SALISH BHO

UTILIZATION MANAGEMENT POLICIES AND PROCEDURES

Policy Name: INTAKE ASSESSMENT AND EVALUATION SERVICES STANDARDS **Policy Number:** 7.04

Reference: WAC 388-865-0610; WAC 388-877A-0130 DSHS Contract

Effective Date: 9/2005

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Approved by: SBHO Executive Board

CROSS REFERENCES

- Attachment: Access and Authorization Standards Grid
- Form: Peninsula Regional Assessment Tool (PRAT)
- Letter: Notice of Action Form Letter Template
- Letter: SBHO Authorization Notification Letter Template
- Letter: SBHO Letter of Ineligibility Template
- Policy: Access to Services, Timely
- Policy: Corrective Action Plans
- Policy: Notice of Action Requirements
- Policy: Option to Choose a Mental Health Care Provider/Clinician

PURPOSE

The Salish Behavioral Health Organization (SBHO) shall ensure Medicaid enrollees requesting outpatient services will receive an intake assessment and evaluation services that are provided in accordance to Access to Care standards, and other applicable state and federal regulations, culturally and age appropriate, and conducted in a standardized and uniform way.

For Non-Medicaid individuals requesting outpatient services, authorization will depend on the individual meeting the SBHO additional Non-Medicaid criteria and within available resources.

DEFINITIONS

A request for mental health services is defined as a point in time when mental health services are sought or applied for through a telephone call, Early Periodic Screening and Diagnostic Testing (EPSDT) referral, walk-in to a network provider, or written request for mental health services by the individual or by a person authorized to consent for treatment for that individual.

A Medicaid eligible, recipient, or enrolled individual with entitlements that include mental health benefits shall be considered as "Medicaid" funded.

A Non-Medicaid individual shall be considered a person with no Medicaid mental health benefit coverage.

Some examples of non-Medicaid include individuals with private insurance, private insurance and no mental health benefits, no insurance, and individuals on a Medicaid spend-down and the spend-down has not been met during a specific time period to ensure Medicaid mental health coverage.

PROCEDURE

1. An intake assessment is initiated prior to the provision of any non-crisis mental health services.

2. The SBHO ensures individual choice by contracting with comprehensive mental health agencies that:
    a. Provide individuals a choice of accessible mental health care providers and programs. Reference SBHO Policy: Option to Choose a Mental Health Care Provider/Clinician
    b. Are responsible for geographical catchment areas. The agencies are contracted to meet the required travel standards for their designated areas.
    c. Bring services to the individual or locate services (such as off-site offices) to sites where transportation is available to individuals.
    d. Ensure that when individuals must travel to service sites, the sites are accessible per the following contract standards:
        - In rural areas, service sites are within a 30-minute commute time.
        - In large rural geographic areas, service sites are accessible within a 90-minute commute time.
        - In urban areas, service sites are accessible by public transportation with the total trip, including transfers, scheduled not to exceed 90-minutes each way.

- Travel standards do not apply:
  a) when the individual chooses to use service sites that require travel beyond the travel standards;
  b) to psychiatric inpatient services;
  c) under exceptional circumstances (e.g. inclement weather, hazardous road conditions due to accidents or road construction, public transportation shortages or delayed ferry service).

3. Medicaid and Non-Medicaid Intake Assessment and Evaluation Services availability:
   a. Medicaid enrollees shall be provided an intake assessment and/or evaluation services, based upon Medicaid verification and request for services. All covered mental health services deemed medically necessary shall be authorized, per the SBHO Level of Care standards, and provided.
   b. Non-Medicaid individuals shall be provided an intake assessment and/or evaluation services and all other medically necessary mental health services, if there are available resources and criteria is met.

4. Access to services:
   a. The SBHO network providers must provide an intake assessment and/or evaluation services that are consistent with WAC 388-865-0420 that is culturally and age relevant.
   b. Routine outpatient services may begin before the completion of the intake assessment once Access to Care criteria and medical necessity are established, *and* services are authorized.
   c. Ensure that services provided in the office, an individual should not have to wait for over an hour beyond their scheduled appointment time.
   d. Provide emergent mental health services within two (2) hours of the request for mental health services from any source. Reference SBHO Policy: Access to Services, Timely
   e. Provide urgent care within twenty-four (24) hours of the request for mental health services from any source.
   f. Intake assessments and evaluation services are provided by a mental health professional. For children and youth, the mental health professional must be a child mental health specialists, or under the supervision of.

5. All Intake Assessment documentation must:
   a. Be conducted by a mental health professional
   b. Be initiated prior to the provision of any non-crisis mental health services
   c. Be initiated within ten (10) working days of the request for services and completed within thirty (30) days of the initiation

d. Be developed in collaboration with the individual seeking services
e. Be inclusive of input of people who provide active support to the individual
f. Include a copy of consent for treatment or copy of the detention/ ITA treatment order
g. Include a determination if medical necessity criteria is met for requested treatment services
h. If seeking any of the information required presents a barrier to the provision of services for the individual, any portion of the intake may be left incomplete providing the reason for the omission is clearly documented in the clinical record.

6. Full intake assessment must be completed for individuals authorized for outpatient services. In addition to the above, a full intake assessment documentation must include:
   a. A description of the presenting problem and presented needs
   b. A description of the individual's and family's strengths
   c. Needs of the individual and desired outcomes in their own words
   d. History of the individual's culture/ cultural history
   e. A history of the other disorders, substance/alcohol abuse, developmental disability, any other relevant disability and treatment, if any
   f. History of medical issues, hospitalizations, treatment, past and current medications
   g. History of mental health services, past and current medications
   h. Assessment of current risk, including suicide/ homicide and self-harm
   i. Sufficient information to support a provisional diagnosis
   j. Documentation of if they've been asked if they are under the supervision of DOC or juvenile court.
   k. In addition for children and youth the following must be included:
      - a developmental history
      - parent's goals and desired outcomes (with minor consent, as required),
      - family or placement issues, including family dynamics, placement disruption and current placement needs
      - conducted by (or under the supervision of) a child mental health specialist, and
      - With an EPSDT referral, the additional assessment and evaluation information required in the SBHO EPSDT Plan and Requirements

7. At the time of the Intake Assessment, the individual seeking services must be provided:

a. Consent for treatment information
b. Individual rights, reviewed. The DSHS Benefit booklet, made available when an individual enrolls in a Medicaid plan, includes the individual rights information.
c. SBHO Grievance and Ombuds Information
d. An opportunity to choose a primary mental health care provider. Reference SBHO Policy: Option To Choose A Mental Health Care Provider policy

8. Intake Assessment and Authorization Timeliness.
    1. For Medicaid enrollees. an intake assessment must be initiated within ten (10) working days from the time of the request for services. The intake assessment must be completed within thirty (30) calendar days of the initiation of the intake assessment or provided documentation how gathering the information would present as a barrier to the individual seeking the service. Reference: Access and Authorization Standards Grid
        - A request for services is defined above.
    2. An authorization request for outpatient services (PRAT) and supporting documents must be submitted to the ASO immediately following the initiation of the intake assessment. The Intake Assessment document does not need to be complete at the time of request.
        - An authorization determination will take no longer than fourteen (14) calendar days from the time of the initiation of the intake assessment, otherwise an extension authorization must be requested and approved by the ASO.
        - A provider may request an additional fourteen (14) days, once the initial fourteen (14) days has expired following the initiation of an intake assessment, to determine medical necessity and request outpatient authorization.

          An extension must be requested on the admission PRAT if the date exceeds fourteen (14) calendar days past the date the intake assessment begun. The PRAT, along with extension request statement, must be submitted and approved by CommCare.
    3. Upon authorization approval, the first routine outpatient appointment must be offered within fourteen (14) calendar days.

9. Medicaid denial of authorization for an Intake Assessment. Medicaid enrollees will be offered an intake appointment, upon request, and are not denied an intake assessment.
    a. Any denial to provide an Intake Assessment to a Medicaid enrollee by a SBHO contracted network provider shall result in a SBHO Notice of Action (NOA) letter sent to the individual requesting outpatient services.
    b. The SBHO network provider will contact the SBHO office immediately to report that an intake assessment for a Medicaid recipient/enrollee had been denied.

c. Once an intake assessment is complete and it is determined that the Medicaid individual does not meet Access To Care entrance criteria, Notice of Action (NOA) letter must be mailed to the individual.
   - Information about requesting a second opinion, local Ombuds, and how to request appeal are all included.

d. A copy of all NOA letters sent must be forwarded to the SBHO office for 100% review. Reference SBHO Policy: Notice Of Action Notification

10. SBHO ensures that providers maintain the ability to provide intakes to Enrollees in their residence, including adult family homes, assisted living facilities and skilled nursing facilities when required due to medical needs.

MONITORING

This policy includes contract and statute mandates.

1. This policy is monitored through the use of the SBHO:
   - Annual SBHO Provider and Subcontractor Administrative Review
   - Annual Provider Chart Review
   - SBHO Grievance Tracking Reports
   - Quality Management Plan activities, such as review targeted issues for trends and recommendations
   - UM Monthly Authorization Tracking Report

2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.