

Effective Date: 5/29/2008; 7/28/2004
Revised Date:
Review Date: 5/28/2008

North Sound Mental Health Administration

Section 1500 – Clinical: Availability of Services

Authorizing Source: 42CFR438.206; WAC 338-865-0415; MHD and NSMHA Contracts 2008-2009

Cancels:

See Also:

Providers are required to have a “policy consistent with” this policy

Approved by: Executive Director

Date: 5/29/2008

Responsible Staff: Quality Manager

Signature:

POLICY #1506.00

SUBJECT: AVAILABILITY OF SERVICES

PURPOSE

To define the requirements for availability of services for Medicaid enrollees.

POLICY

North Sound Mental Health Administration (NSMHA) shall ensure provision of medically necessary mental health services as defined in the Medicaid State Plan and the Federal 1915 (b) Mental Health Waiver to Medicaid enrollees of the region. Provision of routine outpatient services for consumers covered by state-only funding will be available within available resources as outlined in NSMHA’s plan for state-only funding.

NSMHA maintains and monitors a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract. In establishing and maintaining the network, NSMHA considers the following:

1. The anticipated Medicaid enrollment in the region.
2. The expected utilization of services, taking into consideration the characteristics and mental health care needs of specific Medicaid populations represented in the region.
3. The numbers and types (in terms of training, experience and specialization) of providers required to furnish the contracted Medicaid services.
4. The geographic location of providers and Medicaid enrollees, considering distance, travel time and the means of transportation ordinarily used by Medicaid enrollees.

If a consumer requires medically necessary mental health services that the Community Mental Health Agency (CMHA) is unable to provide, the CMHA shall arrange for the provision of the services in a timely manner. If the medically necessary services are not available within the NSMHA network, providers shall refer to NSMHA Policy #1522 Out of Network Referrals for the process on arranging services out of the NSMHA network.

CMHAs must notify NSMHA in writing of any proposed change in capacity. NSMHA must approve any change that results in reduced capacity.

PROCEDURES

NSMHA will ensure, through its contracts, that the above requirements are met.

ATTACHMENTS

None