

Regional CLIP Committee and BH-ASO Coordination Responsibilities

The Health Care Authority (HCA) has developed the following guidance for Behavioral Health Administrative Services Organizations' (BH-ASOs) regarding the responsibilities of the operations, convener role for the regional CLIP committees, and the coordination of care for youth in the region that are not enrolled in an Integrated Managed Care (IMC) plan.

The Regional CLIP Committees serve as a referral mechanism for individuals seeking voluntary CLIP treatment.

Some regions also utilize their CLIP Committees to serve other purposes such as a region-wide consultation entity for youth and families that are in need of high intensity behavioral health services.

Coordination of the Regional CLIP Committee

Staffing/Facilitation of CLIP Committee

The BH-ASO will designate a single point of contact within each region to act as the "CLIP Liaison." The designated individual should: be familiar with local resources and services, convene and participate in the monthly Regional CLIP Committee, organize and facilitate the monthly CLIP committee meetings, coordinate all the region's voluntary applications for non-managed care enrollees, and review all regional voluntary CLIP applications in partnership with the assigned Managed Care Organizations (MCOs). The BH-ASO CLIP Liaison is also responsible for participating in care coordination activities for the region's youth that are non-enrolled in managed care, which may include: preadmission meetings, treatment and discharge planning meetings while the individual is in CLIP treatment, and care coordination with the CLIP Administration Office.

Committee Structure and Requirements

The BH-ASO will work with the MCOs and key stakeholders in the region to develop and maintain a written Regional CLIP Committee Agreement which will be submitted to the CLIP Administration Office for approval by HCA's CLIP Administrator or designee within thirty (30) calendar days of the start date of the contract.

The agreement must include:

- The roles and responsibilities for participation and the operation of the region's monthly CLIP Committee meeting.
- A list of the participating members and entities and the requirement to maintain signed confidentiality agreements for all participating members.
- The inclusion of a Parent Peer Professional and child-serving cross-system representation (i.e. DCYF, DDA, JR), as core CLIP committee members.
- The schedule, including date and time of the established monthly CLIP Committee Meeting and the provision to be able to cancel the need for a CLIP review meeting when there are no voluntary applications to review within the established timeframes.
- The responsibility for each MCO's Liaison (or BH-ASO's Liaison for youth not enrolled in IMC) to attend in-person and present the relevant facts for their enrollees/youth, including clinical history and profile, and treatment needs of the youth to the CLIP Committee, as well as, presenting any less restrictive services that have been attempted prior to consideration of CLIP treatment.
- Demonstrate quality assurance and improvement activities used within the Regional CLIP Committee to ensure the review process of the CLIP Committee remains family-focused, youth centered, and strengths-based. Activities should include data evaluation and incorporation of feedback from CLIP Committee members, families, and youth, on an annual basis at minimum.

- Allowance for a CLIP Liaison to request that the CLIP Committee review a youth's case for consultation purposes *prior* to the CLIP application being complete.
- Before a CLIP Application is considered complete, the CLIP Liaison must submit the application and all required application materials to the CLIP Administration office.
- A requirement for the regional CLIP Committee to make a determination for all Voluntary CLIP applicants within thirty (30) calendar days from receipt of a CLIP referral, regarding whether CLIP treatment is recommended based on medical necessity criteria; whether CLIP treatment is the most appropriate level of treatment to address the needs of the client; and consideration of less restrictive services available that meet the youth's needs.
- A requirement for the regional CLIP Committee to offer a plan of less restrictive and available alternatives to CLIP when an individual is hospitalized involuntarily, when requested.
- Agreement that CLIP is not intended to be utilized as a placement resource.
- Report regional CLIP Committee data on an annual basis by the end of June each year to the CLIP Administration Office that includes the following: Total number of CLIP referrals received by each plan operating within the region, Total number of referrals reviewed by the region's CLIP Committee, Total number of referrals "not recommended" for CLIP treatment, and Documentation of all participating members at each committee meeting.
- The requirement for the BH-ASO and MCO CLIP Liaisons to coordinate with the CLIP Administration in accordance with the CLIP Policies and Procedures Manual, January 2016, or its successors.

BH-ASO Coordination Responsibilities for youth who are not enrolled in an Integrated Managed Care Plan

The BH-ASO is responsible for ensuring access to CLIP for all youth within the region who are not enrolled in managed care.

Coordination activities include:

- Ensuring that the completed voluntary CLIP Application includes the items below for all individuals in the region who are not enrolled in managed care:
 - A signed Youth Agreement to CLIP Treatment signature page attesting that the individual agrees to the CLIP admission;
 - The youth's identifying information;
 - A current psychiatric evaluation completed within the last six months;
 - Contact information for the youth/family team and case manager responsible for coordination if/when the youth is admitted to a CLIP Program;
 - Challenges and/or behavioral issues that led to the request for CLIP treatment;
 - The individual's treatment needs to be addressed while in CLIP treatment;
 - Strengths and interests of the youth and their family; and
 - A detailed continuity of care plan and post-discharge plan that outlines community-based behavioral health care services and involvement of other agencies and support services that may be needed post-discharge.
- Notifying the family within three (3) business days of receipt of a completed CLIP application.
- Ensuring the regional CLIP Committee convenes within thirty (30) calendar days, beginning after a CLIP Referral Form is completed and submitted or a completed application is received, to review the application and make a final determination whether CLIP is recommended.
- Ensuring that all required materials are submitted to the CLIP Administration Office for the application to be deemed "complete", when the CLIP Committee makes the determination that CLIP "is recommended."

CLIP Committee Recommendations:

CLIP IS Recommended: The MCO or BH-ASO must provide a written response to the legal guardian and youth aged thirteen (13) years and older, when the committee decides to “recommend” a voluntary application for CLIP treatment. The response must specify the services available to the youth and family while the youth awaits final determination of medical necessity by the CLIP Administration Office. For Medicaid enrollees, the corresponding MCO CLIP Liaison must work to ensure that all medically necessary services continue for the enrollee and family to ensure intensive community-based services and the plan of care continue while the youth awaits admission to a CLIP facility.

CLIP Is Not Recommended: The Contractor must provide the legal guardian and youth age thirteen (13) years and over with a written notice of the Appeal Process and timeline to appeal to the CLIP Administration Office for a final determination, at the time the Contractor decides to “not recommend” a voluntary application for CLIP treatment. If CLIP is not recommended by the regional CLIP Committee, this is considered an Adverse Benefit Determination for Medicaid enrollees and a written response must be provided to youth, age 13 years or over, and the youth’s legal guardian. It must specify the reasons for not recommending CLIP and an outline of recommendations for alternative less restrictive services for the youth, and the right to appeal directly to the CLIP Administration for review within 30 days of receiving written notification of a CLIP Committee’s recommendation, as well as the Medicaid enrollee’s appeal rights for all Medicaid enrollees.

The BH-ASO is responsible for ensuring ongoing collaboration and care coordination to all youth who are not enrolled in managed care within the region who are requesting/accessing CLIP. Scenarios include:

- Consulting and assessing an individual’s needs prior to CLIP admission, when the individual is committed on an Involuntary Treatment Act (ITA) court order for up to 180 calendar days under RCW 71.34, including less restrictive treatment options that are acceptable to the court.
- Sharing the community and/or Family recommendations with the CLIP Administration Office for purposes of CLIP program assignment of committed youth.
- If a CLIP facility requests the transfer of an individual from a CLIP facility to an acute care hospital setting, to decide if authorization is needed for transfer to short-term/acute hospitalization.
- Participating with the individual’s Indian Health Care Provider in treatment and discharge planning, including continuity of care in the nearest clinically appropriate setting for all AI/AN individuals.
- Collaborating on any Juvenile Rehabilitation (JR) transfers of youth court ordered for Forensic services on a 10.77 Evaluation and Restoration Order and Parent Initiated Treatment (PIT) voluntary applicants.
- Providing the CLIP Administration any relevant information the BH-ASO has regarding the individual’s treatment history that can assist in guiding CLIP program assignment, CLIP treatment, and/or Discharge planning.
- Providing input on a recommendation for continued CLIP treatment, if a recertification for continued stay by the CLIP Administration is required. If there is not a consensus about the need for recertification, the BH-ASO will provide documentation to the CLIP Facility and the CLIP Administration outlining a plan of care and services available, to individuals that are not enrolled in managed care, to support discharge back to the community. The proposed community plan is considered during recertification decisions by the CLIP Administration Office.
- Collaborating and consulting with the CLIP facility and the CLIP Administration Office regarding available supports and services when an individual is returning to the community without Medicaid to prevent re-hospitalization.

Resources and For More Information

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