and administrative functions required for the evaluation and treatment of individuals civilly committed under the ITA in accordance with Chapters 71.05 and 71.34 RCW, and RCW 71.24.300.

**Leadership Team** - means the SBH-ASO Administrator, Clinical Director, and Medical Director.

<u>Less Restrictive Alternative Treatment</u> - "Less Restrictive Alternative (LRA) Treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585.

<u>Level of Care Guidelines</u> – mean the criteria SBH-ASO uses in determining the scope, duration and intensity of services to be provided.

<u>Medically Necessary</u> - Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

<u>Medically Necessary Services</u> – means a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the Individual that; endanger life, cause pain and suffering, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or

malfunction. There is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the Individual requesting service. "Course of treatment" may include mere observation or, where appropriate no treatment at all.

**Notice of Action (NOA)** – means a written notice the SBH-ASO provides to an Individual, or the Individual's Authorized Representative, to inform them that a requested Contracted service was denied or received only a limited authorization based on medical necessity.

<u>Office of Inspector General (OIG) Exclusion Program</u>: A federal program and database that identifies persons and entities which have been excluded from participation in, and payment by, federal healthcare programs.

<u>Peer to Peer Review</u> – for all Behavioral Health Actions the SBH-ASO will conduct a review of the decision with the requesting Provider. The credential of the licensed clinician making a decision to authorize services in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician.

**Portable/Removable Devices** - means any small computing device that can be transported, including but not limited to: handhelds/PDAs/Smartphones; Ultramobile PC's, flash memory devices (e.g., USB flash drives, personal media players); and laptops/notebook/tablet computers. If used to store Confidential Information, devices should be Federal Information Processing Standards (FIPS) Level 2 compliant.

**Portable/Removable Media -** means any Data storage device that can be detached or removed from a computer and transported, including but not limited to: optical media (e.g., CDs, DVDs); USB drives; or flash media (e.g., CompactFlash, SD, MMC).

<u>**Priority Population**</u>: Classes of individuals that meet criteria for priority coverage/funding of services from SBH-ASO per the SABG and GFS contract requirements.

**<u>Prospective utilization review</u>** – Review which occurs before care is delivered. Prospective review focuses on eligibility and medical necessity screening prior to the provision of requested services. This type of review also allows for referral to possible alternative services as appropriate. Also referred to as prior authorization review.

<u>Protected Health Information (PHI)</u> - means information that relates to the provision of health care to an individual; the past, present, or future physical or mental health condition of an individual; or past, present, or future payment for provision of health care

to an individual (45 C.F.R. §160 and 164). PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual (45 C.F.R. §160.103). PHI is information transmitted, maintained, or stored in any form or medium (45 C.F.R. §164.501). PHI does not include education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. §1232g(a)(4)(b)(iv).

**Provider** – means an individual medical or Behavioral Health Professional, Health Care Professional, hospital, skilled nursing facility, other facility, or organization, pharmacy, program, equipment and supply vendor, or other entity that provides SBH-ASO funded care or bills for health care services or products. The term does not include employees of SBH-ASO.

**Quality Assurance and Compliance Committee (QACC)** – a committee charged with overseeing SBH-ASO's Quality and Compliance Programs and their adherence to Federal and State standards, including but not limited to those set forth in 42 CFR 438.608.

<u>Reduction</u> – means the decision by SBH-ASO to decrease a previously authorized covered behavioral health service described in the Level of Care Guidelines. The clinical decision by a BHA to decrease or change a covered service in the Individualized Service Plan is not a reduction.

**<u>Regional Service Area (RSA)</u>** – means a single county or multi-county grouping formed for the purpose of health care purchasing. The SBH-ASO's regional service area is comprised of Clallam, Jefferson, and Kitsap Counties.

**<u>Retrospective Utilization Review</u>** – Review which occurs after an episode of care has ended. Retrospective review focuses on the efficient allocation of appropriate, medically necessary resources during an episode of care. Retrospective review also evaluates appropriate discharge planning to include timely discharge from services.

**<u>SBH-ASO</u>** – Salish Behavioral Health Administrative Services Organization.

<u>Stakeholders</u> – A person or organization that has a legitimate interest in the SBH-ASO, what the SBH-ASO does and the behavioral health system. This includes vendors, employees, individuals of the community, the Board of Directors, and other governing boards.

<u>Substance Use Disorder Block Grant (SABG)</u>: means the Federal Substance Abuse Block Grant Program authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act. <u>Suspension</u> – means the decision by SBH-ASO to temporarily stop previously authorized covered behavioral health services described in their Level of Care Guidelines or addressed by the ASAM Criteria.

**System for Award Management (SAM)** – A program and database which reflects information about an organization's involvement in the federal procurement system.

**<u>Termination</u>** – means the decision by SBH-ASO to stop previously authorized mental health services described in their Level of Care Guidelines.

<u>Third Party Resources</u> – Those resources other than Medicaid that can be used to pay for services prior to the billing of Medicaid for Medicaid eligible clients. For non-Medicaid clients this includes Medicare, private insurance, and/or personal resources for people of means.

<u>Transition Age Youth (TAY)</u> – an individual between the ages of 15 and 25 years who present unique service challenges because they are too old for pediatric services but are often not ready or eligible for adult services.

<u>**Transmitting**</u> - means the transferring of data electronically, such as via email, Secure File Transfer Protocol (SFTP), web-services, Amazon Web Services (AWS) Snowball, etc.

**Trusted System(s)** - means the following methods of physical delivery: (1) handdelivery by a person authorized to have access to the confidential information with written acknowledgement of receipt; (2) United States Postal Service ("USPS") first class mail, or USPS delivery services that include tracking, such as Certified Mail, Express Mail or Registered Mail; (3) commercial delivery services (e.g., FedEx, UPS, DHL) which offer tracking and receipt confirmation; and (4) the Washington State Campus mail system. For electronic transmission, the Washington State Governmental Network (SGN) is a Trusted System for communications within that Network.

<u>U.S.C</u> - means the United States Code. The U.S.C. may be accessed at <u>http://uscode.house.gov/</u>

<u>Use</u> - includes the sharing, employment, application, utilization, examination, or analysis of Data.

<u>Utilization Management</u> – a Quality Management (QM) process that addresses appropriateness of services (i.e., is the individual receiving what they need, when they need it and not receiving what they do not need when they do not need it).

<u>Waste</u> – Practices that, directly or indirectly, result in unnecessary costs such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.