

The background of the cover is a vibrant, textured illustration. It features a green lighthouse on a small island in the center, with two yellow pennants flying from its top. In the foreground, a pink boat with a yellow steering wheel is on the water. The water is depicted with blue and purple wavy patterns. The overall style is artistic and colorful.

Whatcom County

Behavioral Health Access Program (BHAP)

Implementation Guide

January - December 2011



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Behavioral Health Access Program Executive Summary

Purpose of the Program

To provide needed mental health and chemical dependency treatment to Whatcom County residents who have no readily available source of funding to access services independently.

Accessing Services

A resident identified as potentially eligible for the program will be screened for financial need or other coverage benefits before authorizing services. If eligible, a formal referral will be initiated. Services require prior authorization through a designated referral agency or individual, and all services must be delivered by participating providers. A nominal per session co-pay may be required for eligible residents who exceed the income threshold for free services.

The Whatcom County Health Department's Human Services Division maintains a list of authorized referral agencies/individuals and participating providers.

Treatment

All treatment provided will focus on symptom stabilization, psycho-education, skill building, and promotion of ongoing recovery. Referral to other supportive or treatment services and coordination of care with other service providers will occur as indicated. Supportive services may not be covered under the Behavioral Health Access Program and should be discussed with the referring provider.

An Individualized Treatment Plan (ITP) will be developed by the Provider, in conjunction with the client, to identify treatment goals and to direct modality and the frequency of services.

All state and federal laws regulating confidentiality of client protected health information will be followed during every process of this program. Client information may be used in the aggregate by the Whatcom County Health Department to monitor program expenses and utilization trends.

Treatment Completion

Upon conclusion of a client's treatment episode, a discharge summary will be completed. The summary will note predetermined outcome measures that will be tracked by the Whatcom County Health Department. Collection and analysis of these data will be used to improve the quality of the program, as well as to plan for future programs and services.

Introduction to the Program

Thank you for agreeing to be a Provider for the Behavioral Health Access Program (BHAP). We're excited to have you aboard!

Whatcom County Council passed a sales and use tax increase, as allowed by state law, in July 2008. RCW 82.14.460 was originally intended to expand and enhance chemical dependency and mental health treatment within the counties of Washington State. Although the state law itself has undergone several changes, the law and the County ordinance have authorized funds to be collected for use in a service continuum for chemical dependency and mental health treatment services. A local steady stream of revenue for mental health and chemical dependency was unprecedented until now.

The purpose of the newly developed BHAP outlined in your contract is to provide services that are an integral component of the continuum of care being established in Whatcom County as part of the overarching Comprehensive Behavioral Health Plan.

This Implementation Guide (referred to as "The Guide") is incorporated by reference into your contract and can be altered without an amendment to your contract. In the event changes to the Guide are needed, Providers will be informed by e-mail, with a one-week opportunity to provide feedback on proposed changes. Providers will then be notified of the availability of the updated Guide.

The Guide will serve as a reference to requirements, expectations, and procedures of the program, and it contains forms to be used by Providers.

So let's get started!

Implementation Guide

A. Client Eligibility/Priority Populations

The populations to be served are Whatcom County adults and youth residents who are in need of mental health services and who have no other readily available source of funding (i.e. insurance, private pay, Medicaid). Services shall be provided to those individuals participating in other County-funded human services programs first. All other referred individuals are a secondary priority and will be provided services as funding is available.

B. Referral Process

Formal referrals to the program will be made through the completion of a Behavioral Health Access Program Referral Form, included below as Attachment A, which will be sent via confidential fax to a Provider. The Behavioral Health Access Program Referral Form must be used when making referrals. No other substitute or altered form will be accepted.

To be considered an authorized referral eligible for service reimbursement, the form must be generated and signed by a County-authorized referent. The organizations listed below are authorized to make referrals to Providers for mental health services under the contract. (See "Appendix D" for the name of the representative[s] from each referent organization authorized to sign referral forms.)

- Whatcom County Family Treatment Court
- Whatcom County Adult Drug Court
- Whatcom County Juvenile Drug Court Program Behavioral Health Specialist
- Whatcom County District Court Probation
- Whatcom Counseling and Psychiatric Clinic Jail Mental Health Professional
- Pioneer Human Services Jail Re-Entry Specialist
- Pioneer Human Services Re-Entry Case Manager
- Catholic Community Services Recovery Center
- SeaMar Community Behavioral Health Services Substance Abuse Program
- Westcoast Counseling and Treatment Center
- Advanced Choices Substance Abuse Treatment

- Pioneer Human Services Detox Program
- Whatcom Alliance for Healthcare Access (WAHA)
- Whatcom Homeless Service Center
- SUN Community Services
- School Districts in Whatcom County
 - Bellingham
 - Blaine
 - Ferndale
 - Lynden
 - Nooksack
 - Meridian
 - Mt. Baker

Once a referral form is received, the Provider shall contact the client to schedule an appointment within the following timelines:

- Routine appointment: within 10 business days of receipt of referral
- Urgent appointment: within three business days of receipt of referral

For the purposes of this program, “urgent” is defined as: the client will likely suffer imminent and significant deterioration of mental status if a mental health intervention is not initiated within three business days.

C. Sliding Fee Schedule

County policy requires that County funding only be used if there is no other method of payment. The County’s intention is to ensure, however, that people of limited means can receive services. Therefore, the County will require that Providers conduct an initial and monthly verification of income and use the Sliding Fee Schedule attached as Appendix C.

When the initial referral is made, the referent will note on the referral form whether or not the client may qualify for placement on the County’s Sliding Fee Schedule. Either prior to or at the initial appointment, a fee agreement will be completed for those clients who qualify for a co-payment. Co-pays will be collected at the time of service unless an undue hardship exists that temporarily prevents the client from making the co-payment. For the purposes of this program, an “undue hardship” is defined as: a client’s current monthly living expenses, exempting tobacco, alcohol, and entertainment expenses, exceed the client’s current monthly income.

The Sliding Fee Schedule relies upon the Federal Poverty Level Guidelines by household size (see Appendix B) in determining co-payments. Contractors will adhere to the following procedure to determine income and set co-payment fees:

- Determine the monthly household gross income of the client. The client will bring verification of income to the initial appointment. Verification of income may be demonstrated in the following ways:
 - Pay or check stubs for the last month's income.
 - Last year's income tax statement.
 - Verification from employers.
 - DSHS/Employment Security/Social Security documents.
 - In the most difficult cases where a person is supported by another person and has no income, a note from the support person verifying the support

- Ensure that the client does not have access to or is ineligible for other mental health treatment funding such as insurance, Medicaid, Basic Health, etc.
 - If it appears likely that a client will qualify for Medicaid-funded public mental health services, the Provider must document efforts to aid the client in applying for benefits.
 - If it is clear that a client will not qualify for Medicaid-funded public mental health services, the client must apply for Basic Health services or be added to the Basic Health waiting list. In the event that Basic Health services are currently closed, the client shall not be required to apply for DSHS benefits. The Provider shall offer assistance to client to complete DSHS application if client desires to do so.
 - If the client prefers to complete the application for benefits on his/her own, the Provider will ensure the client understands that s/he will be responsible for completing and submitting the

application as part of the program in order to continue receiving services. Proof may be acquired through phone confirmation with DSHS by the Provider.

- Document the client's income and eligibility for the County sliding fee schedule in the client file.
- Recertify and document the financial status of the client on a monthly basis using the Monthly Income Verification Form (Attachment C).

Treatment Co-Pay Waivers

If a client provides documentation that verifies monthly expenses that exceed monthly income, the co-pay can be temporarily waived. All waivers should be documented in the client file with supporting documentation such as proof of client income, brief accounting of household expenses, etc.

D. Mental Health Treatment Services

The Provider will provide medically/clinically necessary mental health services with primary goals of stabilization of problematic symptoms and/or behaviors, skill building, improvement in positive activities of daily living, and the promotion of ongoing recovery. All services provided will be documented in the client chart and will be considered to be Protected Health Information (PHI). All state and federal laws regulating the confidentiality and storage of PHI will be followed.

Clinicians providing services under this contract shall adhere to relevant federal and state laws that regulate mental health service delivery. Washington State Administrative Code (WAC) shall be referenced as needed to guide the practice of licensed clinicians. Some of these WACS are included in Chapters 246-809 and 246-924. There is no requirement that the service provider be a Community Mental Health Agency (CMHA), and as such, WAC requirements specific to CMHAs (388-865) are not required for this program unless otherwise required in the WACS regulating individually licensed clinicians.

An initial mental health assessment will direct the development of an Individualized Treatment Plan, which in turn will direct the course of treatment services. Upon completion of a treatment episode, a discharge summary will be completed and placed in the client chart.

Assessment

A comprehensive mental health assessment shall include the following components:

- Client name, date of birth, and contact information, to include emergency contact.
- Date of intake appointment.
- Referral source.
- Description of the presenting problem.
- Relevant clinical history, to include family history.
- Full five Axis diagnosis.
- Mental status exam.
- Other relevant information that may include employment, education, veteran status, and/or housing.

Treatment Planning

The Individual Treatment Plan (ITP) shall contain at a minimum the following components:

- Identified goals for treatment.
- The date the goal was identified.
- Methodology/modality of the intervention to be used to reach each goal.
- Estimated date by which goal(s) will be achieved.
- Documentation of ITP reviews, which shall occur no less than every 90 days.

The treatment plan should also include a goal for securing available public benefits that would fund future mental health services whenever possible.

Treatment Services

Treatment and case management services will be guided by the ITP and provided by qualified professionals identified in the Reimbursement Rate schedule (see Appendix A).

Progress notes will be completed for each client contact and placed in the client chart. Progress notes should document the date, type, and length of the contact. Additionally, notes should include the issue(s) focused upon and how it was addressed, relevant clinical status, and the plan for future contacts/treatment.

Referral to other indicated services shall occur when resources are available. Continued efforts to engage the client in those services shall be documented. All Releases of Information shall remain current in order to optimize coordination of care with other service providers.

Upon completion of a treatment episode, or in the event that mental health services are terminated before treatment completion, a discharge summary will be written in a form provided by the County (Attachment B). Efforts to contact a client who has not completed treatment shall occur no less than three times, unless otherwise agreed upon in writing by the Provider and the County.

The Provider shall participate in program evaluation processes as directed by the County. Program evaluation efforts will include, but not be limited to, a review of treatment utilization, effectiveness, and system coordination.

E. Program Reporting Requirements

Monthly reports in a format provided by the County shall be submitted by the Provider and will be accepted in electronic or hard copy form (Attachment D). These reports are due no later than the 15th of the following month in which services were delivered.

F. County Contract Monitoring

The County monitors contracts on an annual basis. Notification of monitoring dates and specifics is sent to each agency prior to the monitoring visit. Monitoring includes fiscal, program, and clinical reviews, as well as discussions relating to quality improvement, when needed. Additional on-site monitoring may be performed as necessary, per Section 33.1, Right to Review, of the Contract for Services Agreement.

Attachment A – Referral Form

Behavioral Health Access Program
REFERRAL FORM

Date: _____

BHAP Provider: _____ Fax Number: _____

Referral Source Information:

Referring Agency: _____

Referent Name: _____

Phone Number: _____

Referent Signature: _____

Client Information:

Client ID# _____
(To be assigned by Provider)

Name: _____

Address: _____

Phone Number(s): _____

Program Name: _____
(If applicable)

Reason for Referral: _____

Client may be eligible for the Sliding Fee Schedule **Yes** ____ **No** ____

Signed Release of Information Attached **Yes** ____ **No** ____

A signed release of information that follows HIPAA regulations (and Federal confidentiality for 42 CFR Part 2 for substance abuse, if needed) must accompany the authorization form.

Attachment B – Discharge Summary

Behavioral Health Access Program DISCHARGE SUMMARY

Date: _____ BHAP Provider: _____

Treating Clinician (Name): _____

Treating Clinician (Signature): _____

Client ID#: _____ Assessment/Initial Appointment Date: _____

Treatment Utilization:

_____ Number of face-to-face treatment contacts

Reason for Discharge:

- Treatment episode completed
- Client did not return to Treatment (3 attempts to re-engage occurred)
- Client referred for more appropriate services (Please explain briefly.)

Other Disposition (Please explain briefly.)

Referrals:

Client was referred for Medication Evaluation: Yes No

Client received Medication Evaluation: Yes No

Attachment C – Income Verification

Behavioral Health Access Program

MONTHLY INCOME VERIFICATION FORM

Month/Year _____

Client Name: _____
 Date of Birth: _____
 Address: _____
 Phone: _____

County-funded services are intended to provide mental health treatment services to as many people who would otherwise have no other means of accessing those services.

Situation	YES	NO	Current Status:
Has your employment status changed since last month?			
Has your monthly household gross income changed since last month? (“Household” is defined as those people living under the same roof who rely on the same income.)			Monthly Income \$:
Has your household size changed?			Household Size #:

Clients accessing the Behavioral Health Access Program have specific responsibilities to ensure funding for treatment is in place on a month-to-month basis. The requirements for accessing the Behavioral Health Access program are as follows:

- The client shall inform the Provider if he/she becomes eligible for Medicaid or other insurance coverage, including Basic Health.
- The client shall inform the Provider of any changes in his/her employment status, monthly household income, and/or household size.
- The client **must** submit income verification, such as copies of payroll stubs, unemployment stubs, etc.
- Client co-pays must be made at the time of service.

I verify that the statements I have made above are true and accurate. I understand the requirements of the Behavioral Health Access Program and I agree to meet these requirements.

Signature: _____ Date: _____

Client or Person Financially Responsible for Client

Attachment D – Monthly Report Form

Behavioral Health Access Program

MONTHLY REPORTING FORM

For the Month/Year of: _____ Agency: _____

Instructions: Please mark the number of sessions per type of services (CPT code) provided to each program participant in the row associated with the corresponding Client ID.

	CPT Codes								
Client ID (listed by Client ID# only)	90801	90804	90806	90853	90807 A	90807 B	90862 A	90862 B	6331* CM

Please attach a referral form for each client initiating service in the month (redact name, address, and phone number).

This form may be modified by the agency for reporting purposes, provided that all above information is included.

*** CM = Case Management**

Appendix A – Reimbursement Rates

Whatcom County Mental Health Provider Reimbursement Rates

CPT/Billing Code	Psychiatrist	Mid-level Provider	Licensed MH Professional	BA-level Clinician
90801 - Intake Assessment	N/A	N/A	\$115	N/A
90807 - Initial Medication Evaluation	\$200	\$140	N/A	N/A
90804 - Brief Therapy Session (20 minutes minimum)	N/A	N/A	\$45	N/A
90806/90847 - Full Therapy Session (50 minutes minimum)	N/A	N/A	\$100	N/A
90853 - Group Therapy	N/A	N/A	\$35/client hour	N/A
90862 – Medication Management (20 minutes minimum)	\$90	\$64	N/A	N/A
6331 CM – Case management (Billed in 15-minute increments)	N/A	N/A	\$80/hour	\$80/hour

Appendix B – 2011 Federal Poverty Level Guidelines by Household Size

Federal Poverty Level Guidelines by Household Size				
Household Size	100%	150%	200%	250%
1	Up to \$908	Up to \$1,361	Up to \$1,815	Up to \$2,269
2	\$1,226	\$1,839	\$2,452	\$3,065
3	\$1,544	\$2,316	\$3,088	\$3,860
4	\$1,863	\$2,794	\$3,725	\$4,656
5	\$2,181	\$3,271	\$4,362	\$5,452
6	\$2,499	\$3,749	\$4,998	\$6,248
7	\$2,818	\$4,226	\$5,635	\$7,044
8	\$3,136	\$4,704	\$6,272	\$7,840
9	\$3,454	\$5,182	\$6,909	\$8,636
10+	\$3,772	\$5,660	\$7,546	\$9,432

Appendix C – Fee Schedule

Whatcom County Mental Health Outpatient Sliding Fee Schedule

Service	Full Fee	No Fee (100%)	Super Low Fee (150%)	Low fee (200%)	Co-Pay (250%)
Intake Assessment (90801)	\$ 115	\$ -	\$ 5	\$ 10	\$ 20
Brief Session (90804)	\$ 45	\$ -	\$ 5	\$ 10	\$ 20
Full Session (90806)	\$ 100	\$ -	\$ 5	\$ 10	\$ 20
Group (billed per person) (90853)	\$ 35	\$ -	\$ 5	\$ 10	\$ 20
Medication Evaluation A (90807)	\$ 200	\$ -	\$ 5	\$ 10	\$ 20
- Mid-Level Provider B (90807)	\$ 140	\$ -	\$ 5	\$ 10	\$ 20
Medication Management A (90862)	\$ 90	\$ -	\$ 5	\$ 10	\$ 20
- Mid-Level Provider B (90862)	\$ 64	\$ -	\$ 5	\$ 10	\$ 20
Case Management (15 minutes)	\$ 20	\$ -	\$ -	\$ -	\$ -

Appendix D – Referent List

Whatcom County Outpatient Treatment Authorized Referents List (To be updated regularly)

- **Advanced Choices** – Director, Rachel Cox
- **Catholic Community Services Recovery Center** – Clinical Manager, Lex Rivers
- **Pioneer Human Services** – Re-Entry Specialist, Alyson Batchelder-Bestle; Re-Entry Case Manager, Joseph Nagel
- **School Districts in Whatcom County** -
 - Bellingham - Kathie Peterson
 - Blaine - Jessie Burton
 - Ferndale - Terry Saunders
 - Lynden - Coral Bartlett
 - Meridian - Sherree Johnston
 - Mt. Baker
 - Nooksack
- **SeaMar Community Behavioral Health Services** – Substance Abuse Program Manager, Sarah Addison
- **Sun Community Services** – Executive Director, Denise Seibert
- **Westcoast Counseling and Treatment Center** – Co-Director, Linda Waller; Offender Outreach Service, John Thelan
- **Whatcom Alliance for Healthcare Access** – Access Counselors
- **Whatcom Community Detox Program** – Program Manager, Bill Gleghorn
- **Whatcom Counseling and Psychiatric Clinic** – Jail Mental Health Professional -TBD
- **Whatcom County Adult Drug Court** – Drug Court Coordinator, Leigh Wirth
- **Whatcom County District Court Probation** – Probation Supervisor, Peggy Miller
- **Whatcom County Family Treatment Court** – Drug Court Coordinator, Leigh Wirth
- **Whatcom County Juvenile Drug Court** – Clinical Manager, Lex Rivers
- **Whatcom Homeless Service Center** – Director, Greg Winter