Document Type:[1] X Policy & Procedure __ Process Guideline __ Plan __ System Description

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Document Scope: (applies to Policy & Procedure only)

- – The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- X The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].
- – The requirements herein apply to both GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE

GCBH BH-ASO values the Individual and their right to self-determination. GCBH BH-ASO and its network providers shall provide a full range of services with variable resources designed from the perspective of hope, recovery, and resiliency. This perspective is based on a person-driven behavioral health (BH) system of care (SOC) and a recovery and resiliency model focusing on strength-based concepts and the provision of responsive and effective services throughout the SOC.

Individuals enrolled in GCBH BH-ASO-funded BH services may present with complex behavioral and physical health needs which require coordination of services between contracted providers and other SOC, including primary health care and Apple Health Plan Managed Care Organizations (MCOs) or other healthcare plans, if applicable. The need for coordination of care may occur at any time the Individual is receiving BH services.

DEFINITIONS

I. Care Coordination: The deliberate organization of care activities between two (2) or more providers/agencies involved in an Individual's care to facilitate appropriate quality services. Organizing and coordinating care involves marshaling providers, community partners, and resources needed to carry out all required care activities, which is often managed by the exchange of information among providers responsible for different aspects of the Individual's care. Care coordination is intended to maximize the value of services delivered to Individuals to effectively achieve the goals of treatment and care, while ensuring that care is not duplicated.

II. Evaluation and Treatment Facility: Any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, 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 as such by DOH. (RCW 71.05.020)

III. Peer Bridger: A trained Peer Support specialist who offers peer support services to participants in state hospitals and inpatient mental health facilities prior to discharge and after their return to their communities. The Peer Bridger must be an employee of a behavioral health agency licensed by DOH that provides recovery services.

IV. Special Healthcare Needs: Include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"
[2]"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital or developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

POLICY

1. Care Coordination

A. GCBH BH-ASO maintains protocols that promote coordination, continuity, and quality of care for Individuals receiving BH services from GCBH BH-ASO contracted BH agencies (BHA) that facilitate the following:

I. Assisting GCBH BH-ASO contracted crisis providers with Designated Crisis Responders (DCRs) in accessing crisis safety plans and coordination information for Individuals in crisis as available.

a. GCBH BH-ASO maintains a Crisis Response System that is delivered by BHAs that are geographically distinct. AS a result, the DCRs can routinely obtain crisis safety plans since Individuals already in treatment would routinely be served by the BHA with which the DCR is affiliated.

b. The DCR can engage the assistance of the GCBH BH-ASO when seeking a crisis safety plan that is not readily accessible.

II. Within Available Resources, utilizing General State Funds (GFS) or Federal Block Grant (FBG) funds to care for eligible Non-Medicaid Individuals in alternative settings, such as permanent supported housing, shelters, nursing homes, or group homes.

a. GCBH BH-ASO has a process in place for assessing availability of GFS every month. At the beginning of every month GCBH BH-ASO Fiscal Director will evaluate and report to all staff what the availability of GFS are for that month.

b. As funds are available, when a request comes into the ASO from any individual in an alternative setting, the clinical team will evaluate whether the individual is a member of any priority populations. If they are, the request for use of GFS will be approved.

c. If the individual is not a member of any priority populations, the GCBH BH-ASO clinical team will evaluate the clinical information provided and assess whether or not the individual meets criteria for use of GFS funds. If they do, the request for use of GFS will be approved.

III. Reducing unnecessary crisis system utilization through the use of Crisis Logs, a routine Crisis Provider Leadership meeting and the GCBH BH-ASO Quality Management Oversight Committee (QMOC). GCBH BH-ASO evaluates and monitors Utilization monthly in these committees. The GCBH BH-ASO clinical team also will review single bed certs, call volumes and call

metrics, grievance calls in regards to utilization and use of long term beds monthly for areas of unnecessary utilization.

a. GCBH BH-ASO clinical team is reviewing monthly the number of single bed certs. For every single bed cert that comes to the ASO, the clinical team will reach out to the DCR that submitted the single-bed cert. Information will be gathered as to what resources were looked at prior to single bed cert, what other options were explored and what the expected disposition is.

b. GCBH BH-ASO participates in monthly meetings with Volunteers of America (VOA) in regards to the call metrics. VOA will provide reports to GCBH BH-ASO in regards to all the types of calls that have come in, what the reason for the calls were and what the disposition of the calls were. GCBH BH-ASO staff will evaluate this data for any areas of unnecessary utilization.

c. GCBH BH-ASO will collaborate monthly with the MCOs, HCA and Eastern State Hospital to evaluate the use of Long term beds in GCBH region. GCBH BH-ASO also requires contracted hospital liaisons to participate in this care coordination.

IV. Providing Care Transitioning and sharing of information, including initial assessments and treatment plans, among jails, prisons, hospitals, residential treatment centers, withdrawal management, sobering centers, homeless shelters, and services providers for Individuals with complex behavioral health and medical needs.

a. GCBH BH-ASO provider contracts direct provider agencies to ensure coordination of service to an individual including collection of releases of information for formal information sharing. Adherence to this requirement will be reviewed as part of the annual clinical audit performed on every agency.

b. In situations where GCBH BH-ASO needs to be involved in these care transitions, clinical staff will be available and will fully support the needs of the provider agency in assisting them.

V. Providing continuity of care for Individuals in an active course of treatment for an acute or chronic BH condition, including preserving Individual-provider relationships through transitions.

a. GCBH BH-ASO provider contracts directs provider agencies to ensure continuity of care for individual in an active course of treatment. GCBH BH-ASO clinical team will assist with coordination when barriers arise. Adherence to this requirement will be reviewed as part of the annual clinical audit performed on every agency.

b. For individuals who are admitted to an out-of-community setting (hospital, SUD residential, etc.), GCBH BH-ASO clinical staff will work with that facility (as needed) to identify potential treatment options and resolve barriers to treatment, to ensure that individuals will be discharged back to their community and previous provider where they

were previously in treatment (if consistent with the individual's choice).

VI. Ensuring Care Coordination to Individuals who are named on the HCA Referral List, also known as the "high utilizer list," in the Trueblood, et al., v. Department of Social and Health Services (DSHS) Settlement Agreement. The HCA will provide the HCA Referral List to GCBH BH-ASO monthly. GCBH BH-ASO will support connecting Non-Medicaid Individuals with BH needs and current or prior criminal justice involvement to BH services and care coordination.

2. Coordination with External Entities

A. GCBH BH-ASO coordinates with external entities, as appropriate, and in compliance with 45 CFR Part 160 and 42 CFR Part 2 requirements, including, but not limited to:

I. Other BH-ASOs for transfers between regions;

II. Family Youth System Partner Roundtable (FYSPRT);

III. HCA and Apple Health MCOs to facilitate enrollment of Individuals who are eligible for Medicaid;

IV. Tribal entities regarding tribal members who access the crisis system as identified in GCBH BH-ASO Policy AD1000 Tribal Coordination Plan.

V. Community health clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHCs);

VI. The criminal justice system, which includes, courts, jails, law enforcement, public defenders, juvenile justice system, and Department of Corrections (DOC);

VII. Department of Social and Health Services (DSHS) and other state agencies;

VIII. State and federal agencies and local partners that manage access to housing;

IX. Education systems, to assist in planning for local school district threat assessment process;

X. Accountable Community of Health; and

XI. First Responders.

B. GCBH BH-ASO coordinates the transfer of Individual information, including initial assessments and care plans (as available) with MCOs, other BH-ASOs, and/or Tribe or IHCPs as needed, when an Individual moves between regions, or gains or loses Medicaid eligibility, to reduce duplication of services and unnecessary delays in service provision.

C. GCBH BH-ASO participates in disaster preparedness activities and respond to emergency/disaster events when requested by HCA, county or local public heath jurisdiction. GCBH BH-ASO attends state-sponsored training and participate in emergency/disaster preparedness planning when requested by HCA, counties or

public heath jurisdiction in the region and provide disaster outreach and post-disaster outreach in the event of a disaster/emergency.

3. **Care Coordination: State Hospital, Community Hospital, and E&T 90/180 Civil Commitment Facilities**

   A. Utilization of State Hospital Beds

      I. GCBH BH-ASO will be assigned individuals for discharge planning purposes in accordance with agency assignment process within each RSA in which GCBH BH-ASO operates.

         a. If GCBH BH-ASO disagrees with the individual assignment, they will request a reassignment within thirty (30) calendar days of admission. If a request to change the assignment is made within thirty (30) calendar days of admission and the request is granted, the reassignment will be retroactive to the date of admission.

         b. If GCBH BH-ASO's request is received by HCA after the thirtieth day of admission and is granted, the effective date of the reassignment will be based on the date HCA receives the reassignment request form.

      II. GCBH BH-ASO will be responsible for coordinating discharge for the individuals assigned and, until discharged.

         a. GCBH BH-ASO will not enter into any agreement or make other arrangements for use of State Hospital beds outside of the HCA contract.

   B. Admission and Discharge planning for State Hospital and Community 90/180 Civil Commitment Facilities

      I. GCBH BH-ASO will meet the requirements of the most recent State Hospital MOU or Working Agreement.

      II. GCBH BH-ASO will ensure individuals are medically cleared, if possible, prior to admission to a State Psychiatric Hospital or 90/180 Community Civil Commitment facility.

      III. GCBH BH-ASO uses best efforts to divert admission and expedite discharges by using alternative community resources and mental health services, within Available Resources.

   C. GCBH BH-ASO works with the facility's discharge team to identify potential placement options and resolve barriers to placement, to ensure that individuals will be discharged back to the community after the physician/treatment team determines the individual is ready for discharge.

   D. GCBH BH-ASO provides the following services for American Indian/Alaska Native (AI/AN) individuals in the FFS Medicaid Program who have opted out of Medicaid managed care, in coordination with the individual's IHCP, if applicable.

      I. Crisis Services and related coordination of care.

      II. Involuntary commitment evaluation services; and

III. Services related to inpatient discharge and transitions of care.

IV. Assistance in identifying services and resources for individuals with voluntary admission.

E. GCBH BH-ASO or subcontractor monitor individuals discharged from inpatient hospitalizations on Less Restrictive Alternatives (LRA) under RCW 71.05.340 to ensure compliance with LRA requirements.

F. GCBH BH-ASO or its subcontractor offer behavioral health services to individuals who are ineligible for Medicaid to ensure compliance with LRA requirements.

G. GCBH BH-ASO responds to requests for participation, implementation, and monitoring of individuals receiving services on conditional release consistent with RCW 71.05.340. GCBH BH-ASO or subcontractor shall provide behavioral health services to individuals who are ineligible for Medicaid to ensure compliance with conditional release requirements (RCW 10.77.150 and RCW 71.05.340).

H. Individuals residing in the GCBH BH-ASO RSA prior to admission, and discharging to another RSA, will do so according to the agreement established between the receiving RSA and GCBH BH-ASO. The Agreement includes:

  I. Specific roles and responsibilities of the parties related to transition between the community and the state hospital.

  II. Collaborative discharge planning and coordination with cross-system partners such as residential facilities, community mental health or SUD provider, etc.

  III. Identification and resolution of barriers which prevent discharge and systemic issues that create delays or prevent placements in GCBH BH-ASO service area.

  IV. When individuals being discharged or diverted from state hospitals are placed in a long-term care setting, GCBH BH-ASO will:

    a. Coordinate with DSHS Aging and Long Term Services Administration (ALTSA), Home and Community Services (HCS) and any residential provider to develop a crisis plan to support the placement.

    b. Coordinate with HCS and any residential provider in the development of a treatment plan that supports the viability of the HCS placement when the individual meets access to care criteria.

    c. Coordinate with Tribal governments and/or IHCPs for AI/AN individuals, when GCBH BH-ASO has knowledge that an individual is AI/AN and receives health care services from a Tribe and/or IHCP in Washington State.

I. Peer Bridger Program

  I. GCBH BH-ASO will develop and implement a Peer Bridger program staffed by at least one or more Peer Bridger(s) in collaboration with the MCOs in the region to facilitate and increase the number of State Hospital discharges and promote continuity of services when an individual returns to the community. Services shall be delivered equitably to individuals assigned to the MCOs

and GCBH BH-ASO. Peer Bridgers may be utilized for local psychiatric inpatient discharges as well.

II. GCBH BH-ASO will ensure that the Peer Bridger is allowed to attend treatment activities with the individual during the one hundred twenty (120) day period following discharge if requested by the individual.

III. Data Reporting: GCBH BH-ASO will submit the Peer Bridger monthly report to HCA using the Peer Bridger reporting template. The monthly report will include: discharges and community placements, efforts to discharge and place individuals, service encounters using the Rehabilitation Case Management Services and entering the state/stop date in the Peer Bridger Program ID within BHDS. This report is due by the 15th of the month following the month being reported.

4. Care Coordination in Evaluation and Treatment (E&T) Facilities

A. E&T Discharge planners shall be provided within the identified and available resources.

B. The E&T Discharge Planner will develop and coordinate discharge plans that are: complex, multi system, mixed funding, and specific to individuals that would otherwise be transferred to a state hospital. The plan shall track the individual's progress upon discharge for no less than thirty (30) calendar days after discharge from the E&T facility.

5. Monitoring

A. GCBH BH-ASO will routinely monitor GCBH BH-ASO contracted BH providers regarding their provision of Care Management and Coordination activities through a combination of clinical audits, provider self-reports and monitoring of the Raintree Electronic Data Base.

I. GCBH BH-ASO will routinely monitor its own Clinical staff to ensure their participation, as indicated, with Care Coordination activities. Care coordination logs and communication during Clinical Services monthly meetings will provide this information.

B. The findings of these monitoring activities will be reviewed in the GCBH BH-ASO Quality Management Oversight Committee (QMOC).

C. The QMOC is responsible for establishing corrective interventions, as outlined in the Provider-ASO contract, in the cases of non-adherence with expectations in regards Care management and Coordination. Through the Co-Executive Directors, such corrective interventions will be operationalized and monitored to ensure that they achieve the improvements as intended. If not effective, additional corrective interventions will be set forth by the QMOC until performance returns to acceptable levels. Such interventions may include additional staff trainings, enhanced monitoring and/or implementation of contract termination.

APPROVAL

Karen Richardson or Sindi Saunders, Co-Directors

5/21/2024

Date