

**Document Type:**<sup>1</sup>

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.
- The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers<sup>2</sup>.
- The requirements herein apply both to GCBH BH-ASO and its network providers<sup>2</sup>. 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:** To assure that GCBH BH-ASO and its contracted providers cooperate and actively work with other systems of care involved with the same individual and participate in the coordination of behavioral health services with other systems of care (e.g. physical health care, Managed Care Organizations (MCOs) Developmental Disabilities, Juvenile Justice, Tribes, Vocational Rehabilitation, jails, corrections, informal/natural supports, education, etc.) to convey the GCBH BH-ASO expectation, in concert with Center for Medicaid Services (CMS) and the Health Care Authority (HCA) mandates that its contracted providers cooperate and actively work with other systems of care involved with the same individual.

**DEFINITIONS:**

**I. Behavioral Health Services:** 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.

**II. Care Coordination:** An Individual's healthcare needs are coordinated with the assistance of a primary point of contact. The point of contact provides information to the Individual and the Individual's caregivers and works with the Individual to ensure the Individual receives the most appropriate treatment, while ensuring the care is not duplicated.

**III. Quality Assurance:** A focus on compliance to minimum requirements (e.g. rules, regulations, and Contract terms) as well as reasonably expected levels of performance, quality, and practice.

**IV. Quality Improvement:** A focus on activities to improve performance above minimum standards/reasonably expected levels of performance, quality, and practice.

**V. Quality Strategy:** A documented overarching system and/or process whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of a Behavioral Health Organization's operations. The GCBH Quality Management Oversight Committee (QMOC) is responsible for the application of the Quality Strategy.

<sup>1</sup>See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

<sup>2</sup>"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

## **POLICY**

- A. Effective communication and the coordination of services are fundamental objectives for GCBH BH-ASO and its contracted provider network when serving individuals involved with other systems of care. When mental health and substance use disorder providers and other systems of care coordinate care efficiently, the following positive outcomes can occur:
  - a. Services are coordinated and delivered safely;
  - b. Duplicative and redundant activities, such as assessments, treatment plans and inter-agency meetings are minimized;
  - c. Continuity and consistency of care is improved;
  - d. Clear lines of responsibility and accountability across behavioral health and other systems of care providers in meeting the needs of the individual and family are established; and
  - e. Limited resources are more effectively utilized.

## **PROCEDURE**

1. GCBH BH-ASO, through its Provider Network and in collaboration with the MCOs operating in the region, maintains protocols to engage and collaborate with First Responders and other partners within the criminal justice system to coordinate the discharge and transition of incarcerated adults and transition age youth (TAY) with serious mental illness (SMI) for the continuation of prescribed medications and other Behavioral Health services prior to re-entry to the community.
  - 1.1. GCBH BH-ASO requires that its Provider Network share information and data to support care coordination consistent with Provider-ASO contracts.
2. GCBH BH-ASO Mobile Crisis Services coordinate with co-responders and Recovery Navigators within their region.
3. Managed Care Organizations (MCOs)
  - 3.1. GCBH BH-ASO collaborates with HCA and the MCOs operating in the region to develop and implement strategies to coordinate care with community behavioral health providers for Individuals with a history of frequent crisis system utilization.
    - 3.1.1. GCBH BH-ASO provides care coordination to Individuals who are named on the HCA Referral List, also known as the “high utilizer list,” named in the Trueblood settlement agreement.
  - 3.2. Coordination of care strategies will seek to reduce utilization of Crisis Services.
  - 3.3. Coordination of Care strategies also encourage Medicaid enrollees utilizing Crisis Services to obtain requested physical health care services
  - 3.4. Through our Network Providers, GCBH BH-ASO also collaborates with HCA and the MCOs operating in the region to promote the provision of behavioral health Crisis Services and Ombuds services to the MCOs’ Medicaid Enrollees.
4. Jails and/or Corrections

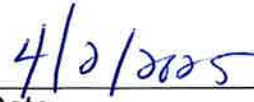
- 4.1. Through our Network Providers, GCBH BH-ASO works in collaboration with the appropriate jail/corrections staff involved with the individual.
  - 4.2. Through our Network Providers, GCBH BH-ASO invites jail/corrections staff to participate in the development of the behavioral health treatment plan and subsequent planning meetings as members of the individual's service team.
  - 4.3. Through our Network Providers, GCBH BH-ASO actively considers information and recommendations from jail/corrections staff in the development of the behavioral health treatment plan.
5. Coordination with Tribes
- 5.1. GCBH BH-ASO values collaborative partnerships with the Tribes and non-Tribal Indian Health Care Providers (IHCPs) in the Greater Columbia Regional Service Area (RSA). GCBH BH-ASO and its network providers will comply with the Protocols for Coordination with Tribes and non-Tribal IHCPs applicable to the Greater Columbia RSA.
    - 5.1.1. GCBH BH-ASO will participate in meetings with Tribes and non-Tribal IHCPs, facilitated by HCA, to develop the Protocols for Coordination with Tribes and non-Tribal IHCPs applicable to the Greater Columbia RSA. Until these protocols are completed and agreed upon for each Tribe or non-Tribal IHCP, GCBH BH-ASO will use the most recent annual plan for providing crisis and Involuntary Treatment Act (ITA) evaluation on Tribal Lands that was agreed upon by GCBH BH-ASO and the Tribe.
6. System Partners
- 6.1. Where appropriate, GCBH BH-ASO will participate in collaborative care coordination efforts when requested by system partners including (but not limited to) Vocational Rehabilitation, Community schools, The Region's Accountable Community of Health and the State Developmental Disabilities Administration.
7. Monitoring
- 7.1. GCBH BH-ASO will monitor providers' care coordination practices through collaborative care coordination activities.
  - 7.2. GCBH BH-ASO will review continued care coordination efforts with the MCOs, crisis providers, and behavioral health agency-based on a routine basis using established Crisis Committee meetings and GCBH-ASO Clinical Oversight sessions.
  - 7.3. The GCBH BH-ASO Quality Management Committee (QMOC) is responsible for the oversight of findings determined through ongoing monitoring activities.
    - 7.3.1. QMOC ensures the documentation and tracking of quality improvement initiatives, collection and analysis of data and the evaluation of program reports to measure quality or initiate change in oversight.
    - 7.3.2. In the event that the GCBH BH-ASO QMOC determines that Care Coordination quality standards are not met, they will recommend to the Co-Executive Directors any additional actions that the provider needs to perform.

- 7.4. All remedial actions are evaluated by QMOC in conjunction with the Co-Executive Directors.
- 7.5. Additional actions may include (but are not limited to) technical assistance, a formal corrective action plan (CAP) or other interventions as detailed in the ASO-provider contract.

**APPROVAL**



Karen Richardson or Sindi Saunders, Co-Directors



Date