

Whatcom County Behavioral Health Access Program (BHAP)

Program Implementation Guide



2017

v. 2.1.17

PUBLIC HEALTH
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Behavioral Health Access Program Executive Summary

Purpose of the Program

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

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.

After the assessment, an Individualized Treatment Plan (ITP) will be developed by the Provider, in conjunction with the client, to identify treatment goals and to direct the 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, utilization trends and program effectiveness.

Program Evaluation

Upon conclusion of a client's treatment episode, a discharge summary will be completed by the provider. The summary will note predetermined outcome measures that will be tracked by the Whatcom County Health Department. The provider will provide a "Client Satisfaction Survey" to the client at the end of the treatment episode for completion by the client. Collection and analysis of 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!

The 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. The establishment of a continuum of care is part of an overarching Comprehensive Behavioral Health Plan in Whatcom County.

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 sample forms to be used by Providers. Official forms with the BHAP letterhead will be provided to you for actual use.

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 access (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 BHAP "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 Mental Health Court
- Whatcom County Family Treatment Court
- Whatcom County Adult Drug Court
- Whatcom County Juvenile Court Program Behavioral Health Specialist
- Whatcom County District Court Probation
- Compass Health Whatcom Jail Behavioral Health Program Staff
- Northwest Regional Council
- Northwest Youth Services
- Catholic Community Services Recovery Center
- Sea Mar Community Behavioral Health Services Substance Abuse Program
- Whatcom Alliance for Health Advancement (WAHA)
- Whatcom Community Detox
- Whatcom Homeless Service Center
- SUN Community Services

- School Districts in Whatcom County
 - Bellingham
 - Blaine
 - Ferndale
 - Lynden
 - Nooksack Valley
 - 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: Contractor makes every effort to meet with the client within 3 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 sooner than 10 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 “Mental Health Outpatient Sliding Fee Scale”. Either prior to or at the initial appointment, the Provider will complete a fee agreement with the client. 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 (FPL) 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 should be encouraged to apply for health care benefits under the Affordable Care Act. An "In-person Assister" is available to help the client enroll by contacting the Whatcom Alliance for Health Advancement.
 - 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 via hard copy of the on-line application.

- 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 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.

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 Washington 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.

Services may be provided by a clinician with an Associate License as per RCW 18.225.145. However, the associate must work under the supervision of an approved supervisor in a Community Mental Health Agency setting and meet all other requirements of RCW 18.225.145.

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, the "Discharge Summary Form" will be completed and placed in the client chart. A copy of the "Discharge Summary Form" should be submitted to the County. Additionally, a "Client Satisfaction Survey", provided by the

County and with provider name and client identification (ID) number, will be given to the client for completion and return to the County in a stamped, self-addressed envelope. Specific client identifying information should be redacted before submission, and the client ID number should be used on all data submission to the County.

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.
- Documentation of current mental status.
- Other relevant information that may include employment, education, veteran status, and/or housing status.

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.

The identified goals shall be focused on problems/symptoms that can be treated effectively in approximately eight to ten treatment sessions, exclusive of medication evaluations and management. Treatment modalities utilized in treatment shall be those that can produce effective and positive outcomes within the eight (8) to ten (10) session treatment episodes.

It is incumbent upon the Contractor to inform the client at the initiation of treatment of the focused scope of the treatment benefit offered under this contract. Long term treatment and/or treatment goals that cannot be reasonably achieved within eight to ten sessions are not a covered benefit in this contract.

Case Management services may continue beyond an eight to ten session treatment episode. Clinical necessity for continued case management services must be documented in the client chart.

Treatment Services

Treatment and case management services will be guided by the ITP and provided by qualified professionals identified in the "Reimbursement Rates-2017" (see Appendix A).

Case Management services provided in face-to face contact with the client are eligible for reimbursement under this contract. Reimbursement for non-face-to-face service is not a covered benefit.

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, the “Discharge Summary Form” is 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. Completed “Discharge Summary Forms” will be submitted to the County with the monthly reports.

The “Client Satisfaction Survey”, with clinician name and client identification number completed will be provided to the client at the conclusion of the final session. The Contractor shall ask the client to complete the Survey and place it in a stamped, pre-addressed envelope, and seal it. The Contractor will mail the sealed envelope to the Health Department address as listed on the envelope.

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.

D. Program Reporting Requirements

The “Monthly Reporting Form” (Attachment E) shall be submitted by the Provider and will be accepted in electronic or hard copy form. These reports are due no later than the 15th of the following month in which services were delivered. The County-approved “Referral Form” (Attachment A) with the identifying information redacted will be submitted for each referral received during the month. The “Discharge Summary Form” (Attachment B) will be submitted for each client discharged from the program during the month.

E. County Contract Monitoring

The County monitors contracts on a regular 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.

F. HIPAA Privacy Standards

Providers are expected to comply with all Federal and State laws and regulations related to the privacy and security of protected health information. Recent changes resulting from the HIPAA Omnibus Rule became effective March 26, 2013 and require compliance by September 23, 2013. Additional information is available at <http://www.hhs.gov/ocr/privacy/hipaa/administrative/omnibus/>.

Attachment A – Referral Form



BEHAVIORAL HEALTH ACCESS PROGRAM



Date: _____ BHAP Provider: _____ Fax Number: _____

Referral Source Information:

Referring Agency: _____

Agency Program Name: _____

Referent Name: _____

Phone Number: _____

Referent Signature: _____

Sample
Do Not Use

Client Information:

(To be assigned by Provider)

Name: _____

Address: _____

Phone Number(s): _____

Reason for Referral: Anxiety Bipolar Depression Grief Relationships Behavioral Problems Psychotic disorder School Problems Other _____

Comment: _____

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 this referral if it contains protected health information.

TO BE COMPLETED BY PROVIDER

Does the client have medical insurance? Yes _____ No _____

If Yes, has the client's annual deductible been met/confirmed? Yes _____ No _____

Attachment B – Discharge Summary Form



BEHAVIORAL HEALTH ACCESS PROGRAM



Date: _____ BHAP Provider: _____

Treating Clinician (Name): _____

Treating Clinician (Signature): _____

Client ID#: _____ Date of Birth: _____ Assessment/Initial Appt. Date: _____

Treatment Utilization:

____ Number of face-to-face treatment contacts

Treatment Outcome:

____ Client achieved treatment goals

____ Client made progress toward goals

____ Client did NOT make progress toward goals

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 – Monthly Income Verification Form



BEHAVIORAL HEALTH ACCESS PROGRAM



Month/Year _____

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

County-funded services are intended to provide mental health treatment services to 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 initial income verification, such as copies of payroll stubs, unemployment stubs, etc.
- Client co-pays must be made at the time of service. **Co-Pay amount:** _____

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 – Client Satisfaction Survey Form



BEHAVIORAL HEALTH ACCESS PROGRAM



Client Satisfaction Survey

Clinician: _____

Client ID#: _____

Please answer the following questions on a scale of 1 to 6
1 = “not at all” to **6 = “very much”**

1. My reason for seeking counseling had a big impact on my daily life.

1 2 3 4 5 6

2. My situation now, after counseling, is better.

1 2 3 4 5 6

3. I learned coping skills that I can continue to use.

1 2 3 4 5 6

4. I could make appointments with my counselor that fit my schedule.

1 2 3 4 5 6

5. I had enough sessions to address my needs.

1 2 3 4 5 6

6. I would recommend this counselor to others.

1 2 3 4 5 6

Optional: Age: _____ Gender: _____

Comments:

Attachment E – 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) | 90791 | 90832 | 90834 | 90853 | 90792P | 90792M | MMGTP | MMGTM | CM* | Discharged (✓) |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 2017



BEHAVIORAL HEALTH ACCESS PROGRAM



| CPT/Billing Code | Psychiatrist | Mid-level Provider | Licensed MH Professional | BA-level Clinician |
|-------------------------------------------------------------------|--------------|--------------------|--------------------------|--------------------|
| 90791 - Intake Assessment | N/A | N/A | \$115 | N/A |
| 90792 - Initial Medication Evaluation | \$300 | \$210 | N/A | N/A |
| 90832 - Brief Therapy Session (20 minutes minimum) | N/A | N/A | \$45 | N/A |
| 90834/90847 - Full Therapy Session (50 minutes minimum) | N/A | N/A | \$90 | N/A |
| 90853 - Group Therapy | N/A | N/A | \$35/client hour | N/A |
| MMGT – Medication Management (20 minutes minimum) | \$135 | \$96 | N/A | N/A |
| CM – Case Management (Billed in 15-minute increments) | N/A | N/A | \$80/hour | \$80/hour |

Appendix B – Federal Poverty Level Guidelines 2017



BEHAVIORAL HEALTH ACCESS PROGRAM



Monthly Income by Household Size

| Size of Family Unit | 100% of Poverty | 150% of Poverty | 200% of Poverty | 250% of Poverty |
|------------------------|-----------------|-----------------|-----------------|-----------------|
| 1 | \$ 1,005 | \$ 1,508 | \$ 2,010 | \$ 2,513 |
| 2 | \$ 1,353 | \$ 2,030 | \$ 2,707 | \$ 3,383 |
| 3 | \$ 1,702 | \$ 2,553 | \$ 3,403 | \$ 4,254 |
| 4 | \$ 2,050 | \$ 3,075 | \$ 4,100 | \$ 5,125 |
| 5 | \$ 2,398 | \$ 3,598 | \$ 4,797 | \$ 5,996 |
| 6 | \$ 2,747 | \$ 4,120 | \$ 5,493 | \$ 6,867 |
| 7 | \$ 3,095 | \$ 4,643 | \$ 6,190 | \$ 7,738 |
| 8 | \$ 3,443 | \$ 5,165 | \$ 6,887 | \$ 8,608 |
| each add'l person, add | \$ 348 | \$ 522.50 | \$ 697 | \$ 870.50 |

Appendix C – Mental Health Outpatient Sliding Fee Scale



BEHAVIORAL HEALTH ACCESS PROGRAM



| Service | Full Fee | No Fee (100%) | Super Low Fee (150%) | Low fee (200%) | Co-Pay (250%) |
|-----------------------------------|-----------------|--------------------------|-------------------------------------|---------------------------|--------------------------|
| Intake Assessment (90791) | \$ 115 | \$ - | \$ 5 | \$ 10 | \$ 20 |
| Brief Session (90832) | \$ 45 | \$ - | \$ 5 | \$ 10 | \$ 20 |
| Full Session (90834)(90847) | \$ 90 | \$ - | \$ 5 | \$ 10 | \$ 20 |
| Group (billed per person) (90853) | \$ 35 | \$ - | \$ 5 | \$ 10 | \$ 20 |
| Medication Evaluation (90792P) | \$ 300 | \$ - | \$ 5 | \$ 10 | \$ 20 |
| - Mid-Level Provider (90792M) | \$ 210 | \$ - | \$ 5 | \$ 10 | \$ 20 |
| Medication Mgmt. (MMGT-P) | \$ 135 | \$ - | \$ 5 | \$ 10 | \$ 20 |
| - Mid-Level Provider (MMGT-M) | \$ 96 | \$ - | \$ 5 | \$ 10 | \$ 20 |
| Case Management (CM) | \$ 20 | \$ - | \$ - | \$ - | \$ - |

Appendix D – Referent List

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

- **Catholic Community Services Recovery Center** – Clinical Manager, Lex Rivers
- **Northwest Regional Council** – Aging & Disability Resource, Lesley Rigg
- **Northwest Youth Services** – Executive Director, Riannon Bardsley
- **Pioneer Human Services** –Re-Entry Program Manager, Joseph Nagel
- **School Districts in Whatcom County** (as of January 19, 2016, all “School Counselors” from each of Whatcom County’s districts are able to refer clients)
- **SeaMar Community Behavioral Health Services** – Program Manager, Heidi Robbins
- **Sun Community Services** – Executive Director, Denise Seibert Yorston
- **Whatcom Alliance for Health Advancement** – Access Counselors
- **Pioneer Human Services** - Whatcom Community Detox, Program Manager, Mary Reed
- **Compass Health Whatcom** – Jail Behavioral Health Team, Re-entry Specialist Alyson Batchelder-Bestle
- **Whatcom County Adult Drug Court** –Glenn Hoyt, Case Manager
- **Whatcom County District Court Probation** – Probation Supervisor, Peggy Miller
- **Whatcom County Family Treatment Court** –Kim Schuster, Case Manager
- **Compass Health Whatcom** - Juvenile Court Behavioral Health Specialist, Jessica Cashman
- **Whatcom Homeless Service Center** – Director, Mike Parker
- **Whatcom County Mental Health Court** – Linda Grant, Program Manager