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## **North Sound Behavioral Health Administrative Services Organization, LLC**

Section 1500 – Clinical: Children’s Long-Term Inpatient Program (CLIP) Care Coordination

Authorizing Source: HCA Contract

Approved by: Executive Director

Date: 4/29/2025

Signature:

### **POLICY # 1529.00**

### **SUBJECT: CHILDREN’S LONG-TERM INPATIENT PROGRAM (CLIP) CARE COORDINATION**

#### **PURPOSE**

To ensure appropriate admissions for non-Medicaid youth, quality care coordination between North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO), outpatient providers, Managed Care Organizations (MCO), the Children’s Long-Term Inpatient Program (CLIP) and appropriate discharges to family or the most normalizing/family-like community settings possible. For Medicaid eligible youth, the North Sound BH-ASO will act only as the Intensive Behavioral Health Resource Team (IBHRT) convener, where CLIP applications and case consultations come for review.

#### **POLICY**

CLIP is the highest level of treatment for youth who have a severe psychiatric impairment that warrants the restrictions and intensity of the treatment provided by this program. North Sound BH-ASO is committed to active care coordination with CLIP to assist with appropriate admissions, high quality and effective inpatient treatment and rapid discharge/return to community from CLIP.

#### **PROCEDURE**

##### **Intensive Behavioral Health Resource Team (IBHRT)**

The core IBHRT members review all voluntary CLIP applications and case consultations (Medicaid and non-Medicaid) and consist of, but not limited to, North Sound BH-ASO CLIP Liaison, Managed Care Organizations (MCO) representatives, Department of Children, Youth & Family (DCYF) representative, Developmental Disabilities Administration (DDA) representative, Northwest Educational Service District (NWESD) 189 representative, Wraparound with Intensive Services (WiSe) provider representation, other allied systems / representation as available. For non-Medicaid youth voluntary applications or case consultations, the North Sound BH-ASO Medical Director is included on the IBHRT. The behavioral health outpatient provider and the guardian specific to that youth are required to attend. The remainder of the committee is comprised of members specific to the youth being considered for CLIP level care as appropriate and available. These members include, but are not limited to, the youth (as clinically/age appropriate) and any other involved or relevant allied systems (e.g. SUD, JJRA, school, etc.) and any natural supports (e.g. friend, other family members, pastor, etc.).

While youth voice is important, the IBHRT does not recommended participation in the IBHRT for youth under age 16 and for youth age 16 - 18 will defer to family and community treatment teams to assess a youth’s ability to appropriately participate in such a meeting.

## Eligibility and Admission Criteria

### Voluntary and Involuntary

1. Age – Applicants must be under the age of 18 prior to admission to a CLIP program.
2. Gender – Services are available to all youth regardless of gender identification.
3. Payment – Services are available to both Medicaid and non-Medicaid youth. All youth served in CLIP are eligible for Medicaid funding while in residence. If the youth has private insurance that covers psychiatric inpatient care, those benefits are also applied to the cost of stay.
4. Residency – Applicants must be legal residents of Washington State defined as being in the custody of Washington State or in the custody of the legal guardian who is a resident of Washington State.
5. Psychiatric Impairment – Applicants must have a severe psychiatric impairment as evidenced by a severe emotional disturbance and corroborated by a clear psychiatric diagnosis which warrants the intensity and restrictions of the treatment provided in a CLIP program.
6. Less Restrictive Treatment Setting – Before applicants are considered for CLIP, the CLIP committee will consider the possibility of a less restrictive setting for treatment, if appropriate and available, prior to recommending applications to the CLIP Administration for final review.
7. Ability to Benefit – Applicants **will not be** excluded from consideration due to intellectual functioning, physical, or medical disabilities. **However**, the applicant must meet the minimum admission criteria and demonstrate an ability to benefit from the treatment being provided in the CLIP program.
8. Age and Voluntary Admission – For applicants under the age of 13, the legal guardian must agree to the treatment. If the applicant is 13 years old or older, the youth must agree to **voluntary** treatment. CLIP does not have the right to hold a youth against their will unless they have been court ordered to treatment via the Involuntary Treatment Act (ITA).
9. Age and Involuntary Admission – Adolescents (13 years or older) who have been **involuntarily** committed for 180 days of publicly-funded inpatient care are thereby eligible for admission to the CLIP program. While the North Sound BH-ASO or MCO CLIP liaison may consult/coordinate care in conjunction with the acute care hospital, an admission to CLIP under the involuntary status is at the discretion of the current treating hospital and CLIP Administration.

### Voluntary Application and Review

1. For non-Medicaid youth, the North Sound BH-ASO should be contacted for consultation and guidance prior to completing a CLIP application. For Medicaid eligible youth, that youth's MCO representative should be contacted for consultation and guidance.
2. CLIP Application and the list of requirements can be found at <http://nsbhaso.org/for-providers/forms>  
At a minimum, a complete CLIP application will contain:
  - a. The 2 part application – Intensive Behavioral Health Screening form (Part 1) **AND** the CLIP Application (Part 2)
  - b. A complete psychosocial history.
  - c. A complete psychiatric evaluation by a child psychiatrist (MD) or a psychiatric advanced registered nurse practitioner (ARNP) within the last 6 months. Non-Medicaid youth who are in need of a recent psychiatric evaluation will need to obtain this evaluation from a provider in their benefit network.
  - d. Other evaluations might include, but are not limited to, eating disorder, sexual deviancy, developmental disabilities, neurological impairments, etc.

- e. Supporting documentation that further outlines the current needs of the youth is required (e.g. Cross System Care Plan, Recovery and Resiliency Plan, Individual Service Plan, Treatment Plan, etc.).
  - f. Youth's signed agreement to admit to a CLIP facility. This agreement is not legally binding. A youth 13 or older may still decline voluntary CLIP treatment at any point in the process.
3. Once a CLIP application is submitted to the North Sound BH-ASO, the BH-ASO Liaison/Convener will notify the requestor within 3 days of the application's receipt.
  4. To help ensure timeliness of the CLIP application process, it is strongly recommended the requestor submitting the packet, work with the BH-ASO Liaison **prior** to submission to the BH-ASO to avoid any unnecessary delays in processing. Once the packet is submitted, the BH-ASO Liaison will review the packet to ensure it contains sufficient information for the review. The BH-ASO Liaison will then work with the requestor to schedule a review date and time within the next 30 days.
  5. North Sound BH-ASO IBHRT has capacity to review 4 youth per month. Each review is 1 hour in duration and standing meetings occur twice monthly. In order to adhere to state required timelines, completed CLIP application reviews are prioritized in the scheduling. Second priority is given to submitted Case Consultation reviews. If no CLIP or Case Consult review is needed, IBHRT may use the remaining meetings for committee business.
  6. Upon the conclusion of the youth, family and community team presentation, this portion of the meeting will adjourn and all except the core IBHRT members will be excused. Members of the core IBHRT will discuss the information in the packet and presented at the meeting in order to render a determination to "recommend" or "not recommend" the application at this time.
  7. If the IBHRT determines a CLIP application for Medicaid eligible youth is "recommended" based on the medical necessity criteria, documentation and presentation, the BH-ASO Liaison will write a letter containing recommendations and next steps from the IBHRT members. This letter is sent to the MCO representative. For non-Medicaid youth, the BH-ASO Liaison will send the packet materials and "recommended" letter to CLIP Administration for final review and possible certification. The liaison will also include in a separate letter to the family and youth age 13 years and older, the determination and available services and/or recommendation of continued services to support the youth and family while the youth awaits admission to a CLIP facility.
  8. If the IBHRT determines a CLIP application for Medicaid eligible youth is "not recommended", the BH-ASO Liaison will write a letter containing recommendations and next steps from the IBHRT members as well as the appeal process information. This letter is sent to the MCO representative. Note: MCOs are contractually required to follow-up with their enrollees which includes providing the Appeal Process information. The BH-ASO includes in the letter as a courtesy. For non-Medicaid youth, the BH-ASO Liaison will provide family and youth age 13 years and older, a written notice of the Appeal Process to appeal to the CLIP Administration for a review and final determination. This is considered an Adverse Benefits Determination and the written notice must include the reasons for not recommending CLIP and an outline of recommendations for alternative less restrictive services for the youth.

### **Appeal Process – CLIP Administration**

The IBHRT only provides a recommendation and not final decisions. In the event any family and/or community team member(s) disagree with the decision by the IBHRT, either to recommend or not recommend a CLIP application, an appeal may be made directly to the CLIP Administration only after IBHRT voluntary process is complete. The process for making an appeal is outlined in the letter to family /

community team for both Medicaid and non-Medicaid youth and includes the most updated contact information, documents to be submitted and the timeline to make an appeal.

The CLIP Administration will review all the documents and render a decision, notifying all the parties involved in the appeal.

### **Other Types of Admissions**

Involuntary Treatment Act (ITA) – Adolescents (13 and older) who have been involuntarily committed for 180 days of publicly-funded inpatient care are eligible for admission to the CLIP programs. If CLIP level treatment is warranted, these requests are completed by the acute care hospital directly to CLIP Administration and do not follow the voluntary process for application through the IBHRT.

Commitment under RCW 10.77 – Adolescents (13 and older) who have been court-ordered for a competency evaluation and/or restoration via RCW 10.77 are eligible for admission only to Child Study and Treatment Center (CSTC). If during the 10.77 further care in CLIP is recommended, the CLIP facility can a) request an evaluation for a possible ITA or b) complete a voluntary CLIP application to be reviewed by the IBHRT via the voluntary process.

Family Initiated Treatment (FIT) – Youth 13-17 years old who are hospitalized to an acute care setting under FIT, who wish to submit a CLIP application to the IBHRT, must do so via the voluntary process which includes the clinical criteria for a voluntary CLIP application. FIT is not considered an ITA.

### **BH-ASO Liaison**

The North Sound BH-ASO Liaison is the primary case contact for CLIP programs responsible for managing individual non-Medicaid youth from pre-admission through to discharge and is responsible for managing all IBHRT activities related to the process of reviewing all Medicaid eligible youth as follows:

#### North Sound BH-ASO Liaison Role

1. Provides guidance and assistance as appropriate to families, allied systems and community teams in completing necessary paperwork to process voluntary CLIP applications
2. Processes completed applications and other documentation within contractual timelines
3. Facilitates scheduling of a CLIP reviews in conjunction with families, MCOs, IBHRT members, allied systems and community teams
4. Consistently participates in treatment planning meetings from preadmission through discharge as appropriate for non-Medicaid youth.
5. Works in conjunction with the CLIP program team on local resource identification and linkages to community based behavioral health services for non-Medicaid youth.
6. Participates in recertification activities as appropriate regardless of legal status.

The North Sound BH-ASO Liaison will remain involved for as long as the youth is non-Medicaid status. Once a youth is eligible for Medicaid while in CLIP, an MCO Liaison will be assigned and assume the aforementioned responsibilities.

### **North Sound BH-ASO Annual Review**

The BH-ASO Liaison will track and combine all referral and IBHRT data, broken out by MCO, to be submitted to the CLIP Administration no later than June 30th of each year for annual reporting.

1. The total number of CLIP referrals received for the year (June to June)
2. Total number of referrals that were reviewed by the IBHRT
3. Total number of referrals Not Recommended for CLIP.
4. Documentation of all participating members at each committee meeting.

**ATTACHMENTS**

1529.01 Policies and procedures of the CLIP (Appendix A – RSN/CLIP Agreement)

1529.02 North Sound BH-ASO MCO Agreement