

Great Rivers Behavioral Health Administrative Services Organization

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| Policy Title: | Individual Transfers and Care Coordination | Policy No. 6005.00 |
| Category: | Clinical | Date Adopted: 1/10/2020 Date Revised: Date Reviewed: |
| Reference: | Washington Health Care Authority (HCA) Contract | |

PURPOSE

- 1.1. To develop and implement protocols that promote coordination, continuity, and quality of care through care management and care coordination.

POLICY

- 2.1. Continuity of Care for Individuals in an active course of treatment for an acute or chronic behavioral health condition, including preserving Individual-provider relationships through transitions. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) will promote and/or assist that the service delivery and any changes maintain a standard of coordination, continuity and quality of care.
- 2.2. Individuals receiving GFS/FBG funded behavioral health services in the Great Rivers BH-ASO region may:
 - 2.2.1. Request assistance in identifying a new service provider and/or
 - 2.2.2. Assistance with the transfer of services from one (1) BHA to another or
 - 2.2.3. Augment their treatment by adding a service that is provided by another BHA within the region.
- 2.3. It is the policy of the Great Rivers BH-ASO to ensure that individuals, upon their request, received assistance with transfers and coordination of services.
- 2.4. The following procedure describes the transfer and coordination process. This policy applies to individuals in a current outpatient episode authorized by Great Rivers BH-ASO and meet financial eligibility for Great Rivers BH-ASO services through GFS/FBG funds. Priority populations for care management and coordination of multiple systems include individuals in alternative settings such as homeless shelters, permanent supported housing, nursing homes, or group homes.
- 2.5. For individuals in need of services determined to be medically necessary but unavailable from a Great Rivers BH-ASO contracted BHA, please refer to Great Rivers BH-ASO Policy 6004.00 Authorization of Behavioral Health Outpatient and Inpatient Services.

PROCEDURE

3.1 Transfers

- 3.1.1 Prior to initiating an individual's transfer from one (1) BHA to another, the individual or legal representative must request a signed release of information (ROI) allowing information sharing and coordination between the BHAs.
 - 3.1.1.1 Please note: for SUD providers, 42 CFR PART 2 must be followed as applicable. The transfer process cannot be fully facilitated by the BHA without an ROI.
 - 3.1.1.1 At any point, BHAs can request assistance from Great Rivers to facilitate the transfer process.
- 3.1.2 If the plan is to transfer the individual to a Great Rivers network BHA, this can be done without Great Rivers staff involvement.
- 3.1.3 The transferring BHA, and/or individual, must identify if the specific program has limited capacity (e.g., Wraparound with Intensive Services (WISe), Flexible Assertive Community Treatment (FACT)), then first contact the receiving BHA to determine if space is available.
 - 3.1.3.1 If space is **not** available, the BHA shall not transfer the individual unless the individual still requests the transfer for regular outpatient services at the receiving BHA.
 - 3.1.3.2 If space **is** available, the transferring BHA shall complete the appropriate referral process for the receiving BHA. If the individual is determined to be eligible for the requested service, the transferring BHA shall follow the transfer process as described:
 - 3.1.3.2.1 Assist the individual in connecting to another local BHA, including scheduling an appointment and facilitating continuity of care and coordination
 - 3.1.3.2.2 Send completed authorization for ROI to receiving BHA.
 - 3.1.3.2.3 Facilitate provision of the following items to the receiving BHA prior to the individual's initial assessment appointment at the receiving BHA:
 - 3.1.3.2.3.1 Most recent MH/SUD assessment and any updates;
 - 3.1.3.2.3.2 Most recent Level of Care documentation (Child and Adolescent/Level of Care Utilization System (CA/LOCUS) form for mental health; American Society of Addiction Medicine (ASAM) placement for SUD;
 - 3.1.3.2.3.3 Global Appraisal of Individual Needs –

- Short Screener (GAIN-SS) form;
 - 3.1.3.2.3.4 Current Individual Service Plan (ISP) including most recent updates
 - 3.1.3.2.3.5 Health and Medical Information;
 - 3.1.3.2.3.6 Behavioral and Development information, if applicable;
 - 3.1.3.2.3.7 Progress notes covering the last 30 days of treatment with additional progress notes when clinically indicated and/or requested;
 - 3.1.3.2.3.8 Any completed assessment and/or screening tools
 - 3.1.3.2.3.9 Most recent three (3) prescriber notes, if applicable;
 - 3.1.3.2.3.10 Most recent psychiatric evaluation, if applicable;
 - 3.1.3.2.3.11 Medication list (current and historical), if applicable; and
 - 3.1.3.2.3.12 Any relevant legal records.
- 3.4 During the transfer process, the individual will have charts open at both BHAs – the transferring BHA retains overall responsibility for the individual's care until completion of the transfer process as noted later in this procedure.
- 3.5 The transferring BHA coordinates the transfer of the individual to the receiving BHA by following their internal policies that include, at a minimum, the steps outlines above
- 3.6 If the individual request that Great Rivers BH-ASO assist in the transfer, the following actions will be taken
 - 3.6.1 Great Rivers BH-ASO will ensure the receiving BHA follows typical access procedures and timeframes and offers the individual an appointment to update the assessment within 10 business days from the date the referral
 - 3.6.2 Great Rivers BH-ASO will ensure that the receiving BHA follow all other procedures and requirements for new individuals, except where otherwise noted
- 3.7 If the receiving BHA accepts the individual into services, Great Rivers BH-ASO will ensure the receiving BHA contacts the transferring BHA noting the following:
 - 3.7.1 That the receiving BHA has accepted responsibility for treatment, including medication management, if applicable.

- 3.7.1.1 When prescriptive services are being transferred, the transferring BHA will provide the individual with a prescription for medications for up to 60 days, as approved by the prescriber, unless this is not clinically indicated, and the 2 agencies have agreed to an alternative plan.
- 3.7.1.2 The receiving BHA will schedule a medication evaluation within 30 days unless otherwise indicated by the mutually agreed upon plan.
- 3.7.2 The transferring BHA may close the treatment episode, once the receiving BHA has accepted the request for services (transfer). The transferring BHA shall close the episode following their internal discharge policy.
- 3.7.3 The receiving BHA follows Great Rivers BH-ASO Policies 6004.00 UM for MH/SUD Outpatient, for obtaining an authorization and opening an episode of care.
- 3.7.4 If the receiving BHA believes the transfer warrants further discussion the BHA would follow their internal processes regarding transfer of care to a BHA provider or contact Great Rivers BH-ASO who will assist in coordinating the transfer using the following steps:
 - 3.7.4.1 Facilitate a conference call between the transferring and receiving BHA, including the Individual and/or family,
 - 3.7.4.2 Assist with the development of a 30 day plan.
 - 3.7.4.3 Remind both BHAs to ensure clinical documentation regarding the transfer request
- 3.7.5 A BHA's decision not to serve an individual should occur only in rare instances, and clinical reasoning must be documented in the client's record.
- 3.7.6 If the individual does not attend their assessment appointment at the receiving BHA:
 - 3.7.6.1 The receiving BHA follows assessment "no show" protocol and closes the case if indicated.
 - 3.7.6.2 The transferring BHA attempts to follow-up with the individual and closes the case if indicated.

4.1 Out of Network Transfers:

- 4.1.1 To the extent necessary to provide non-crisis Behavioral Health services covered under Contract, Great Rivers BH-ASO may offer contracts to providers in other RSAs in the state of Washington and to providers in bordering states.
 - 4.1.1.1 If the individual is requesting a transfer to a BHA in another

region within Washington State or in a boarding state, the Chief Clinical Officer at Great Rivers BH-ASO should be notified to ensure the provider is appropriately credentialed, contracted with and has capacity to provide the services requested.

- 4.1.1.2 Great Rivers BH-ASO care manager will be responsible for ensuring the receiving BHA has scheduled an intake appointment, that the required documentation has been sent to the receiving BHA and the transfer of the individuals' services has been completed.
- 4.1.1.3 Great Rivers BH-ASO will request from the receiving BHA written documentation indicating the receiving BHA accepts responsibility of the individual.
- 4.1.2 Great Rivers BH-ASO may not contract for Crisis Services (SUD or Mental Health) or ITA-related services out of Washington State.

5.1 Coordination between behavioral health, physical health and other entities:

- 5.1.1 Prior to Great Rivers BH-ASO assisting with coordinating additional services at another entity, the individual or legal guardian must sign a ROI allowing clinical information to be shared between the agencies involved.
 - 5.1.1.1 Great Rivers BH-ASO, or the referring BHA, shall then contact the other entity that coordination is being requested.
 - 5.1.1.2 Coordination of care between agencies cannot be facilitated by the BHA without an ROI.
 - 5.1.1.3 If an individual, or their legal guardian, declines to work with the referring BHA to facilitate coordination, the BHA may contact Great Rivers BH-ASO for assistance.
 - 5.1.1.4 All BHAs will make every effort to be part of any coordination of services.
 - 5.1.1.5 If the receiving entity is unable to accommodate the request due to capacity, the primary BHA shall be directed to check back in 30 days, or sooner as agreed upon by all parties/entities.
 - 5.1.1.6 If the secondary entity agrees to provide the requested service to the individual, all agencies involved in providing services for a single individual shall ensure there is a clear understanding of what services each entity is providing.
 - 5.1.1.6.1 If there are two BHAs providing a service, it will be clearly identified which BHA is primary for that specific service.

- 5.1.1.6.2 The primary BHA maintains responsibility for the individual's care including crisis management.
- 5.1.1.7 Great Rivers BH-ASO Manager, or the BHA clinician, is to coordinate services with the secondary entity and complete the following:
 - 5.1.1.7.1 Call the designated contact at the secondary entity to arrange an initial appointment. This may be done by the individual or legal guardian and verified by the primary BHA to ensure contact has been made.
 - 5.1.1.7.2 Send completed authorization for ROI.
 - 5.1.1.7.3 Primary BHA will ensure all relevant transfer documentation has been sent to the secondary entity prior to the individual's first appointment at the other entity.
- 5.1.1.8 If the secondary entity is a BHA , upon completion of the first appointment, the secondary entity will confirm that they will provide the requested service(s):
 - 5.1.1.8.1 The secondary BHA shall contact the primary BHA to:
 - 5.1.1.8.1.1 Notify the primary BHA of the provision of the requested service; and
 - 5.1.1.8.1.2 Identify who will be responsible for the individual's care and be the ongoing point of contact at the secondary BHA.
 - 5.1.1.8.2 If the secondary entity is a BHA, the secondary BHA will also need to request a Great Rivers authorization and set up an outpatient episode or special episode.
- 5.1.1.9 All agencies involved in an individual's care must maintain a complete clinical chart. For a secondary BHA they may obtain copies of certain documents from the primary BHA with an ROI, but shall complete their own versions of the following documentation:
 - 5.1.1.9.1 ROI between the primary BHA and the secondary BHA providing service;
 - 5.1.1.9.2 Initial/updated assessment;
 - 5.1.1.9.3 Current ISP – the plan should be complete and identify any needs being addressed by other agencies in addition to those being addressed by clinician's own BHA;
 - 5.1.1.9.4 Progress notes;
 - 5.1.1.9.5 Documentation of coordination of care such as phone calls, exchange of relevant clinical information, etc.;

- 5.1.1.9.6 ISP Reviews; and
- 5.1.1.9.7 The secondary BHA does not complete a new crisis plan or GAIN-SS form. This information, along with other documents provided prior to assessment, shall be provided to the secondary BHA by the primary BHA.
- 5.1.1.10 Both agencies shall share records within legal limitations and whenever clinically indicated.
- 5.1.1.11 If the secondary BHA, upon completion of the assessment, determines they will **not** provide the requested service(s):
 - 5.1.1.11.1 The secondary BHA clinician will discuss the decision rational with the individual and contacts the secondary BHA's clinical director.
 - 5.1.1.11.2 The secondary BHA's clinical director will contact the primary BHA clinician or Clinical Director and discuss the coordination of care decision and assist with developing a plan for the best way to meet the individual's need. A Great Rivers BH-ASO Care Management member will assist in developing strategies to best meet the Individual's needs.
 - 5.1.1.11.3 A plan shall be developed within 30 days of individual's assessment date at the secondary BHA.
- 5.1.1.12 Both agencies are responsible for maintaining a current authorization as medically necessary and are expected to maintain communication regarding the necessity of continued services.
 - 5.1.1.12.1 If either BHA ends an episode of care or does not request reauthorization of services, this information shall be communicated to the other BHA prior to disposition. The individual may request a transfer to the secondary BHA or another BHA.
 - 5.1.1.12.2 In cases where transfer to the secondary BHA is requested, the primary BHA clinician shall contact the secondary BHA clinician to arrange transfer of care.
- 5.1.1.13 Great Rivers BH-ASO will provide assistance with coordination and continuity of care with any entity that provides the following services types: Jails, prisons, hospitals, residential treatment centers, permanent supported housing, nursing homes, group homes, detoxification and sobering centers, homeless shelters and service providers for Individuals with complex behavioral health and medical needs.
 - 5.1.1.13.1 Great Rivers BH-ASO clinical team, a care manager or clinical manager, will coordinate care for Individuals who meet Great Rivers BH-ASO GFS/FBG resource

eligibility criteria and assist the individual in navigating the behavioral health system and other necessary resources identified by the individual. Assistance will include, but is not limited to:

- 5.1.1.13.1.1 Identification of services that meet the individuals (mental health, SUD, detox, physical health, housing, etc.) needs
 - 5.1.1.13.1.2 Identification of service providers that provide the needed services for the Individual. Note: Coordination services does not mean that financial resources may be provided.
 - 5.1.1.13.1.3 Coordinate with all resources, agreed to by the Individual, to assist with obtaining services. ROI's will be obtained for all services that are being coordinated, prior to protected health information being shared.
 - 5.1.1.13.1.4 Follow up on the care plan with the individual for 60 days or until the BHA has taken the role of the facilitator/coordinator.
- 5.1.1.14 Great Rivers BH-ASO and its contracted provider network is required by contract to coordinate with the following External Entities, once the appropriate ROI's have been completed, including, but not limited to:
- 5.1.1.14.1 BH-ASOs and MCOs for transfers between regions;
 - 5.1.1.14.2 Family Youth System Partner Roundtable (FYSPRT);
 - 5.1.1.14.3 Apple Health Managed Care Organizations to facilitate enrollment of Individuals who are eligible for Medicaid;
 - 5.1.1.14.4 Tribal entities regarding tribal members who access the crisis system;
 - 5.1.1.14.5 Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHC);
 - 5.1.1.14.6 The Criminal Justice system (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system);
 - 5.1.1.14.7 DSHS and other state agencies;
 - 5.1.1.14.8 State and federal agencies and local partners that manage access to housing;
 - 5.1.1.14.9 Education systems, to assist in planning for local school district threat assessment process;
 - 5.1.1.14.10 Accountable Community of Health; and

5.1.1.14.11 First Responders

5.1.1.15 Great Rivers BH-ASO shall coordinate the transfer of Individual information, including initial assessments and care plans, with other Contractors, BH-ASOs and MCOs as needed in the following circumstance to reduce duplication of services and unnecessary delays in service provision:

5.1.1.15.1 When an Individual moves between regions or

5.1.1.15.2 Gains or loses Medicaid eligibility

ATTACHMENTS

None.

POLICY SIGNATURE

Edna J. Fund, Chair
Great Rivers BH-ASO Governing Board

Date