

Document Type:¹

☒ Policy & Procedure ☐ Process Guideline
☐ Plan ☐ System Description

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Revisions: 6/14/2021

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 providers².
- ☒ The requirements herein apply both to GCBH BH-ASO and its network providers². 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 establish Greater Columbia Behavioral Health (GCBH) ASO's process to determine individual Eligibility Criteria for Non-Medicaid behavioral health services.

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. **Individual:** A person in the GCBH BH-ASO RSA regardless of income, ability to pay, insurance status or county of residence. With respect to Non-Crisis Services, "Individual" means a person who has applied for, is eligible for, or who has received Non-Medicaid or Block Grant Funded services.
- III. **Medically Necessary Services:** A requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in the Individual that endanger life, cause suffering of pain, result in an illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the individual requesting the service. "Course of Treatment" may include mere observation or, where appropriate, no treatment at all.

POLICY

- A. All individuals in the GCBH BH-ASO RSA regardless of insurance status, ability to pay, county of residence, or level of income are eligible to receive medically necessary Behavioral Health Crisis Services, and services related to the administration of the ITA and Involuntary Commitment Act (Chapters 71.05 and 71.34 RCW).
- B. The GCBH BH-ASO shall within available resources, also prioritize the use of funds for the provision of non-crisis behavioral services including crisis stabilization and voluntary Behavioral Health admissions for Individuals in the GCBH BH-ASO RSA who are not eligible for Medicaid and meet the medical necessity, residency and financial eligibility criteria as described in the HCA-ASO Contract.

1. As defined in HCA-ASO Contract, and within GCBH BH-ASO policy, certain populations have priority to receive services within available resources.
- C. GCBH BH-ASO and Network Providers are required at each contact/service to conduct eligibility verification screenings for individuals being served by the public behavioral health system to determine if they may be eligible for any third-party payments, including Medicaid at each service. The GCBH BH-ASO staff also verify eligibility for GCBH BH-ASO funded services.
 1. This frequency of verification will address individuals who are experiencing frequent eligibility changes, including mid-month changes in MCO enrollment.
- D. To be eligible for any of the Non-Medicaid Funding for non-crisis Behavioral Health Services, an individual must meet the eligibility criteria and the clinical or program criteria as follows;
 1. Individual who do not qualify for Medicaid and have income up to 220 percent of the federal poverty level meet the financial eligibility for all the Non-Medicaid Services.
 2. The individual must reside within the GCBH BH-ASO RSA.
 3. For services in which medical necessity criteria applies, all services must be medical necessary.
- E. GCBH BH-ASO and Network Providers shall ensure that GFS/FBG funds are only used for services to Individuals who are not enrolled in Medicaid, or for services that are not covered by Medicaid, as outlined in HCA-ASO contract. GCBH BH-ASO has established, in policy, the prioritization for the use of these resources.
 1. The GCBH BH-ASO Customer Service line is available to direct individuals to the Apple Health Washington Health Plan Finder program for those individuals wishing to obtain Medicaid enrollment or reactivate Medicaid coverage.
 2. Network Providers, as part of their eligibility screenings, will provide assistance to assist individuals with obtaining Medicaid enrollment if they are not already enrolled (or have lost eligibility).
- F. Meeting eligibility requirements under the contract does not guarantee the Individual will receive a non-crisis behavioral health services. Services other than Behavioral Health Crisis Services and ITA-related services are contingent upon Available Resources.

MONITORING

1. GCBH BH-ASO will monitor internal ASO eligibility verifications during crisis service, authorization request, and prior to claims process.
2. GCBH BH-ASO shall ensure, through contract oversight that all of GCBH BH-ASO's network providers comply with the ASO and HCA Eligibility determination requirements using Clinical, and Fiscal Audits. This includes monitoring for the provision of assistance with seeking Medicaid enrollment.
3. The timeliness and completeness of eligibility verification will be routinely reviewed by the QMOC with standards being established by contractual mandates. The QMOC will

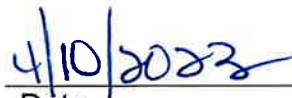
review findings from fiscal audits, provider self-reports and monitoring of the Raintree Electronic Data Base.

4. The QMOC is responsible for reviewing and monitoring corrective interventions that have been identified during fiscal and clinical audits, as outlined in the Provider-ASO contract, in the cases of non-adherence with expectations in regards eligibility verification. 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 such time as 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



Date