

BH-ASO/BHO Agreement– Non-Resident Individuals

In order to ensure consistent processes across the state, HCA staff met with BHO and BH-ASO Administrators and key staff to discuss payment responsibility for individuals who access services outside his or her “**Region of Residence**”. These statewide agreements will be reevaluated in six months, when data can be taken into consideration. Until then, each BHO/BH-ASO agrees to honor the decisions below.

Definition of “Region of Residence” for non-Medicaid individuals will be determined using the following criteria: 1) a Provider One (P1) address within a regional service area; or if no information is available in P1 or its accuracy in question, 2) good-faith investigation by the servicing facility, and 3) an individual’s self-identification along with good-faith efforts to coordinate between BHO and/or BH-ASO regions.

These agreements are predicated on the following conditions:

- Medically necessary behavioral health crisis services, and services related to the administration of the Involuntary Treatment Act and Involuntary Commitment Act (Chapters 71.05 and 71.34 RCW) are available to all individuals, regardless of level of income, residence, insurance status, or ability to pay.
- Approval of non-crisis behavioral health services, including crisis stabilization and voluntary behavioral health admissions, are based on medical necessity within available resource.
 - These services are only available to individuals with an income up to two hundred twenty percent (220%) of the federal poverty level (FPL).
 - The BH-ASO is not required to pay for non-crisis behavioral health services to persons above 220% FPL, or individuals who are residents of other states, including those on Medicaid who move into the region from out of state.
- BH-ASOs/BHOs do not have financial responsibility to cover any out of state behavioral health admissions for citizens from Washington, with the exception of specific populations such as State funded CNP and MAGI on a case-by-case, in a recognized border city.

Court Costs

Medicaid Clients and Non-Medicaid Individuals

Court Costs are the responsibility of the BH-ASO/BHO in which the hearing takes place. The BH-ASO/BHO in which the hearing takes place will invoice the BH-ASO/BHO in individual’s region of residence for repayment.

Inpatient Treatment Costs

Medicaid Clients

When a Medicaid client is detained (ITA), or voluntarily seeks inpatient treatment, the servicing facility is required to coordinate care and payment with the MCO (for clients in integrated regions) or the BHO (in on-time-adopter regions), in which the enrollee is assigned to in P1.

When a Medicaid client from another state is detained (ITA) and the individual’s state of residence does not cover a service model unique to Washington State, such as Secure Withdrawal Management and Stabilization Services (Secure Detox), the servicing facility is required to coordinate care and payment with the BH-ASO (for integrated regions) or the BHO (in on-time-adopter regions) of the detaining Designated Crisis Responder.

Non-Medicaid Individuals

- *ITA*
 - When a Non-Medicaid individual is detained (ITA) outside of their region of residence, the BH-ASO/BHO of the individual's region of residence is responsible for authorization and payment to the servicing facility. This includes E&T facilities and Community Hospitals.
- *Voluntary*
 - When a Non-Medicaid individual voluntarily seeks inpatient treatment, outside of their region of residence, the BH-ASO/BHO of the individual's region of residence is responsible for authorization and payment to the servicing facility. This includes E&T facilities and Community Hospitals. Prior-authorization is required for these services. Approval or denial will be based on medical necessity and available resources.

Services within Crisis Triage or Crisis Stabilization Facilities

Medicaid Clients and Non-Medicaid Individuals

The servicing facility, based on the individual's region of residence, is required to coordinate for authorization and payment with one of the following: the BHO (in on-time-adopter regions); the MCO (for Medicaid clients in integrated regions); or the BH-ASO (for non-Medicaid individuals in integrated managed care regions that meet the criteria above).

Outpatient Crisis and DCR Services

Medicaid Clients and Non-Medicaid Individuals

Outpatient crisis providers and DCR providers will work directly with the regional BH-ASO/BHO in which they are contracted for payment and the provision of services.

Next Steps

- HCA will work with internal staff to determine whether additional action is needed related to reconciliation of payments for community inpatient hospital treatment-admissions made through P1. HCA will then work with BH-ASOs/BHOs to determine statewide processes.
- BH-ASOs/BHOs in regions that do/will not have all five integrated managed care plans, will collect data and evaluate the administrative burden required to bill for Medicaid crisis services when the BH-ASO serves a MCO enrollee, that is not a resident of that region. They will present their recommendations to HCA within the next six months.
- BH-ASOs/BHOs will collect data to be reviewed by all parties six months after implementation to identify any unequal cost impacts and whether process changes are necessary.