Washington State Department of Social & Health Services
Transforming lives

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
BEHAVIORAL HEALTH ORGANIZATIONS (BHO) / MANAGED CARE ORGANIZATIONS (MCO)

Behavioral Health Personal Care Request for BHO / MCO Funding

TO:	NAME OF BHO / MCO	BHO / MCO CONTACT EMAIL	DATE SENT TO BHO / MCO
FROM:	NAME OF HCS / AAA WORKER	HCS / AAA WORKER'S EMAIL	HCS / AAA TELEPHONE NUMBER
	NAME OF HCS / AAA OFFICE		
RE:	CLIENT'S NAME	CLIENT'S PROVIDERONE ID	DATE OF BIRTH

Section 1: To be Completed by HCS or AAA worker

Request packet includes this form and the client's current CARE Assessment Details and Service Summary.

Client's Assessment Plan Period will be from to .

Summary of the request related to client's behavioral health condition.

Describe the behaviors and the consequences / outcomes of those behaviors:

ADLs the client requires assistance with as a result of behavioral symptoms or diagnoses:

Please identify the mental health professional you spoke with (or tried to connect with) from the client's local mental health agency. This discussion is to review the care plan and to coordinate services.

Mental Health Professional's name:

Mental Health Agency (e.g. Compass Health):

Telephone number:

For Residential Clients		**For In-Home Clients**	
CARE generated residential daily rate:	$	CARE generated hours per month:	
Add-On rate (capital, ECS, SBS):	$	Additional hours if requested:	
Additional dollars per day if requested:	$	Total hours per month requested:	
Total daily rate requested:	$	Monthly estimated cost of care:	$

If an additional amount is being requested, please provide reason(s) for the additional daily rate / monthly hours and how it is related to the behavioral health condition (e.g., what additional service(s) / support(s) will be provided with the additional daily rate / monthly hours). **Describe what the caregiver does (or will do) as an intervention to the behaviors listed above**:

Section 2: To be Completed by BHO / MCO			
DATE RECEIVED	NAME OF BHO / MCO STAFF REVIEWING PACKET	BHO / MCO EMAIL ADDRESS	TELEPHONE NUMBER

I have reviewed this packet and the BHO / MCO:

☐ **Approves** this request – This client's need for Personal Care services is based primarily on psychiatric disabilities and the BHO / MCO will pay for the state fund portion of this service. Funding approval dates: to (should align with the CARE plan period above).

☐ **Denies** this request entirely – The BHO / MCO will not pay for the state fund portion of this service. The BHO / MCO must provide justification for the denial in the BHO / MCO response section below.

BHO / MCO SIGNATURE	DATE

BHO / MCO COMMENTS / RESPONSE

For HCS / AAA use only: Once this form is finalized / signed by BHO / MCO with approval or denial:

- Scan and email completed form to ALTSA at MCOBHOforms@dshs.wa.gov.
- Submit hardcopy of completed form (without instructions page) to DMS **Hotmail** to be included in client's electronic case record.

Instructions

Please type or print clearly and fill out completely to assist in processing of the request.

Purpose of form

To request approval by the BHO / MCO to fund the client's personal care.

This form must be requested for every plan period, when changes occur as outlined in Chapter 7h, or prior to the end date the BHO / MCO has approved funding) to allow for review by the BHO / MCO and ensure continued funding.

Section 1: To be completed by the HCS or AAA worker

- The request should describe why the personal care services are necessary and related to the behavioral health condition.
- For Residential Clients, complete the residential section, including add-on rates.
- For In-Home Clients, complete the in-home section.
- Use the statewide average IP / homecare agency rate of $22.22 to calculate the estimated monthly cost to the BHO / MCO.
- If an additional rate is requested, document the reason for the additional daily rate / hours and how the additional daily rate / hours will help this client.

Section 2: To be completed by the BHO / MCO

- The BHO / MCO contact reviewing this request packet will enter their information.
- Select only one of two boxes to indicate the BHO / MCO's response to the request:
  - Approves – enter the dates of approval. The approval period should align with the CARE plan period, which is one (1) year.
    - The BHO / MCO is only responsible for the state funded portion of the total rate (50% or less depending on the client program).
      - CFC only or CFC+COPES: BHO / MCO pays 44% of total cost of personal care.
      - RSW or MPC: BHO / MCO pays 50% of total cost of personal care.
  - Denies – write out justification for the denial in the BHO / MCO comments/response section of the form.
    - Need is not based on a psychiatric diagnosis.
    - Indicate the services the BHO / MCO will provide to meet the client's unmet needs.
- Sign and date form. Return the request form to the HCS / AAA worker within five (5) business days of receiving the complete BHPC request, or contact the requestor to extend this requirement.

To be completed by the HCS or AAA worker once the form is returned by the BHO / MCO

- Document receipt of the completed form in a SER note.
- Confirm / update the reason code on the P1 authorization(s) for client's personal care:
  - Approved – select reason code "MCO_BHO Client/ MCO_BHO Funded" for the Personal Care service line and the Personal Care Add-On service line.
  - Denied – change / remove reason code from the Personal Care service line(s).
- Set a reminder for at least a week before the end of the approval period (or CARE plan period) so that another request can be made to the BHO / MCO to ensure continued funding.
  - If case is transferred to another office / agency, ensure the next Primary Case Manager is aware of the BHO / MCO's approval period and when another request will be necessary.
- At next assessment, if client meets the criteria listed in Chapter 7h of LTC Manual.
- Scan / email the completed form (approved or denied) to ALTSA at MCOBHOforms@dshs.wa.gov.
- Submit hardcopy of completed form to DMS **Hotmail** to be included in client's electronic case record.