



SALISH BHO

NETWORK MANAGEMENT POLICIES AND PROCEDURES

Policy Name: AVAILABILITY OF SERVICES

Policy Number: 3.01

Reference: State Contract, WAC 388-877-0420; CFR
438.206-207

Effective Date: 2/2004

Revision Date(s): 4/2016; 5/2017; 6/2018

Reviewed Date: 4/2016; 5/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Plan: Utilization Management Plan
- Policy: Access To Timely Services
- Policy: Corrective Action Plan

PURPOSE

The Salish Behavioral Health Organization (SBHO) shall ensure that it maintains an adequate network of service providers. Upon request, the SBHO will ensure the state of sufficient capacity to serve the projected enrollment in our service area with supportive documentation in accordance with the contract standards for access to services.

DEFINITIONS

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 through any of the following access points:

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

PROCEDURE

At least annually, the SBHO will determine the adequacy of the provider network, utilization management entity, and subcontractors within the region. The provider network, utilization management entity, and subcontractors are contracted to provide adequate access to all services covered under their contracts.

1. The SBHO shall examine:
 - Anticipated Medicaid enrollment.
 - Historic and expected regional utilization rates, taking into consideration the characteristics and health care needs specific to the Medicaid population residing within the SBHO and number of enrollees served.
 - Information regarding staff numbers and types (in terms of training, credentials, and experience, and specialization) at each provider required to furnish the contracted Medicaid and non-Medicaid contracted services.
 - The numbers of network providers who are not accepting new Medicaid enrollees.
 - The geographic location of providers and enrollees, with consideration given to distance, travel time standards, the means of transportation ordinarily used by Medicaid enrollees, and whether the location provides physical access for Medicaid enrollees with disabilities.
2. The SBHO does not discriminate and protects against provider discrimination for serving high risk populations, costly treatment, or specializes in conditions that require costly treatment.
3. SBHO providers maintain the ability to provide services, including 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 is a mandated by statute and contract.

1. This policy will be monitored through use of SBHO:
 - Annual Provider Directory requests
 - Annual Provider and Subcontractor Administrative Review
 - Grievance Tracking Reports
 - Biennial Provider Quality Review Team on-site review
 - Quality Management Plan QUIC activities, such as review of Provider Directories updates and historical comparisons for staffing trends and recommendations

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.