



SALISH BHO

ADVISORY BOARD MEETING

DATE: Friday, January 4, 2019
TIME: 10:00 AM – 12:00 PM
LOCATION: City of Sequim, Transit Center
190 W Cedar Street, Sequim WA 98382

A G E N D A

<https://spf.kitsapgov.com/hs/Pages/SBHO-ADVISORY-BOARD.aspx>

- 1) Call to Order
- 2) Announcements/Introductions
- 3) Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
- 4) Approval of Agenda
- 5) Approval of November 16, 2018 Minutes (Attachment 5)
- 6) Action Items
 - a. Nominating Committee
 - b. Substance Abuse Block Grant (SABG)
 - c. Meeting Schedule
 - d. Board Priorities (Attachment 6.d)
- 7) Informational Items
 - a. Report on Executive Board Action
 - b. Next Steps in 2019 (Attachment 7.b)
 - c. Early ASO Budget Estimate
 - d. HCA MOU
 - e. Recruitment Efforts
- 8) Opportunity for Public Comment (limited to 3 minutes each)
- 9) Board Member Check-in
- 10) Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
ASO	Administrative Service Organization
BH-ASO	Behavioral Health – Administrative Service Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMHA	Community Mental Health Agency
CMS	Center for Medicaid & Medicare Services (federal)
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FBG	Federal Block Grant (specifically MHBG and SABG)
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
LOC	Level of Care
MAT	Medical Assisted Treatment
LRA	Least Restrictive Alternative
MCO	Managed Care Organization
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OTP	Opiate Treatment Program
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QA, QI	Quality Assurance, Quality Improvement
QUIC	Quality Improvement Committee
QRT	Quality Review Team
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
UM	Utilization Management
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital

ACTION ITEMS

a. NOMINATING COMMITTEE

Helen Morrison served on the Nominating Committee along with Jennifer Kreidler-Moss and Jon Stroup. The Nominating Committee reviews Advisory Board Member applications and makes recommendations to the Executive Board. As Helen is not continuing to serve on the Advisory Board in 2019, this committee will only have two members.

b. SABG

Following this year's Request for Proposal (RFP) cycle, the unallocated amount of SABG was \$247,000. Staff provided all SUD providers the opportunity to submit additional proposals for the remaining unallocated funds. Proposals for unallocated funds were received from Reflections Counseling, West End Outreach Services, and West Sound Treatment Center. The total request from providers was \$373,240. A handout outlining the requests and the recommendations for use of available funds will be provided at the meeting.

c. 2019 MEETING SCHEDULE

If the Board continues to meet on the 1st Friday of each month in 2019, those dates would be: February 1st, March 1st, April 5th, May 3rd, June 7th, July 5th, August 2nd, September 6th, October 4th, November 1st and December 6th. Historically, the Board has chosen to cancel one meeting during the Summer. In 2019, the July meeting would fall the day after the 4th of July.

d. 2019 BOARD PRIORITIES

It was requested that time be set aside at the January meeting to discuss the 2019 Board priorities. Last year, the Board went through a prioritization process and identified five areas on which to focus its attention: Integration, Quality Issues/Quality Matrix, 1/10th Funding and Education, SBHO Budget Matters, RFP Process. The full list of priorities has been attached for your reference.

INFORMATIONAL ITEMS

a. REPORT ON EXECUTIVE BOARD ACTION

At the December Executive Board meeting, the Board took the following Actions.

- Established a One-Time Only Staff Incentive Pay Program for Successfully Transitioning to Fully Integrated Managed Care.
- Appointed Clallam County Commissioner Mark Ozias as 2019 Chair
- Approved utilization of State "Unreserved" Reserve funds for adding Project Management and Consulting support for SBHO to complete: BHO Close-Out Activities, NCQA Standards for MCO Delegation and Contracting, and HCA Readiness Review.

b. NEXT STEPS IN 2019

The ASO contract requirements and limited HCA funding continue to pose significant challenges in feasibility. Staff will provide an update on the ASO contract and early ASO budget projections. If the SBHO intends seek approval to become the BH-ASO, there is a considerable amount of work to complete in the first nine months of 2019.

In addition to SBHO routine operations, the work to be completed 2019 can be broken out into four main categories: BHO Closeout Activities, NCQA Standards for MCO Delegation and Contracting, HCA Readiness Review and Provider Technical Assistance.

- In 2018, DBHR created a guidance document to assist with identifying some of the core tasks involved in the closeout of a BHO. This document is attached for your review.
- In order for the SBHO to contract with the MCOs under the HCA Fully Integrated Care Model, the SBHO must first meet National Committee for Quality Assurance (NCQA) Standards for the delegated function. The SBHO will need to successfully complete this process with Molina, United Healthcare, Amerigroup and Coordinated Care.

- In order to gain approval by the HCA to become a BH-ASO, the SBHO will have to first pass a detailed and comprehensive readiness review.
- The early and mid-adopter transition to FIMC has been quite challenging for behavioral health providers. In many regions, BHOs and ACHs have partnered to bring technical assistance in the areas of IT, Data/Billing and overall infrastructure development.

b. EARLY ASO BUDGET ESTIMATE

Staff has drafted an early rough estimate of the BH-ASO budget. This draft budget is based on all currently available information as the HCA has not yet shared Salish specific numbers. The budget estimate is based on the following assumptions about BH-ASO revenue: the ASO will receive 70 percent of the non-proviso state funds, 70 percent of two proviso programs (PACT and ECS), and 100 percent of other non-Medicaid funding sources including CJTA funds. The total revenue from HCA/BH-ASO Contract is estimated at \$7,770,266. With the maximum Administrative and Direct Support withholdings, the SBHO would have an operational budget of \$1,165,539. Staff has estimated the total expenditures to be \$1,500,000-\$1,600,000.

c. HCA MOU

In October, staff submitted a draft MOU to the Healthcare Authority (HCA). The MOU was written with the intent of providing the best opportunities for our region during and following the transition to Fully Integrated Managed Care (FIMC). Staff followed up with the HCA via e-mail on November 6th, November 20th and November 27th. Just prior to Christmas, staff received a request from the HCA to schedule a phone call to discuss the MOU. The call to discuss the MOU is scheduled for January 2nd. Staff will provide an update.

d. RECRUITMENT EFFORTS

Staff has been actively recruiting to fill the Advisory Board vacancies. For Clallam County, vacancies were posted at the County Courthouse, Commissioners Office, and County Health and Human Services office. This was coordinated through the Deputy Clerk of the Board in Clallam County. An ad was run on multiple occasions in the Peninsula Daily News. Current Advisory Board member, Janet Nickolaus, has been using her resources and connections in the community to assist with finding new members. Commissioner Ozias is also aware of the vacancies and has been working to promote the open positions. Staff received Helen Morrison's resignation letter in November. In addition, SBHO Staff is working with the Jefferson BOCC Staff to find other avenues to promote the Jefferson County vacancy.

**MINUTES OF THE
SALISH BEHAVIORAL HEALTH ORGANIZATION
ADVISORY BOARD**

**10:00 A.M., Friday, November 16, 2018
City of Sequim, Transit Center
190 W Cedar Street, Sequim WA 98382**

CALL TO ORDER – Russell Hartman, Chair, called the meeting to order at 10:00 am.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – Jolene Kron has been promoted to SBHO Deputy Administrator.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS:

ADA Assistive Listening Devices were available for board members and members from the public to use during the meeting.

APPROVAL OF THE AGENDA

The agenda was amended to add Sandy Goodwick's presentation of the behavioral health conference she attended and the topic of the December meeting schedule as an Informational Items.

MOTION: [REDACTED] moved to approve the amended agenda. Anne Dean seconded.
Motion Carried Unanimously.

APPROVAL OF October 5, 2018 MINUTES

Lois requested an adjustment to page 6 of the minutes to reflect that Sandy will provide a report of the behavioral health conference to the Advisory Board.

MOTION: Sally O'Callaghan moved to approve the minutes as amended from the October 5, 2018. Freida Fenn seconded. **Motion Carried Unanimously.**

ACTION ITEMS

- Cancellation of December Advisory Board Meeting
 - Due to a short duration between the November 16, 2018 meeting and the next regularly scheduled meeting on December 7, 2018, it was discussed whether to meet or cancel the December meeting.

MOTION: Freida Fenn moved to cancel the December 7, 2018 Advisory Board meeting. Lois Hoell seconded. **Motion Carried.**

INFORMATIONAL ITEMS

- Fully Integrated Managed Care
 - Broad Overview of Integration
 - Dr. JooRi Jun, Clinical Transformation Manager, from the Olympic Community of Health (OCH) provided a brief overview of the integration initiative and an update on the status of the OCH in our region.
 - The Medicaid Transformation Project is a contract between the State's HCA &

- CMS authorizing up to \$1.5 billion in federal investments to promote innovative, sustainable, and systemic changes in the health delivery system and other social supports for the Medicaid population.
- The transformation project includes financial integration, which supports the clinical integration, however the clinical aspect may take longer to affect.
 - There are 3 initiatives under the transformation: Transformation of Medicaid Delivery Systems through Accountable Communities of Health (ACHs), long-term services and support for the aging population, and supportive housing and supported employment.
 - Only the first of the three initiatives were covered in the presentation.
- Roadmap for the Salish Region
 - The Roadmap refers to the financial integration portion of Fully Integrated Managed Care.
 - The Salish Regional Service Area will transition to Fully Integrated Managed Care (FIMC) on January 1, 2020.
 - The board reviewed and discussed the expected breakout of financial disbursement of funds in Fully Integrated Managed Care.
 - SBHO staff must start delegation prep work that meets the National Committee of Quality Assurance (NCQA) standards in 2019.
 - The SBHO region will need to sign a binding letter of intent to become a BH-ASO by May 2019. This is the last chance for the BHO to not become an BH-ASO.
 - The SBHO will need to complete the Health Care Authority's Readiness Assessment in September/October of 2019.
 - Coordinated Care of Washington in 2019
 - Coordinated Care was awarded the statewide Fully Integrated Managed Care contract for individuals under the Apple Health Foster Care Program. This change goes into effect January 1, 2019.
 - The State is currently behind on signing the contracts for Coordinated Care.
 - The BHO will not be able to sign a contract with Coordinated Care on January 1, 2019 due to the lack of time between the proposal and action.
 - Currently SBHO providers who would like to serve and continue to serve this population are in negotiations to contract for these services, including crisis services, with Coordinated Care.
 - Overview of Medication Assisted Treatment
 - Medication-Assisted Treatment (MAT), including Opioid Treatment Programs (OTPs), combines behavioral therapy and medications to treat substance use disorders.
 - BayMark will continue to work towards meeting and providing Opiate Treatment Program services to our three-county region with anticipated opening dates of April 2019 in Port Angeles and May 2019 in Kitsap County.
 - Substance Abuse Block Grant
 - All recommendations the SABG RFP committee forwarded to the Executive Board were approved with one exception. This resulted in a remaining fund balance of \$247,152.
 - Salish Staff will re-open these funds to currently contracted providers and will

bring back their recommendations for review by this Board.

OPPORTUNITY FOR PUBLIC COMMENT

- Kim Yacklin (Clallam County Health and Human Services) – Kim inquired as to how the Olympic Community of Health is coordinating with the State’s two other branches of the Medicaid Transformation Project, Supported Housing and Employment and Long-Term Services and Supports.
- G’Nell Ashley (Reflections Counseling Services) – G’Nell suggested that Advisory Board members should reach out to their local Natural Communities of Health (facilitated by the Olympic Community of Health) to receive answers to some of the questions that had been asked today.

FOR THE GOOD OF THE ORDER

- Stephen Workman – would like to discuss inviting law enforcement representatives to attend future Advisory Board meetings.
- Sandy Goodwick – requested SBHO staff provide information on what efforts have been made to recruit for open Advisory Board positions.
- Sally O’Callaghan- Appreciated the meeting and speakers. Would like to know the next meeting date and to discuss the board priorities.
- Anne Dean – thanked all the providers for attending.
- Frieda Finn – thanked Stephanie and Dr. JooRi Jun for their presentations.
- Stephanie Lewis - Confirmed the next regularly scheduled Advisory Board meeting will take place on January 4th, 2019.

ADJOURNMENT - The meeting adjourned at 12:00 pm.

ATTENDANCE

MEMBERS	GUESTS	STAFF
<u>Present</u> Roberta Charles Sandy Goodwick Russell Hartman Lois Hoell Janet Nickolaus Sally O’Callaghan Stephen Workman Anne Dean Freida Fenn Jolene George Jennifer Kreidler-Moss <u>Absent/Excused</u> Helen Morrison Charles Pridgen Jon Stroup Catharine Robinson	G’Nell Ashley, Reflections Counseling Services Colleen Bradley, Salish FYSPRT Andy Brastad, Clallam County Health and Human Services Kim Yacklin, Clallam County Health and Human Services Ellen Epstein, RMH Services Wendy Sisk, Peninsula Behavioral Health Miranda Burger, Olympic Community of Health Bernadette Sueyth, CHIP Jefferson Lori Fleming, CHIP, Jefferson Tanya MacNeil, West End Outreach Services JooRi Jun, Olympic Community of Health	Jolene Kron Stephanie Lewis Ilea Nehus Doug Washburn



Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BHO

Advisory Board Priorities

2018

1. Integration

- BHASO Decision
- Identify services that will remain post integration
- Pilot Project
- Olympic Community of Health Updates
- Reserves – Spend Down
- Presentations
 - MCOs
 - Beacon
 - HCA

2. Quality Issues/ Quality Matrix

3. 1/10th Funding, Education

4. SBHO Budget Matters

5. RFP Process

- Block Grant RFPs

- Best Practices
- Cost of different types of care
- Penetration Rates
- Funding Flows
- Cost of Programs, ROI
- Improving Access to Care
- WSH/Forensic Com
- ITA Changes
- MAT Access
- SUD Practices
- 1st Break Schizophrenic Protocols
- Closure of Harrison
- Peer Support

- Pharmacy Lawsuits
- Discussion of Recovery from CSX perspective
- MH and SUD Prevention
- Establish work groups for work in between meetings
- Learn what the EB wants
- BayMark Presentation
- Early Intervention
- Education for the board, more presentations
- Prevention of MH/SUD
- Funding distribution
- Law Enforcement
- Improvement of access to care
- Criminal Justice Issues/Jail

Division of Behavioral Health and Recovery

Behavioral Health Organization Closeout Guidelines/Transition to Integrated Managed Care

5-7-18

This guidance document is provided in response to a request for items to be considered in closing down a BHO. The document is not exhaustive and should not be relied upon as being a complete set of procedures and steps to be taken by a BHO in the event of a BHO closure.

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Overall Planning

- Using this as a guide, create a written plan for closing down the business entity (BHO). Include duties, timelines, sequencing, responsibilities, and assigned staff for the overall plan and each step. This plan is to be shared with DBHR and HCA.
- Consult legal counsel, state auditor, DBHR, etc. regarding requirements and expectations in the event of shut down of the BHO.
- Review all contracts for termination and notification procedures.
- Set realistic goals and timelines.

General Business Operations

Human Resources/Personnel

- Consult Human Resources and legal counsel in early planning phase.
- Involve Governing Board and Administrator early on regarding the review and analysis of needs beyond the closeout date. This will include consideration on how to maintain staff through the transition.
- Review human resources policies for notice, termination, transfer, etc.
- Provide appropriate notice for employees regarding retention guidelines and/or formal notification of lay-offs.
- Identify contingency plans to continue required functions should staff not be available.
- Prepare to complete final performance evaluations.

Office Space/Vendor Notification

- Ensure proper notification to all leasing agents and vendors for termination of:
 - Office building and included utilities
 - Professional services (janitorial, shredding, etc.)
 - Equipment leases (Xerox copier, water cooler, etc.)
 - Other agreements (banking, safe deposit storage, etc.)

Inventory of Assets and Property

- Complete inventory of all assets and property that were purchased with Medicaid and/or State dollars during the BHO contracting period starting 4/1/16.
 - Inventory should list all major items costing \$500 or more (i.e. computers, phones systems, etc.) and a brief description of the age and condition of these items.
 - Inventory should include assets such as buildings, cars, land, etc.
 - The inventory should be dated and include the name(s) of the person(s) who completed the inventory.
 - Once this inventory is completed, DBHR and the BHO will come to an agreement as to how items will be liquidated or repurposed to support ongoing services, or repurposed to the BH-ASO.

- If assets or property were not purchased with Medicaid or State dollars, then it is up to the BHO as to how they will liquidate these assets. The decision process would fall to the BHO's governing board and any relevant inter-local agreements.

Financial Activities

BHO Fiscal and Contracts staff must maintain oversight of contractual requirements through expiration/termination. Additional payment activities will need to occur for up to 6 months after the closeout date.

- Review closeout requirements from all contracts.
- The BHO will need to ensure that a Finance Manager or designee will be delegated to finalize fiscal reports, ensure accuracy, and complete final payments/reconciliations into the early period of the transition, after the contract ends.
- Purchase or arrange for tail liability coverage, D&O (directors and officers) and B & O (business and occupation) insurance.
- Plan to:
 - Receive and review final Revenue and Expense Reports from Providers.
 - Submit all required Revenue and Expense Reports to the State.
 - Provide final payments to all subcontractors for services provided through the end of the contract period.
- Complete any required financial closeout reviews. Plan to participate in a final financial closeout on-site review with DBHR 6 months post closeout.
- Plan to provide payments for all invoices for mental health inpatient and substance use disorder residential stays authorized up until the closeout date. The Managed Care Entities (MCEs) will be responsible for any services authorized post closeout date.

Spenddown Plan

The BHO and DBHR will develop a mutually agreed upon spenddown plan for all funding sources, Medicaid, non-Medicaid, and reserves.

- The spenddown plan shall identify all funds that will be obligated to fully complete the closeout process.
- The BHO will need to identify any unobligated fund balances and reserves. The BHO must return all unobligated fund balances and reserves to HCA 60 days after the contract period ends.
- All costs included in the spenddown plan must be encumbered during the contract period, with the exception of administrative costs to cover necessary activities post closeout (such as personnel costs to complete financial and data tasks).
- Reserves may not be used to pay for services provided beyond the end of the contract period and may not be used for start-up costs after the contract period (i.e. encumbered after the contract period to support the transition to integrated managed care).
- DBHR will conduct a financial closeout review 6 months after the contract period ends. The BHO must return all remaining fund balances and reserve funds to HCA 60 days after completion of the financial closeout review.

Contracts and Agreements

Termination of Contracts/Agreements and Notification

The BHO should follow termination and notification requirements for all contracts, subcontracts, MOUs, and other agreements. Formal notification timelines should be followed. Notices of non-renewal (or notices of contract changes for those BHOs participating in a transition year) to network providers should include a summary of final closeout expectations.

- Develop a list and schedule of all contracts with subcontracted network, out of network, or delegated entities that will either expire or terminate. Include dates as to when required formal notices need to be sent out.
- Develop a list of any MOUs or agreements that need to be formally terminated. Include dates as to when required notices will be sent out, or when the other party will be contacted.
- The BHO must formally notify DBHR of termination of the contract, per “termination for convenience” requirements outlined in the General Terms and Conditions.
- If a provider is closing completely, the BHO will need to verify with the provider that the Certification and Licensing entity has been notified and that the provider has followed all required closeout procedures per the WAC.

Audits and Monitoring

The BHO should complete reviews and audits as required through the expiration/termination of contracts and completion of transition activities.

- Set a schedule of all remaining provider audits (clinical, administrative, or financial), including follow up or resolution on any outstanding corrective action plans.
- Plan and schedule to complete any remaining or required provider Encounter Data Validation activities and reports.
- Plan and schedule any final financial closeout reviews or audits of provider network, including review of final Revenue and Expenditure reports and any necessary reconciliation activities.

Clinical Services and Continuity of Care

Enrollee Notification

The BHO should coordinate with Health Care Authority, Division of Behavioral Health and Recovery, regional Inter-local Leadership groups and the Accountable Communities of Health on developing appropriate communication strategies for the region. Formal notification of the regional transfer to a MCO network will be completed by Health Care Authority. . The BHO should ensure providers, all BHO staff, and the BHO Governing Board are aware of information relayed to assist in answering questions as needed.

- The BHO website should be updated to indicate the transfer and provide ongoing contact information for all contracted MCOs, BH-ASO, Third Party Administrator, Health Care Authority, behavioral health service providers, and others as needed. Updates should be completed prior to the closeout date and continue for a reasonable period of time on the website after the transition date.

Authorizations and Census/Enrollment

- If the authorization process and authorizations are delegated or contracted out by the BHO, the BHO should plan to meet with this subcontractor to review termination of contract and outline steps for transfer of information. If conducted in-house, the BHO will still need to plan transfer of information.
- The BHO will need to set dates for receiving final submissions of authorizations, copies of Notice of Adverse Benefit Determination letters, and final open authorization information.
- The BHO should plan to prepare census and enrollment information at least 30 days prior to termination. This information will be critical to facilitating continuity of care for BHO clients, as they transition under MCO management.

- The BHO will coordinate with the Health Care Authority to collect information on clients in active treatment or with open authorizations. The Health Care Authority will request information (with a template) on all clients who are in active treatment or have open authorizations, and HCA will match the clients to their January 1, 2019 MCO, and then share the authorization data to the MCO in advance of go-live. This allows each MCO to be aware of which members are in active treatment on go-live and facilitate continuity of care for those clients.
- This information will include all clients expected to have a continued episode of care after the BHO's closeout date. The BHO should provide current treatment information to the Health Care Authority. The Health Care Authority will facilitate a process for the BHO to obtain consent to share SUD treatment information and to record which clients have signed a consent form.
- HCA will provide templates to the BHO to insert continuity of care data, which will include:
 - Client identifiable information (i.e. name, DOB, P1 number, Medicaid eligibility status, etc.)
 - What services are being provided
 - Planned treatment end date
 - Service provider information (agency)
 - Administrative records
 - Interregional transfer agreements
 - Newly discharged clients
 - Any other activities requested by HCA

Continuity of Care and Knowledge Transfer Process

Continuity of care should be a primary goal, with an aim to achieve minimal or no disruption in services for clients when their benefits are transferred. The BHO should develop a plan to address priority service types (i.e. crisis services) and specific programs (i.e. WISe, PACT, individuals authorized for Medicaid Personal Care, etc.), ensuring thorough communication, coordination, and any necessary transfer of important or pertinent knowledge.

Crisis Hotline

- The BHO should plan carefully how contracts with subcontracted crisis line provider(s) will be terminated.
- The BHO should provide ample notification to the provider(s), at least 60 days in advance, regarding change (if any) in crisis hotline number after transition to managed care.
- If applicable, the BH-ASO should be assisted in re-routing respective crisis lines to their chosen system.
- Any change in crisis line number(s) should be widely and proactively communicated, to ensure there is no disruption to this service.

Designated Crisis Responders (formerly referred to as Designated Mental Health Professionals/DMHPs)

- The BHO should review the County designation process with the incoming MCOs and BH-ASO to coordinate continuing designation of DCRs (to be transitioned to Designated Crisis Responders (DCRs) in April 2018). Please note that counties will continue to be responsible for formal designation of DCRs after the transition to Integrated Managed Care. The incoming BH-ASO may assist counties in establishing a process to facilitate continued designation.
- The BHO should notify existing court representatives of upcoming transition of oversight and make efforts to connect MCOs and the BH-ASO representatives with local court representatives for coordination of ongoing court processes and payments.

Coordination with Eastern or Western State Hospital

- A copy of the BHO-State Hospital written agreements must be provided to the MCOs who will need to develop a similar agreement. Please provide the draft version if agreement is not fully executed.
- The BHO must adhere to BHO-State Hospital agreements for admissions and discharges leading up to termination of the BHO, and determine the following:
 - The number, location, and order of people on the Admission waitlist
 - The number of bed allocations
 - The current BHO census
 - What the over census pending overage charges are for the BHO

The number of people in the BHO service area who are ready for discharge, including demographic information and current discharge plan

Mental Health Inpatient/General Considerations

- The BHO should plan for the transition of care management and hospital liaison functions. Unless otherwise agreed upon with the MCOs, please note that transition and coordination will be required regardless of whether these functions are in-house to the BHO or subcontracted out.
- Once the MCO(s) and BH-ASO are identified, BHO should plan for the MCOs and BH-ASO to participate in care management and liaison activities to assist in the transition.
- BHO (or delegated entity) must provide a final open authorization list for inpatient mental health services to be shared with BH-ASO and MCOs.

- All covered inpatient stays that occur during the contract period will be paid by the responsible BHO and will be included in the closeout activities covered in the mutually agreed upon spenddown plan. The portion of inpatient stays after the contract period will be the responsibility of the MCOs and/or BH-ASO.

Evaluation and Treatment facilities

- The BHO (or delegated entity) must provide a final open authorization list for inpatient mental health services to be shared with BH-ASO and MCOs.
- Information that will need to be shared during the transition period will include:
 - Patient census data
 - Legal civil detention status of each patient
 - Payment source (Medicare, Medicaid, private pay, state only, etc.) for each patient; and
 - Discharge plan for each patient with a long term order (90 day order, 180 day order, 90 LRA rev order, 180 LRA rev order, and 365 LRA rev order) for the plan of responsibility

Substance Use Disorder Residential and Withdrawal Management Providers (both in network and out network)

- Plan to compile a final list of open authorizations for SUD residential treatment for coordination of continuing service. All SUD residential stays active up until the date of transition must be paid by the BHO. The portion of SUD residential stays after the contract period will be the responsibility of the MCOs and/or BH-ASO.

Children's Long Term Inpatient Program (CLIP)

- Upon identification of which entity or entities will maintain oversight of CLIP application activities (i.e. putting together the CLIP packet), efforts should be made to coordinate a transfer of CLIP Review Committee, Care Management activities (treatment plan reviews and discharge planning), and provision of application assistance when requested.
- The BHO will need to provide a list of all individual placements.
- The BHO should also provide information on the management of Roads to Community Living funds, including application, payment, and records retention.

Specialized Programs/Services

- Specialized services or programs to consider in the planning and include in the closeout/transition are listed below. Note that this list will be unique to each BHO and may not be a complete list.

Becoming Employed Starts Today (BEST)
 BHO funded peer support training activities
 Children's Long Term Inpatient (CLIP)
 Criminal Justice Treatment Account (CJTA) & Drug Courts
 Crisis Services/Designated Crisis Responders
 Family Youth and System Partner Round Tables (FYSPRT)
 First Episode Psychosis Program and Early Psychosis Initiative
 Free Standing Evaluation and Treatment Centers Discharge Planners and Hospital Liaisons
 Housing and Recovery through Peer Services (HARPS)
 Medicaid Personal Care (ALISA)
 Mental Health Block Grant
 Offender Re-Entry Community Safety Program (ORSCP)
 Ombuds Services
 Peer Bridgers
 Permanent Options for Recovery Centered Housing (PORCH)
 Program of Assertive Community Treatment (PACT)
 Quality Review Teams (QRT)
 Withdrawal Management (Detox)/Secure Withdrawal Management
 Substance Abuse Block Grant
 The Projects for Assistance in Transition from Homelessness (PATH)
 Wraparound with Intensive Services (WISe)

WISe Services

- The State will coordinate a transfer of BHAS data information and the administrative oversight of BHAS to the appropriate MCOs. This transfer of data will relay current enrollment data to the appropriate MCOs at the time of transfer.

PACT Services

- The BHO should complete a transfer of information regarding contract requirements and the fidelity model to MCOs/BH-ASO as necessary to ensure smooth transition of this program. If the BHO has altered the fidelity model or they are providing an augmented version (example – adding additional positions such as a residential specialist to PACT team), then the BHO should share this with the MCOs/BH-ASO during the knowledge transfer process.

Medicaid Personal Care Services

- The BHO should work with HCA, the MCOs, and AL TSA to notify referral sources of changes to oversight and approval process. In coordinating communication efforts, the BHO should consider any MOUs or working agreements with local Home and Community Services, Aging and Long Term Care Administration, or local Area Agencies on Aging.
- The BHO should work with the MCOs to manage coordination of care for clients currently authorized for MPC by the BHO to ensure the MCOs have authorizations in place.
- The BHO should plan, as part of their record retention plan, to retain records of Medicaid Personal Care approvals and denials. These records should be made available during the transition period for payment verification.

Tribal Coordination

Tribal Coordination with the Tribes and Urban Indian Health Programs

- The BHO should develop communication strategies with local tribe(s) and Urban Indian Health Programs (UIHPs) within its service area as appropriate about the transition. This may be done in conjunction with any broader stakeholder communications you may be developing with HCA or in your Inter-local Leadership Group.
- The communication strategies should address how and when the local tribe(s) and UIHPs will be formally notified of the BHO's closeout.
- If the BHO is planning to be the Administrative Service Organization (ASO) for the region, the strategies should also address how the BHO plans to continue with coordination and continuity of services in their new role.

Data Submission and Data Sharing/Transition Activities

- The BHO will need to ensure that all contractual obligations in data submission and data certification will be met through the BHO closeout date for providers and the BHO.
- The BHO should review the contracts to determine what data requirements exist (i.e. closeout, data retention, data transfer, EDV reports, etc.)
- The BHO will need to ensure staffing capacity to finalize service data, ensure accuracy, and complete final BHO data submissions through the transition date.

Records Retention and Accounts Access

- BHO should review contracts and other sources, such as The Code of Federal Regulations and Centers for Medicare and Medicaid Services, to determine requirements for retention of records. Specifically, the BHO should review CFR § 438.3 (u), as some retention requirements have recently increased to ten years.
- BHO will need to develop a plan for identifying necessary records, ensuring secure maintenance, and secure transport and storage of physical records. If the BHO is not already affiliated with a county, an archiving vendor may need to be identified.
- The BHO will need to determine what records will be needed to complete all financial activities identified in the Financial Activities section, as a set of records related to service provision and payments will need to be maintained and available to conduct those activities.
- The BHO will need to arrange and complete destruction of hard drive, server, and other hardware, to be completed upon completion of necessary use for continuing technology.
- The BHO will need to be mindful that BHO staff have access to a variety of secure systems. The BHO will need to ensure proper termination of this access upon BHO closeout date. Appropriate and ongoing access for any remaining staff will need to be coordinated.
- The BHO will need to ensure their website and DBHR has information on how records can be requested after the termination date.

Final BHO Reviews

- Obtain a financial closeout review from DBHR. DBHR will complete this 3-6 months post closeout, depending on the size of the BHO.
- Complete and actively participate in the External Quality Review.
- Resolve any outstanding review findings.

Quality Management and Other Deliverables

- The BHO should complete necessary quality management activities as described in the Quality Management Plan and/or as required by contract, including submission of deliverables where indicated, through the BHO closeout date.
- Examples of these activities and deliverables include, but are not limited to:
 - Monitoring of any initiatives as indicated by the BHO Quality Management Work Plan
 - Performance Improvement Project data collection and report submissions.
 - Grievance Quarterly Reports
 - WISe Bi-monthly Progress Reports
 - Annual CLAS Standards Report
 - Monthly IMD Report
 - Monthly Data Certification
 - Quarterly Revenue and Expenditure Report

Committees, Boards, and Other Transfer Activities

The BHO should maintain all boards and committees through the closeout date.

FYSPRT

- BHO should coordinate with the FYSPRT Coordinator.
- Transfer of responsibility for FYSPRT Strategic Plan, Activities Outline, and meeting coordination should be transitioned to the BH-ASO providing ongoing oversight.
- All membership information and existing Plans and Outlines should be provided, with meeting attendance expected.

CLIP Committee

- Oversight of CLIP review for submission is the responsibility of the incoming BH-ASO, and the MCOs are required to participate in this process. The BHO should provide contact information for current CLIP Committee members, meeting schedule, and all relevant information on existing processes to the incoming BH-ASO and IMC MCOs.

Enrollee Due Process

- The BHO will need to ensure resolution of Grievances and Appeals up until the closeout date.

- Post closeout, the BHO will need to ensure staffing capacity and relevant Grievances and Appeals records are available to assist DBHR's Administrative Hearings Representative with any hearings related to the contract period.
- In anticipation of the transition, the BHO should ensure thorough internal processes and robust record-keeping as records may need to be utilized in administrative hearings post closeout.
- The BHO will need to designate a contact person for DBHR to contact, should questions related to grievances, appeals, or administrative hearings arise post closeout.

Community and Media Communications

- The BHO should develop an overall communication plan and involve their network providers. This may be done in conjunction with HCA or the Inter-local Leadership Structure.
- The BHO should follow all existing contract rules regarding notice to DBHR in the event of potential media coverage.
- The BHO should develop a plan to update their website accordingly.

Important and Ideal Timelines

At least 6 months prior to BHO closeout date	At least 4 months prior to closeout date	At least 3 months prior to closeout date	At least 1 month prior to closeout date
Spenddown Plan in Development	Spenddown Plan Approved by DBHR	Closeout Plan Updates Provided to DBHR Contract Manager	Closeout Plan Final Updates Provided by DBHR Contract Manager
Closeout Plan in Development	Closeout Plan Approved by DBHR	BHO Vendors and Subcontractors all Properly Notified of Closeout	Data and Active Authorization Information Sent to Health Care Authority (this will occur periodically up through close-out in a template provided by HCA and a timeline provided by HCA)
		Inventory List Completed and Approved by DBHR	BHO Website Updated with Records Request Information for Post Closeout
		Formal Letter to HCA Sent Indicating Termination for Convenience of Contracts	BHO Submits Final Contract Deliverables. <i>(Note – Some deliverables like final R&E report to be submitted post closeout date)</i>
		BHO Website Updated with Pertinent Information	BHO to inform DBHR Contract Manager of BHO staff who will be contact post closeout and provide updated contact information if needed.
		Records Retention Plan Solidified	
		Final Review and Monitoring Activities Completed with Network	

At least 1 month after closeout date	60 days post closeout	At least 3 months after closeout date	At least 6 months after closeout date	Post financial review
BHO Submits Any Remaining Contract Deliverables. <i>(Note – Some deliverables like final R&E report to be submitted post closeout date)</i>	BHO returns all unobligated fund balances and reserves to HCA.	Remaining BHO staff completing final work on data and financial.	HCA to complete financial closeout review 6 months after closeout.	BHO to return all remaining fund balances and reserve funds to HCA 60 days after completion of the financial closeout review.
HCA financial closeout review scheduled 6 months post closeout				



SALISH BHO

ADVISORY BOARD MEETING

DATE: Friday, March 1st, 2019
TIME: 10:00 AM – 12:00 PM
LOCATION: City of Sequim, Transit Center
190 W Cedar Street, Sequim WA 98382

A G E N D A

<https://spf.kitsapgov.com/hs/Pages/SBHO-ADVISORY-BOARD.aspx>

1. Call to Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of January 4, 2019 Meeting Minutes (Attachment 5)
6. Action Items
 - a. RFP for Regional Crisis Line and Inpatient Utilization Management
 - b. Advisory Board Meeting Frequency and Priorities
 - c. Jefferson County Mental Health and Substance Abuse Advisory Committee Seat (Attachment 6.c)
7. Informational Items
 - a. Update on 2020 Preparations
 - b. Balanced BH-ASO Budget
 - c. Legislative Priorities
 - d. Annual Quality Assurance Reports (Attachment 7.d)
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Board Member Check-in
10. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
ASO	Administrative Service Organization
BH-ASO	Behavioral Health – Administrative Service Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMHA	Community Mental Health Agency
CMS	Center for Medicaid & Medicare Services (federal)
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FBG	Federal Block Grant (specifically MHBG and SABG)
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
LOC	Level of Care
MAT	Medical Assisted Treatment
LRA	Least Restrictive Alternative
MCO	Managed Care Organization
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OTP	Opiate Treatment Program
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QA, QI	Quality Assurance, Quality Improvement
QUIC	Quality Improvement Committee
QRT	Quality Review Team
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
UM	Utilization Management
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital

SBHO Advisory Board

Agenda Briefings

March 1, 2019

ACTION ITEMS

a. RFP FOR REGIONAL CRISIS LINE AND INPATIENT UTILIZATION MANAGEMENT

The HCA's ASO (non-Medicaid) contract outlines *Crisis System Operational Requirements and Crisis System Services* in *sections 16.3* and *16.4* respectively. One of the core components outlined in these sections is that of a Regional Crisis Line. This contract requires that Regional Crisis Line operations meet additional and higher standards than are currently in place.

Prior to entering into Integrated Managed Care (IMC) Crisis Contracts (Medicaid) with the MCOs, the BHO must meet NCQA Pre-Delegation standards for Regional Crisis Line operations. These NCQA requirements are higher than the standards currently in place. As there are numerous qualified entities that can provide Crisis Line services, the BHO will be releasing an RFP in March.

The HCA's ASO (non-Medicaid) contract also requires the ASO to have a utilization management system in place for authorizing/denying requests for care. Since the BH-ASO will be primarily administering crisis and higher-level services, the scope of this work will be focused on inpatient psychiatric care and residential substance use disorder treatment.

Since both Regional Crisis Line Operations and Inpatient Psychiatric Authorizations must be accessible 24/7, the BHO has decided to release one RFP that will allow an entity to bid on either or both services. It is presumed that there may be cost savings and increased efficiencies by having one entity provide both services.

Staff will further discuss this topic as well as request action on forming an RFP Review Sub-Committee.

b. ADVISORY BOARD MEETING FREQUENCY AND PRIORITIES

At the January meeting, the Advisory Board discussed meeting frequency and priorities for 2019. Staff recommends holding full meetings on a timeline that corresponds to specific task deadlines. Specifically, March, May and August of 2019. As some tasks will likely result in the creation of a sub-committee, like the Crisis and Utilization Management RFP, the time between meetings can be for sub-committee convenings.

c. JEFFERSON COUNTY MENTAL HEALTH AND SUBSTANCE ABUSE ADVISORY COMMITTEE SEAT

The Jefferson County Mental Health and Substance Abuse Advisory Committee has a vacant seat which is assigned for a BHO Representative. Staff was asked to present this vacancy to the Advisory Board for volunteers.

INFORMATIONAL ITEMS

a. UPDATE ON 2020 PREPARATIONS

Staff is actively engaging in NCOA Pre-Delegation work with the four Managed Care Plans. Initially, the MCOs have organized this work into three workgroups: Credentialing, Claims and Encounter Submissions, and Utilization Management/Crisis. Staff will discuss details from initial workgroup sessions as well as the timeline for Pre-Delegation work.

The HCA scheduled joint, bi-weekly, calls with the three on-time regions to address the "HCA Readiness" process. The first call was scheduled for February 11th and was cancelled by the HCA due to inclement weather. The first call was rescheduled for February 25th. Agenda items include: BHO Close-out Plans, Update on the Spend-down Process, and General Timeline for Implementation Preparation. Staff will report out on the details from this first ASO Implementation call.

b. BALANCED BH-ASO BUDGET

Staff continues to analyze and anticipate the costs of operating a Salish BH-ASO. During this process, additional attention has been focused on the specific mandatory requirements within the HCA's BH-ASO contract. To be quite specific, Sections 15.1 - 15.3 and 16.1 - 16.4. The following is a direct excerpt from the BH-ASO Contract: "The Contractor shall prioritize state funds for Crisis Services, evaluation and treatment services for individuals ineligible for Medicaid, and services related to the administration of Chapters 71.05 and 71.34. Available resources shall then be used to cover services listed in subsection 15.3.3 for the priority populations defined in this contract."

Staff will share what measures must be taken in order to create a balanced budget.

c. LEGISLATIVE PRIORITIES

Banks Consulting Group continues to actively engage in legislative efforts on behalf of BHOs and BH-ASOs surrounding issues specific the IMC Transition. Staff will provide an update on the status of legislation relating to the IMC Transition.

d. ANNUAL QUALITY ASSURANCE REPORTS

The BHO submitted its annual Quality Assurance Reports to the HCA in January. Those documents included: QA Program Evaluation Summary, Risk Assessment, Quality Management Plan, QAPI Self-Assessment from CMS and 2018 QA Work Plan. These documents are included for your review. Questions or comments about the reports may be directed to QA Manager, Richelle Jordan. Her contact information is rjordan@co.kitsap.wa.us and (360) 307-4274.

**MINUTES OF THE
SALISH BEHAVIORAL HEALTH ORGANIZATION
ADVISORY BOARD**

**10:00 A.M., Friday, January 4, 2019
City of Sequim, Civic Center
152 W Cedar Street, Sequim WA 98382**

CALL TO ORDER – Russell Hartman, Chair, called the meeting to order at 10:09 am.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – Ashlee DeMoss is now SBHO Administrative Assistant.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS:

ADA Assistive Listening Devices were available for board members and members from the public to use during the meeting.

APPROVAL OF THE AGENDA

No adjustments made to the agenda.

MOTION: Lois Hoell moved to approve the agenda. Catherine Robinson seconded. Motion Carried Unanimously.

APPROVAL OF November 16, 2018 MINUTES

Janet Nikolaus made the November 16, 2018 motion to approve the agenda.

MOTION: Freida Fenn moved to approve the minutes as amended from the November 16, 2018. Lois Hoell seconded. Motion Carried Unanimously.

ACTION ITEMS

Russell Hartman adjusted order of the agenda moving the Board Priorities subject to the end of the listed informational items.

➤ Nominating Committee

- Need one (1) more person on the Nominating Committee. Janet Nikolaus volunteered to be on the Nominating Committee. Russell Hartman appoints Janet Nikolaus to serve on the committee.

➤ Meeting Schedule

- Adjustments will be made to the meeting schedule as seen fit. The Advisory Board will continue to meet monthly as important decisions must be made by May 2019. The schedule will be reevaluated in the Spring of 2019 and the meeting will be cancelled in the month of July 2019.

MOTION: [REDACTED] moved to approve 2019 meeting schedule. Freida Fenn seconded. Motion Carried Unanimously.

➤ Substance Abuse Block Grant (SABG)

- There are four (4) contracts this round. This year's RFP process resulted in an unallocated amount of \$247,152. Additional proposals were received from Reflections Counseling, West End Outreach Services, and West Sound Treatment Center. Jefferson County was awarded in the first round and had no additional requests. The total request received amounted in \$246,240, that was brought down to an unallocated \$912.

MOTION: Sally O'Callaghan moved to approve SABG contract recommendations by staff and Jolene Kron to use the \$912 as stated at her discretion. Stephen Workman seconded. Motion Carried Unanimously.

INFORMATIONAL ITEMS

➤ Report on Executive Board Action

- Three (3) Action Items were discussed by the Executive Board at the December 2018 meeting.
 - Board approved a one-time incentive program for SBHO Staff who remain in their position through the transition to Integrated Managed Care. Some SBHO Staff may not have positions after the transition, therefore three (3) month's salary was approved through the closeout of the BHO to retain Staff. Payment method has not yet been decided.
 - Commissioner Mark Ozais will continue as Chair of the Executive Board through 2019. Commissioner Kler will no longer serve. Commissioner Brotherton will be stepping up. Commissioner Gelder will stay on the Board. Liz Mueller from tribal will be stepping down and we do not know who will be taking her place.
 - After SBHO Staff evaluated resources, work that must be completed, and additional resources need to transition the Board approved the spending of approximately \$600,000 of the State "Unreserved" Reserve fund for Project Management and Consulting for the BHO to complete close-out activities, meet NCQA Standards set forth by the HCA for the MCO contracts, and pass the HCA readiness reviews which has to do with the ASO transition process. In the event the SBHO does not pass the HCA readiness review, the oversight of the non-Medicaid dollars would go to Beacon.

➤ Next Steps in 2019

- As the SBHO looks to become an BH-ASO the work needing to be done can be broken down into four (4) categories:
 - Identify close out activities the BHO will have to perform. A document has been created to assist with the process. This document is not exhaustive, but it gives the BHO a place to start.
 - Meet NCQA standards for MCO delegation and contracting. These standards are set by the HCA set for the MCO contract that the administrators must meet

to move forward. This review is different from other previous review standards as they are much more detailed and focuses on how things will be done in the future rather than the focus on current actions. This process will need to be completed with all four (4) MCOs. Meetings with the SBHO, Molina, Amerigroup, Coordinated Care, and United Healthcare on delegation will begin next week. Any region that does not become an ASO will go to Beacon as it was awarded the State.

- Pass HCA readiness review. This review is separate and discreet from the NCQA. The readiness review surrounds the HCA contract with the ASO to complete the functions of oversight of the non-Medicaid, Block Grant, and CJTA funds. The contracts of the MCOs is for the oversight of the Crisis System and the Medicaid dollars that come through the HCA to the MCOs, to the ASOs for sub-contracting with behavioral health agencies for the Crisis System.
- BHO and ACH partnership to provide technical support and guidance in the areas of IT, Data/Billing, and infrastructure development for our providers. With or without additional funds, the SBHO will look to pool funds for additional support and look to learn from other regions. At this point, OCH is actively working with the providers to achieve clinical integration. It is not believed that the clinical transition and the financial transition will not be accomplished at the same time with good results. Also, the OCH funded partnership with Qualis for IT and Billing to evaluate where focus should be placed. Mental health providers are transitioning to a new HER systems come Spring/Summer of 2019. Regarding data kept by the providers, the amount will increase, and it will be processed through CareLogic.
- SBHO staff will provide an update on the ASO contract and budget projections.

➤ Early ASO Budget Estimate

- A rough draft has been made for the BH-ASO budget, however the HCA has not shared the SBHO's specific numbers. The assumed budget is based on the following information:
 - The ASO will receive 70 percent non-proviso state funds (non-proviso state funds are general dollars not tied to a proviso or specific programs). The other 30 percent to MCOs.
 - 70 percent of PACT proviso fund and 30 percent to MCOs.
 - The ASO will get 100 percent of other non-Medicaid funding sources including Criminal Justice Treatment Account (CJTA) funds, Substance Abuse Block Grant (SABG), Mental Health Block Grant (MHBG), and Dedicated Marijuana Account (DMA) funds.
 - Total revenue from BH-ASO and HCA contract is estimated to be \$7.77 million. An estimated BH-ASO operating budget of \$1.165 million.

- Info was shared with the Executive Board and it was found that the budget is approximately \$90,000 less than previous thought. The numbers are expected to shift as time goes on. The SBHO will continue to provide up-to-date numbers.
 - The Executive Board has asked for an update on ASO legislation from Brad Banks who is part of a consulting firm. He was asked to attend the January 11, 2019 Executive Board meeting. A 200-page draft of the Revised Code of Washington was received by the SBHO with the behavioral health statute being revised to include language around the ASO. The SBHO staff will clarify if this document is something that can be shared at this point. The Advisory Board may be brought into the discussion of a budget with the Executive Board. The advisory board members inquired regarding the difference in a general budget between transitioning to an ASO and letting the contract go to Beacon, however Beacon's contracts are not available to compare.
- HCA MOU
- The SBHO Administrator, Commissioners Ozias and Kler, HCA Director Birch and the OCH Director met with the HCA. It was recommended that the method for communication is through an MOU. A MOU draft was submitted to the HCA in early October 2018. Over a conference call in January 2019 the HCA, Commissioner Ozias, Commissioner Gelder, and SBHO Staff went through the MOU line-by-line. Once the final MOU is in writing, it will be shared with the Board.
- Board Priorities
- A concern seems to be the Board's value during the transition. It was said that the Board represents the Communities and that the recommendations made to the Executive Board are important. Suggestions were made from members on the 2019 Board Priorities.
 - Some items considered were:
 - SBHO Staff to identify and communicate needs to the Advisory Board so they can assist with the transition.
 - Consider the preparation the SBHO Staff does for the board meetings and pare down the work. To be discussed with the Executive Board.
 - Discuss meeting schedule.
 - Continue to review funding during the transition to a BH-ASO.
 - Compare what it will look like if Beacon takes over versus the ASO.
 - Continue to communicate with the 1/10th of 1% on funding.

- It was suggested that referral to the 2018 priorities may help shape the 2019 priorities. It was ultimately decided by the group to table the setting of the Advisory Board's 2019 priorities until the Executive Board meets and receives an outline of the Advisory Board's suggestions in order to get their opinion.

➤ Recruitment Efforts

- Clallam and Jefferson vacancies are posted. Board Members are encouraged to be sharing the posting in Jefferson as the position was officially vacant at the end of December 2018.

OPPORTUNITY FOR PUBLIC COMMENT

- Wendy Sisk (Peninsula Behavioral Health) – Thank you to the Advisory Board for being considerate of the amount of work that is going into the transition and not adding pressure to the providers through added tasks.
- Lisa Rey Thomas (OCH) - OCH, Commissioners and the BHO will continue to meet regularly.
- G'Nell Ashley (Reflections Counseling) – G'Nell thanked the Advisory Board and SBHO Staff for the work done during the transition to an BHO-ASO. She also mentioned that the SUD Providers are meeting with OCH about finding resources to get them on the same Electronic Health Record (HER) platform.
- Doug Washburn (Kitsap County, Human Services) – Asked that Stephanie discuss the topic of providers joining an Independent Practice Association (IPA). The IPA may create leverage for providers in the MCO contracting process. The Providers did find interest in having the discussion regarding what forming an IPA would look like and the possibility of the BHO teaming up with Thurston/Mason to form an IPA. One of the largest components is who would assume the most financial risk.

FOR THE GOOD OF THE ORDER

- Janet Nickolaus – Asked what will happen with the hospitals and who will pay for inpatient treatment. At this time, it has not been determined.
- Jon Stroup – Thanks community for attending and to the SBHO Staff for the work done.
- Catherine Robinson – Thank you to all participants for seeing the transition through.
- Russell Hartman – Thanked the Board for their attendance.
- Steven Workman – Thanked Russell for the proposal to reduce the priorities this year with all the on goings surrounding the transition. Also, requested clarification of what the unreserved-reserves are at this time. Almost all, approximately 98-99 percent, of the Medicaid reserves goes to inpatient risk. This portion cannot be spent on anything else and will be part of how the BHO covers the claims that come through in 2019-2020. The BHO has been approved to use all of this money, however nothing has been spent at this time. Stephanie will bring a description on the reserves.

ADJOURNMENT - The meeting adjourned at 12:00 pm.

ATTENDANCE

MEMBERS	GUESTS	STAFF
<u>Present</u> Freida Fenn Russell Hartman Lois Hoell Janet Nikolaus Sally O'Callaghan Catharine Robinson Jon Stroup Stephen Workman <u>Absent/Excused</u> Charles Pridgen Roberta Charles Anne Dean Jolene George Sandy Goodwick Jennifer Kreidler-Moss	G'Nell Ashley, Reflections Counseling Services Colleen Bradley, Salish FYSPRT Andy Brastad, Clallam County Health and Human Services Kim Yacklin, Clallam County Health and Human Services Ellen Epstein, RMH Services Wendy Sisk, Peninsula Behavioral Health Lisa Rey Thomas, Olympic Community of Health Myra Kelly, KMHS Tanya MacNeil, West End Outreach Services Jessica Campbell, Ombuds QRT	Jolene Kron Stephanie Lewis Ashlee DeMoss Alex Hardy Doug Washburn



615 Sheridan Street
Port Townsend, WA 98368
www.JeffersonCountyPublicHealth.org

Hello ,

In 2005, Washington State enacted legislation sponsored by Senator Hargrove that authorized Counties to impose a one-tenth-of-one-percent local sales tax to fund therapeutic court services, mental health and chemical dependency treatment, and prevention programs.

The Jefferson County Board of County Commissioners was the first in the State to approve the tax in Ordinance No. 08-1003-05, signed October 3, 2005. By enacting this 1/10th of 1 percent sales tax, Jefferson County enhanced funding to behavioral support programs that contribute directly to Jefferson County residents who are impacted.

In the spirit of ensuring transparency, accountability, and collaboration in programs funded by the 1/10th of 1% sales tax, Jefferson County's BoCC created the Jefferson County Mental Health Substance Abuse Advisory Committee.

The goal of the Mental Health Substance Abuse Advisory Committee is to help prevent and reduce the impacts of chemical dependency and mental illness by supporting programs which strengthen and enhance the continuum of care for treatment of people at risk of, or with behavioral health disorders in Jefferson County.

This is accomplished by the following:

- Planning the expenditure of the available funding based on community needs and goals.
- Assessing RFP applications, then making funding proposal recommendations to the BoCC.
- Annually reviewing performance outcomes to determine the success of Committee funding proposals.

The programs funded by the 1/10th of 1% fund employ evidence-based or promising practices which are collaborative, client centered, recovery and resilience based; and are fiscally responsible and culturally competent.

The Jefferson County Mental Health Substance Abuse Advisory Committee is expanding its membership to nine community members and is requesting that one of the nine be a City Council member. We believe having a SBHO member or staff serve on this Committee is integral to effective representation, while maintaining a persuasive body for making decisions that build services on behalf of persons at risk of or with behavioral health disorders.

For additional information please contact Anna Mc Enery from Public Health at 360-385-9410 or amcenery@co.jefferson.wa.us.

Community Health
Developmental Disabilities
360-385-9400
360-385-9401 (f)

Always working for a safer and healthier community

Environmental Health
Water Quality
360-385-9444
(f) 360-379-4487



Salish Behavioral Health Organization

Quality Assurance Program Evaluation

Fiscal Year 2018

Prepared by: Richelle Jordan, MA, CMHS
Quality Assurance Manager

SBHO Quality Assurance Program Evaluation

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SBHO Quality Assurance Program Evaluation

Overview

The Salish Behavioral Health Organization (SBHO) Quality Management Plan is a working document created to ensure the on-going practice of evaluating, monitoring, and improving the quality of behavioral health services delivered within the three counties served by the SBHO: Clallam, Jefferson, and Kitsap. The plan consists of activities, meetings, special projects and measures, and includes collaboration from the community, stakeholders, providers, and consumers.

This report presents the evaluation summary of the Quality Management Plan and the Quality Assurance Program in general. This report is reviewed by SBHO staff via our SBHO Quality Assurance Committee, our Mental Health (MH) and Substance Use Disorder (SUD) Quality Improvement Committees (QUIC), and our Advisory and Executive Boards.

During the period being reviewed, FY 2018, the SBHO is responsible for 96,451 Medicaid Enrollees via one mental health-only provider, three dually-licensed agencies, and 11 SUD agencies (outpatient, residential, and withdrawal management) across our three-county region. A total of 9,632 unique Medicaid enrollees were served from July 1, 2017 through June 30, 2018 for a total penetration rate for the region of 10%. Additionally, 3,555 unique individuals received state funded services during this time.

SBHO Accomplishments

As the region moves closer to fully integrated managed care in January 2020, there continues to be many challenges and successes. The SBHO has been focused on continuing the high caliber of work and technical assistance we are accustomed to providing while beginning to prepare ourselves and our providers for fully integrated managed care.

Accomplishments from Fiscal Year 2018:

- Hired a new position of Data Analyst and Quality Specialist who is our new Performance Improvement Project Manager and has taken on the work necessary to ensure authorization parity.
- Hired a new Children's Clinical Manager.
- Were able to fully integrate our SUD providers into our EDV audit.
- Updated our EDV process to ensure greater interrater reliability.
- Provided or facilitated clinical documentation trainings to help providers increase understanding of Medicaid requirements which are specifically reviewed during clinical chart reviews, Encounter Data Validation (EDV) process, and the External Quality Review (EQR).
- Redesigned our SUD provider payment system to include a data substantiation component. This has improved our data quality.
- Several continued accomplishments related to implementing and expanding Wraparound Intensive Services (WISe). Please see WISe in Summary of Activities below.

SBHO Quality Assurance Program Evaluation

- Began process and made substantial headway to move towards alignment with federal authorization parity guidelines for implementation in the next fiscal year.
- Signed contracts to provide Opioid Treatment Program services in Clallam and Kitsap Counties.
- Formed Coordination Meetings to prepare for 2020 integration.
- Was the second in the state to have a successful Designated Crisis Responder-facilitated SUD Involuntary Detention.
- Provided or facilitated several regional trainings, including SAFE suicide training, and a cultural diversity training on LGBTQI.
Coordinated with Kitsap County to receive Kitsap Jail data.

Summary of Activities

Listed below is a brief summary of each quality assurance activity, as well as trends noted, recommendations from Qualis, the External Quality Review Organization (EQRO), if any, and future plans.

Chart Reviews

The SBHO Clinical Managers review providers' client charts for access, appropriate level of care, medical necessity, ASAM risk assessment completion, compliance with GAIN-SS, consumer voice in individual service plan (ISP or treatment plan), measurable treatment goals, fidelity to practice guidelines (Bipolar and Schizophrenia), over- and underutilization, coordination of care with PCP and other community resources, age and culturally appropriate treatment, completed crisis plans, HIPAA and 42 CFR compliance, as well as other clinically required documentation. This year, substantial changes were made to our clinical chart review tools, combining individual mental health and substance use disorder reviews tools into a single integrative tool to be used in the upcoming year. Additionally, clinical reviewers participated in clinical documentation trainings as a component of the Encounter Data Validation (EDV) which should help increase interrater reliability amongst all clinical documentation reviewers – both for the EDV as well as clinical chart reviews. This training occurred on April 3, 2018.

All behavioral health provider agencies had clinical charts reviewed in FY 2018 and were required to submit a corrective action plan (CAP) for any deficiencies noted during the review. All providers submitted CAP responses identifying corrective actions specific to noted deficiencies, staff responsible for CAP implementation, timelines for implementation of corrective action, and internal methods for preventing re-occurrence of noted deficiencies. The deficiencies varied per agency and included topics such as intakes with insufficient justification for provisional diagnosis, lacking LRA requirements for monthly review, and missing crisis plan components specific to practice guidelines of Bipolar Disorder. There was a trend across our mental health agencies regarding insufficient justification for provisional diagnosis and treatment plan connection to progress notes (e.g., Golden Thread).

Individualized service plans (ISPs) were the primary focus of our SUD program reviews this year and indicated that most of the providers reviewed had some deficiencies relating to ISP

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development. SBHO offered ISP training to assist providers with implementation of corrective action as well as increased development of agency staff's clinical skills. The training provided emphasized the Golden Thread concept to ensure (1) that clinical staff increase their ability to effectively develop ISP's that address an individual's needs, and (2) moving forward, the chart review process will indicate that agencies are improving the quality of ISP development overall.

Recommendations/Future Plans: SBHO plans to continue to review for sufficient clinical content in the clinical charts utilizing our new clinical chart review tool. The new integrated clinical chart review tool includes new practice guidelines, including Post Traumatic Stress Disorder (PTSD) for adults, Child and Youth Trauma Disorders for children, SUD Assessment and Coordination of Alcohol and other drugs (AOD) treatment for substance use disorders. The tool integrates mental health and substance use disorder treatment into a single tool. The tool will be used in its entirety to ensure evaluation of the continuum of care. This is of additional importance as we assist our providers in preparing for fully integrated managed care. Additional focus will be placed on more targeted analysis of our results by our Quality, UM, and Clinical staff.

Encounter Data Validation (EDV)

This year was the first year incorporating all SUD providers into the EDV. SUD providers have had challenges with regards to submitting data since integration which was a barrier to previous participation by many. A substantial change was also made to the implementation of the EDV to ensure greater interrater reliability. Several efforts were made to ensure increased interrater reliability to more closely align with the previous results provided by Qualis. The first, and most notable change from prior EDVs conducted, was to reduce the number of EDV reviewers down to two. These two individuals worked very closely throughout the entire process to allow for real-time consultation, collaboration, and ensured consistent alignment in ratings over time. A focused interrater reliability review was completed on March 5, 2018 for these primary reviewers.

In addition, all core SBHO staff, including the primary reviewers, participated in training on April 3, 2018, to ensure the additional staff had the ability to serve as potential back-up reviewers, should they be needed. An added benefit to including all clinical staff in this training is that it should also ensure greater consistency across clinical reviews done outside of the EDV. Ultimately, the entire EDV was completed by the two primary reviewers; no back-up assistance from other SBHO staff was necessary.

The SBHO utilized the State's data in this process to ensure a representative sample in validating the encounter data. We demonstrated validity and accuracy in the 2018 EDV for encounter data validation reporting in all data elements with the following exceptions:

- Code Agrees with Treatment Provided – 53% Match Rate. This was our most substantial area of deficiency resulting in corrective action plans for all providers involved, save one. Training in this area for providers was implemented and additional training resources have been provided repeatedly. Ongoing technical assistance is always available and has been frequently requested as agencies implement changes to improve clinical documentation (e.g., updating templates to better prompt writers for necessary components).

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- Service Provider – 71% Match Rate. This was more notably affected this year by an additional attribution error involving all of our mental health providers. This is already being addressed and corrected.
- Service Location – 94% Match Rate.
- Provider Type – 94% Match Rate.

In analyzing the results from this EDV, it became apparent that there remain some differences between the performance of our MH agencies and our SUD agencies. While this is to be expected given this is still a relatively new level of oversight for our SUD agencies, it provides not only insight into areas of strength, but also provides a baseline from which to compare future performance. This year, as noted above, also showed a difference in lower match rates for Service Provider. This has been an issue that has received much attention and several ongoing attempts to correct. As the SBHO has already begun updated clinical documentation trainings that we hope will further contribute to improvements in their documentation work, we look forward to observing the changes that are expected.

EDV Historical Results:

This table shows the historical results for the region's EDV over the past several years. Of note are changes in results affected by the change of EQRO from Accumentra to Qualis in 2015 and the change in interrater reliability-focused practices in 2017-2018. While these results seem to indicate a reduction in performance, they more accurately reflect an increase in the meticulousness of review while examining the core components of clinical documentation, as the most heavily impacted component of the EDVs reflected here were the clinical section, Code Agrees with Treatment Provided.

Contract Year	Region
2009/2010	97%
2010/2011	99%
2011/2012	99%
2012/2013	99.7%
2013/2014	99.4%
2015/2016	98.1%
2016/2017	93.1%
2017/2018	86.0%

Recommendations/Future Plans: The SBHO plans to continue to work closely with our providers, both MH and SUD, to increase clinical documentation accuracy. Trainings and technical support

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will continue on a regular basis to ensure our data and clinical documentation accuracy improve, particularly with our SUD providers.

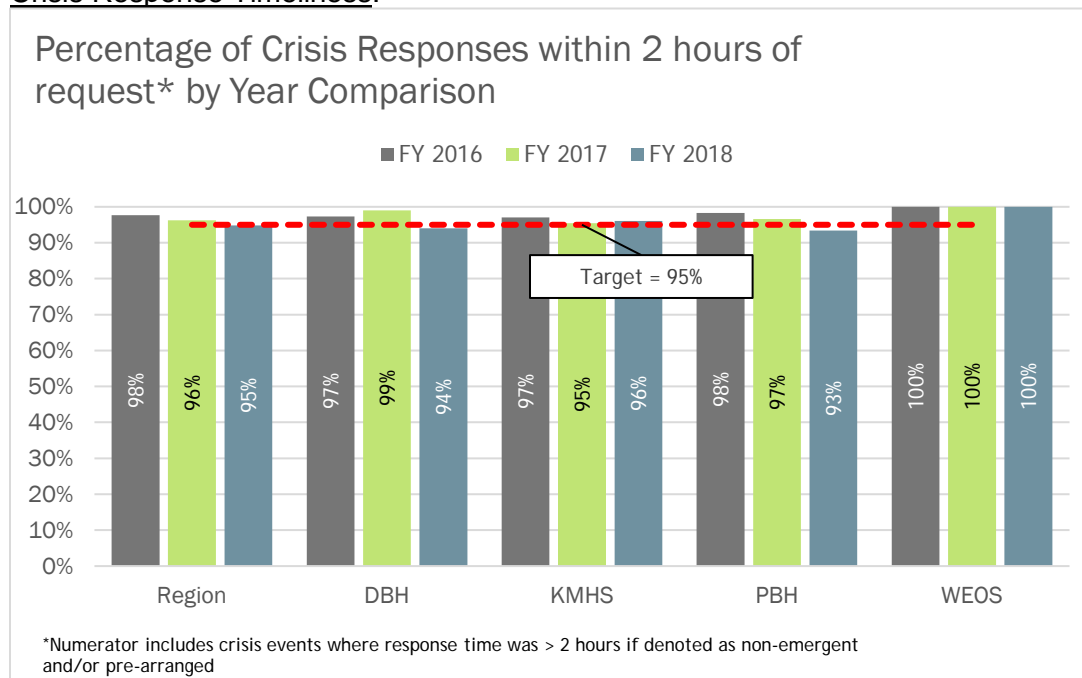
Quality Indicators

For FY 2018, the SBHO ultimately had three official indicators/core performance measures generated by the State, including: Psychiatric Hospitalization Readmission Rate, Substance Use Disorder Treatment Initiation and Engagement, and Behavioral Health Access Monitoring (Mental Health Treatment Penetration and SUD Treatment Penetration prior to January 1, 2017). Baseline data and improvement targets are to be provided by the State. Of these three measures, we are currently able to track Psychiatric Hospitalization Readmission Rate, the MH Treatment Penetration (Access) and SUD Treatment Penetration (Access) rate. We will begin tracking SUD Initiation and Engagement in the coming year. Please see charts below.

In addition to these contractually-required indicators, we also followed and/or established measures on the following: Crisis Response Timeliness, Outpatient Mental Health Peer Services Rate, Substance Use Disorder Request for Services Rate, Grievances, and Consumer Satisfaction. Please see examples of SBHO tracking of these measures below.

As you can see, we have shown consistent success/improvement with our crisis response timeliness, inpatient utilization, and penetration rates.

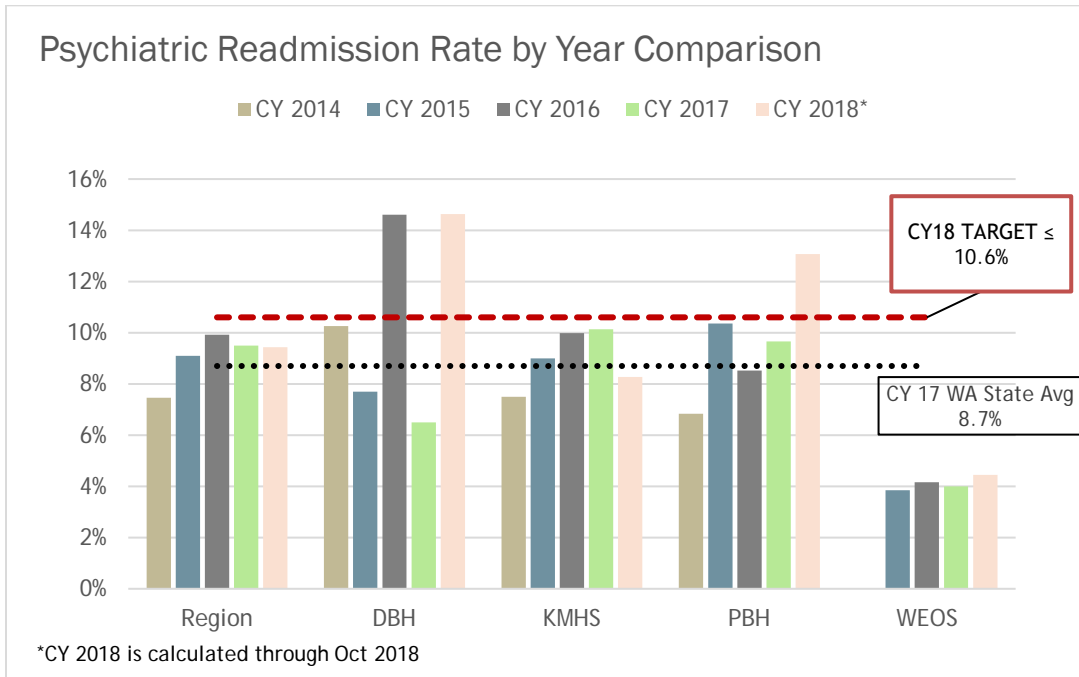
Crisis Response Timeliness:



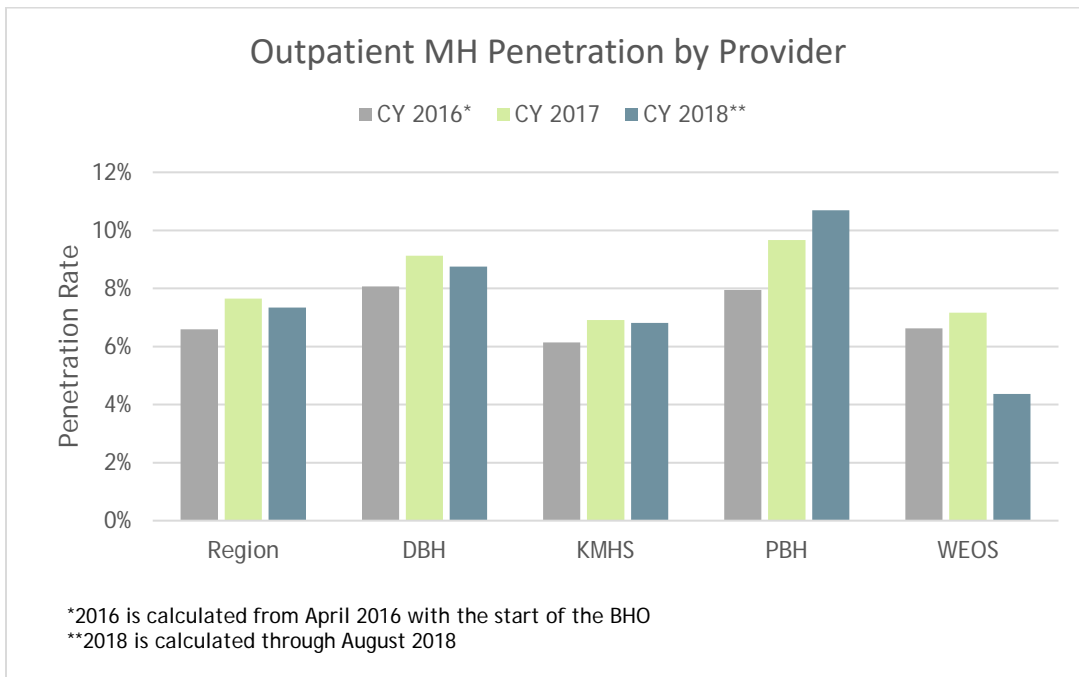
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Inpatient Utilization (Psychiatric Readmission):

Target was developed by our QUIC to be within 2 points of state average.

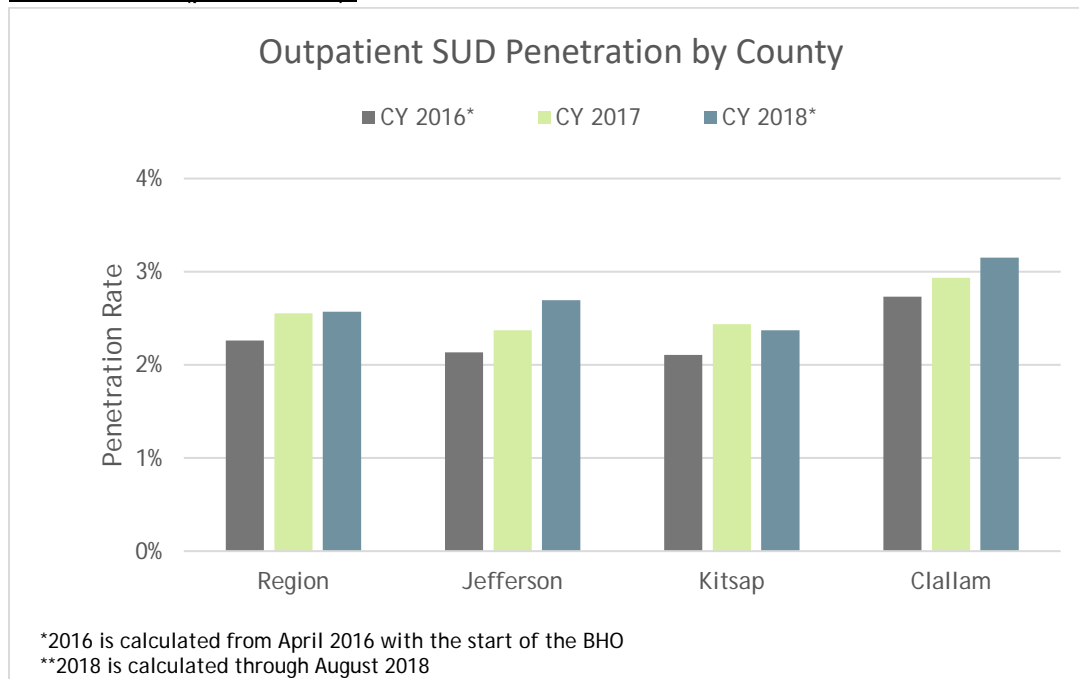


MH Access (penetration rates):

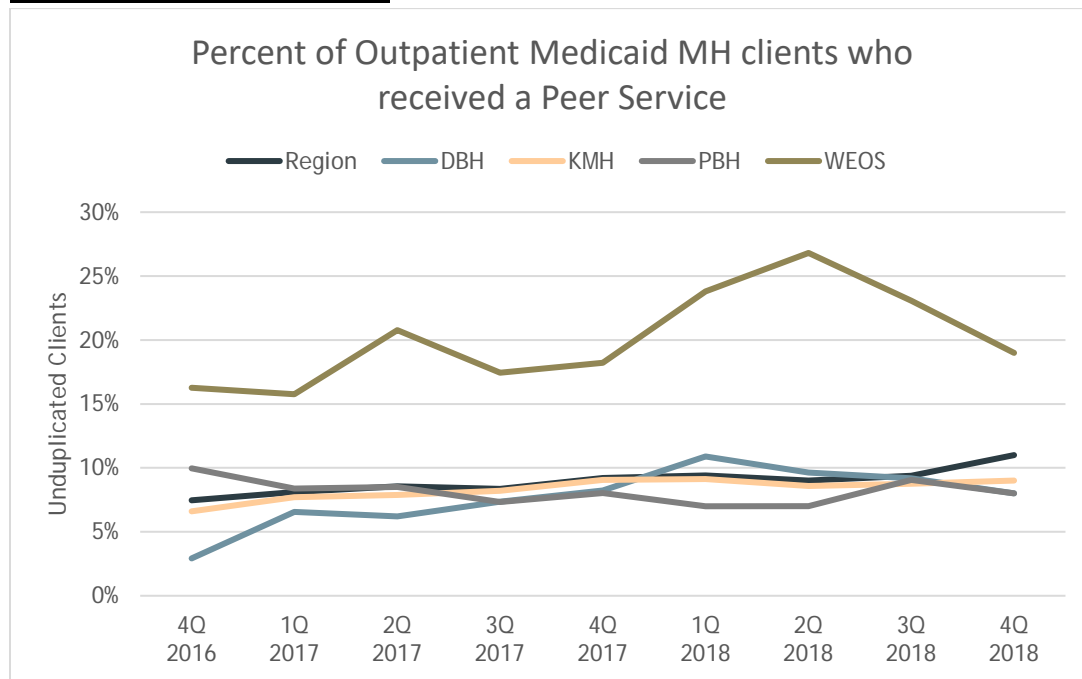


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SUD Access (penetration):

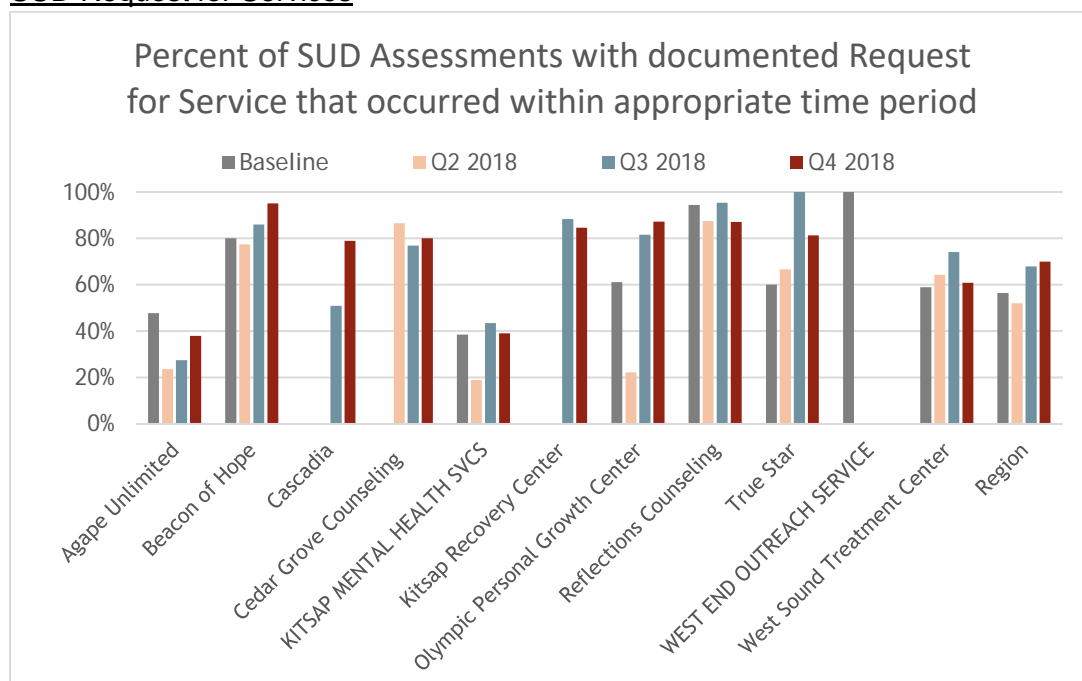


Mental Health Peer Services:



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SUD Request for Services



Recommendations/Future Plans: As Child and Family Team meetings are currently being monitored solely via the Children’s PIP, we have focused on other areas of need, such as SUD timeliness measures and peer services, which were specifically requested by our Advisory Board. We have finished the review and implementation process for these new measures and look forward to what we will learn from continued monitoring.

Sentinel Events

There were 80 sentinel events in calendar year 2017. The categories with the most number of incidents reported were *Death*, with 23 incidents, which is a significant increase from prior years. Next is *Serious Suicide Attempt* with 11 incidents recorded. From the table below, it is evident that the total number of events appears to have increased from last year, though overall, does not deviate as much from the average observed since 2013 even though SUD providers are now included. Additionally, the importance of improved closure information was recognized, resulting in a search for a follow-up tool to efficiently close reported sentinel events.

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Incident Type	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
Accidental Overdose					1	3		
Alleged Abuse of Client				5	1	2	3	3
Alleged Rape			1	1		1	1	
Alleged Sexual Assault	2	2	1	2	3		1	3
Assault of Staff - not resulting in hospitalization		1		2			1	
Assault of Staff - resulting in hospitalization								1
Breach of client information				1			7	6
Death	3	8	7	10	8	7	5	23
Death - Suicide	9	6	3	2	3	4	3	7
Escape/UL		1	1	8	9	3	2	3
Fraud and Abuse				1		1	1	
Financial Exploitation - involving client								1
HIPAA Violation: Breach or Loss of Client Data								1
Media Interest	1			4	2			4
Media Interest - Crime		1	1	5	3			7
Other	4	3	9	5	3	2	9	5
Serious Injury						3		1
Serious Suicide Attempt -resulting in hospitalization	2	1	1	8	6	6	15	11
Threat to Staff			1	4	2	1	1	
Violent Act - Attempted Homicide						2		1
Violent Act - non-fatal injury						1	1	1
Violent Act - other	12	5	5	1	6	1		2
Violent Act - Property Damage						1		
Total	33	28	30	59	47	38	50	80

Recommendations/Future Plans: Continued annual monitoring through the Clinical Directors and SUD Providers' meetings with focus placed on results that significantly deviate from the norm. The SBHO will continue to provide technical assistance, with a focus on SUD providers to ensure uniform and consistent incident reporting as well as agency-level tracking for quality assurance purposes. There will be continued focus on ensuring proper closure of events, utilizing a new sentinel event closure tool.

Utilization Management and Reports

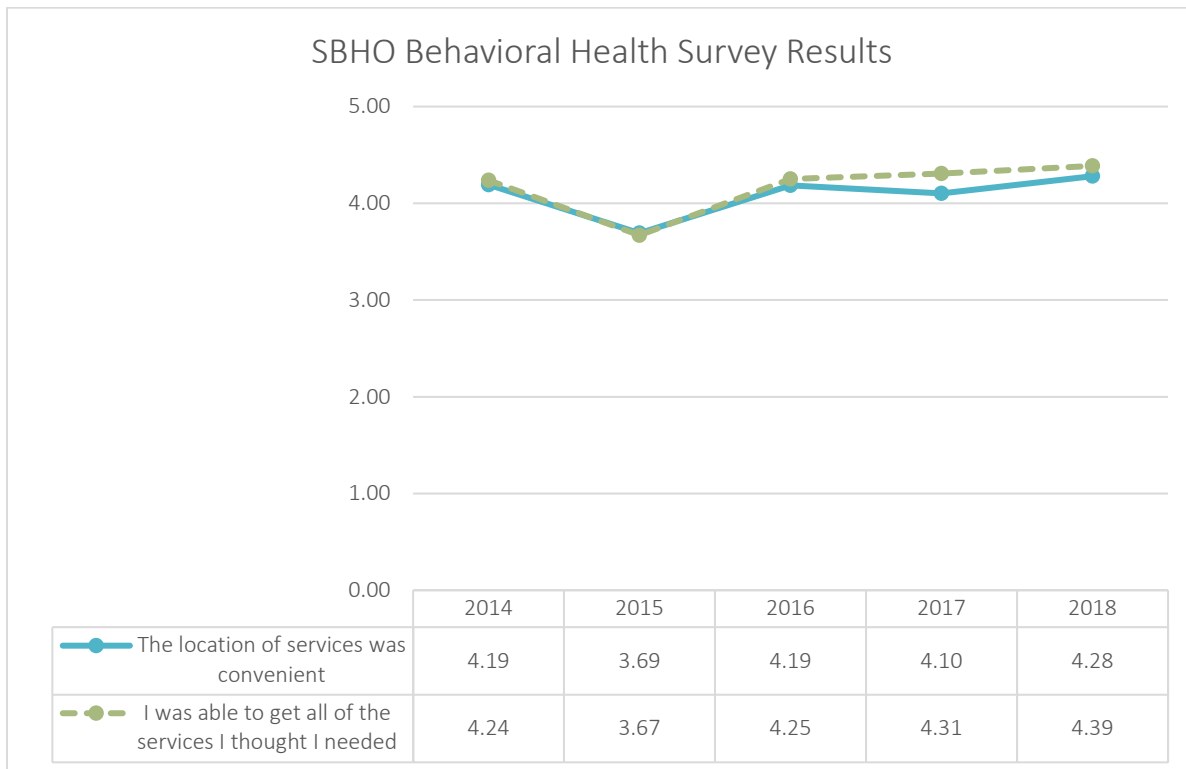
The SBHO has provided Utilization Management reports to the Utilization Management Committee (UMC) members on a regular basis for review and monitoring. These reports are based off the reports generated by CommCare, our contracted authorizing organization. The SBHO QA Department continued generating visual reports that outlined admission trends by Network Agency, quantity of late authorization requests, and level of care designations in an effort to increase utilization monitoring.

Recommendations/Future Plans: As we have had some fluctuation in staffing within the Utilization role, we are continuing to increase focus within this area and expect continued changes and growth in this area over the next year. Particular focus will be required as we move towards integration readiness.

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Surveys

The SBHO has kept the previous questions for our regional survey to ensure some historical consistency. These two questions are distributed by all outpatient behavioral health providers and are rated using a five-point Likert scale. Several discussions were had at the QUIC meetings over the past year regarding the questions and whether additional, or different, questions were warranted. Residential services questions were also discussed as surveys are conducted there as well, though include out-of-region clients. Of particular focus was whether to add a question regarding culture. After several debates, including discussions on how a new question should be worded, it was ultimately decided that this area of focus could be better facilitated by the QRT. The results of CY 2014 – 2018 can be reviewed below. We have found consistently high satisfaction regarding the location of services and obtaining the services the clients thought they needed and are pleased there is an emerging upward trend in reported satisfaction. We continue to look forward to receiving the results from the new Behavioral Health Enrollee Survey (BHES) once they are available.



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Recommendations/Future Plans: The SBHO will continue to utilize these surveys as tools to help identify trend patterns or areas of concern and will incorporate BHES results once they are available. Further integration of residential services will be explored.

Provider Semi-Annual Quality Assurance Reports

The SBHO requires all contracted providers to submit a quality assurance report every six months. These semi-annual quality reports are to include all tracking, monitoring, measures and quality assurance activities that occur at the agencies. This is still a relatively new requirement for SUD agencies; our hope is that it has encouraged a more regular and continued focus on agency Quality Management Plans.

Recommendations/Future Plans: The SBHO has used these reports as tools to help identify agencies that are fully compliant in contract terms as well as identify areas that need assistance. The SBHO Quality Assurance Committee will be examining these reports in the coming year and will make recommendations as to their content and frequency.

Grievances

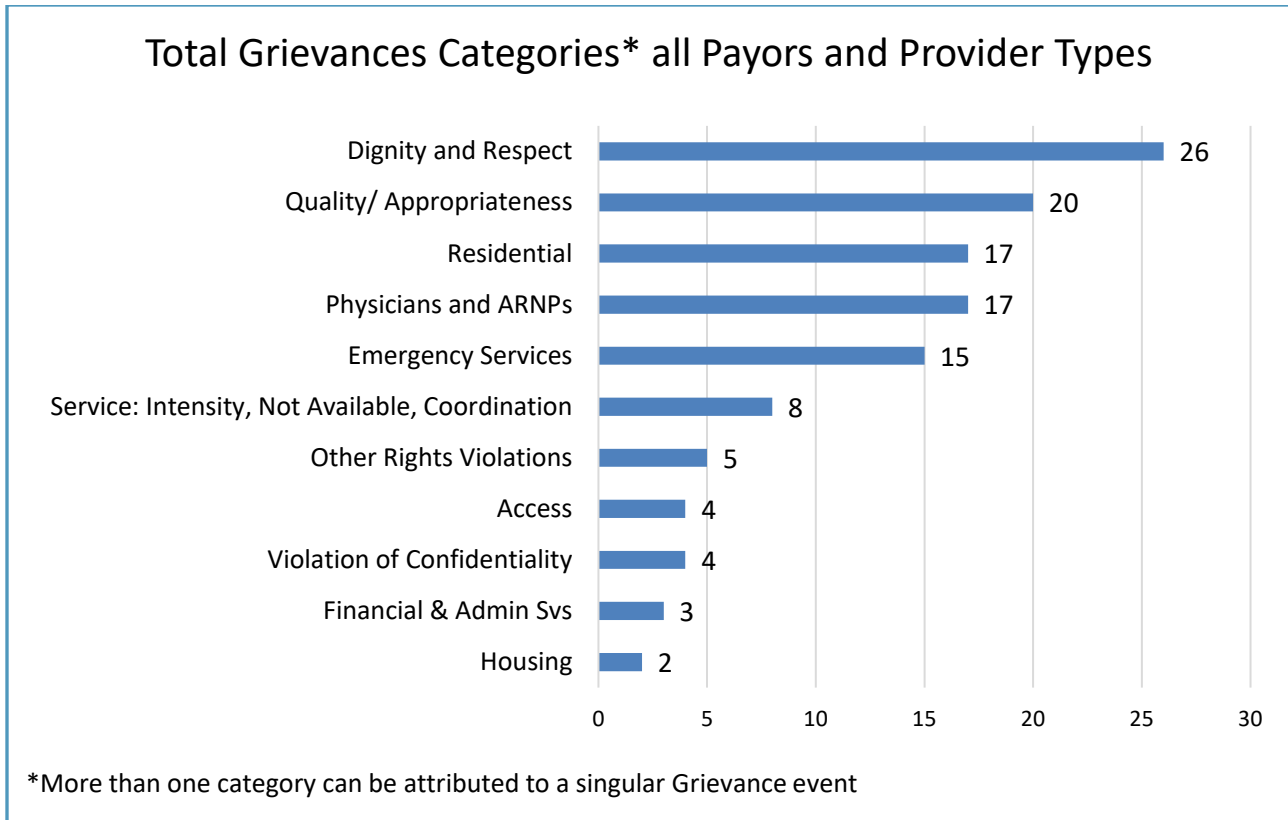
The SBHO has measures in place to resolve and monitor grievances on an ongoing basis with the assistance of the Ombuds. This includes quarterly tracking of grievances per contract requirements and deliverables submitted to the State. The SBHO has continued to place a solid focus on sustained improvement of the Grievance System – both at the SBHO and agency level – given the ongoing feedback from the State (per CMS (Center for Medicare and Medicaid Services)). The SUD Performance Improvement Project (PIP), with its focus on the grievance system for SUD providers, has had a notable positive impact. Please also see the PIP section below. on the improvements by our SUD providers within the grievance system.

As previously reported in 2017, grievance reporting has been another area of challenge for our providers, both SUD and MH. Given this, a change in oversight and reporting was implemented in this fiscal year. Providers now submit copies of all grievance letters sent to clients for tracking and review by the SBHO. They also submit narrative comments regarding the reporting quarter as they have traditionally done. We are working through any challenges that present with this new process.

While the SBHO had a surge in *Quality and Appropriateness* category representation last year that overtook the quantity of those in the traditionally-dominant *Dignity and Respect* category, we are now seeing an a return to a more prevalent presentation of *Dignity and Respect*. Given this category has been a continued theme in our region and a source of discussion with the QUIC, a more targeted discussion is warranted, and plan will be developed to better address how to reduce the dissatisfaction in this area, region-wide.

After seeing an increase last year of the category *Other*, a concerted effort was made to attempt to find a more specific category for use, with *Other* only being used if there was truly no better option. This allows for a more detailed picture of what concerns are prevalent regionally.

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Recommendations/Future Plans: Given the challenges that presented with the grievance system changes last year, and that it appears there are still some ongoing struggles continuing to keep this system accessible to clients, the SBHO will continue to focus on providing technical assistance to ensure we have an accessible and accurately-reported grievance system.

WISe

Fiscal Year 2018 was a year of substantial growth in capacity and implementation of WISe services in the Salish region. SBHO staff coordinated and facilitated expansion of capacity from 6 to 13 teams in three counties, and the number of families served has doubled. Additionally, we facilitated improvement in the expansion and development of the FYSPRT to be fully compliant with contract requirements. SBHO staff meet/speak monthly with the PAVE program, currently contracted to facilitate the Salish regional FYSPRT, to ensure mission and vision are at the forefront and that FYSPRT is embedded into the region and local communities.

Additional Activities:

- Created and managed the WISe clinical manager’s group and meeting held monthly.
- Created an internal WISe monitoring review tool to ensure quality of care per the WISe manual (version 1.8), currently used for clinical quality assessment and review, but not

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included in CAPS nor total scores due to the State's request to have all WISE programs reviewed with the WISE quality improvement review tool (to be released January 2019).

- Staff from the Salish WISE programs attended multiple trainings across the state offered by the WISE Learning Collaborative out of WSU. These included the required WISE 2-day introductory trainings for all WISE staff, as well as peer counselor trainings and peer Wellness Recovery Action Plan trainings.

Recommendations/Future Plans: SBHO is developing a Regional Training plan with the WISE Learning Collaborative to ensure that regional WISE trainings that are offered meet the unique needs of this region. The plan includes expanded intermediate trainings specific to various WISE team roles with further integration of the CANS. The EPBi Institute out of UW will be offering more EBP trainings and is planning on offering a CBT+ training in this region.

SBHO Meetings

The SBHO understands the importance of community collaboration and as such makes these meetings a priority. In addition to other established regional allied meetings, such as the WISE, UMC, and SUD and MH QUIC meetings, we have continued with our regional SUD Providers meeting to facilitate communication and collaboration with our SUD providers during this new phase of transition and adjustment. The SBHO began having meetings with DDA to increase collaboration and more adequately serve our DD population. Both MH and SUD are addressed at these meetings. We also offer to meet with all seven tribes located within our region. We have offered to develop coordination and crisis plans with all tribes and have been able to work closely with the majority of them.

Recommendations/Future Plans: The SBHO will continue to work on increasing collaboration with our providers and community and tribal partners. We will use SBHO meetings in an effective and efficient manner to encourage necessary discussion regarding current services, challenges, needs, and future goals, which is of particular importance during this last full year of SBHO operations.

Administrative and Sub-Delegation Reviews

Administrative reviews were completed at all of our in-network provider agencies for FY 2018. Overall, MH agencies did well with only a few required corrective actions. We again experienced a significantly higher number of corrective actions for our SUD providers. This is not a surprising result given they are still relatively new to the SBHO Administrative Review process. Substantial time and assistance has been provided to help our providers adjust to this process and ensure they are compliant with all required regulations and contract terms.

The SBHO contracts with CommCare for authorization of services and as such that agency is subject to a biennial sub-delegation review. The authorization of services sub-delegation review occurred on February 8, 2018. This review resulted in no corrective actions.

Recommendations/Future Plans: The SBHO Administrative Review tool is reviewed annually and updated to reflect changes in administrative code and contract requirements. We will also continue

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to review the document and make changes as requirements and feedback necessitate, in addition to our annual review. The current focus includes ways to reduce duplication in review content.

Performance Improvement Projects

The SBHO has three Performance Improvement Projects (PIPs) including a children's PIP, a SUD PIP, and a clinical PIP. All three PIPs passed the EQRO process fully and high confidence in reported results was noted for all applicable criterion:

1) **Children's PIP**

Increasing Child and Family Team Meetings among High Risk, High Cost, and High Needs Children Served by the Mental Health System:

This project was created to improve the frequency of child and family team meetings for children who are identified as high risk, high need, and high cost based on either meeting criteria for the SBHO's Children's Intensive Services (CIS) Program or WISe eligibility. Children's Intensive Services is a level of care created by the SBHO to identify high needs, high cost, and high-risk children prior to the implementation of WISe so that the SBHO could begin ensuring more intensive services to those who need them and study the services and outcomes for this population. The identification of the CIS population was the focus of the first phase of SBHO's Children's PIP, with the ultimate goal of expanding the PIP process to include study and intervention regarding services and outcomes for this high risk, high needs, and high cost population. This current project is the second phase of the SBHO Children's PIP. Clinical guidelines for the CIS and WISe population require monthly Child and Family Team (CFT) meetings. When SBHO evaluated outcomes and clinical standards for services among this population, it was found that providers were not providing monthly meetings to this high needs, high risk, and high cost population. The aim of this PIP is to provide training to relevant clinical staff to increase the frequency of CFT meetings. The training addresses issues identified in barrier analyses conducted with the providers, and surveys of clients and their families.

In 2018, SBHO performed the 2nd Re-measurement phase of the Children's PIP. To address issues raised in the barrier analysis, SBHO revised the training to include more relaxed criteria on who must be involved in CFT meetings and more relaxed criteria on phone versus in person meetings. Relevant staff received this updated version of the training at the end of the 1st re-measurement period. However, the expectation that the trainings would improve the indicators did not bear out. The 2nd set of re-measurement statistics showed no statistically significant improvement for either the percent of children in the study population who participated in a CFT meeting, or in the average frequency of CFT meetings. In response to providers' feedback, SBHO delivered a flyer and handout (in English and Spanish) for providers to use with clients.

2) **SUD PIP**

Improving Implementation of the Grievance System among SUD Providers:

The SBHO began contracting with SUD service providers for SUD services beginning April of 2016. Most of these providers were new to managed care regulations, and therefore were in the process of building or refining policies and procedures to meet new contractual

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obligations such as implementing a formal grievance system. Pre-delegation administrative reviews among the majority of SUD providers revealed sparse policies and procedures and subsequent uncertainty about proper handling of grievances. Further, the number of grievances was low during the first quarter of the contract, reaching only 2.8 per thousand clients authorized for services, suggesting the possibility that not all grievances may be included in the required formalized system, or that awareness and use of the formal grievance process could be improved. This PIP therefore aims to improve the implementation of the grievance system among SUD providers who are new to managed care, specifically by improving staff knowledge and awareness and then measuring the rate of number of grievances per thousand clients who received services from SUD providers. The study questions ask whether the provision of training, supportive materials, and technical assistance improves knowledge among staff about the grievance process and increases the use of the grievance system among clients. The intervention training, materials, and technical assistance for this project was developed based on a root cause analysis conducted with SUD providers, the behavioral health Ombuds, and client experiences conveyed by the Ombuds.

The results for the baseline and 1st re-measurement data for the 2nd indicator demonstrated clear, consistent, and statistically significant improvement in increasing the knowledge and confidence of staff after the training delivery. This improvement is evident in the average score (95%), the improvement of the average score against the baseline (+23 points, compared to +20 for the initial post-survey).

Although the survey results demonstrated increased knowledge and confidence, this did not translate into a significant increase in grievances. The first indicator's follow-up measure is not statistically significant. The number of grievances filed (33) was higher than the baseline measure (24), as is the follow-up rate of grievances per thousand (12.0), but this difference was not statistically significant.

3) Clinical PIP

Tobacco Use Cessation:

This project aims to improve the SBHO's ability to apply tobacco cessation and prevention interventions among Medicaid enrollees served by SBHO mental health providers and measure the effectiveness of those interventions using outcome data. This initiative has three phases including:

- 1) Improving assessment of tobacco use and recording that information in the electronic medical record (EMR).
- 2) Broadening the tobacco cessation intervention beyond assessment to include additional steps consistent with the Public Health Service clinical practice guideline for "Treating Tobacco Use and Dependence" (2008) as recommended by the U.S Preventative Services Task Force.
- 3) Measurement of tobacco use outcomes before and after interventions with the goal of decreasing tobacco use among clients in the study population.

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This PIP's initial focus was on the first steps towards intervention and measuring outcomes, which is asking and recording tobacco use status. This phase of the PIP was successfully completed. SBHO has implemented the second phase of this PIP, which is focused on the implementation of tobacco cessation interventions consistent with the Public Health Services practice guideline as well as outcome measurements designed to align with the timeframe of the intervention improvement.

The 2nd re-measure of the intervention phase ended in March 2018. Comparing baseline measure to 1st and 2nd re-measures showed statistically significant improvements on the first three indicators. Two agencies had statistically significant improvements between the 1st and 2nd re-measures.

As successful as the "ask and record" and "ask and intervene" phases were, the 1st re-measure of outcomes showed mixed results. One agency had a statistically significant improvement for tobacco cessation. There were two agencies for which the improvement was less robust due to problems with data entry and implementing the process fully. These issues have been addressed and will continue to be tracked.

Recommendations/Future Plans: SBHO plans to continue to monitor each PIP for effectiveness and address barriers as needed until completion. The Children's PIP last re-measurement period ended October 31, 2018, and analysis starts in February 2019, to allow time for data capture of clients that begin services during the final month of the remeasurement period. The Clinical Tobacco PIP ends in March 2018 and analysis will commence in April 2019. The SUD Grievance PIP ends in June 2018, with analysis in July 2019.

Given the upcoming changes in behavioral health organization with Washington's health care system, future PIPs are not planned at this time.

Quality Management Plan

Annually, or more frequently as needed, the SBHO's Quality Assurance manager reviews the Quality Management Plan to ensure it remains accurate and effective. It is then presented for review and approval by the MH and SUD QUIC members as well as board members.

Recommendations/Future Plans: The SBHO will continue work on improving quality services and efficiency. In particular, additional focus will be placed on preparing for the impending integration changes and reflecting this within the Plan.

Information Systems and Data Reporting

In 2017 the SBHO had two contracted provider sites struggle with issues related to establishing an EMR, which caused some data backup. These providers are now submitting on a regular schedule. A few additional providers have been considering switching to a new EMR. The SBHO is working with them to ensure they test their new data files before changing systems. DSHS created a new Data Guide that went live on April 01, 2017, which resulted in many changes in our system, but the SBHO was on time to test and shift to the new requirements. To make data file transfer

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more convenient, there is now a new SFTP site where providers upload their files for importing into our system.

Recommendations/Future Plans: With the hire of our new Analyst, further data improvement projects are planned once parity is prepared for and the implementation process has begun. Data auditing and implementing our own tracking of SUD Initiation and Engagement will be priorities. The BHO is waiting for the final IMC SERI to be released so we can have our system ready for the proposed July 1, 2019 implementation date. We are also advising and aiding provider sites on how to be ready for the upcoming integration changes. Finally, we are in the process of researching a provider portal that would enable sites to enter data securely via our website.

Progress Toward Goals:

The previous QA Program Evaluation identified the following plans or goals:

- Align our QMP and policies and procedures with the Department's recently updated Quality Strategy once it is finalized.
 - Unfortunately, the Quality Strategy was not yet finalized during this reporting period.
- Review and expand the Quality Assurance Program evaluation process, ensuring more comprehensive review incorporating risk assessment results and revising the QAPI Assessment Tool to better align with SBHO practices.
 - This has been accomplished this year, though continued improvements are always a focus and necessary for continued growth. This year, with the substantial changes resulting from full integration, there will be substantial work in this area.
- Finish development and ensure a timely implementation of the SBHO's new outward-facing dashboard.
 - Given data privacy challenges, this is still in process.
- Complete updates to our Practice Guidelines and Clinical Chart Review Tools and implement them in the most efficient manner possible for our clients and providers.
 - Much work went into these processes and, as noted above in the Chart Review section, were completed and are moving into the implementation phase.
- Evaluate and implement improved EDV monitoring and associated CAP follow-up.
 - Substantial work was done with the EDV process with Qualis feedback, as noted in the associated section above. Specific work was done with several providers regarding CAP timeliness issues as well.

Goals for the Coming Year:

The SBHO considers its Quality Assurance Program a continually-evolving program and given the impending changes to our region this next year as a result of fully integrated managed care, the evolution of this program and necessary changes will likely be notable. One of our primary goals in this coming year is to ensure ongoing quality services during this substantial period of change, planning, and uncertainty. While there will be some need for focus on preparing

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for these changes, we will continue to look at specific ways to improve current services, such as through a new data audit process and adding additional quality indicators. In addition, we intend to assist our providers in preparing for fully integrated managed care in hopes they can continue to provide the highest-quality services to our clients on an ongoing basis, with as little disruption as possible.



SALISH BHO

ADVISORY BOARD MEETING

DATE: Friday, May 3, 2019
TIME: 10:00 AM – 12:00 PM
LOCATION: City of Sequim, Transit Center
190 W Cedar Street, Sequim WA 98382

A G E N D A

<https://spf.kitsapgov.com/hs/Pages/SBHO-ADVISORY-BOARD.aspx>

1. Call to Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of March 1, 2019 Meeting Minutes (Attachment 5)
6. Action Items
 - a. Update on Crisis Line RFP
7. Informational Items
 - a. Update on Preparations for 2020
 - MCO Delegation of Medicaid Crisis Services
 - HCA Readiness Review (Attachment 7.a)
 - b. BHO Closeout
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Board Member Check-in
10. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
ASO	Administrative Service Organization
BH-ASO	Behavioral Health – Administrative Service Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMHA	Community Mental Health Agency
CMS	Center for Medicaid & Medicare Services (federal)
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FBG	Federal Block Grant (specifically MHBG and SABG)
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
LOC	Level of Care
MAT	Medical Assisted Treatment
LRA	Least Restrictive Alternative
MCO	Managed Care Organization
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OTP	Opiate Treatment Program
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QA, QI	Quality Assurance, Quality Improvement
QUIC	Quality Improvement Committee
QRT	Quality Review Team
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
UM	Utilization Management
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital

SBHO Advisory Board

Agenda Briefings

May 3, 2019

ACTION ITEMS

a. Update on Crisis Line RFP

- Salish released an RFP for the Regional Crisis Line on March 12th, 2019 and it closed on April 4th, 2019. There was a total of three responses to the RFP. The respondents included: CommCare, Kitsap Mental Health Services, and Volunteers of America. The SBHO Advisory Board RFP Committee met and reviewed the responses on April 22nd, 2019. The Committee's recommendation was to pursue Volunteers of America as the Crisis Line provider. This decision was unanimous by Committee Members. The deciding factors were cost, infrastructure, and keeping services as local as possible.

INFORMATIONAL ITEMS

a. Update on Preparations for 2020

- MCO Delegation of Medicaid Crisis Services
 - The MCOs conducted their delegation preassessment on April 19th, 2019. They reviewed Salish's readiness for Credentialing and Utilization Management/Crisis Services to be delegated to the BH-ASO in January 2020. Staff will provide an update.
 - Staff is in active contract negotiations with the four Managed Care Organizations: Molina, United Healthcare, Amerigroup and Coordinated Care. Staff will provide an update.
 - Staff is drafting Salish BH-ASO subcontracts for Medicaid Behavioral Health Crisis Services. Salish's Crisis Network will be comprised of the four Mental Health Providers and the toll-free Crisis Line provider. Staff will provide an update.
- HCA BH-ASO Readiness Review
 - Staff successfully submitted Salish's response to HCA's BH-ASO Request for Information Questionnaire on April 15th, 2019. This was the main pre-readiness review activity required by the HCA. One of the questions included in HCA's Request for Information was, "Are there services within the current system that are potentially at jeopardy of not being funded? If so, what are they?" Staff will discuss these early projections.
 - HCA will be onsite with Salish Staff on May 1st, 2019 to discuss the projected BH-ASO Budget.

- The more formal Readiness Review process begins in May 2019. Staff will provide an update about what this entails.

b. BHO Closeout

- Salish's Fiscal Close-out Plan is due April 29th, 2019. The HCA has indicated they will provide a response to Salish's Fiscal Close-out Plan by May 17th, 2019. Staff will provide an update.
- Salish BHO Operational Close-out Plan is due on May 20th. Staff will provide an update.

**MINUTES OF THE
SALISH BEHAVIORAL HEALTH ORGANIZATION
ADVISORY BOARD**

**10:00 A.M., Friday, March 1, 2019
City of Sequim, Transit Center
190 W Cedar Street, Sequim WA 98382**

CALL TO ORDER – Russell Hartman, Chair, called the meeting to order at 10:05 am.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS:

ADA Assistive Listening Devices were available for Board Members and members from the public to use during the meeting.

APPROVAL OF THE AGENDA

Add Annual Behavioral Health Conference discussion and move Information Items before Action Items.

MOTION: Freida Fenn moved to approve the agenda as amended. Lois Hoell seconded. Motion Carried Unanimously.

APPROVAL OF JANUARY 4, 2019 MINUTES

Acclamation to approve motion made on January 4th, 2019 to approve the previous meeting minutes.

MOTION: Freida Fenn moved to approve the January 4, 2019 meeting minutes. Jennifer Kreidler-Moss seconded. Motion Carried Unanimously.

ACTION ITEMS

- RFP for Regional Crisis Line and Inpatient Utilization Management
HCA/ASO (non-Medicaid) contract outlines Crisis System operational requirements and Crisis System services. It also requires the ASO to have a Utilization Management System in place for authorizing/denying requests for care, which can be handled in house.
 - The BHO must meet NCQA Pre-Delegation standards for Regional Crisis Line operations.
 - The BH-ASO will primarily administer crisis and higher-level services, focused on inpatient psychiatric care and residential substance use disorder treatment. Both, the Crisis Line Operations and Inpatient Psychiatric Authorizations must be accessible 24/7.
 - The BHO decided to release one RFP that will allow entities to bid on the Regional Crisis Line. RFP will be released in March and posted for 21 calendar days until April 3rd. April 4th - 10th BHO will review RFP. RFP will be mailed and e-mailed to Sub-Committee by April 10th. Sub-Committee will review April 15th – 30th. Sandy Goodwick, Jennifer Kreidler-Moss, and Freida Fenn volunteer to be a part of Sub-Committee. One in-person Sub-Committee meeting will be held Friday, April 26th, location TBD, if the location has video capability for attendance, it may be utilized.
 - Sub-Committee appointed and April 26th meeting date set by Advisory Board Chair.
- Advisory Board Meeting Frequency and Priorities
Staff recommends full meetings that correspond with task deadlines (May – Submission of RFP and Executive Board's decision on transition to an ASO. August - Contracts with the MCOs on crisis services executed with providers). Some tasks will likely result in Sub-Committees that will convene between Advisory Board meetings.

MOTION: Freida Fenn moved to approve the schedule recommended by the Salish Staff and the allowance of developed Sub-Committees to convene as needed. Motion amended to include recognition of the By-laws that state the Administrator schedules the Advisory Board meetings. Catharine Robinson seconded. Motion Carried Unanimously.

- Jefferson County Mental Health and Substance Abuse Advisory Committee Seat
Jefferson County Mental Health and Substance Abuse Advisory Committee has a vacant seat which is assigned for a BHO Representative.
 - Advisory Board Member Freida Fenn has volunteered to join the Committee.

INFORMATIONAL ITEMS

- Update on 2020 Preparations
The approach seems to be Medicaid vs Non-Medicaid tasks.
 - NCQA Pre-Delegation work with the four MCOs (Medicaid) surrounding Crisis Service:
 - Work has been split into three workgroups: Credentialing (Providers), Claims and Encounter Submissions (Claims data within the network), and Utilization Management (UM)/Crisis (Crisis services). The workgroups include the MCOs.
 - Pre-assessment will be early to mid-April, however the BHO is currently operating as though the pre-assessment is a formal assessment. Following the pre-assessment, the MCOs will take their findings back to their respective Delegation Committee to decide whether to delegate services and functions to Salish BH-ASO. The determination may bring Corrective Action Plans which must be corrected by summer.
 - HCA Readiness for HCA/ASO Contract (Non-Medicaid):
 - HCA scheduled joint, bi-weekly, calls with the three on-time regions to address the “HCA Readiness” process.
 - Timeline includes: Request for information on SBHO close out activities to the HCA, a spend-down plan (how the BHO will meet fiscal contract requirements before and during the transition to an ASO), knowledge transfer from BHO to MCOs on how regional behavioral health system operates, and multiple document submissions and onsite review activities. In March the HCA will send a perspective ASO budget. By May the policies and procedures for the ASO should be complete. On October 15th the HCA to ASO final report, this is the point where the determination is made on if the BHO is becoming an ASO.
- Balanced BH-ASO Budget
Staff continues to analyze the costs of operating a BH-ASO. Attention is focused on the mandatory requirements within the HCA/ASO contract. At this time, what is available through Medicaid funding cannot truly be determined or estimated since other than crisis services, the funding will be negotiated in the MCO/Provider contracts.
 - Contract sections 15.1, 15.3 and 16.1 – 16.4. - “The Contractor shall prioritize state funds for Crisis Services, evaluation and treatment services for individuals ineligible for Medicaid, and services related to the administration of Chapters 71.05 and 71.34. Available resources shall then be used to cover services listed in subsection 15.3.3 for the priority populations defined in this contract.”
 - Non-Medicaid dollars will be distributed, first, to the Regional Crisis Line, ITA court and hospital costs. Available resources will then cover services for the Priority Population who meet the eligibility requirements.
 - The general state funds are split 70% ASO/30% MCOs. MCOs have a wraparound contract providing some Non-Medicaid services. Other behavioral health grants may cover gaps the state funds cannot.

- In comparison, Beacon’s website does outline some of the services they provide.
 - Approximately 2.7 million of current Non-Medicaid funds will be unavailable when the ASO contract takes effect.
 - Facility crisis stabilization will be covered by Medicaid and is negotiated into MCO contracts with providers, not the ASO.
- Legislative Priorities
Banks Consulting Group continues to actively engage in legislative efforts on behalf of BHOs and BH-ASOs surrounding issues with IMC transition. The policy bills ended February 28th. There are 392 behavioral health bills that are still active. Salish’s focus is on the citizens in our community and gaps in our region.
- Annual Quality Assurance Reports
Annual Quality Assurance Reports submitted to HCA in January. Included: QA Program Evaluation Summary, Risk Assessment, Quality Management Plan, QAPI Self-Assessment from CMS and 2018 QA Work Plan. Questions or comments: QA Manager, Richelle Jordan rjordan@co.kitsap.wa.us and (360) 307-4274.
- Annual Behavioral Health Conference
The annual Behavioral Health Conference is June 13-14 in Vancouver, WA. Details such as Registration scholarships and the brochure on events/topics has yet to be released. Will inform the Advisory Board when details become available.


OPPORTUNITY FOR PUBLIC COMMENT – Ellen Epstein inquired about the formation of an IPA which the BHO will not be active in. The Executive Board has asked that the focus of the BHO is on the transition to an ASO. Lisa Rey Thomas - the new OCH Director is Celeste Schoenthaler.

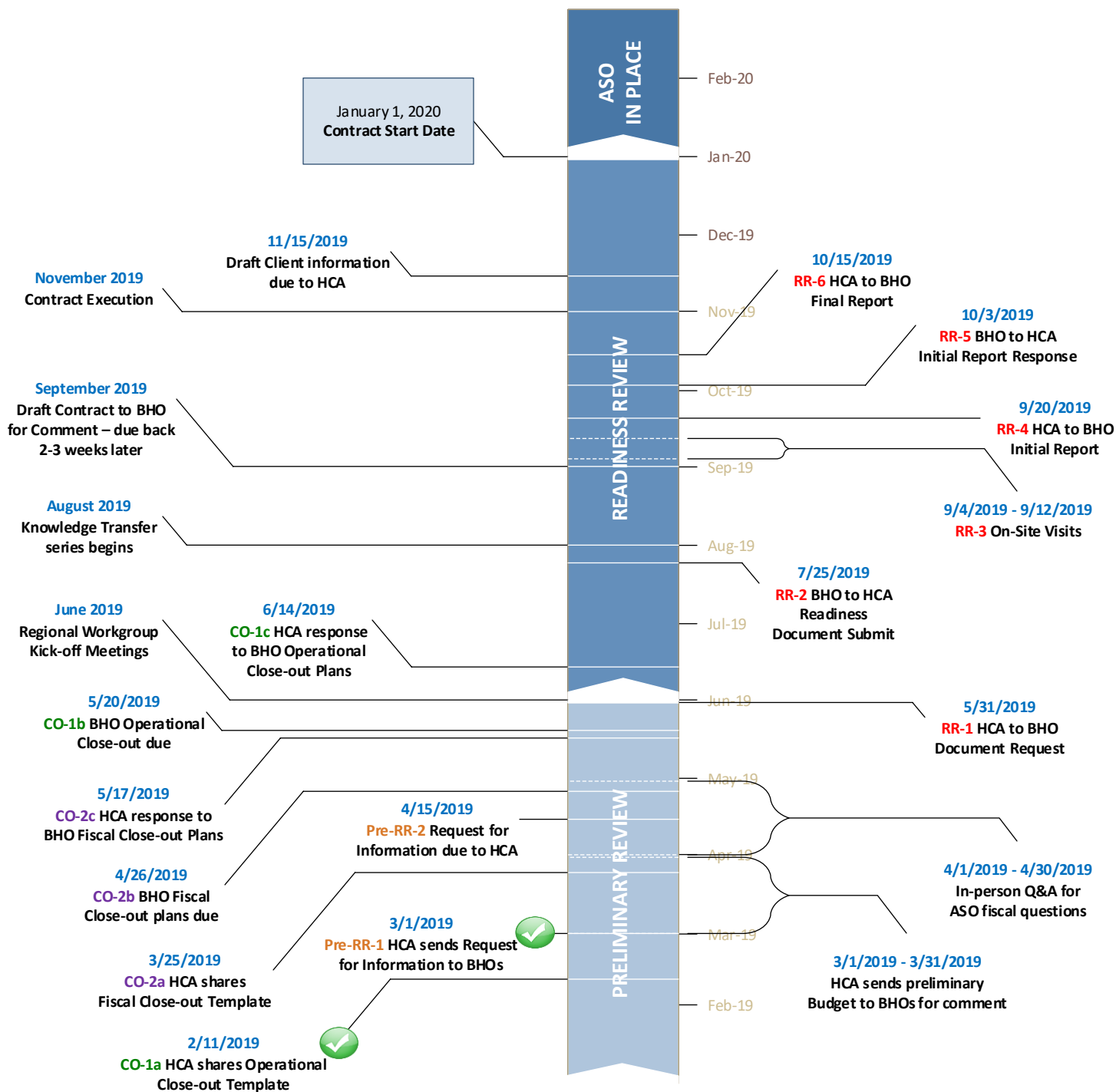
FOR THE GOOD OF THE ORDER – The Executive Board finds it is important to maintain a local control by becoming an ASO. It is noted that the region must consider uniform services to help cover the gaps services. The idea that the MCOs should cover gaps in service through provider contracts should be kept in mind. Mental Health Advocacy training information will be forwarded to consider if feasible for the BHO to attend. Included on August’s Advisory Board Agenda will be discussion on how the Advisory Board envisions the Advisory Board after transition from a BHO to an ASO.

MEMBERS		GUESTS	STAFF
<u>Present</u> Freida Fenn Russell Hartman Lois Hoell Janet Nikolaus Catharine Robinson Stephen Workman Anne Dean Sandy Goodwick	Jennifer Kreidler-Moss <u>Absent/Excused</u> Charles Pridgen Jon Stroup Sally O’Callaghan Roberta Charles Jolene George	Andy Brastad, - Clallam County Health and Human Services Ellen Epstein, RMH Services Lisa Rey Thomas, Olympic Community of Health	Jolene Kron Stephanie Lewis Ashlee DeMoss

ADJOURNMENT - The meeting adjourned at 12:02 pm.

2020 IMC Readiness Milestones - DRAFT

 = Completed Milestone





SALISH BHO

ADVISORY BOARD MEETING

DATE: Friday, August 2, 2019
TIME: 10:00 AM – 12:00 PM
LOCATION: City of Sequim, Transit Center
190 W Cedar Street, Sequim WA 98382

A G E N D A

<https://spf.kitsapgov.com/hs/Pages/SBHO-ADVISORY-BOARD.aspx>

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5. Approval of May 3, 2019 Meeting Minutes (Attachment 5)
6. Action Items
 - a. Preliminary BH-ASO Budget
 - b. BH-ASO Advisory Board (Attachment 6.b)
7. Informational Items
 - a. Crisis Line Update
 - b. BayMark Update
 - c. Update on Preparations for 2020
 - MCO Delegation of Crisis Services for Medicaid Enrollees
 - MCO Medicaid Crisis Contracts and Subcontracts
 - HCA Readiness Review
 - Salish BH-ASO Interlocal Agreement
 - Salish BH-ASO Provider Contracts
 - d. BHO Closeout Plan
 - Operational Plan
 - Fiscal Plan
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Board Member Check-in
10. Adjournment

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SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
UM	Utilization Management
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital

SBHO Advisory Board

Agenda Briefings

August 2, 2019

ACTION ITEMS

a. Preliminary BH-ASO Budget

Staff has developed a preliminary BH-ASO budget. The following facts informed the budgeting process: contract mandated services must be fully funded first, restricted proviso funds must be used accordingly, BH-ASO Administration and Direct Support withholdings (operating budget) must be funded by General State Funds (GFS). With the three parameters listed above, there is little flexibility in how most GFS dollars are spent. There is a limited amount of flexibility in how Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) will be spent.

Staff met with Salish providers on July 17th and 22nd to review the draft budget and solicit feedback on the use of MHBG and SABG.

Staff will give a presentation on the 2020 BH-ASO Budget process. With the Advisory Board's affirmative recommendation, the proposed budget will be presented to the Executive Board on August 16th.

b. BH-ASO Advisory Board

The Salish BH-ASO will maintain a Community Behavioral Health Advisory Board. The HCA contract language is attached to guide discussion. Staff recommends reducing the size of the board to two representatives per county and two Tribal representatives. The recommendation to reduce the size of the Behavioral Health Advisory Board (BHAB) is in part due to cost and a more limited role by the BHAB.

INFORMATIONAL ITEMS

a. Crisis Line Update

On June 12th, it was brought to Staff's attention that one of the Regional Crisis Line RFP responses was not included in the review process. After consultation, Staff reached out to the Advisory Board RFP Sub-committee to plan for reconvening and review. The Sub-committee's recommendation was presented to the Executive Board on June 21st. Staff will provide an update.

b. BayMark Update

SBHO staff have scheduled weekly calls with BayMark to track progress toward opening and to provide any support needed. BayMark continues to make progress toward opening Opiate Treatment Program (OTP) clinics in Port Angeles and Bremerton. The Port Angeles site has a certificate of occupancy and has had its first inspection by the Department of Health. BayMark is now waiting on the Drug Enforcement Agency inspection. They have also been working to staff the facility and are actively making offers. BayMark continues to project opening the Port Angeles clinic in August 2019. The Bremerton site had some construction delays and is projected to open in October 2019. BayMark is currently seeking staff for this facility as well.

c. Update on Preparations for 2020

- MCO Delegation of Crisis Services for Medicaid Enrollees

MCOs conducted a pre-delegation review of readiness for Credentialing and Utilization Management/Crisis delegation under the 2020 MCO Crisis contracts. Salish successfully demonstrated readiness for both functions to be delegated. The remaining area of delegation is Encounters and Claims processing. The MCOs have shared that this process is not evaluated until Salish begins “testing” claims/encounters submission.

- MCO Medicaid Crisis Contracts

As of June 10th, Salish successfully completed contract negotiations with the four MCOs. The MCO/SBH-ASO contracts were submitted to the Office of the Insurance Commissioner (OIC) later that week. After 30 calendar days, these contracts are “deemed approved” by the OIC and can be routed for signature. The MCOs Revenue contracts are routed for review and should be signed by the Kitsap County Board of Commissioners in August.

As a part of this process, staff created the Medicaid Crisis Provider subcontract template. The subcontract template had to be included in the OIC contract submission. Once the subcontract template is approved by the OIC, no changes can be made to the document without resubmitting to the OIC for approval. The SBH-ASO Medicaid Crisis Provider (KMHS, DBH, PBH, WEOS and VOAWW) contracts are routing and should be signed by the end of August.

- HCA Readiness Review

Staff has received affirmative feedback from the HCA regarding Salish’s BH-ASO Readiness submissions, thus far. On June 7th, the HCA released its comprehensive Readiness Review Document Request, which was a 20+ page document. The due date for Salish’s submission is August 5th. Staff will provide an update.

- Salish BH-ASO Interlocal Agreement

A new Interlocal Agreement was drafted for the Salish BH-ASO. It is quite similar to the SBHO Interlocal. The Salish BH-ASO Interlocal Agreement was fully executed on July 8, 2019. This will allow for the execution of 2020 BH-ASO Revenue and Provider contracts.

- Salish BH-ASO Provider Contracts

The 2020 BH-ASO Non-Medicaid Network was opened to any licensed BHA in the three-county region. In order to be eligible for a 2020 Non-Medicaid contract, the agency had to respond with a letter of interest and submit a written attestation that they could meet the data security requirements as outlined in the HCA contract. All currently contracted in-region providers, and Peninsula Community Health Services submitted a letter of interest and data security requirements attestation. At the time of writing this agenda summary, staff is writing the 2020 Non-Medicaid Provider contracts. The 2020 Non-Medicaid contracts must be executed by September 12th per HCA’s established deadline.

d. BHO Closeout Update

- Operational Closeout Plan

The Operational Closeout Plan, which Salish submitted to the HCA on May 20th, has been approved. Staff will provide a brief update.

- Fiscal Closeout Plan

Salish submitted its Fiscal Closeout Plan, previously termed Spend-down Plan, on April 29th. Staff participated in a follow-up call with the HCA on July 15th. HCA feedback was mostly affirmative. HCA requested additional details and/or clarification in a few areas and another follow-up call is scheduled for August 9th. Staff will provide a brief update.

**MINUTES OF THE
SALISH BEHAVIORAL HEALTH ORGANIZATION
ADVISORY BOARD**

**10:00 A.M., Friday, May 3rd, 2019
City of Sequim, Transit Center
190 W Cedar Street, Sequim WA 98382**

CALL TO ORDER – Russell Hartman, Chair, called the meeting to order at 10:05 am.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS:

ADA Assistive Listening Devices were available for Board Members and members from the public to use during the meeting.

APPROVAL OF THE AGENDA

MOTION: Roberta Charles moved to approve the agenda as submitted. Lois Hoell seconded. Motion Carried Unanimously.

APPROVAL OF MARCH 1st, 2019 MINUTES

MOTION: Catharine Robinson moved to approve the March 1st, 2019 meeting minutes as submitted. Lois Hoell seconded. Motion Carried Unanimously.

ACTION ITEMS

- Update on Crisis Line RFP
Salish released an RFP for the Regional Crisis Line, it closed on April 4th, 2019. The three respondents were: CommCare, Kitsap Mental Health Services, and Volunteers of America.
 - The SBHO Advisory Board RFP Sub-Committee reviewed the responses and unanimously recommended Volunteers of America (VOA) as the Crisis Line Provider. VOA proved to be a strong choice due to price of services, infrastructure, and location. (VOA has served northern Washington counties for years.)
 - Metrics were set forth in the RFP. Volunteers of America will have to continually meet those standards. The contract will begin in August 2019 and go live January 1, 2020.
 - There will be a new 800 number as the main crisis line.

MOTION: Lois Hoell moved to carry the recommendation of the SBHO Advisory Board RFP Sub-Committee to pursue Volunteers of America as the Crisis Line Provider. Sandy Goodwick seconded. Motion Carried Unanimously.

INFORMATIONAL ITEMS

- Update on Preparations for 2020
 - MCO Delegation of Medicaid Crisis Services
 - On April 19, 2019 the MCOs reviewed Salish's readiness for Credentialing and Utilization Management/Crisis Services in the delegation pre-assessment.
 - Salish was found in compliance for the Credentialing portion.

- The Crisis Services and Utilization Management portion required significant documentation. i.e. contracts and policies & procedures. A 75% grade resulted in corrective actions submitted to the MCOs by Salish May 3rd, 2019.
- The encounters & claims portion requires information systems to be configured and test data sent to the MCOs.
- Staff is in active contract negotiation with the four Managed Care Organizations: Molina, United Healthcare, Amerigroup and Coordinated Care.
- The Medicaid contracts and sub-contracts must be submitted to the Office of Insurance Commission by the MCOs. All documents must be executed by July 9th, 2019. Staff is currently drafting Salish BH-ASO sub-contracts for Medicaid Behavioral Health Crisis Services.
- The Crisis Network will be comprised of the four Mental Health Providers and the toll-free Crisis Line Provider. Triage will be billed to the MCOs for Medicaid enrollees, if negotiated in the Provider contracts.
- HCA BH-ASO Readiness Review
 - Had the “Pre-Readiness Review” regarding how Salish will meet all ASO contract requirements.
 - Staff successfully submitted a response to HCA's BH-ASO Request for Information Questionnaire. Many administrative, clinical and data policies and procedures are complete.
 - Salish submitted a list of our existing network to HCA to assist the HCA with determining MCO contracting requirements.
 - HCA was onsite with Salish Staff on May 1st to discuss the projected BH-ASO Budget. The state funds are still listed at 70% to the BH-ASO. HCA is questioning how local tax dollars are used in our region and offered to come speak to the gaps that could use coverage.
 - Many services may not be available i.e. long-term SUD for non-Medicaid, staff supported housing, and mental health outpatient care (limited), services that will not be provided under the HCA contract to those without insurance or who are under insured.
 - The formal Readiness Review process begins May 2019.
 - The final decision will be made on October 15th, 2019.

Other landmarks in the transition process include developing an early warning system to monitor metrics and formulating a system to inform stakeholders and consumers.

➤ BHO CLOSEOUT

- Salish's fiscal closeout plan was submitted April 29th. The plan proves that all costs, including claims that come in after the transition, will be covered. Should receive a response by May 17th.
- The operational closeout plan is due May 20th.
- Staff received their separation dates *if* the BHO fails to become an ASO. If staff stays until the separation date given, they will receive a three-month retention payment.

OPPORTUNITY FOR PUBLIC COMMENT – None.

FOR THE GOOD OF THE ORDER – Next meeting is August 2, 2019. The model contract language regarding the Advisory Board format can be found at HCA.wa.gov. Stephanie will also send the contract language. The Executive Board meets on May 17th, 2019, all are encouraged to attend.

ADJOURNMENT - The meeting adjourned at 11:09 am.

MEMBERS		GUESTS	STAFF
<p><u>Present</u> Russell Hartman Lois Hoell Catharine Robinson Anne Dean Sandy Goodwick Roberta Charles Jolene George Jon Stroup</p>	<p><u>Absent/Excused</u> Charles Pridgen Sally O’Callaghan Janet Nikolaus Jennifer Kreidler-Moss Stephen Workman Freida Fenn</p>	<p>Andy Brastad - Clallam County Health and Human Services Lisa Rey Thomas - Olympic Community of Health G’Nell Ashley – Reflections Counseling Colleen Bradley – Salish FYSPRT Tanya MacNeil – West End Outreach Services Wendy Sisk – Peninsula Behavioral Health Jessica Campbell – Ombuds QRT Miranda Burger – Olympic Community of Health Abby Purser – Suquamish Wellness Brian Burwell – Suquamish Wellness</p>	<p>Jolene Kron Stephanie Lewis Ashlee DeMoss</p>

DRAFT

22 BEHAVIORAL HEALTH ADVISORY BOARD (Advisory Board)

- 22.1 The Contractor shall maintain a Community BHAB in each RSA that is broadly representative of the demographic character of the region. The composition of the Advisory Board and length of terms shall be provided to HCA upon request and meet the requirement in this section.
- 22.1.1 Advisory Board Requirements:
- 22.1.1.1 Be representative of the geographic and demographic mix of service population;
 - 22.1.1.2 Have at least fifty one percent (51%) of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in recovery from a behavioral health disorder;
 - 22.1.1.3 Law Enforcement representation;
 - 22.1.1.4 County representation;
 - 22.1.1.5 No more than four elected officials;
 - 22.1.1.6 No employees, managers or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor; and
 - 22.1.1.7 Three year term limit, multiple terms may be served, based on rules set by the Advisory Board.
- 22.1.2 The Advisory Board will:
- 22.1.2.1 Solicit and use the input of Individuals with mental health and/or SUD to improve behavioral health services delivery in the region;
 - 22.1.2.2 Provide quality improvement feedback to key stakeholders and other interested parties defined by HCA. The Contractor shall document the activities and provide to HCA upon request; and
 - 22.1.2.3 Upon request by HCA, approve and submit the annual SABG and MHBG expenditure plan for the region. The expenditure plan format will be provided by HCA.



SALISH BEHAVIORAL HEALTH ORGANIZATION **EXECUTIVE BOARD** **AND** **ADVISORY BOARD** **MEETING**

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, November 1, 2019
TIME: 10:00 AM – 12:00 PM
LOCATION: **Guy Cole Event Center**
202 North Blake Avenue, Sequim, WA 98382



A G E N D A

[Salish Behavioral Health Organization – Executive Board](#)

[Salish Behavioral Health Organization – Advisory Board](#)

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of Executive Board Meeting Notes for June 21, 2019 (Attachment 5) and September 6, 2019 (Attachment 5.a)
6. Action Items
 - a. Salish Behavioral Health Administrative Services Organization (SBH-ASO) Policy and Procedures Manual (Attachment 6.a)
 - b. January – June 2020 Block Grant Plans (Attachments 6.b.1, 6.b.2, 6.b.3, 6.b.4)
 - c. SBH-ASO 2020 Budget (Attachments 6.c.1, 6.c.2, 6.c.3, 6.c.4)
 - d. SBH-ASO Behavioral Health Advisory Board (Attachment 6.d)
 - e. November 15th Executive Board Meeting
7. Informational Items
 - a. HCA Readiness Review and BH-ASO Transition Update (Attachment 7.a)
 - b. 2020 Crisis System Update
 - c. BAART Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BAART	A BayMark health services company, opioid treatment company
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DEA	Drug Enforcement Agency
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
LOC	Level of Care
LRA	Least Restrictive Alternative
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma



SALISH BEHAVIORAL HEALTH ORGANIZATION **EXECUTIVE BOARD** **AND** **ADVISORY BOARD** **MEETING**

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

November 1, 2019

Action Items

a. **SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION (SBH-ASO) POLICY AND PROCEDURES MANUAL**

The SBH-ASO Policy and Procedure Manual is included for review and approval. The majority of policy and procedure language was pulled directly from the July 1, 2019 version of the Health Care Authority (HCA) BH-ASO Model Contract.

b. **JANUARY – JUNE 2020 BLOCK GRANT PLANS**

Staff has included the 2020 Mental Health Block Grant and Substance Abuse Block Grant Plans for the Board's review and approval. Staff has also included two tables which compare July-December 2019 Block Grant Plans to January-June 2020 Block Grant Plans. Staff will review this information in detail during the Board Meeting.

c. **SBH-ASO 2020 BUDGET**

Staff presented a preliminary SBH-ASO budget at the September Executive Board Meeting. Additional information from the Health Care Authority has resulted in further budget refinement. Several attachments have been included for review. Staff will provide a comprehensive budget presentation for the Board.

d. **SBH-ASO BEHAVIORAL HEALTH ADVISORY BOARD**

The SBH-ASO will maintain a Community Behavioral Health Advisory Board. The contract language which outlines the Advisory Board requirements is attached to guide discussion. Staff recommends reducing the number of Advisory Board seats from seventeen (17) to eleven (11) with three (3) representatives per county and two (2) at-large Tribal representatives. Staff also recommends a meeting cadence of quarterly. These recommendations are driven by a need to contain administrative costs.

e. **NOVEMBER 15th EXECUTIVE BOARD MEETING**

Due to the convening of the Executive Board on November 1st, staff recommends cancelling the November 15th Executive Board Meeting. Staff does not anticipate any items requiring the Board's action prior to the December Board Meeting. The December Executive Board Meeting is scheduled for December 13th to accommodate Board and staff holiday leave.

Informational Items

a. HCA READINESS REVIEW AND BH-ASO TRANSITION UPDATE

On October 18th, the HCA sent Salish its Readiness Review Final Report which has been attached for the Board's review. The HCA determined that Salish demonstrated readiness to implement the 2020 BH-ASO Contract. Staff will discuss next steps for the region's transition to Integrated Managed Care and the operation of the SBH-ASO.

b. 2020 CRISIS SYSTEM UPDATE

Staff have been convening Crisis Leadership Meetings since May 2019 to develop operational protocols for the SBH-ASO Crisis System. Once Volunteers of America (VOA) was deemed the successful Crisis Line bidder, they began to participate in these Crisis Leadership Meetings.

VOA has secured a new crisis line phone number on behalf of SBH-ASO. The new crisis line number will be released to the community starting November 18th with a full roll-out expected by January 1, 2020. Staff are currently working on a crisis line marketing plan.

Staff are finalizing documents and will be providing resources to the community throughout November and December. Staff are working on coordinating meetings with numerous community groups to share this information across the 3 counties.

c. BAART UPDATE

BAART continues to make steps toward opening their OTP clinics. The Health Care Authority hosted a community forum on October 14th as one of the final steps towards state approval. BAART is waiting for the final Federal DEA approval for Port Angeles and hopes to open mid to late November. The Bremerton facility is completing follow up items for the Pharmacy inspection and working to schedule the DEA inspection. Policies and Procedures are in place and they hope to open shortly after Port Angeles.

There are concerns on the part of BAART as they have been unable to secure contracts with the MCO's due to not yet having a license in place. MCO's have expressed verbal intention but are not in active conversation with BAART at this time. Staff have been working to facilitate connection between BAART and the MCO's who will serve our region.

Meeting Minutes of the
Salish Behavioral Health Organization
Executive Board

Friday, June 21, 2019

9:00 a.m. – 11:00 a.m.

Jamestown S'Klallam Tribe Council Chambers,
1033 Old Blyn Highway, Sequim, WA 98382

CALL TO ORDER – Commissioner Ozias, Chair, called the meeting to order at 9:00 a.m.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS – None.

APPROVAL OF AGENDA – Add ILS Update as item 7.c.

MOTION: Commissioner Greg Brotherton motioned to approve the agenda as amended with the addition of item 7.c ILS Update. Commissioner Robert Gelder seconded. Motion carried unanimously.

APPROVAL OF MINUTES – Request to amend section 6.e of the May 17, 2019 meeting minutes. Robert Welch should be identified as a Tribal Employee, not a Tribe Member and Liz Mueller is retiring.

MOTION: Commissioner Robert Gelder motioned to approve the May 17, 2019 meeting minutes as amended. Commissioner Greg Brotherton seconded. Motion carried unanimously.

ACTION ITEMS

➤ USE OF STATE RESERVES FOR “IMD BACK-FILL”

The rate of psychiatric stays in IMD is greater than the State estimated. The January through June 2019 HCA Behavioral Health State Contract Amendment includes a line item of a \$3,910 per month “State Enhanced Payment (IMD)”. These funds are allocated for IMD costs which are not an eligible Medicaid expense. The monthly IMD cost for our region is approximately \$25,000/month. SBHO sub-capitated contracts with the four Mental Health Providers state that IMD costs are the Providers’ responsibility, so our Providers would benefit from the State Reserves. Staff is seeking \$200,000 of State “Unreserve Reserve” funds for the purpose of IMD “back-fill” for Providers. The term “back-fill” is used by HCA and it refers to a variance between State Funds and actual IMD costs, not a retroactive payment. If approved, the IMD “back-fill” funds would be included in the Mental Health Providers State Contract amendment for July 1, 2019 – December 2019.

MOTION: Commissioner Greg Brotherton motioned to approve the allocation of \$200,000 of the State Unreserve Reserve funds for provider IMD “back-fill”. Commissioner Robert Gelder seconded. Motion carried unanimously.

➤ CRISIS LINE CONTRACT

In June, the SBHO Executive Board approved contracting with Volunteers of America as the Crisis Line Provider. It was found that one of the Regional Crisis Line RFP responses was not included in the review. Protocall had submitted, in writing, their response to the RFP. The response was never forwarded to the correct people to include in the Advisory Board Sub-Committee review. Protocol appealed the decision on the basis that their proposal was not reviewed along with the others. Protocall’s submission was reviewed by the Sub-Committee who reaffirmed the initial recommendation to contract with VOA as the Crisis Line Provider based on expense and location.

MOTION: Commissioner Robert Gelder motioned to approve the recommendation of the SBHO Advisory Board Sub-Committee to pursue Volunteers of America as the Crisis Line Provider. Commissioner Greg Brotherton seconded. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ SALISH BH-ASO PREPARATIONS• MCO Pre-delegation

The MCOs conducted an onsite pre-delegation assessment in April. The review resulted in the Utilization Management/Crisis Services delegation needing further documentation. After two submissions, Staff received confirmation, from Molina, that the requirements were met. Staff has requested written verification of completion from all MCOs. Next is a less formal review on Data/Encounters.

• MCO Revenue Contracts and Crisis Provider Subcontracts

Salish completed contract negotiations with all MCOs. The terms are for one year. The MCO/SBH-ASO contracts have been submitted to the Office of the Insurance Commissioner (OIC). The contracts will remain with the OIC for 30 calendar days, then on the 31st day the contracts will be deemed approved. Once approved, they can be routed and signed. The Medicaid provider subcontract template was included with the MCO Revenue contracts in the submission to the OIC. Once the template is approved by the OIC, no changes can be made without resubmission. The Revenue and Medicaid Crisis subcontracts will be reviewed by the MCOs and the HCA by mid-August.

• HCA Readiness Review○ HCA Response to Salish RFI Submission

Staff submitted the BH-ASO Request for Information (RFI) on April 15th. A conference call was held between HCA and Staff to discuss Salish's response to the RFI. The HCA had clarifying questions but did not raise any concerns.

○ HCA's BH-ASO Document Request

On June 7th, Salish received the HCA's BH-ASO Readiness Review Document Request. The document submission is due July 29th. HCA's release of the document request was a week late. On the 31st of May the HCA acknowledged that the request would be late. More time was requested, and the deadline was extended by two business days.

○ BH-ASO Non-Medicaid Provider Network

Salish BH-ASO non-Medicaid Provider Network was opened to all in-region, licensed, Behavioral Health Agencies that responded to a letter of interest which was released in early May. All providers and Peninsula Community Health Services responded and attested they could meet the data security requirements. The non-Medicaid ASO contracts must be fully executed by the end of August.

○ BH-ASO Operating Budget, Staffing Plan and Organizational Chart

MCO contract negotiations have resulted in \$310,000 for BH-ASO administration. The administration and direct support withholding allowed from the HCA's BH-ASO contract is closely estimated at \$999,000. Between these two funding sources, the BH-ASO's operating budget will be about \$1,300,000. The caveat is that the MCO administration is based on reconciled claims.

Staffing, including a contracted Medical Director, equates to \$1,043,000 in salary/benefit. Other non-employee salary/benefit related expenses have been reduced to \$251,000. An organizational chart had to be provided to the HCA. Even though the workload will increase the BH-ASO funds only allows for 8.5 staff. Three positions were reduced from full-time to less than full time and administrative support was eliminated.

➤ BAYMARK UPDATE

BayMark reports that construction continues at both Port Angeles and Kitsap County locations. Their license has been submitted to the Department of Health. For Port Angeles, BayMark is targeting a clinic opening either the end of June or early July. The Drug Enforcement Agency will need to visit the site but will not do so until after the Board of Pharmacy. On June 20, interviews were held in Bremerton for both sites. People are already reaching out about transferring from other facilities to the new BayMark sites.

➤ ILS UPDATE

In December of 2018 the ILS was created. The focus is provider readiness on the business side. The ILS is comprised of Commissioner Ozias, OCH, HCA, MCOs and Staff. The development of an IMC communication plan and an early warning system for our region are next on the agenda. The next ILS meeting is on Friday, June 28. OCH is overseeing the development of the early warning system.

ADVISORY BOARD – Next meeting is August 2. Interest and attendance remain high. Looking into active outreach to the 1/10th Committee.

GOOD OF THE ORDER – None.

PUBLIC COMMENT – None.

ADJOURNMENT – Consensus for adjournment at 10:28 a.m.

ATTENDANCE❖ **BOARD MEMBERS**

- Commissioner Mark Ozias
- Commissioner Robert Gelder
- Commissioner Greg Brotherton
- Celeste Schoenthaler, Executive Director OCH
- Russ Hartman, Chair, SBHO Advisory Board
- Robert Welch, Tribal Representative, Jamestown S'Klallam Tribe
- Liz Mueller, Tribal Representative, Jamestown S'Klallam Tribe

❖ **STAFF**

- Stephanie Lewis, Regional Administrator, SBHO
- Jolene Kron, Deputy Administrator, SBHO
- Ashlee DeMoss, Recording Secretary, SBHO
- Doug Washburn, Director, Kitsap County Human Services

❖ **GUESTS**

Joe Roszak, Kitsap Mental Health Services
Colleen Bradley, Salish FYSPT

**MEETING MINUTES OF THE
SALISH BEHAVIORAL HEALTH ORGANIZATION
EXECUTIVE BOARD**

**Friday, September 6, 2019
10:00 a.m. - 12:00 p.m.
City of Sequim Civic Center
152 W. Cedar St., Sequim, WA 98382**

CALL TO ORDER – Commissioner Ozias, called the meeting to order at 10:06 A.M.

ANNOUNCEMENTS – None.

INTRODUCTIONS – Self introductions were conducted around the room.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS – None.

APPROVAL OF AGENDA

The agenda was amended to include Informational Item 7.e Advisory Board Update.

APPROVAL OF MINUTES

MOTION: Commissioner Greg Brotherton motioned to approve the meeting minutes as submitted for the June 21, 2019 Salish BHO Executive Board meeting. Motion Failed due to a quorum not being established.

ACTION ITEMS

Commissioner Robert Gelder joined the meeting via phone, so a quorum was established to take action on the remaining Action Items.

➤ **September and December 2019 Executive Board Meetings**

- SBHO staff proposed the following schedule for the remaining 2019 Executive Board Meetings:
 - September 20th – Cancel.
 - October 18th – Meeting will be left on the schedule in case important action must be taken.
 - November 1st - Advisory Board Meeting will be combined with the Executive Board Meeting at the Guy Cole Center in Sequim.
 - November 15th – Meeting will be left on the schedule in case important action must be taken.
 - December 20th – Moved to December 13th.

MOTION: Commissioner Greg Brotherton motioned to cancel the September Executive Board meeting, proceed with the October 18th and November 15th meetings per usual and move the December 20th meeting to December 13th. Commissioner Mark Ozias seconded. Motion carried unanimously.

➤ **2020 Executive Board Meeting Schedule**

- SBHO staff proposed the BH-ASO Executive Board meet every other month in 2020.
 - January
 - March
 - May
 - July
 - September
 - November

MOTION: Commissioner Greg Brotherton motioned to approve the 2020 Executive Board meeting schedule as presented adding additional meetings as needed. Commissioner Mark Ozias seconded. Motion carried unanimously.

➤ **BH-ASO Draft Budget**

- SBHO staff have developed a preliminary BH-ASO budget. The contract mandated services must be fully funded first, restricted proviso funds must be used accordingly, and BH-ASO Administration and Direct Support withholdings must be funded by State Funds.
- Salish Staff met with providers in July to discuss Block Grant priorities and presented the preliminary budget to the Advisory Board in August.
- The budget handouts (Attachment 6.c) were reviewed and discussed by the board.
- SBHO staff will send out a detailed draft budget breakdown to the Executive Board with a list of programs that are expected to be cut and Block Grant comparisons. The Executive Board will make an electronic motion prior to the next meeting if the decision/vote becomes time sensitive.
- In October or November Board will circle back to the block grant discussion.

➤ **2020 Federal Block Grant**

- The 2020 Federal Block Grant discussion was tabled until the next meeting.

➤ **Contract with North Sound BH-ASO**

- The SBHO has contracted with BTG Holding Group for the development and support of the BHO Data System, however they will not provide services after the BHO Closeout. North Sound BH-ASO has offered to assist Kitsap IS and SBHO staff with building of a Maintenance Management Information System (MMIS) and training SBHO staff on the maintenance of the MMIS.
- The cost is estimated at \$80,000 for six months.
- SBHO staff have not been able to identify any other option that is viable based on cost and time constraints.

MOTION: Commissioner Greg Brotherton motioned to approve moving forward with the contract with North Sound BH-ASO for assistance in building a data system and support to teach SBHO staff how to operate as an ASO. Commissioner Robert Gelder seconded. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ Update on HCA Readiness Review

- SBHO staff submitted a comprehensive response to the HCA's BH-ASO document request on August 5th.
- HCA's on-site review was held September 4th. Three scoring levels were utilized during the review: Done, Pending (Points met but some to work on and can be carried through the transition to 2020.), and Not Done (Cannot move forward with the transition without correction.)
- The Salish BH-ASO was reviewed on 75 topics total with 43 items receiving a scoring of Done, 21 items receiving a score of Pending, and 11 items receiving a score of Not Done.
- An updated HCA readiness timeline was provided and discussed. On September 26 the HCA will send an initial report that outlined the scoring in detail; Salish BH-ASO staff will have until October 9 to submit any additional documentation and a response. The HCA will release their final report on October 18. This report includes the HCA's final decision on Salish BH-ASO readiness.
- Salish staff will provide the Executive Board with a formal write up of dates and scores.

➤ BayMark (BAART) Update

- The SBHO is moving away from using the name BayMark for continuity as on the West Coast, BayMark is known as BAART and the clinics in our region will be marked and signed as BAART.
- The Port Angeles clinic is finished and ready to open once its licensure is in place. The Port Angeles clinic's open date has now been pushed back to October.
- The Bremerton clinic received its certificate of occupancy and is on track to open a month after the Port Angeles clinic.
- BAART will be hosting soft openings that will include inviting people to fill out their paperwork. SBHO staff have been compiling a list of those who have expressed interest so they can be invited to the soft openings.
- BAART has been offered a 2020 BH-ASO contract for the non-Medicaid population.

➤ Update on IMD Reconciliation Plan

- The HCA and SBHO evaluated the total amount of IMD Inpatient Psychiatric expenses that need to be reallocated from Medicaid funds to State funds. The SBHO and HCA's calculations are now in alignment with the total amount coming in at \$452,000; this is much less than what the SBHO had anticipated.

➤ Interlocal Leadership Structure (ILS)

- The Salish ILS (SBHO Staff, HCA, OCH, MCOs, and Commissioner Ozias) continues to meet regularly. The Salish ILS' focus has been supporting Provider Readiness for Integrated Managed Care, developing an early warning system, and the creation of a formal communication plan to inform community stakeholders and Medicaid enrollees of the systemic changes.
- A communications workgroup was held on August 2nd. The communications workgroup reviewed existing HCA communication materials and provided recommendations for edits. A flyer in English and Spanish will be distributed to community partners and physical/behavioral

health providers to alert their clients. The HCA will mail out a disenrollment letter the first week of October. By December, a welcome letter will be sent to enrollees under MCOs. A two-page document will be produced for the providers. The method for communicating with the dual population is still under consideration.

- The OCH is heading up the Early Warning System (EWS) work group. Within the system the HCA, MCOs, and BH-ASO will provide data to be reviewed starting February 2020. Initial planning includes discussing what local metrics should be reviewed.
- The next Salsih ILS meeting is scheduled for October.

➤ **Advisory Board**

- A joint Advisory Board and Executive Board meeting was requested.
- The Advisory Board met on August 2nd and spent most of the meeting discussing the draft budget. The budget conversation mainly surrounded the use of MHBG and SABG as most of the General State Funds are required to cover HCA contractually mandated services and supports.

GOOD OF THE ORDER

- None.

PUBLIC COMMENT

- There will not be an RFP process for the Block Grant Funds; Block Grant Funds were included in the fee-for-service non-Medicaid BH-ASO contracts.
- The disenrollment letters will include a statement such as “You will not lose your benefits”.

ADJOURNMENT – Consensus for adjournment at 12:18 pm.

BOARD MEMBERS	STAFF	GUESTS
Present:	Present:	Present:
Commissioner Robert Gelder (via phone)	Stephanie Lewis, SBHO Administrator	Lois Hoell, SBHO Advisory Board
Commissioner Greg Brotherton	Jolene Kron, SBHO Deputy Administrator	Sally O’Callaghan, SBHO Advisory Board
Commissioner Mark Ozias	Ashlee DeMoss, Recording Secretary	Colleen Bradley, Salish FYSPRT
Celeste Schoenthaler, OCH	Doug Washburn, Kitsap County Human Services Director	Wendy Sisk, PBH
Russell Hartman, SBHO Advisory Board Chair		Joe Roszak, KMHS
Absent:		G’Nell Ashley, Reflections Counseling Service Group
Robert Welch, Tribes		

NOTE: These meeting notes are not verbatim



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SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DEFINITIONS

Policy Number: AD100

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/16/2019

Executive Board Approval Dates: 5/17/2019

DEFINITIONS

Abuse – Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Action – the denial or limited authorization of a Contracted Service based on medical necessity.

Administrative Denial – means a denial of a requested service based on availability of resources, not medical necessity or level of care.

ASO – Administrative Service Organization or “Behavioral Health Administrative Services Organization” (BH-ASO) means an entity selected by the Medicaid agency to administer behavioral health programs, including crisis services and Ombuds for individuals in a defined Regional Service Area. The BH-ASO administers crisis services and Ombuds services for all individuals in its defined regional service area, regardless of an individual's ability to pay, including Medicaid eligible members.

Authorized User - means an individual or individuals with an authorized business need to access the BH-ASO's confidential Information.

Behavioral Health Services – Mental health and/or substance use disorder treatment services provided by a Behavioral Health Agency (BHA) licensed by the State of Washington to provide these services.

Behavioral Health Crisis Services (Crisis Services) – means providing evaluation and short-term treatment and other services to individuals with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the individual's health or safety.

BHA – A Behavioral Health Agency contracted by the ASO to provide mental health and/or substance use disorder services.

Breach – means the acquisition, access, use, or disclosure of Protected Health Information (PHI) in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of PHI, with the exclusions and exceptions listed in 45 C.F.R. § 164.402.

Business Hours – means 8:00 am to 5:00 pm Pacific Time, Monday through Friday.

Chemical Dependency Program (see Substance Use Disorder Program definition, below).

Community Mental Health Agency (CMHA) – means an agency that is licensed by the State of Washington to provide mental health services and subcontracted with Salish Behavioral Health to provide services funded by monies received by SBH-ASO from the State of Washington.

Concurrent Utilization Review – Review of individual's care during an episode of care. Concurrent review focuses on the efficient allocation of appropriate, medically necessary resources during an episode of care. Concurrent review helps to determine whether delivery options for the most appropriate, medically necessary care are available, and whether individuals are improving as a result of the treatment being delivered.

Coordination of Benefits: Those activities undertaken by the Salish Behavioral Health ASO (SBH-ASO) and Network Providers to ensure that appropriate client benefits, as identified in the individual service plan, are properly funded using all available resources.

Corporate Compliance Committee (CCC) – A committee charged with overseeing SBH-ASO's compliance program and its adherence to the federal and state standards set forth in 42 CFR 438.608.

Corporate Compliance Officer (CCO) – The person appointed by SBH-ASO to develop and implement policies, procedures, and practices to ensure compliance with federal program integrity requirements and state contractual requirement 42 CFR 438.608.

Credentials – Documented evidence of registration, licensure, certification, education, training, experience, or other qualifications. This term applies to a Community Mental Health Agency (CMHA), Substance Use Disorder (SUD) treatment and support programs, and the individuals employed or contracted to provide services at the CMHA.

Credentialing – The process of assessing and validating the qualifications of a registered and/or licensed individual or agency (CMHA or SUD treatment and support program).

Crisis – A behavioral health crisis is defined as a turning point, time, stage, or event, who's outcome a distinct possibility of an undesirable outcome.

Data - means the information that is disclosed or exchanged.

Delegated entity – Entity contracted with SBH-ASO to answer calls on the crisis line and route them to the appropriate county.

Denial – means the decision by SBH-ASO not to provide an assessment, non-crisis service, or episode that have been requested by a provider on behalf of an individual.

Disclosure - means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

EFT – Electronic Funds Transfer. *Electronic Funds Transfer (EFT)* is a system of transferring money from one bank account directly to another without any paper money changing hands.

Evaluation & Treatment (E & T) Services – means services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health and certified by the Health Care Authority (HCA) to provide medically necessary evaluation and treatment to the non-Medicaid-enrolled individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other Mental Health Professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

External entities – entities outside of SBH-ASO to include (but not limited to): BHOs, other BH-ASOs, Family Youth System Partner Roundtable (FYSPRT), Apple Health Managed Care Organizations, Tribal entities, Community Health Clinics, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHC), the Criminal Justice

System (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system), Ombuds, Tribal Entities, Department of Social and Health Services (DSHS) and other state Agencies, state and federal agencies and local partners that manage access to housing, education systems, Accountable Community of Health, and first responders.

Families – Parents, legal guardians of individuals and all family individuals interested in behavioral health services.

FBG – Federal Block Grants

Fraud – An intentional deception or misrepresentation made by a person (individual or entity) with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

GFS – General Fund State.

General Funds – State Resource Availability

Salish Behavioral Health Administrative Services Organization (SBH-ASO) Policy General Fund State & Mental Health Block Grant Funding Plan establishes and standardizes a methodology for determining when General Funds – State (GFS) resources are available for the provision of services. This includes planning for under- or over- utilization patterns with providers.

Hardened Password - prior to July 1, 2019 means a string of at least eight (8) characters containing at least one (1) alphabetic character, at least one (1) number, and at least one (1) special character such as an asterisk, ampersand, or exclamation point.

HCA – Health Care Authority means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA or any of the officers or other officials lawfully representing HCA.

High Risk Individual – an individual who:

- Is using excessive Crisis Services due to inability to access non-crisis behavioral health services; and
- Has more than five (5) contacts over six (6) months to the emergency department, law enforcement, detox facility, or a sobering center due to a behavioral health disorder

Individuals on Less Restrictive Orders (LRO) or Conditional Releases (CR) who do not attend intake/assessment appointments.

HIPAA - means the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, as modified by the American Recovery and Reinvestment Act of 2009 ("ARRA"), Sec. 13400 - 13424, H.R. 1 (2009) (HITECH Act).

HIPAA Rules - means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Parts 160 and Part 164.

Individual – means any person in the RSA, regardless of income, ability to pay, insurance status, or county of residence. With respect to non-crisis services, “Individual” means a person who has applied for, is eligible for, or who has received GFS/FBG services through the HCA BH-ASO contract.

Inpatient Psychiatric Hospitalization – means a time-limited, structured, active treatment program offering therapeutically intensive, coordinated and structured clinical services within a stable, safe, therapeutic environment. Inpatient hospitalization is necessary for stabilization of the acutely ill psychiatric patient requiring round-the-clock nursing care and observation to maintain patient safety. It is the most restrictive and most acute service on the continuum of psychiatric care.

Interim Services: means services to Individuals who are currently waiting to enter a treatment program to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease. Such services are provided until the individual is admitted to a treatment program. Services include referral for prenatal care for a pregnant patient, brief screening activities, the development of a service plan, individual or group contacts to assist the Consumer directly or by way of referral in meeting his/her basic needs, updates to advise him/her of treatment availability, and information to prepare him/her for treatment, counseling, education, and referral regarding HIV and tuberculosis (TB) education, if necessary referral to treatment for HIV and TB.

Involuntary Treatment Act (ITA) - “Involuntary Treatment Act (ITA)” are state laws that allow for individuals to be committed by court order to a Facility for a limited period of time. Involuntary civil commitments are meant to provide for the evaluation and treatment of individuals with a behavioral health disorder and who Washington State may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial commitment may last up to seventy-two (72) hours, but, if necessary, individuals can be committed for additional periods of fourteen (14), ninety (90), and one hundred eighty (180) calendar days (RCW 71.05.180, RCW 71.05.230 and RCW 71.05.290).

Involuntary Treatment Act Services - “Involuntary Treatment Act Services” includes all services and administrative functions required for the evaluation and treatment of individuals civilly committed under the ITA in accordance with Chapters 71.05 and 71.34 RCW, and RCW 71.24.300.

Level of Care Guidelines – mean the criteria SBH-ASO uses in determining the scope, duration and intensity of services to be provided.

Less Restrictive Alternative Treatment - “Less Restrictive Alternative (LRA) Treatment” means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585.

Medical Necessity – means a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that; endanger life, cause pain and suffering, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the person requesting service. “Course of treatment” may include mere observation or, where appropriate no treatment at all.

Additionally, the Individual must be determined to have a behavioral health diagnosis defined in the current Diagnostic and Statistical Manual of Mental Illness, covered by Washington State for public behavioral health services. The Individual’s impairment(s) and corresponding need(s) must be the result of a behavioral health diagnosis. The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a behavioral health diagnosis. The Individual is expected to benefit from the intervention. The Individual’s unmet need cannot be more appropriately met by any other formal or informal system or support.

Notice of Action – means a written notice the SBH-ASO provides to an Individual, or the Individual’s Authorized Representative, to inform them that a requested Contracted service was denied or received only a limited authorization based on medical necessity.

Notification Only - Emergent, unplanned admissions to acute inpatient BH facilities (such as E & T or acute inpatient detoxification) do not require prior authorization but do require notification of the admission by means of electronic file within 24 hours of that admission. Clinical information shall be provided for medical necessity determination, known as concurrent review, following this notification. This can apply to lower level services as well.

Office of Inspector General (OIG) Exclusion Program: A federal program and database that identifies persons and entities, which have been excluded from participation in and payment by federal healthcare programs.

Organizational Providers – include, but are not limited to, facilities/programs providing mental health and substance use disorder services in ambulatory, residential, or inpatient settings. They may include acute inpatient psychiatric, substance use disorder treatment, withdrawal management, behavioral health partial hospitalization, intensive outpatient, and residential programs.

Peer to Peer Review – for all Behavioral Health Actions the SBH-ASO will conduct a review of the decision with the requesting Provider. The credential of the licensed clinician making a decision to authorize services in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician

Persons associated with SBH-ASO: All board members and their alternates, consultants, SBH-ASO employees, and network providers receiving SBH-ASO funding directly or indirectly to support behavioral health services.

Portable/Removable Media - means any Data storage device that can be detached or removed from a computer and transported, including but not limited to: optical media (e.g. CDs, DVDs); USB drives; or flash media (e.g. CompactFlash, SD, MMC).

Portable/Removable Devices - means any small computing device that can be transported, including but not limited to: handhelds/PDAs/Smartphones; Ultramobile PC's, flash memory devices (e.g. USB flash drives, personal media players); and laptops/notebook/tablet computers. If used to store Confidential Information, devices should be Federal Information Processing Standards (FIPS) Level 2 compliant.

Priority Population: Classes of individuals that meet criteria for priority coverage/funding of services from SBH-ASO per the SAPT and GFS contract requirements.

Privileging - A process whereby an individual or Agency is formally granted permission to perform specific duties and job functions.

Prospective utilization review – Review which occurs before care is delivered. Prospective review focuses on eligibility and medical necessity screening prior to the provision of requested services. This type of review also allows for referral to possible alternative services as appropriate. Also referred to as prior authorization review.

Protected Health Information (PHI) - means information that relates to the provision of health care to an individual; the past, present, or future physical or mental health or condition of an individual; or past, present or future payment for provision of health care to an individual. 45 C.F.R. §160 and 164. PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual. 45 C.F.R. § 160.103. PHI is information transmitted, maintained, or stored in any form or medium. 45 C.F.R. § 164.501. PHI does not include education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. § 1232g(a)(4)(b)(iv).

Provider – means an individual medical or Behavioral Health Professional, Health Care Professional, hospital, skilled nursing facility, other facility, or organization, pharmacy, program, equipment and supply vendor, or other entity that provides SBH-ASO funded care or bills for health care services or products. The term does not include employees of SBH-ASO.

Re-credentialing - The process whereby the credentialing information is updated.

Regional Service Area (RSA) – The SBH-ASO’s regional service area is comprised of Clallam, Jefferson, and Kitsap Counties.

Retrospective Utilization Review – Review which occurs after an episode of care has ended. Retrospective review focuses on the efficient allocation of appropriate, medically necessary resources during an episode of care. Retrospective review also evaluates appropriate discharge planning to include timely discharge from services.

SABG: Substance Use Disorder Block Grant)” means the Federal Substance Abuse Block Grant Program) authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

SBH-ASO – Salish Behavioral Health Administrative Services Organization.

SBH-ASO Credentialing Committee – is a peer-review body with members from the range of specialties and practitioners participating in the SBH-ASO network. This includes, but is not limited to, the SBH-ASO Medical Director, a Child Mental Health Specialist, a Chemical Dependency Professional, Designated Crisis Responder (current or former), and Compliance Officer. Committee meetings occur at least quarterly, more frequently if warranted. The Medical Director is the Chair of the Committee and responsible for providing oversight.

Staff – All employees of SBH-ASO.

Stakeholders – A person or organization that has a legitimate interest in SBH-ASO, what SBH-ASO does and the behavioral health system. This includes vendors, employees, individuals of the community, the Board of Directors and other governing board.

Substance Use Disorder Program – means a program for persons with a substance use disorder is established within the Department of Social and Health Services, to be administered by a qualified person who has training and experience in handling alcoholism and other drug addiction problems or the organization or administration of treatment services for persons suffering from alcoholism or other drug addiction problems.

Suspension – means the decision by SBH-ASO, or its formal designee, to temporarily stop previously authorized covered behavioral health services described in their Level of Care Guidelines or addressed by the ASAM Criteria. The clinical decision by a BHA to temporarily stop or change a covered service in the Individualized Service Plan is not a suspension.

System for Award Management (SAM) – A program and database which reflects information about an organizations involvement in the federal procurement system.

Termination – means the decision by SBH-ASO, or its formal designee, to stop previously authorized mental health services described in their Level of Care Guidelines. The clinical decision by a Behavioral Health Agency to stop or change a covered service in the Individualized Service Plan is not a termination.

Third Party Resources – Those resources other than Medicaid that can be used to pay for services prior to the billing of Medicaid for Medicaid eligible clients. For non-Medicaid clients it is Medicare and private insurance and/or personal resources for people of means.

Transmitting - means the transferring of data electronically, such as via email, SFTP, web-services, AWS Snowball, etc.

Trusted System(s) - means the following methods of physical delivery: (1) hand-delivery by a person authorized to have access to the Confidential Information with written acknowledgement of receipt; (2) United States Postal Service ("USPS") first class mail, or USPS delivery services that include Tracking , such as Certified Mail, Express Mail or Registered Mail; (3) commercial delivery services (e.g. FedEx, UPS, OHL) which offer tracking and receipt confirmation ; and (4) the Washington State Campus mail system. For electronic transmission, the Washington State Governmental Network (SGN) is a Trusted System for communications within that Network.

U.S.C - means the United States Code. All references in this Exhibit to U.S.C. chapters or sections will include any successor, amended, or replacement statute. The U.S.C. may be accessed at <http://uscode.house.gov/>

Use - includes the sharing, employment , application , utilization, examination, or analysis of Data.

Utilization Management – a Quality Management (QM) process that addresses appropriateness of services (i.e., is the individual receiving what they need, when they need it and not receiving what they do not need when they do not need it).

Waste – Practices that, directly or indirectly, result in unnecessary costs such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: POLICY DEVELOPMENT AND REVIEW **Policy Number:** AD101

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/16/2019

Executive Board Approval Dates: 5/17/2019

PURPOSE

To establish standardized processes for developing, reviewing and updating SBH-ASO Policies and Procedures.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) shall develop, implement, maintain, comply with and monitor all policies and procedures of the SBH-ASO. Policies will comply, as necessary, with relevant state, federal and contractual regulations and requirements.

SBH-ASO requires contracted providers to follow all SBH-ASO policies as applicable by contract. These policies will be listed on SBH-ASO's website.

PROCEDURE

Document Development

1. SBH-ASO policies and procedures will use a consistent format.
2. SBH-ASO policies and procedures will:
 - a. Fully articulate requirements,
 - b. Have an effective training plan related to the requirements,
 - c. Include monitoring of compliance, prompt response to detect non-compliance, and effective corrective action.
3. When the need for a policy and procedure is identified, the matter is brought to the Policy and Procedure Committee by the SBH-ASO Administrator.
4. The Policy and Procedure Committee will assign the policy to SBH-ASO staff with subject matter expertise. Upon completion, the assigned SBH-ASO staff will provide the Policy and Procedure Committee with the policy.

5. The Policy and Procedure Committee is comprised of SBH-ASO Staff responsible for the development, review, and recommendation of SBH-ASO policies and procedures to the Executive Board for approval.
6. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Administrator will sign the policy and forward it to administrative staff for upload to the SBH-ASO website.

Document Review/Revision

1. Policies and procedures will be reviewed at least annually.
2. Changes in contractual requirements, delegation agreements and/or state or federal regulations will require a review of policies and procedures.
3. When reviews do not reveal a need for a revision, the review is documented by entering a review date in the document header and obtaining the SBH-ASO Administrator's signature.
4. When a review results in the need for revision, the review is documented by entering a review date in the document header and the policy is forwarded to the Policy and Procedure Committee.
5. The Policy and Procedure Committee reviews all revised policies prior to presentation to the SBH-ASO Executive Board for approval.
6. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Administrator will sign the policy and forward it to administrative staff for upload to the SBH-ASO website.

Document Preservation and Distribution

1. SBH-ASO Policies and Procedures are kept on file for a minimum of ten (10) years. Current SBH-ASO Policies and Procedures available to network providers via the SBH-ASO website.
2. SBH-ASO shall submit Policies and Procedures to the HCA for review upon request by HCA and any time there is a new Policy and Procedure or there is a substantive change to an existing Policy and Procedure.
3. When changes are made to policies and procedures, network providers will be notified via email. Changes that impact network providers will be announced via email along with a thirty (30) day notice of compliance.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PROVIDER NETWORK SELECTION, RETENTION, MANAGEMENT, AND MONITORING

Policy Number: AD102

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 05/02/2019; 8/29/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To provide guidelines, instructions, and standards for the selection, retention, management and monitoring of Salish Behavioral Health Administrative Services Organization (SBH-ASO) providers that comply with contract requirements, delegation agreements, and all applicable regulations.

POLICY

SBH-ASO develops, maintains, manages, and monitors an appropriate and adequate provider network, supported by written agreements, sufficient to provide all contracted services under HCA and MCO contracts and to ensure that individuals served get timely care. Only licensed or certified Behavioral Health Providers shall provide behavioral health services. Licensed or certified Behavioral Health Providers include, but are not limited to: Health Care Professionals, licensed agencies or clinics, or professionals operating under an agency affiliated license.

PROCEDURE

Network Selection and Capacity Management

1. SBH-ASO follows uniform credentialing and re-credentialing processes which include the completion of provider credentialing prior to contract negotiations and recredentialing at least every 36 months.
2. SBH-ASO will not select or contract with provider network applicants that are excluded from participation in Washington State or a Federal department or agency.
3. SBH-ASO only utilizes providers who have signed contracts or single case agreements with SBH-ASO.

4. SBH-ASO will not discriminate, with respect to participation, reimbursement, or indemnification, against providers practicing within their licensed scope of practices solely on the basis of the type of license or certification they hold. However, the SBH-ASO is free to establish criteria and/or standards for providers' inclusion in a network of providers based on their specialties.
5. If the SBH-ASO declines to include an individual or group of providers in its network, written notice of the reason for its decision shall be provided.
6. The SBH-ASO will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
7. SBH-ASO selects and retains providers based on their ability to meet the clinical and service needs, as well as the service area needed to support the population of individuals that SBH-ASO is to serve. If applicable, this includes the ability to provide crisis services twenty-four (24) hours a day, seven (7) days a week. SBH-ASO shall consider the following in the selection and management of its network:
 - a. Expected utilization of services
 - b. Characteristics and health needs of the population
 - c. Number and type of providers able to furnish services
 - d. Geographic location of providers and individuals, including distance, travel time, means of transportation and whether a location is American with Disabilities Act (ADA) accessible
 - e. Anticipated needs of priority populations listed in contract
 - f. SBH-ASO's available resources
8. SBH-ASO shall have a crisis network with enough capacity to serve the regional service area (RSA) to include, at a minimum, the following:
 - a. Designated Crisis Responder (DCR)
 - b. Evaluation and Treatment (E&T) capacity to service the RSA's non-Medicaid population
 - c. Psychiatric and SUD inpatient beds to serve the RSA's non-Medicaid population
 - d. Staff to provide mobile crisis outreach in the RSA
9. SBH-ASO shall have a non-crisis behavioral health network with enough capacity to serve the RSA's non-Medicaid population, within available resources.
10. Within available resources, the SBH-ASO will establish and maintain contracts with office-based opioid treatment providers that have obtained a waiver under the Drug Addiction Treatment Act of 2000 to practice medication-assisted opioid addiction therapy.

Network Management

1. SBH-ASO and provider network staff are trained at the time of orientation and periodically to understand and effectively communicate the services and supports that comprise the region-wide behavioral health system of care.
 - a. Integrated Provider Network meetings are conducted quarterly to ensure communications with contractors. Issues for the agenda may include, but are not limited to contract requirements, program changes, quality of care, quality improvement activities, performance indicators, and updates to state and federal regulations and requirements.

- b. SBH-ASO will provide performance data and member experience data upon request.
2. SBH-ASO contract language clearly specifies expected standards of performance and the indicators used to monitor provider performance. SBH-ASO collaborates with the provider network in implementing performance improvements.
3. SBH-ASO is committed to maintaining a provider network that is reflective of the geographic, demographic, and cultural characteristics of the Salish RSA.
4. SBH-ASO requires that providers offer hours of operation for individuals that are no less than the hours of operation offered to any other client.

Network Evaluation and Monitoring

2. Provider network evaluation and monitoring is completed at minimum annually by:
 - a. Conducting concurrent and retrospective reviews, Clinical Record Reviews; Administrative, Fiscal, and Quality Assurance on-site Monitoring Reviews, and other on-going monitoring activities to ensure the quality of care.
 - b. Determining contract renewals based on compliance with contract requirements, submission of encounter data, utilization data, critical incident reports, corrective actions, financial audits, handling of grievances and fair hearings, and continuous quality improvement.
 - c. Retaining and exercising the right to terminate a contract if the network provider has violated any law, regulation, rule, or ordinance applicable to services provided under the contract or if continuance of the contract poses material risk of injury or harm to any person. Denial of licensure renewal or suspension or revocation will be considered grounds for termination in accordance with the contract term.
 - i. In the event of a provider termination, a notification shall occur, and the following will commence:
 1. If a subcontract is terminated or a site closure occurs in less than 90 days, SBH-ASO shall notify the HCA as soon as possible.
 2. If a subcontract is terminated or site closes unexpectedly, the SBH-ASO shall submit a plan within seven (7) days to the HCA that includes:
 - a. Notification to Ombuds services and individuals served at said site;
 - b. Provision of uninterrupted services; and
 - c. Any information released to the media.
 - d. Performing reviews per contract requirements for all its contracted providers. By contract, the providers agree to cooperate with SBH-ASO in the evaluation of the provider's performance, and to make available all information reasonably required by any such evaluation process. The Contractor shall provide access to their facilities and the records documenting contract performance, for purpose of audits, investigations,

and for the identification and recovery of overpayments within thirty (30) calendar days.

- e. Performing reviews of network providers, conducted by SBH-ASO, including checks for evidence of compliance with the provisions of this policy. When a need for corrective action is identified during such reviews, network providers will address areas of non-compliance via their quality improvement processes and will provide evidence of sustained improvement. SBH-ASO staff will review findings for trends requiring system level intervention and report such findings to the SBH-ASO Executive Board for action.

Corrective Action

1. SBH-ASO shall evaluate the delegate/contractor's performance prior to imposing a corrective action.
2. SBH-ASO shall monitor activity on a consistent basis.
3. SBH-ASO shall evaluate data quarterly and/or when necessary.
4. SBH-ASO shall determine if a trend is emerging and whether the delegate/contractor is failing to meet contract requirements for performance, utilization and management of administrative and/or clinical services.
 - a. Based on this determination, corrective action may be initiated, unless otherwise agreed.
5. SBH-ASO shall allow delegate/contractor 30 days from receipt of corrective action letter to submit a corrective action plan.
6. The delegate/contractor shall have 60 days for implementation of the accepted plan, with the exceptions of any situations that pose a threat to the health or safety of any person, that pose a threat of property damage, and/or an incident has occurred that resulted in injury or death to any person and/or damage to property, for which immediate action shall be required.
7. SBH-ASO shall provide general contract language in corrective action procedures in all contracts with the delegate/contractors within the Salish BH-ASO region.
8. SBH-ASO will maintain an internal process for reporting and tracking corrective actions issued by SBH-ASO and corrective actions provided by the delegate/contractor.
9. Failure to meet measurements of corrective actions may result in termination of the contract.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ADMINISTRATIVE CONTRACT COMPLIANCE MONITORING

Policy Number: AD103

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 10/08/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To establish standards for provider network monitoring that comply with administrative, fiscal, and quality assurance requirements.

POLICY

All agencies providing services on behalf of SBH-ASO will be monitored for compliance with, at a minimum: SBH-ASO Contract(s), SBH-ASO Delegated Functions, Washington Administrative Code (WAC), Revised Code of Washington (RCW), and Federal rules and regulations (e.g., Health Insurance Portability and Accountability Act [HIPAA], 42 CFR Part 2, etc.).

PROCEDURE

1. At least annually, SBH-ASO conducts on-going monitoring and periodic formal reviews of its network providers to assess compliance with Federal, State, and local laws as well as contractual requirements.
2. SBH-ASO conducts a review of all subcontracts which includes at least one onsite visit every two years to each subcontractor site that receives federal block grant or state funded treatment services. Reviews shall ensure that the subcontractor has complied with program compliance requirements within contract.
3. In the event that fraud, abuse and/or non-compliance with fiscal requirements are suspected, an immediate review is required.
4. The purpose of an Administrative Review is to ensure compliance with the terms of the contract with the provider agency. An Administrative Review is limited in scope and is not intended to cover all areas under a Department of Health (DOH) licensing review or a comprehensive clinical review.

5. All SBH-ASO representatives conducting onsite reviews agree to keep confidential any PHI which may be reviewed during review/site visits. SBH-ASO reviews treatment records in accordance with state and federal law. Substance use disorder (SUD) records are reviewed in accordance with 42 CFR §2.53. Reviewers do not copy or remove any treatment records during a review.

ON-SITE MONITORING COMPONENTS

The individual components of the Administrative On-site Review consist of the following:

1. Administrative
 - a. Contract General Terms and Conditions
 - b. Statement of Work Requirements
 - c. Performance Standards
 - d. Quality Improvement Activities
 - e. Personnel Policies
 - f. Personnel Records, in order to ensure the agency has an appropriate credentialing process
 - g. Compliance Program
 - h. Posting of Required Materials
 - i. Interpretation/Translation Logs
 - j. Board Meeting Minutes
 - k. Privacy and Security
2. Fiscal
 - a. Agency Fiscal Policies and Procedures
 - b. Review of Financial System
 - c. Review of Documentation Tracking of all Revenue Awarded by SBH-ASO
 - d. Review of Documentation Related to Identifying, Pursuing and Recording Third-Party Revenue, including collections and write-offs
 - e. Review of additional available reports, with particular attention to any notes that indicate issues with viability and stability
3. Quality Assurance/Improvement
 - a. Review of Agency's Internal Quality Assurance, Quality Improvement, and Peer Review Systems
 - b. Quality Assurance and Quality Improvement Policies and Procedures
 - c. Agency Internal Complaints Process
 - d. Ombuds Grievances

ON-SITE MONITORING PROCESS

An on-site review shall be accomplished by following the steps outlined below:

1. Thirty (30) days prior to the scheduled on-site visit, SBH-ASO shall send the following to the provider:
 - a. Administrative Monitoring Questionnaire;

- b. Personnel Records Review Worksheet;
 - c. Walk through Checklist; and
 - d. On-site Schedule and Agenda.

2. On the first scheduled day of the site visit, the SBH-ASO representative shall conduct an entrance interview with the agency director and their designee(s). The entrance interview consists of the following:
 - a. Introductions – Identify for Agency which SBH-ASO Review Team Member will be reviewing each on-site component;
 - b. Sign Confidentiality Statements (when applicable);
 - c. SBH-ASO Re-State Purpose of On-site Review;
 - d. Review On-site Schedule;
 - e. Give Agency staff an opportunity to present a description and status of the various programs they provide through SBH-ASO contract(s); and
 - f. Tour of Agency Facility.

3. The SBH-ASO Review Team shall conduct an exit interview with agency director and their designated staff. At the exit review, the following will be presented and discussed:
 - a. Areas of excellence;
 - b. Areas of strength;
 - c. Recommendations;
 - d. Corrective action (findings); and
 - e. Follow up steps

4. Once the on-site review is completed, a written On-Site Review Report will be prepared.
 - a. The Contracts Administrator is responsible for finalizing the On-Site Review Report.
 - b. The completed report shall be submitted to the Executive Director/CEO of the contracted agency within 45 days of the exit review date.
 - c. The report consists of five (5) sections:
 - i. Scope of review;
 - ii. Summary of review;
 - iii. Recommendations and Findings,
 - iv. Request for Remedial Action, and
 - v. Corrective Action Plan (CAP) request and timeline.

5. The agency will have 30 days to respond in writing to all findings and recommendations for remedial action.

6. The SBH-ASO Review Team will review the agency's CAP to the findings and provide a written response to the contract agency of those areas of

- correction that are acceptable and those areas that are unacceptable within 45 days of receipt.
7. When an agency's CAP response includes elements that do not meet minimum requirements, the SBH-ASO Review Team will inform the agency in writing and request further action/revision.
 8. The Contract agency will be responsible and accountable for correcting all findings.
 9. SBH-ASO provides monitoring of agencies which receive federal block grant monies.
 - a. The SBH-ASO ensures that subcontractors who receive at least \$750,000 of federal block grant funds from any and/or all sources in any state fiscal year, shall receive an independent audit. Such subcontractors must provide the data collection form and reporting package as determined in 2 CFR Part 200, Subpart F. The SBH-ASO will retain documentation of the monitoring activities and provide the documentation to HCA upon request.
 - b. The SBH-ASO conducts or arranges for an annual fiscal review of each subcontractor who receives federal block grant funds and shall provide HCA with documentation of the annual fiscal reviews when requested. The annual fiscal review shall include:
 - i. Expenditures are accounted for by revenue source.
 - ii. No expenditures were made for items identified in the Payment and Sanctions section of the contract.
 - iii. Expenditures are made only for the purposes stated in the contract and for services that were actually provided.
 10. The Monitoring Report and Response becomes a permanent part of the provider's file.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CREDENTIALING AND RECREDENTIALING OF PROVIDERS **Policy Number:** AD104

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/11/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To provide clearly defined standards for the credentialing and recredentialing of Organizational Providers for inclusion in the Salish Behavioral Health – Administrative Services Organization (SBH-ASO) network.

DEFINITIONS

Organizational Providers – include, but are not limited to, facilities/programs providing mental health and substance use disorder services in ambulatory, residential, or inpatient settings. They may include acute inpatient psychiatric, substance use disorder treatment, withdrawal management, behavioral health partial hospitalization, intensive outpatient, and residential programs.

POLICY

1. SBH-ASO credentialing program activities are compliant with all applicable state and federal regulatory requirements.
2. SBH-ASO credentialing program operates under the Credentialing Committee oversight.
3. The Credentialing Committee monitors credentialing decisions to prevent discrimination. Monitoring includes, but is not limited to:
 - a. Maintaining a heterogeneous credentialing committee membership and the requirement for those responsible for credentialing decisions to sign a Code of Conduct affirming they do not discriminate.
 - b. Periodic audits of credentialing files (in-process/pending, denied, and approved files) that suggest potential discriminatory practice in selecting practitioners.

- c. Annual audits of practitioner complaints for evidence of alleged discrimination.

PROCEDURE

1. Organizational Providers must complete an initial application documenting their business and clinical structure. The application includes an attestation signed by a duly authorized representative of the facility. The following information must be included with the application:
 - a. Copies of documents that indicate that the Organizational Provider is in good standing with state and federal regulatory bodies,
 - b. Copies of documents that indicate whether the Organizational Provider has been accredited by:
 1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 2. Commission on Accreditation of Rehabilitation Facilities (CARF)
 3. Council on Accreditation (COA)
 4. Community Health Accreditation Program (CHAP)
 5. American Association for Ambulatory Health Care (AAAHC)
 6. Critical Access Hospitals (CAH)
 7. Healthcare Facilities Accreditation Program (HFAP, through AOA)
 8. National Integrated Accreditation for Healthcare Organizations (NIAHO, through DNV Healthcare)
 9. ACHC (Accreditation Commissions for Healthcare) and/or American Osteopathic Association (AOA)
 - i. If the Organizational Provider is not approved by a recognized accrediting body, the organization must have been reviewed or received certification by Centers for Medicare & Medicaid Services (CMS) or the Department of Health (DOH) within the past three years. The SBH-ASO obtains a copy of the CMS or DOH's report from the Organizational Provider.
 - ii. If a Provider is not approved by a recognized accrediting body or has not been reviewed or received certification by CMS or DOH in the past three years, the SBH-ASO will conduct a Facility Site Survey/Audit to determine the quality of programming, types of staff providing service, staff competencies, quality of treatment record

documentation, and physical environment to ensure access, safety, and satisfaction for our members.

- iii. This audit is conducted as part of the credentialing activity.
 - iv. Unaccredited Organizational Providers are surveyed by the SBH-ASO using the SBH-ASO audit tool based on NCQA/Health Plan standards. Organizations that fail to meet these standards are not approved for participation in the network.
 - c. Copies of professional and general liability insurance (malpractice) of \$1 million/occurrence and \$2 million/aggregate for acute care settings and \$1 million/occurrence and \$2 million/aggregate for non-acute care settings. Acute care is defined as any facility duly licensed and offering inpatient mental health and/or substance use disorder health care services. SBH-ASO does accept umbrella policy amounts to supplement professional liability insurance coverage. (Amount requirements by MCO may vary.)
 - d. If the Organizational Provider does not meet liability coverage requirements, it must be reviewed by the SBH-ASO Credentialing Committee to be considered for network participation.
2. The SBH-ASO credentialing staff obtains the following from Organizational Providers and queries, when available, prior to the credentialing/re-credentialing decision date:
- a. A copy of the license/s from the Organizational Provider or verification of the licensure directly from the state agency and confirms that the facility holds valid current licenses in the applicable state where contracting for the SBH-ASO.
 - b. A copy of the accreditation certificate or report from the entity and primary source verification directly from the accreditation organization. If non-accredited, confirmation that the site audit visit was completed; ensure a copy of the state/CMS audit results are in the file if they are being accepted in lieu of an SBH-ASO site visit.
 - c. Exclusion on the Office of Inspector General (OIG) and List of Excluded Individuals and Entities (LEIE) query.
 - d. Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) site.

- e. Verification of the National Plan Identifier (NPI) on the National Plan & Provider Enumeration System (NPPES).
 - f. Verification of State Medicaid Exclusions sites.
3. The SBH-ASO will conduct monthly OIG, SAM, and Washington State Exclusion checks for outline the specific individuals this pertains to (owners, controlling interest, etc.) ongoing provider monitoring.
 4. Organizational Provider documents must be current and verified within 180 days of the Credentialing Committee decision. If documents have expired, Contracting Associate/ Credentialing personnel contact the facility to obtain updated document copies. If documents with current dates are not available (e.g. licensing board has not issued updated certificate), the Contracting Associate/ Credentialing staff member contacts the licensing board to confirm status.
 5. SBH-ASO ensures that information provided in its member materials and practitioner directories is consistent with information obtained during the credentialing process.
 6. All Organizational Provider files are reviewed to ensure they meet the SBH-ASO credentialing criteria. If the Organizational Provider does not meet the SBH-ASO's credentialing criteria, the file will be presented as an exception or "Pending" to the Credentialing Committee. The Organizational Provider is notified of the issue(s) within 30 days and given 30 days from that notice to provide information to address the issue(s). If not received within this timeframe, the Credentialing Application will be denied.
 7. If the SBH-ASO Credentialing Committee has determined that the Organizational Provider has met the minimum requirements for participation, the file is then deemed "clean" and can be approved by the Credentialing Committee and signed by the Medical Director or his/her designee.
 8. The Medical Director may delegate signatory authority to a member on the day of the committee meeting noting who is the designated signer. This designation will be noted on the meeting's sign in sheet.
 9. Organizational Provider credentialing files are confidential and are scanned into a secure imaging system. This document retrieval system is protected by user ID and password to prevent unauthorized access. These files are protected from discovery and may not be reproduced or distributed, except for confidential peer review and credentialing purposes consistent with state laws.
 10. When the SBH-ASO has reached a credentialing decision, the Organizational Provider will be notified in writing, within 60 calendar days of the decision date.

The credentialing determination notification will specify the range of actions that may be taken by the organizational practitioner, including the appeal process.

11. The Organizational Provider has the right to:
 - a. Review information submitted to support their credentialing application
 - b. Correct erroneous information
 - c. Receive the status of their credentialing or recredentialing application, upon request.
 - d. Appeal the credentialing decision to the Credentialing Committee in writing within 60 days from the date the decision is communicated. Any appeals will be reviewed by the Credentialing Committee; a determination will be made within 30 calendar days of receipt and written notice will be sent. There will be no subsequent appeal to this final decision.
12. If an Organizational Provider loses their accreditation, licenses, or any other essential credentialing requirements (e.g. Liability Insurance) prior to the re-credentialing period, they must notify the SBH-ASO in writing within 15 calendar days.
13. Re-Credentialing: Organizational Provider re-credentialing is performed at minimum every 36 months. Re-credentialing activities are compliant with all applicable state and federal regulatory requirements.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CUSTOMER SERVICE

Policy Number: AD105

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/16/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To describe and establish standards for customer service provided by Salish Behavioral Health Administrative Services Organization (SBH-ASO).

POLICY

SBH-ASO strives to provide excellent customer service and is committed to consistent, friendly, proactive, and responsive interaction with individuals, families, and stakeholders. Staff members provide friendly, efficient, and accurate services to all individuals, families and stakeholders.

PROCEDURE

1. Customer Service:
 - A. The SBH-ASO provides a single toll-free number for Individuals to call regarding services, at its expense, which is separate and distinct number from the SBH-ASO's Toll-Free Crisis Line telephone number, in addition to a local telephone number within the local calling range.
 - B. The SBH-ASO provides adequate staff to provide customer service representation at a minimum from 8:00 a.m. to 5:00 p.m. Pacific Time, or alternative hours as agreed to by HCA, Monday through Friday, year-round and shall provide customer service on all dates recognized as work days for state employees.
 - SBH-ASO shall report to HCA by December 1 of each year its scheduled non-business days for the upcoming calendar year.
 - SBH-ASO will notify HCA five (5) business days in advance of any non-scheduled closure during scheduled business days, except in the

case when advance notification is not possible due to emergency conditions.

- C. SBH-ASO assures that interpreter services are provided for Individuals with a preferred language other than English, free of charge. This includes the provision of interpreters for Individuals who are deaf or hearing impaired, including American Sign Language (ASL), and TDD/TTY services.
 - D. SBH-ASO respectfully responds to individuals, family members, and stakeholders in a manner that resolves their inquiry politely, promptly, and with helpful attention.
2. SBH-ASO Staff are available at least eight hours a day during normal business hours for inbound calls regarding Utilization Management (UM) issues. Staff have the ability to receive inbound communication regarding UM after normal business hours.
 - A. Staff are identified by name, title and organization name when initiating or returning calls regarding UM issues.
 - B. Staff has access to Interpreter and TDD/TTY services to assist with callers who need them.
 3. SBH-ASO shall staff its customer service line with a sufficient number of trained customer service representatives to answer the phones. Staff shall be able to access information regarding eligibility requirements and benefits; GFS/FBG services; refer for behavioral health services; and resolve Grievances and triage Appeals.
 4. SBH-ASO trains customer service staff on GFS/FBG policies and procedures.
 5. SBH-ASO shall develop and maintain customer service policies and procedures that address the following:
 - A. Information on Contracted Services including where and how to access them;
 - B. Authorization requirements; and
 - C. Requirements for responding promptly to family members and supporting links to other service systems such as Medicaid services administered by the MCO, First Responders, criminal justice system, and social services.
 6. SBH-ASO will provide individuals with access to qualified clinicians without placing the Individual on hold. The clinician shall assess the crisis and warm transfer the call to a Designated Crisis Responder (DCR), call 911, refer the Individual for services or to his or her provider, or resolve the request or crisis.

7. Logs are kept that include at a minimum, the initial call, type of call, date of attempted resolution, time to answer the call with a live voice, and abandoned calls. This log is provided to the Health Care Authority for review upon request.

MONITORING

SBH-ASO Administrator shall review Customer Service logs quarterly to ensure that the average speed of customer service calls being answered with a live voice during open hours is 30 seconds, and that customer services calls have an abandonment rate of less than 5%. Any performance found to be below contract standards will be brought to the Quality Assurance and Compliance Committee (QACC) for Corrective Action recommendation.

Monitoring of internal customer service line will be achieved by monitoring of monthly reports. Metrics for these reports include:

1. Time to answer (less than 30 seconds)
2. Abandonment rate
3. Length of call
4. Metrics on customer service staff
 - a. Time to answer
 - b. Frequency of answering
 - c. Frequency of phone setting to "not available"

Report will be monitored for trends by Clinical Director. Trends will be reviewed by QUAC. Corrective actions required will be determined by SBH-ASO Leadership Team. Corrective actions may be system or staff related.

All calls (incoming/outgoing/VM) will be documented on the SBH-ASO call log. Use of the log will be monitored for consistency and cross referenced to customer service calls. This will be done by a monthly sample of calls and follow up.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: TOLL-FREE CRISIS LINE MANAGEMENT **Policy Number:** AD106

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 05/02/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To outline the scope of services for the Toll-Free Crisis Line and to provide the Salish Behavioral Health Administrative Service Organization's (SBH-ASO) scope of oversight responsibilities and quality improvement (QI) activities to ensure adherence to requirements for Toll-Free Crisis Line services.

POLICY

- A. SBH-ASO is responsible for managing crisis services within its network area, including a Toll-Free Crisis Line that is separate and distinct from the SBH-ASO toll-free Customer Service line.
- B. The Toll-Free Crisis Line is available 24 hours a day, seven days a week, 365 days a year, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
- C. SBH-ASO will contract with a delegated entity to fulfill this crisis line requirement. SBH-ASO and the delegated entity shall have a delegation agreement that is mutually agreed upon. SBH-ASO shall provide oversight of the delegated activities.
- D. SBH-ASO requires that the following standards be met in accordance with contract requirements including:
 - a. All calls must be answered by a live voice within 30 seconds,
 - b. Calls must show a call abandonment rate within 3%.
- E. Reports from the delegated entity to ensure contract compliance and conformity to contract standards and shall be reviewed by SBH-ASO at least semi-annually.

- F. SBH-ASO shall monitor for opportunities to improve performance in crisis line management.

PROCEDURE

1. Crisis line expectations

- a. Individuals shall be able to access crisis services without the full completion of Intake Evaluations and/or other screening and assessment processes.
- b. The crisis line shall be staffed 24 hours a day, 7 days a week, 365 days a year by the delegated entity.
- c. The crisis line phone number used for all SBH-ASO counties is TBD.
- d. Information regarding the local crisis line number used to access acute care throughout SBH-ASO is available through local law enforcement agencies, local hospitals, and in local telephone directories.
- e. Crisis line number are responded to by a person who is trained in the provision of crisis services, allowing for initial response via an answering service.
- f. Crisis calls shall come in on the 800 number, be answered by delegated entity staff, and warm transferred to the appropriate county crisis staff for immediate handling.
- g. Delegated entity staffing shall be sufficient to answer, and route crisis line calls as required. Preparations and precautions shall be taken by the delegated entity to ensure that there is coverage despite potential delegated entity staff illness or staff loss.
- h. Telephone crisis services are provided in accordance with WAC 246-341-0900 and 246-341-0905 and contract requirements.
- i. Assure communication and coordination with the individual's mental health care provider, if indicated and appropriate.
- j. Post a copy of the statement of individual rights in a location visible to staff and agency volunteers.

2. Delegated activities: Roles and Responsibilities

- a. Responsibilities of the ASO:
 - i. SBH-ASO shall provide oversight of the delegated activities and shall review reports from the delegated entity regarding SBH-ASO crisis

calls answered by a live person within 30 seconds and 3% abandonment rates, no less than monthly.

- ii. SBH-ASO shall enforce the contract requirements with the delegated entity.
- iii. SBH-ASO shall set performance goals and monitor the delegated entity's progress towards meeting those goals.
- iv. SBH-ASO shall evaluate at least annually the delegated entity's performance against contract standards to include an audit of phone calls, policies and procedures, reports, and written protocols..

b. Responsibilities of the delegated entity:

- i. The delegated entity shall answer the SBH-ASO crisis line phones and transfer those calls to the appropriate county crisis team;
- ii. The delegated entity shall meet the Contract Standards outlined in Policy D above.
- iii. The delegated entity shall provide regular reports to SBH-ASO, not less than monthly to the Quality Manager, showing the SBH-ASO call abandonment rate by month and the average time to answer the SBH-ASO crisis line with a live voice.
- iv. The delegated entity shall work with SBH-ASO on improving performance on crisis line measurables,
- v. The delegated entity shall adhere to the delegation agreement with SBH-ASO.
- vi. The delegated entity shall notify the SBH-ASO by 10am each calendar day of all crisis contacts resolved by 8am that day. The SBH-ASO shall notify the MCO within one (1) business day when and MCO Enrollee interacts with the crisis system.

3. Oversight of the delegated activities

- a. Reports shall be received by the SBH-ASO Quality Manager by the 15th day from close of the reporting month. The reports from the delegated entity shall include (at a minimum) the following content by month/year:
 - i. Total number of calls to the crisis center 800 number,
 - ii. Total number of calls answered,
 - iii. Number of calls answered with a live voice within 30 seconds,
 - iv. Percentage of calls answered with a live voice within 30 seconds by

- the delegated entity,
 - v. Average speed of answering the crisis phone,
 - vi. Abandonment rate of crisis calls.
 - b. The SBH-ASO Quality Manager and Administrator will review reports monthly.
 - c. The reports will be reviewed quarterly by the Quality Assurance and Compliance Committee (QACC).
 - d. SBH-ASO shall review the reports and ensure that the contract standards outlined in Policy D above are met.
 - e. If the delegated entity does not meet the standards, overall, or in any month in the report, then a corrective action plan shall be submitted to SBH-ASO by the delegated entity indicating what steps will be taken to help improve that performance measure and meet the standard required.
 - f. If the delegated entity is not able to improve the performance measure, then SBH-ASO may take additional actions as indicated in contract up to and including termination of the delegation agreement with the delegated entity.
 - g. SBH-ASO shall review the delegated entity for phone call review and policies and procedures annually to ensure that contractual requirements, and WACs/RCWs are being met.
4. Commitment to improvement
- a. SBH-ASO shall look for opportunities for improvement in crisis line measurables as a part of its commitment to continuous improvement.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INTEGRATED CRISIS SYSTEM

Policy Number: CL200

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 05/02/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To provide Salish Behavioral Health Administrative Services Organization (SBH-ASO) with clearly defined standards for the provision of crisis services; the oversight of crisis services; and the expected outcomes for provision of crisis care.

POLICY

Integrated Crisis System (ICS) includes a broad network of triage and referral services that are intended to stabilize the individual in crisis while utilizing the least restrictive community settings possible. Crisis services include both voluntary and involuntary services and address all relevant behavioral health and substance abuse situations.

1. SBH-ASO shall make the following services available to all individuals in the SBH-ASO's Service Area:
 - A. Crisis Triage and Intervention to determine the urgency of the needs and identify the supports and services necessary to meet those needs. Dispatch mobile crisis or connect the individual to services. For individuals enrolled with an MCO, assist in connecting the individual with current or prior service providers. Crisis Services may be provided prior to completion of an Intake Evaluation. Services shall be provided by or under the supervision of a Mental Health Professional. SBH-ASO will provide twenty-four (24) hour a day, seven (7) day a week, three hundred sixty-five (365) days a year, crisis mental health services to individuals who are within the SBH-ASO's Service Area and report they are experiencing a crisis. There will be sufficient staff available, including a DCR, to respond to requests for Crisis Services.

- B. SUD ITA Services to identify and evaluate alcohol and drug involved Individuals requiring protective custody, detention, or Involuntary Commitment services. Services include investigation and assessment activities, management of the court case findings, and legal proceedings.
2. SBH-ASO shall provide the following services to Individuals who meet eligibility requirements but who do not qualify for Medicaid, when medically necessary, and based on Available Resources:
 - A. Crisis Stabilization Services, includes short-term (up to fourteen (14) days per episode) face-to-face assistance with life skills training and understanding of medication effects and follow up services. Services are provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual experiencing a behavioral health crisis. Crisis stabilization is often referred to as hospital diversion, typically managed by specific programs, apart from initial/emergent Stabilization Services, and available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
 - B. SUD Crisis Services including short term stabilization, a general assessment of the individual's condition, an interview for therapeutic purposes, and arranging transportation home or to an approved facility for intoxicated or incapacitated individuals on the streets or in other public places. Services may be provided by telephone, in person, in a facility or in the field. Services may or may not lead to ongoing treatment.
 - C. Secure Detoxification Services provided in a facility licensed by DOH and certified by DBHR to provide evaluation and treatment services to Individuals detained by the DCR for SUD ITA. Appropriate care for Individuals with a history of SUD who have been found to meet criteria for involuntary treatment includes: evaluation and assessment, provided by a CDP; acute or subacute detoxification services; SUD treatment; and discharge assistance provided by CDPs, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to LRA as appropriate for the Individual in accordance with WAC 246-341-1104.
 - D. Peer-to-Peer Warm Line Services are available to callers with routine concerns who could benefit from or who request to speak to a peer for support and help de-escalating emerging crises. Warm line staff may be peer volunteers who provide emotional support, comfort, and information to callers living with a mental illness.

Crisis System General Requirements

SBH-ASO shall develop and maintain a regional behavioral health crisis system through its Crisis Provider Network who will provide services that meet the following requirements:

1. Crisis Services will be available to all individuals who present with a need for Crisis Services in the SBH-ASO's Service Area.
2. Crisis Services shall be provided in accordance with Chapters 71.05 RCW and 71.34 RCW.
3. ITA services shall be provided in accordance with the SBH-ASO Involuntary Treatment Act Services Policy.

Crisis Services shall be delivered as follows:

- A. Stabilize individuals as quickly as possible and assist them in returning to a level of functioning that no longer qualifies them for Crisis Services. Stabilization Services will be provided in accordance with WAC 246-341-0915.
- B. Provide solution-focused, person-centered and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization or out of home placement.
- C. Coordinate closely with the regional MCOs, community court system, First Responders, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system and acute care system that is connected to the full continuum of health services.
- D. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
- E. Develop and implement strategies to assess and improve the crisis system over time.

Crisis System Staffing Requirements

The SBH-ASO and its Crisis Provider Network shall comply with staffing requirements in accordance with Chapter 246-341 WAC. Each staff member working with an Individual receiving crisis services must:

1. Be supervised by a Mental Health Professional or licensed by DOH.
2. Receive annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must document the training.
3. Have the ability to consult with one of the following (who has at least one (1) years' experience in the direct treatment of individuals who have a mental or emotional disorder):

- A psychiatrist;
 - A physician;
 - Physician assistant; or
 - An Advanced Registered Nurse Practitioner with prescriptive authority.
4. SBH-ASO Providers shall comply with DCR qualification requirements in accordance with Chapters 71.05 and 71.34 RCW and shall incorporate the statewide DCR Protocols, listed on the HCA website, into the practice of their DCRs.
 5. SBH-ASO Providers shall have clinicians available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, who have expertise in Behavioral Health issues pertaining to children and families.
 6. SBH-ASO Providers shall make available at least one (1) Certified CDP with experience conducting Behavioral Health crisis support for consultation by phone or on site during regular Business Hours.
 7. SBH-ASO Providers shall make available at least one (1) Certified CPC with experience conducting behavioral health crisis support for consultation by phone or on site during regular Business Hours.
 8. SBH-ASO Providers shall establish policies and procedures for ITA services in accordance with SBH-ASO Involuntary Treatment Act Services Policy.

Crisis System Operational Requirements

Crisis Services shall be available twenty-four hours a day, seven days a week, three hundred sixty-five (365) days a year.

1. Mobile crisis outreach shall respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
2. SBH-ASO shall provide a toll-free crisis line that is available twenty-four hours a day, seven days a week, three hundred sixty-five (365) days a year, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
3. The toll-free crisis line shall be a separate number from SBH-ASO's customer service line.
4. Individuals shall be able to access crisis services without full completion of Intake Evaluations and/or other screening and assessment processes.

5. Telephone crisis support services will be provided in accordance with WAC 246-341-0905 and crisis outreach services will be provided in accordance with WAC 246-341-0910.
6. SBH-ASO maintains registration processes for non-Medicaid Individuals utilizing crisis services to maintain demographic and clinical information and establish a medical record/tracking system to manage their crisis care, referrals, and utilization.
 - a. For crisis services provided in the SBH-ASO Regional Service Area (RSA), all Providers will conduct eligibility verification for individuals who are receiving services or who want to receive services to determine financial eligibility. Please refer to the SBH-ASO Eligibility Verification Policy.
 - b. All contracted crisis providers, including the toll-free crisis line provider, are required to submit a daily Crisis Log to the SBH-ASO.
 - c. All information collected is compiled into a non-Medicaid database in order to monitor utilization at both an individual as well as a systems level.
7. SBH-ASO shall establish protocols for providing information about and referral to other available services and resources for individuals who do not meet criteria for Medicaid or GFS/FBG services (e.g., homeless shelters, domestic violence programs, Alcoholics Anonymous).
8. SBH-ASO shall ensure that Crisis Service providers have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility twenty-four hours a day, seven days a week including DCR contact protocol.
9. SBH-ASO shall ensure that Crisis Service providers document calls, services, and outcomes. SBH-ASO and the SBH-ASO Crisis Network Providers Network shall comply with record content and documentation requirements in accordance with WAC 246-341-0900 through WAC 246-341-0920.
10. SBH-ASO Crisis Providers shall notify the SBH-ASO by 10am each calendar day of all crisis contacts resolved by 8am that day. The SBH-ASO shall notify the MCO within one (1) business day when and MCO Enrollee interacts with the crisis system.
11. SBH-ASO shall coordinate with the MCO/ASO of record for an individual upon becoming aware of a change in eligibility status, we determine that the individual has Medicaid coverage or loses Medicaid coverage, or moves between the SBH-ASO region and another region.

Integrated Crisis System:

Crisis services should reflect the following:

- a. Services will include providing crisis telephone screening as defined in WAC 246-341-0910.
- b. Crisis peer support services shall be provided in accordance with WAC 246-341-0920.
- c. Crisis outreach staff shall work collaboratively with mental health and substance use disorder treatment services/programs, serving adults and children in a developmentally and culturally competent manner, ensuring that developmentally and culturally appropriate service/specialists are contacted at all critical junctures.
- d. Crisis Workers will utilize an existing crisis plan as available.
 - i. Crisis Network Providers are required to create crisis plans when clinically indicated and submit new and updated plans to the Toll-Free Crisis Line Provider, Volunteers of America (VOA), for central storage and access.
 - ii. Crisis Network Providers will utilize VOA for coordinating access to crisis plans. Providers will have a written protocol for requesting a copy of the individual's crisis plan from VOA, 24 hours per day, 7 days per week, 365 days per year.
 - iii. If no crisis plan is available, Crisis Workers will begin to formulate a crisis plan with input from the Individual.
- e. When there is a question of safety, outreach services shall be provided in coordination with law enforcement or other mental health support.
- f. Information regarding all crisis line numbers is available 24 hours a day, 7 days a week, 365 days a year.
- g. Crisis services are provided in the Individual's language of choice, free of charge. Providers have access to language bank interpreters and TTY/TDD equipment.
- h. Crisis services are available to all persons needing mental health and substance use disorder crisis services regardless of their ability to pay, insurance status, age, sex, minority status, status with the SBH-ASO, allied system of care relationship, or place of residency.
- i. Individuals experiencing a psychiatric or substance use disorder crisis are stabilized in the most appropriate, least restrictive setting.

- j. Crisis services are inclusive of natural supports of individuals experiencing a crisis. This includes obtaining collateral information from natural supports when available and appropriate.
 - i. Crisis services build upon existing systems of crisis provision, reflect innovation, and strive for best practices (quality of care). This includes applying aspects of the Practice Guidelines adopted by SBH-ASO.
- i. A “no decline” policy will be enforced for both Designated Crisis Responders and Crisis Outreach Workers.

Note: “No decline” means that when a Designated Crisis Responder or Crisis Outreach Worker is requested by persons identified in Mobile Crisis Outreach (see Mobile Outreach Services 4, below), they may not refuse to provide crisis services regardless of the person’s age, culture, or ability to pay.

Mobile Outreach Services:

1. Face-to-face services are provided by crisis outreach when telephone intervention is unsuccessful in stabilizing the individual.
2. Mobile crisis outreach will respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
3. When clinically indicated or when the service recipient has no means to get to a clinic or emergency room, the crisis response staff will take services directly to the individual in crisis, stabilizing and supporting the person until the crisis is resolved or an appropriate referral is made.
4. SBH-ASO Providers shall have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
5. SBH-ASO Providers shall establish policies and procedures for crisis and ITA services that implement the following requirements:
 - a. No DCR or crisis worker shall be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's ITA, unless a second trained individual accompanies them.
 - b. The clinical team supervisor, on-call supervisor, or the individual professional shall determine the need for a second individual to accompany them based on a risk assessment for potential violence.
 - c. The second individual who responds may be a First Responder, a Mental Health Professional, a Chemical Dependency professional, or a mental health provider who has received training required in RCW 49.19.030.

- d. No retaliation shall be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
 - e. The Contractor shall have a plan to provide training, mental health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - f. Every DCR dispatched on a crisis visit shall have prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response.
 - g. SBH-ASO Providers shall provide a wireless telephone or comparable device to every DCR or crisis worker, who participates in home visits to provide Crisis Services.
6. Face to face evaluation and/or other interventions shall be required when requested by:
- a. SBH-ASO Clinical Staff
 - b. Law Enforcement
 - c. Designated Crisis Responder
 - d. Hospital Emergency Staff
 - e. Mental Health Outpatient Providers
 - f. Substance Use Disorder Treatment Services Providers
 - g. Detox Staff
 - h. Residential Providers
 - i. School Teachers/Counselors
 - j. Providers of Inpatient Psychiatric Services
 - k. Hospital Staff
 - l. Primary Care Physicians

Care Coordination Post Crisis

Once the crisis is stabilized, SBH-ASO and its providers will ensure a consistent and appropriate follow-up process for the individual. The SBH-ASO crisis delivery system works with all allied systems of care, to ensure the SBH-ASO community and crisis recipients are kept safe and maintained in the least restrictive environment possible. Crisis services also work with local law enforcement, community mental health programs, SUD treatment providers, hospitals, shelters, and homeless services.

Ancillary Requirements of the SBH-ASO Crisis System

1. Crisis services to Tribal members will be provided in accordance with Tribal Crisis Agreements.
2. All SBH-ASO providers of crisis services shall use an appropriate method, such as their electronic health record, to record the fact of contact with each person, where, when and which crisis services they received, care coordination provided and their demographic and clinical information.
3. All SBH-ASO providers of crisis services shall provide evidence of and demonstrate an ability to transmit that data to SBH-ASO, per contract terms, to meet all data requirements of timely and complete reporting of such services and client information.

MONITORING

The following mechanisms and parameters shall be conducted annually and be used to monitor crisis system requirements, efficiency, effectiveness, and satisfaction:

- A. SBH-ASO will survey allied systems of care and family members who utilize crisis services. Surveys will determine the level of satisfaction.
- B. Crisis response efficiency and effectiveness will also be monitored based on desired outcomes listed in Crisis System Operational Requirements – 1 of this standard. SBH-ASO will also monitor crisis services to assess effectiveness of hospital diversion, ability to stabilize at the least restrictive level of care possible, ability to provide culturally relevant care (as evidenced by utilization of translator services and cultural specialists), and ability to maintain the individual in the community.
- C. SBH-ASO shall be responsible for ensuring that the appropriate clinical criteria are followed and the crisis interventions are evaluated by SBH-ASO based on objective criteria as developed in a review protocol or instrument.
- D. SBH-ASO will ensure crisis providers are adherent to both contract and applicable policies by using a variety of methods.
 1. These monitoring activities will ensure:
 - a. Provision of effective and appropriate types of outreach services;
 - b. Compliance with clinical necessity guidelines and conformance to SBH-ASO Level of Care Standards;
 - c. Adherence to the “no decline” policy;
 - d. Crisis Plans are complete and accessible throughout SBH-ASO;

- e. Effective and efficient coordination with allied systems of care;
 - f. Appropriate assessment, triage, and hospital referral processes are followed including the evaluation of information from collateral informants such as family members, guardians, or other system participants (police, social services workers, medical providers, etc.);
 - g. Services are age, culturally, and linguistically appropriate and that specialists and interpreters are used when indicated and required; and;
 - h. Monitoring for over/under utilization.
 - i. Where appropriate, that the requests of persons in crisis are respected.
2. Provider performance found to be below contracted standards will result in SBH-ASO requiring a Corrective Action Plan. The Corrective Action Plan must outline the Provider's plan for immediate and sustained improvement. SBH-ASO will monitor for sustained improvement. If improvement is not sustained, the Corrective Action process will resume and follow the steps outlined in the Provider's contract, up to and including contract termination.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ENSURING CARE COORDINATION FOR INDIVIDUALS **Policy Number:** CL201

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/16/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To establish standards to ensure the provision of Care Coordination to individuals, including those utilizing excessive or unnecessary Crisis Services.

DEFINITIONS

External entities – entities outside of SBH-ASO to include (but not limited to): BHOs, other BH-ASOs, Family Youth System Partner Roundtable (FYSPRT), Apple Health Managed Care Organizations, Tribal entities, Community Health Clinics, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHC), the Criminal Justice System (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system), Ombuds, Tribal Entities, Department of Social and Health Services (DSHS), State and Federal agencies and local partners that manage access to housing, education systems, Accountable Community of Health, and first responders.

High Risk Individual – an individual who meets one of the following criteria:

- Is using excessive or unnecessary Crisis Services due to inability to access non-crisis behavioral health services
- Has more than five (5) contacts over six (6) months to the emergency department, law enforcement, detox facility, or a sobering center due to a behavioral health disorder
- Individuals on Less Restrictive Orders (LRO) or Conditional Releases (CR) who do not attend intake/assessment appointments.

Transition Age Youth (TAY) – an individual between the ages of 15 and 25 years who present unique service challenges because they are too old for pediatric services but are often not ready or eligible for adult services.

POLICY

SBH-ASO shall promote coordination, continuity, and quality of care that address the following:

1. Strategies to reduce unnecessary crisis system utilization.
2. Care transitions and sharing of information among jails, prisons, hospitals, residential treatment centers, detoxification and sobering centers, homeless shelters and service providers for Individuals with complex behavioral health and medical needs.
3. Continuity of Care for Individuals in an active course of treatment for an acute or chronic behavioral health condition, including preserving Individual-provider relationships through transitions.
4. Use of GFS/FBG funds to care for Individuals in alternative settings such as homeless shelters, permanent supported housing, nursing homes or group homes.
 - a. SBH-ASO will participate and/or convene community meetings to address serving individuals with additional needs as listed above.
5. SBH-ASO Providers shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.

SBH-ASO will collaborate with external entities to address barriers to high-risk individuals accessing non-crisis behavioral health services. For Medicaid enrollees, SBH-ASO shall collaborate with MCOs to develop and implement strategies to coordinate care with community behavioral health providers for individuals with a history of frequent crisis system utilization.

- A. Individuals identified in SBH-ASO Policy CL204 Priority Populations and Waiting Lists are provided clinically relevant and coordinated care.
 - a. These individuals are identified at multiple points during clinical contact, including but not limited to at intake/assessment, authorization/notification requests, assessment for discharge readiness, and via PRISM scores.
 - b. Individuals also include those referred by community entities such as law enforcement, emergency department or first responders.
- B. SBH-ASO and its Provider Agencies remedy issues concerning service inconsistency, if such issues surface.
- C. SBH-ASO UM program incorporates this information into their assessment of under or over utilization of resources.

- D. SBH-ASO shall collaborate with MCOs to develop and implement strategies to coordinate care with community behavioral health providers for individuals with a history of frequent crisis system utilization. Coordination of care strategies will seek to reduce unnecessary utilization of crisis services by promoting relapse/crisis prevention planning and early intervention and outreach that addresses the development and incorporation of recovery-based interventions and mental health advance directives in treatment planning consistent with requirements of contracts.
- a. These collaborative efforts include but are not limited to:
 - i. Scheduling routine Care Coordination meetings
 - ii. Keeping a list of MCO contacts which is updated at regular intervals.
 - iii. Coordination on a case by case basis.

SBH-ASO shall coordinate with External Entities including but not limited to:

- A. BH-ASOs for transfers between regions;
- B. Family Youth System Partner Roundtable (FYSPRT);
- C. Apple Health Managed Care Organizations to facilitate enrollment of Individuals who are eligible for Medicaid;
- D. Tribal entities regarding tribal members who access the crisis system;
- E. Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHC);
- F. The Criminal Justice system (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system);
- G. DSHS and other state agencies;
- H. State and federal agencies and local partners that manage access to housing;
- I. Education systems, to assist in planning for local school district threat assessment process;
- J. Accountable Community of Health; and
- K. First Responders.

PROCEDURE

Care Coordination and Continuity of Care: Children and Youth in the Behavioral Health System

The SBH-ASO shall collaborate with child/TAY serving systems, as follows:

- A. Convene the regional CLIP Committee unless an alternative organization is approved by HCA using the guidelines provided by HCA.
- B. If requested by a WISe provider, CLIP facility or other program in the behavioral health system served by the SBH-ASO.
- C. Refer potentially CLIP-eligible children to the CLIP Administration.

Care Coordination for Individuals

1. SBH-ASO contract directs Provider Agencies to ensure coordination of service to an individuals with higher or more complex needs.
2. SBH-ASO toll-free Crisis Line will assist in identifying individuals who would benefit from additional coordination or for whom non-crisis services may be more appropriate.
3. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
4. SBH-ASO has the capacity to receive a Care Coordination referral by any internal or external entity.
5. Upon receipt of a Care Coordination referral, Care Managers will contact the Individual and Provider Agency, in coordination with any appropriate internal and external entities. Service-related decisions will be based on individual clinical presentation and risk.
6. SBH-ASO Utilization Management program will monitor for over and underutilization trends.

SBH-ASO Care Managers shall coordinate the transfer of Individual information, including initial assessments, care plans, and mental health advanced directives with other BH-ASOs and MCOs as needed when an Individual moves between regions or gains or loses Medicaid eligibility, to reduce duplication of services and unnecessary delays in service provision.

1. SBH-ASO contract directs Provider Agencies to ensure coordination of service to an individual including collection of releases of information for formal information and/or document sharing.

- a. Adherence to this requirement will be reviewed as per the SBH-ASO Policy Provider Network Selection, Retention, Management, and Monitoring.
2. SBH-ASO will assist with coordinating care when barriers arise. Providers or outside entities may contact SBH-ASO Care Managers to assist.
 - a. SBH-ASO Care Managers will contact all necessary entities/parties to ensure transfer of information occurs in a timely manner.
3. The transfer of this information can either be conducted via written or oral communication.

SBH-ASO shall participate in disaster preparedness activities and respond to emergency/disaster events (e.g., natural disasters, acts of terrorism) when requested by HCA, county, or local public health jurisdiction. The SBH-ASO shall attend state-sponsored training and participate in emergency/disaster preparedness planning when requested by HCA, the county or local public health jurisdiction in the region and provide Disaster Outreach and post-Disaster Outreach in the event of a disaster/emergency.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INVOLUNTARY TREATMENT ACT SERVICES

Policy Number: CL202

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/16/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

The purpose of this policy is to ensure Involuntary Treatment Act (ITA) Services are provided by Designated Crisis Responders (DCR) to evaluate an individual in crisis and determine if involuntary services are required.

DEFINITIONS

Involuntary Treatment Act (ITA) - “Involuntary Treatment Act (ITA)” are state laws that allow for individuals to be committed by court order to a Facility for a limited period of time. Involuntary civil commitments are meant to provide for the evaluation and treatment of individuals with a behavioral health disorder and who Washington State may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial commitment may last up to seventy-two (72) hours, but, if necessary, individuals can be committed for additional periods of fourteen (14), ninety (90), and one hundred eighty (180) calendar days (RCW 71.05.180, RCW 71.05.230 and RCW 71.05.290).

Involuntary Treatment Act Services - “Involuntary Treatment Act Services” includes all services and administrative functions required for the evaluation and treatment of individuals civilly committed under the ITA in accordance with Chapters 71.05 and 71.34 RCW, and RCW 71.24.300.

Less Restrictive Alternative Treatment - “Less Restrictive Alternative (LRA) Treatment” means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) or its member counties will designate DCRs to perform the duties of involuntary investigation and detention in accordance with the requirements of Revised Code of Washington (RCW) Chapters 71.05, 71.34, 71.24.300, and current DCR protocols. This will be done in consultation between the Integrated Crisis System (ICS) Service Providers, the counties and Salish BH-ASO. Crisis Services become ITA Services when a Designated Crisis Responder (DCR) determines an individual must be evaluated for involuntary treatment. The decision-making authority of the DCR is independent of SBH-ASO's administration.

RCW 71.05 provides for persons suffering from behavioral health disorders to be involuntarily committed for treatment and sets forth that procedures and services be integrated with RCW Chapter 71.24.

RCW 71.34 establishes behavioral health services for minors, protects minors against needless hospitalization, enables treatment decisions to be made with sound professional judgment and ensures minors' parents/guardians are given an opportunity to participate in treatment decisions.

PROCEDURE

1. SBH-ASO will have agreements in place with Crisis Service Providers in Clallam, Jefferson and Kitsap Counties to provide services in accordance with the designation noted above.
2. SBH-ASO Providers shall have a sufficient number of staff available twenty-four (24) hours a day, seven (7) days a week, 365 days a year, and sufficient DCRs to respond to requests for SUD Involuntary Commitment services and Mental Health ITA services. Crisis triage staff shall have training in crisis triage and management for individuals of all ages and behavioral health conditions, including SMI, SUDs, and co-occurring disorders.
3. All ITA Services shall be provided by a Designated Crisis Responder (DCR). The contracted network providers shall ensure there will be at least one DCR available twenty-four hours a day, seven days a week, three hundred and sixty-five days a year.
4. DCRs performing these duties will have the necessary training required to perform these duties.
5. ITA services will be provided in accordance with WAC 246-341-0810. ITA services includes all services and administrative functions required for the evaluation of involuntary detention or involuntary treatment of Individuals in accordance with RCW 71.05, RCW 71.24.300, and RCW 71.34. Requirements

include payment for all services ordered by the court for individuals ineligible for Medicaid, and costs related to court processes and Transportation. Crisis Services become ITA Services when a DCR determines an individual must be evaluated for involuntary treatment. ITA services continue until the end of the Involuntary Commitment.

6. Under no circumstances shall SBH-ASO Providers deny the provision of Crisis Services, E&T services, ITA services, or SUD involuntary commitment services, to an Individual due to the Individual's ability to pay.
7. SBH-ASO Providers shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.
8. SBH-ASO Providers may develop a sliding fee schedule for Individuals to pay for services that shall be reviewed and approved by the SBH-ASO.
9. SBH-ASO Providers shall establish policies and procedures for crisis and ITA services that implement the following requirements:
 - a. No DCR or crisis worker shall be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's ITA, unless a second trained individual accompanies them.
 - b. The clinical team supervisor, on-call supervisor, or the individual professional shall determine the need for a second individual to accompany them based on a risk assessment for potential violence.
 - c. The second individual who responds may be a First Responder, a Mental Health Professional, a Chemical Dependency professional, or a mental health provider who has received training required in RCW 49.19.030.
 - d. No retaliation shall be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
 - e. The Contractor shall have a plan to provide training, mental health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - f. Every DCR dispatched on a crisis visit shall have prompt access to information about a Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response.

- g. SBH-ASO Providers shall provide a wireless telephone or comparable device to every DCR or crisis worker, who participates in home visits to provide Crisis Services.
10. SBH-ASO Providers shall ensure that Crisis Service providers document calls, services, and outcomes. The Contractor shall comply with record content and documentation requirements in accordance with WAC 246-341-0900.
11. For Non-Medicaid Individuals SBH-ASO Providers shall monitor Individuals discharged from inpatient hospitalizations on Less Restrictive Alternatives (LRA) under RCW 71.05.320 to ensure compliance with LRA requirements.
12. For individuals involuntarily committed under RCW 71.05 or 71.34, inpatient psychiatric facilities and secure withdrawal management facilities are required to provide notice of discharge and copies of CRs/LROs/AOTs to the DCR office responsible for the detention and the DCR office in the county where the individual is expected to reside. This notification is required to occur as soon as possible and no later than one (1) business day after the individual's discharge from the inpatient psychiatric facility. The DCR team will coordinate care with the individual's LRA Treatment Provider as soon as they are made aware of the CR/LRO/AOT on the individual.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: LEVELS OF CARE

Policy Number: CL203

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

To define the criteria and processes for determining medical necessity for mental health and substance use disorder services, for establishing an appropriate Level of Care relative to that necessity, and for obtaining authorization to provide that care.

DEFINITIONS

- I. **Action** – means the denial or limited authorization of a requested contracted service based on medical necessity
- II. **Administrative Denial** – means a denial of a requested service based on availability of resources, not medical necessity or level of care. An administrative denial is not an Action.
- III. **Behavioral Health Services** – Mental health and/or substance use disorder treatment services provided by a Behavioral Health Agency (BHA) licensed by the State of Washington to provide these services.
- IV. **BHA** –A Behavioral Health Agency contracted by the ASO to provide mental health and/or substance use disorder services.
- V. **Denial** – means the decision by SBH-ASO not to provide an assessment, non-crisis service, or episode that have been requested by a provider on behalf of an individual.

- VI. **Evaluation & Treatment (E&T) Services** – means services provided for individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self-due to the onset or exacerbation of a psychiatric disorder. Services are provided in freestanding residential facility (non-hospital/non-Institution for Mental Disease (IMD) facilities) licensed and certified by DOH to provide medically necessary evaluation and treatment to the Individual who would otherwise meet hospital admission criteria.
- VII. **General Fund State/Federal Block Grants (GFS/FBG)** - means the services provided by the Contractor under this Contract and funded by Federal Block Grants or General Fund State (GFS).
- VIII. **Inpatient Psychiatric Hospitalization** – means a time-limited, structured, active treatment program offering therapeutically intensive, coordinated and structured clinical services within a stable, safe, therapeutic environment. Individual hospitalization is necessary for stabilization of the acutely ill psychiatric individual requiring round-the-clock nursing care and observation to maintain individual safety. It is the most restrictive and most acute service on the continuum of psychiatric care.
- IX. **Level of Care Guidelines** – mean the criteria SBH-ASO uses in determining the scope, duration and intensity of services to be provided.
- X. **Medical Necessity** – means a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that; endanger life, cause pain and suffering, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the person requesting service. “Course of treatment” may include mere observation or, where appropriate no treatment at all.
- Additionally, the Individual must be determined to have a behavioral health diagnosis defined in the current Diagnostic and Statistical Manual of Mental Illness, covered by Washington State for public behavioral health services. The Individual’s impairment(s) and corresponding need(s) must be the result of a behavioral health diagnosis. The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a behavioral health diagnosis. The Individual is expected to benefit from the intervention. The Individual’s unmet need cannot be more appropriately met by any other formal or informal system or support.
- XI. **Notice of Action** – means a written notice SBH-ASO provides to an Individual, or the Individual’s Authorized Representative, to communicate an Action.

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- XII. **Priority Population** – Classes of individuals that meet criteria for priority coverage/funding of services from SBH-ASO per the SAPT and GFS contract requirements.
- XIII. **Reduction** – means the decision by SBH-ASO to decrease a previously authorized covered behavioral health service described in the Level of Care Guidelines. The clinical decision by a BHA to decrease or change a covered service in the Individualized Service Plan is not a reduction.
- XIV. **SBH-ASO** – Salish Behavioral Health Administrative Services Organization.
- XV. **Substance Use Disorder Program** – means a program for persons with a substance use disorder to be administered by a qualified person who has training and experience in handling alcoholism and other drug addiction problems or the organization or administration of treatment services for persons suffering from alcoholism or other drug addiction problems.
- XVI. **Suspension** – means the decision by SBH-ASO, or its formal designee, to temporarily stop previously authorized covered behavioral health services described in their Level of Care Guidelines or addressed by the ASAM Criteria. The clinical decision by a BHA to temporarily stop or change a covered service in the Individualized Service Plan is not a suspension.
- XVII. **Termination** – means the decision by SBH-ASO, or its formal designee, to stop previously authorized mental health services described in their Level of Care Guidelines. The clinical decision by a Behavioral Health Agency to stop or change a covered service in the Individualized Service Plan is not a termination.

POLICY

- A. Prior to the initiation of voluntary treatment in Community Hospitals, E&T settings, SUD or MH Residential, planned withdrawal management, or outpatient services, individuals must be authorized to receive such services. Eligibility is confirmed by SBH-ASO Mental Health Professionals (MHP) or Chemical Dependency Professionals (CDP) at every point in time that an authorization for services is requested.
- B. Authorization is not required prior to the initiation of an Intake assessment or crisis services.
- a. Authorization is not required for involuntary behavioral health treatment.
- C. Authorization, denial and adverse determinations are made by the SBH-ASO, based upon a determination of medical necessity. Such decisions are made pursuant to a comprehensive evaluation or treatment planning processes. Authorization decisions and notification timelines are as follows:
- a. Psychiatric Inpatient authorizations: Acknowledge receipt within two (2) hours, notice of decision within 12 hours.

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- b. Post-service authorizations: Decision made within 30 calendar days of receipt, notice of decision within two (2) business days.
 - c. Adverse authorization decisions involving an expedited authorization request: May initially provide notice orally; must provide written notification of the decision within 72 hours of the decision.
 - d. For denial of payment that may result in payment liability for the Individual, the Individual must be notified at the time of any action affecting the claim.
 - e. When SBH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Action. If SBH-ASO finds that there are Grievances being reported due to non-timely authorization decisions, then SBH-ASO may develop a Performance Improvement Project (PIP) to address the issue and monitor improvement.
 - f. SBH-ASO logs service authorization decisions and has the ability to track the time between when the authorization request is received, and when the authorization decision is made. SBH-ASO produces a quarterly report that will allow Utilization Management (UM) and Quality Management (QM) staff to monitor that authorization timelines are being met.
 - g. When SBH-ASO provider subcontractors fail to submit timely authorization requests, they could be required to develop and submit to SBH-ASO a Corrective Action Plan (CAP) and monitored to ensure they are improving their timely authorization requests.
- D. Authorization is provided for a *Level of Care* rather than for specific covered benefits available within that Level of Care. The specific services to be rendered are identified during the treatment planning process, which occurs in collaboration with the individual and/or his/her advocate.
 - E. SBH-ASO hires or designates at least one (1) Children's Specialist. The Children's Specialist must be a Children's Mental Health Specialist or be supervised by a Children's Mental Health Specialist and oversees the authorizations of individuals under the age of twenty-one (21).
 - F. SBH-ASO hires or designates at least one (1) Addiction Specialist who is a licensed Chemical Dependency Professional and oversees the authorizations of individuals with Substance Use Disorders.
 - G. SBH-ASO ensures that all ASO UM staff making service authorization decisions have been trained and are competent in working with the specific area of service which they are authorizing and managing, including but not limited to, co-occurring mental health and Substance Use Disorders (SUDs), co-occurring behavioral health and medical diagnoses, and co-occurring behavioral health, individuals of all ages with a SUD and who are receiving medication-assisted treatment, and Individuals Intellectual/Developmental Disability (I/DD).
 - a. The SBH-ASO and BHA UM staff will be educated in the application of UM protocols, communicating the criteria used in making UM decisions. UM

protocols shall recognize and respect the cultural needs of diverse populations.

- b. Authorization reviews shall be conducted by state licensed Behavioral Health Professionals with experience working with the populations and/or settings under review.
 - c. The UM system will be under the guidance, leadership, and oversight of the SBH-ASO Medical Director. SBH-ASO will also ensure that any behavioral health actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration or scope that is less than requested must be at least equal to that of the recommending clinician. This also applies to SBH-ASO using a Board-Certified or Board eligible Psychiatrist to review all level of care actions for psychiatric treatment, and a Board-Certified or Board eligible Physician in Addiction Medicine, or a subspecialty in Addiction Psychiatry, must review all Inpatient level of care actions (denials) for SUD treatment.
- H. SBH-ASO shall ensure, through contract oversight, that its subcontractors comply with the ASO and HCA UM requirements.
- I. Priority populations will have priority of SBH-ASO authorizations for services, within available resources.

PROCEDURE

Levels of Care	Modalities
Level 3 Services	Services provided at Community Hospitals or E&T Facilities
	Secure Withdrawal Management
Level 2 Services	Mental Health Residential
	Intensive Inpatient Residential Treatment Services – SUD
	Long Term Care Residential – SUD
	Recovery House Residential Treatment – SUD
	PPW Housing Support Services
Level 1 Services	High Intensity Treatment
	Psychological Assessment
	Program of Assertive Community Treatment (PACT)
	Urinalysis/Screening Test
	Therapeutic Psychoeducation
	TB Counseling, Screening, Testing and Referral
	Special Population Evaluation
	Sobering Services

	Rehabilitation Case Management
	Recovery Support Services
	Peer Support
	Outpatient Treatment
	Intake Evaluation
	Individual Therapy
	Group Therapy
	Family Treatment
	Family Hardship
	Evidenced Based/Wraparound
	Services/Interim Services
	Engagement and Referral
	Day Support
	Continuing Education
	Community Outreach
	Childcare Services
	Case Management
	Brief Outpatient Treatment
	Brief Intervention
	Assessment
	Alcohol and Drug Information School
	Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)
	Medication Monitoring
	Medication Management
	Intensive Outpatient Treatment – SUD
Level 0 Services	Acute Withdrawal Management
	Facility Based Crisis Stabilization Services
	Sub-Acute Withdrawal Management

Level 3 Services

Services provided at Community Hospitals, E&T Facilities or Secure Withdrawal Management.

Inpatient Psychiatric Hospitalization and Secure Withdrawal Management

1. ***Length of Stay.*** The length of stay for inpatient hospitalizations is subject to the following considerations:
 - 1.1. Involuntary placements are authorized for the period of time based on legal status and not medical necessity.
 - 1.2. The length of voluntary admissions and continuing stay authorizations are based upon medical necessity.

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2. **Admission.** In addition to confirmation of medical necessity, as defined above, authorization for admission to the inpatient level of care is based upon the following clinical findings:
- 2.1. The individual's behavior is judged unmanageable in a less restrictive setting due to **any one of the following**:
 - 2.1.1. Danger to self, e.g., suicidal behavior, self-mutilation;
 - 2.1.2. Danger to others, e.g., homicidal behavior
 - 2.1.3. Danger to property, e.g., arson
 - 2.1.4. Grave disability, e.g., severe psychomotor retardation; or a continued failure to maintain personal hygiene, appearance, and self-care near usual standards;
 - 2.1.5. Severe symptoms unresponsive to, or unmanageable with treatment at a lower level of care (such as due to the presence of command hallucinations or delusions which threaten to override usual impulse control; or a serious decrease in the quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abusive behaviors)or
 - 2.1.6. A comorbid medical condition that creates the need for psychiatric treatment to be provided at this level of care (e.g., severe or complicated alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).
 - 2.2. **AND** there is a verified (and documented) failure of treatment at a lesser level of care, or a psychiatrist (or designee), or crisis team/DCR determines that the individual cannot be managed at a lesser level of care due to the severity of symptoms and intensity of treatment required.
 - 2.3. **AND** the individual requires round-the-clock psychiatric care and observation to maintain their safety or health (e.g. impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from usual behavior that require increased levels of observation)
 - 2.4. Authorization decisions to approve or deny hospitalization must be made within 12 hours of the initial request for hospitalization.
 - 2.5. Involuntary treatment applies to Individuals presenting with risks due to mental health or substance use disorders.
3. **Continued Stay.** Authorization for stays beyond the initially approved period may occur if, during the initial stay, new psychiatric symptoms of sufficient severity to warrant individual care become evident, **OR** based upon evidence of **all** of the following:
- 3.1. The individual continues to pose a danger to self, others or property due to the behavioral manifestations of a psychiatric disorder precluding the provision of services at a lesser level of care despite a reduction in the severity of these symptoms (such as an extreme compromise of ability to care

- for oneself or to adequately monitor their environment with evidence that there could be a deterioration in their physical condition as a result of these deficits; or they continue to manifest a decreased quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abusive behaviors)
- 3.2. The individual requires this level of intensive treatment to stabilize symptoms and behaviors (such as due to continued high risk impulsivity; ongoing medication adjustments that require medical monitoring)
 - 3.3. There is a clear treatment plan with measurable and objective goals; and
 - 3.4. The individual is making progress toward treatment goals, or in the absence of such progress, the treatment plan has been revised to address the issues preventing progress.
 - 3.5. Continued Stay authorization requests must be submitted to the SBH-ASO at a minimum by one (1) business day prior to the expiration of the current authorization period.
 - 3.6. Authorization decisions for approval or denial of continued stay must be made within 12 hours of the continued stay authorization request.
4. **Individual Authorization Protocol.** Initial and extended prior authorizations are required for all voluntary individual hospitalizations.
- 4.1. **Involuntary Treatment Act Detention Notification Protocol**
 - 4.1.1. Prospective Authorization is not required for ITA detentions.
 - 4.1.2. Admitting inpatient facility submits notification using the SBH-ASO protocol (see SBH-ASO Provider Manual) within twenty-four (24) hours of admission.
 - 4.1.3. Notification of certification will be provided to admitting facility within 2 hours.
 - 4.2. **Post Service Certification Requests**
 - 4.2.1. An inpatient unit that rendered ITA detention services to an SBH-ASO Individual may submit a retro-certification request.
 - 4.2.2. Certification decisions shall be made within thirty (30) calendar days of receipt of the request.
 - 4.2.3. Notification of certification decision shall be provided within two (2) business days.
 - 4.3. **Voluntary Psychiatric Inpatient Authorization Protocol – within available resources**
 - 4.3.1. Facility or entity referring individual for voluntary psychiatric inpatient care submits an authorization request using the SBH-ASO protocol prior to provision of care.

- 4.3.2. Authorization decisions for approval, denial based on medical necessity, or administrative denial shall be made within 12 hours of the authorization request.
5. **Discharge.** Discharge planning starts upon admission. Criteria for discharge from the inpatient level of care include:
- 5.1. The individual's symptoms and functioning have sufficiently improved so as to no longer warrant 24-hour observation and treatment.
 - 5.2. The individual has demonstrated an unwillingness to actively participate in treatment and fails to meet involuntary treatment criteria.
 - 5.3. The individual withdraws consent for inpatient treatment or fails to meet involuntary treatment criteria.
6. **Legal Status Changes.** With legal status changes within a treatment episode, the treating facility must complete prospective authorization request within 2 hours of legal status change.
- 6.1. A new certification number must be requested to differentiate between legal status changes.
7. **Inpatient Facility Transfers.** With changes within a treatment episode, an individual can be transferred from one inpatient facility to another.
- 7.1. A new certification number must be requested to differentiate between inpatient facilities.

Level 2 Services

Mental Health Residential, Intensive Individual Residential Treatment Services – SUD, Long Term Care Residential – SUD, Recovery House Residential Treatment – SUD

Residential Substance Use Disorder Treatment Services – ASAM Levels 3.5, 3.3, 3.1 – within available resources

Level of Care authorizations for residential substance use disorder treatment are based on ASAM criteria, financial eligibility, and within available resources:

- Level 3.1 – Clinically Managed, Low Intensity Residential Services
- Level 3.3 – Clinically Managed, Population Specific, High Intensity, Residential Services. (This level of care not designated for adolescent populations)
- Level 3.5 – Clinically Managed, Medium Intensity Residential Services

1. **Length of Stay.** The initial authorization period is based on assessment of need relative to the determination of medical necessity. Subsequent authorizations for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** SBH-ASO shall be responsible for authorizing services for all non-Medicaid Individuals who meet financial eligibility criteria in the SBH-ASO area who are seeking SUD residential services. SUD residential services must be provided within the levels of care as defined in the WAC 246-341 and as described by the American Society of Addiction Medicine (ASAM) criteria. The following criteria must be met to be eligible for this level of care:
 - 2.1. Need for SUD services is established,
 - 2.2. The specific ASAM criteria for placement is determined (reference is made to specific ASAM Dimensional level of Criteria for specifics around criteria)
 - 2.3. The individual's needs cannot be more appropriately met by a lesser level of care or by any other formal or informal system or support.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Continued stay eligibility criteria are as follows:
 - 3.1 The individual continues to meet the ASAM placement criteria for the requested residential service level.
 - 3.2 The individual has demonstrated progress toward achieving treatment goals during the initial authorization period.
 - 3.3 The individual's needs cannot be more appropriately met by a lower level of care, or by any other formal or informal system or support.
4. **Authorization Protocol.** Initial and extended authorizations are required for SUD Residential Level of Care.
 - 4.1. The referring Provider must submit an Authorization request using the SBH-ASO protocol a minimum of five (5) business days prior to the expected admission date and a maximum of 14 days prior to the expected admission date.
 - 4.2. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within made within five (5) calendar days.

4.4. Continued stay authorization requests must be submitted using the SBH-ASO protocol ten (10) business days prior to the expiration of the current authorization period.

5. **Discharge** – Discharge planning begins at admission. Individuals are ready for discharge from residential treatment services when they no longer meet medical necessity requirements determined by a review of ASAM by a CDP or a CDPT under supervision of a CDP supervisor or if consent for treatment is withdrawn, or loss of financial eligibility or lack of available resources.

Mental Health Residential Treatment Services – *within available resources*

Level of Care authorizations for mental health residential treatment services are based on medical necessity, financial eligibility, and within available resources.

1. **Length of Stay.** The initial authorization period is based on assessment of need relative to the determination of medical necessity. Subsequent authorizations for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** SBH-ASO shall be responsible for authorizing services for all non-Medicaid Individuals who meet financial eligibility criteria in the SBH-ASO area who are seeking MH residential services. An individual must meet **all** of the following criteria before being referred for this level of care:
 - 2.1. Eighteen years of age or older.
 - 2.2. Currently receiving outpatient mental health services from an SBH-ASO network provider.
 - 2.3. Due to a covered mental health disorder, requires 24-hour supervision to live successfully in community settings such as ongoing and/or variably severe deficits in interpersonal relationships, ability to engage in socially constructive activities, and ability to maintain responsibilities. Or a history of chronic impulsive suicidal/homicidal behavior or threats, but current expressions do not represent significant change from usual behavior, or the person is without means for carrying out the behavior, or with some expressed inability or aversion to doing so.
 - 2.4. Is ambulatory and does not require physical or chemical restraints.
 - 2.5. Must have cognitive and physical abilities to enable response to fire alarms.
 - 2.6. Has not required physical restraint in the past 30 days.
 - 2.7. Medically stable and free of physical condition(s) requiring medical or nursing care beyond what the residential facility can provide.
 - 2.8. For Individuals who meet referral criteria, the residential provider shall ensure the Individual receives an intake assessment by a licensed Mental Health Professional (MHP) to determine medical necessity for mental health residential treatment.

Mental Health Residential Exclusionary Criteria:

1. Individual has a psychiatric condition that requires a more intensive/restrictive option (such as an inability to avoid self-harming behaviors or command hallucinations that the person is unable to ignore);
 2. Individual is actively suicidal or homicidal;
 3. Individual is chemically dependent on alcohol/drugs and in need of medical detoxification;
 4. Individual has a recent history of arson, serious property damage, or infliction of bodily injury on self or others. This exclusion can be waived based upon the accepting facility's evaluation of individual's functioning.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Continued stay eligibility criteria are as follows:
- 3.1. Admission criteria for residential services continues to be met.
 - 3.2. The individual must have a treatment plan that identifies need and measurable goals for residential services. The individual must be making progress toward treatment goals.
4. **Authorization Protocol.** Initial and extended authorizations are required for MH Residential Level of Care.
- 4.1. The Provider must submit an Authorization request using the SBH-ASO protocol a minimum of five (5) business days prior to the expected admission date and a maximum of fourteen (14) days prior to the expected admission date.
 - 4.2. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within made within five (5) calendar days.
 - 4.4. Continued stay authorization requests must be submitted using the SBH-ASO protocol ten (10) business days prior to the expiration of the current authorization period.
5. **Discharge.** Discharge planning begins at admission. Individuals are ready for discharge when they no longer meet medical necessity requirements or if consent for treatment is withdrawn, or loss of financial eligibility or lack of available resources.

Level 1 Services

Outpatient behavioral health services.

Mental Health Outpatient Services – *within available resources*

Level of Care authorizations for mental health outpatient treatment services are based on medical necessity, financial eligibility, and within available resources.

Mental Health Outpatient – Standard – *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** An individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and within available resources.

For outpatient mental health authorizations, the five (5) medical necessity criteria are:

- 2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.
 - 2.2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI) or Seriously Emotionally Disturbed (SED);
 - 2.3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness. Symptoms may include experiencing significant problems with interpersonal interactions, (although still able to maintain some meaningful and satisfying relationships) or, consistent difficulties in social role functioning and meeting obligations which could lead to further impairments in their health, housing or mental health.
 - 2.4. The individual is expected to benefit from the intervention; and,
 - 2.5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal support.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. The treating entity must establish continuing stay criteria based on the above medical necessity criteria, to include a system that allows for movement along a continuum of care inclusive of discontinuing or reducing treatment services in lieu of alternative services and supports.

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4. **Authorization Protocol.** Initial and extended authorizations are required for MH Outpatient Standard Level of Care.
 - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
 - 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within five (5) calendar days.
 - 4.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.

 6. **Discharge.** Discharge from care is based upon one or more of the following:
 - 6.1 Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
 - 6.2 The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.)
 - 6.3 The individual is not participating in treatment and does not meet criteria for involuntary treatment.
 - 6.4 The individual (or, for a child or youth, the parent/guardian) requests that services be discontinued.
 - 6.5 The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.
 - 6.6 Loss of financial eligibility or lack of available resources.

Mental Health Outpatient – LR/CR/AOT – *within available resources.*

Independent of services provided SBH-ASO will monitor all non-Medicaid LR/CR/AOT Orders.

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.

2. **Admission.** An individual must meet legal status criteria of being on a Less Restrictive, Conditional Release, or Assisted Outpatient Treatment Order before being considered for this non-crisis ASO services. Individual services may be provided when the Individual meets legal status, financial eligibility, and within available resources.

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3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet legal status criteria, financial eligibility, and are authorized within available resources.
 4. **Authorization Protocol.** Initial and extended authorizations are required for MH Outpatient LR/CRO Level of Care.
 - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
 - 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within five (5) calendar days.
 - 4.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.
 5. **Discharge.** Discharge from care is based upon one or more of the following:
 - 5.1. Resolution of LR/CR/AOT Order.
 - 5.2. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
 - 5.3. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
 - 5.4. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

Mental Health Outpatient - PACT– *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** An Individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and are authorized within available resources.

For outpatient mental health PACT authorizations, the five (5) medical necessity criteria are:

- 2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.
- 2.2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI);
- 2.3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness;
- 2.4. The individual is expected to benefit from the intervention; and,
- 2.5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal support.

AND PACT criteria listed below:

- 2.6. Individuals admitted to PACT must have a current diagnosis of a severe and persistent mental illness, be experiencing severe symptoms and have significant impairments. The individuals must also experience continuous high service needs, functional impairments and have difficulty effectively utilizing traditional office-based services or other less intensive community-based programs.
 - 2.7. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder) and bipolar disorder. Individuals with a primary diagnosis of substance use disorder (SUD), intellectual/developmental disability, brain injury, or personality disorder are not clinically appropriate for PACT services.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Individuals must also continue to meet PACT criteria.
 4. **Authorization Protocol.** Initial and extended authorizations are required for MH Outpatient PACT Level of Care.
 - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
 - 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within five (5) calendar days.
 - 4.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.

5. **Discharge.** Discharge from care is based upon one or more of the following:
 - 5.1. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
 - 5.2. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
 - 5.3. The individual is not participating in treatment and does not meet criteria for involuntary treatment.
 - 5.4. The individual (or, for a child or youth, the parent/guardian) requests that services be discontinued.
 - 5.5. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.
 - 5.6. Loss of financial eligibility or lack of available resources.

Substance Use Disorder Outpatient Services – ASAM Levels 1, 2.1– *within available resources*

Substance Use Disorder Outpatient – Standard– *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** SBH-ASO recognizes the two, subdivided levels of outpatient services for children and adults, as defined within the ASAM criteria. Providers rendering outpatient services to non-Medicaid Individuals must demonstrate medical necessity as outlined in the current ASAM Level of Care criteria on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and will be authorized within available resources. Medical necessity is determined by ASAM Level.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. It is appropriate to retain the individual at the present of level of care if they continue to meet ASAM Level of Care criteria for this service level. ASAM must be updated within ten (10) business days of the request for continued stay.
4. **Authorization Protocol.** Initial and extended authorizations are required for SUD

Outpatient Standard Level of Care.

- 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
- 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
- 4.3. Authorization decisions shall be made within five (5) calendar days.
- 4.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.

5. Discharge. It is appropriate to transfer or discharge the individual from the present level of care if the individual meets one or more of the following:

- 5.1. The individual has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.
- 5.2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.
- 5.3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated.
- 5.4. Loss of financial eligibility or lack of available resources.

Substance Use Disorder Outpatient – Opiate Treatment Program – *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** An Individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid Individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity as outlined in the current ASAM Level of Care criteria, financial eligibility, and are authorized within available resources.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity as outlined in the current ASAM

Level of Care criteria, financial eligibility and are authorized within available resources.

4. **Authorization Protocol.** Initial and extended authorizations are required for SUD Outpatient OTP Level of Care.
 - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
 - 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within five (5) calendar days.
 - 4.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol seven (7) calendar days prior to the expiration of the current authorization period.

5. **Discharge.** It is appropriate to transfer or discharge the individual from the present level of care if the individual meets one or more of the following criteria:
 - 5.1. The individual has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.
 - 5.2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.
 - 5.3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated.

Level 0 Services

Acute Withdrawal Management, Sub-Acute Withdrawal Management, Facility Based Crisis Stabilization Services

Facility Based Crisis Triage or Crisis Stabilization Services – *within available resources*

1. **Length of Stay.** The initial certification period is based on assessment of need relative to the determination of medical necessity as outlined in the current ASAM Level of Care criteria. Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care, not to exceed fourteen (14) continuous calendar days.
2. **Admission.** Crisis stabilization services may be provided when the Individual meets medical necessity (as outlined in the current ASAM Level of Care criteria) financial eligibility, and is provided within available resources. In addition to confirmation of medical necessity, notification to the SBH-ASO within twenty-four (24) hours is required for admission to facility-based crisis triage or crisis stabilization. Services are based upon the individual having met **all** of the following.
 - 2.1. The individual is currently experiencing a behavioral health crisis and determined by a Designated Crisis Responder (DCR), Hospital Emergency Department Physician, or Law Enforcement, that stabilization services are needed.
 - 2.2. Individual is experiencing a behavioral health crisis that cannot be addressed in a less restrictive setting.
3. **Continued Stay Criteria:** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Authorization for stay beyond the initial certification period is contingent to **all** of the following criteria:
 - 3.1. Admission criteria and medical necessity as per the ASAM Level of Care criteria continues to be met.
 - 3.2. A less restrictive setting would not be able provide needed monitoring to address presenting problem.
 - 3.3. Stabilization services continue to be needed to reduce symptoms and improve functioning.
 - 3.4. After care planning has been established and discharge planning includes transitioning to a less restrictive setting.
4. **Authorization Protocol.**
 - 4.1. The treating Provider must submit a Notification request using the SBH-ASO protocol within 24 hours of admittance to the Facility.
 - 4.2. The Facility provides clinical update and discharge plan within one (1) business day from Admit using the SBH-ASO protocol.
 - 4.3. Concurrent Authorization decision will be made within seventy-two (72) hours.

- 4.4. Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.

5. **Discharge Criteria:** Criteria for discharge from facility-based Crisis Triage or Crisis Stabilization services level of care include one or more of the following:

- 5.1. Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.
- 5.2. Individual is not making progress toward treatment goals.
- 5.3. Individual transitions to a more appropriate level of care is indicated.
- 5.4. Loss of financial eligibility or lack of available resources.

Substance Abuse Withdrawal Management – *within available resources*

Medically Monitored Inpatient Level 3.7: Medically Monitored Withdrawal management shall be delivered by medical and nursing professionals in a 24-hour withdrawal management facility as defined by the current ASAM Level of Care criteria.

1. **Length of Stay.** The initial certification period is based on assessment of need relative to the determination of medical necessity. Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care.
2. **Admission.** Non-crisis services may be provided when the Individual meets medical necessity, financial eligibility, and are provided within available resources. In addition to confirmation of medical necessity as per ASAM guidelines, notification to the SBH-ASO within twenty-four (24) hours is required for admission to medically monitored withdrawal management.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity (as per the current ASAM Level of Care criteria), financial eligibility and are authorized within available resources. Authorization for stay beyond the initial certification period is contingent on meeting the criteria for ASAM Level 3.7.
4. **Authorization Protocol.**

4.1 Emergent Admissions – Individuals who meet the above criteria for this Level of Care and are referred by one of the following:

- Law Enforcement
- Emergency Department Physician
- Designated Crisis Responder (DCR) in consultation with a Chemical Dependency Professional (CDP)

4.1.1 The treating Provider must submit a Notification request using the SBH-ASO protocol within 24 hours of admittance to the Facility.

4.1.2 The Facility provides clinical update and discharge plan within one (1) business day from Admit using the SBH-ASO protocol.

4.1.3 Concurrent Authorization decision will be made within seventy-two (72) hours.

4.1.4 Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.

4.2 Planned Admissions – Prior authorization is required when an individual who meets the above criteria for this Level of Care is not referred by the above listed entities.

4.2.1 The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to admission.

4.2.2 Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.

4.2.3 Authorization decisions shall be made within seventy-two (72) hours.

4.2.4 Continued Stay authorization requests must be submitted using the SBH-ASO protocol one (1) business day prior to the expiration of the current authorization period.

5. Discharge Criteria: Criteria for discharge from Medically Monitored Inpatient services level of care include:

- 5.1. Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.
- 5.2. Individual is not making progress toward treatment goals.
- 5.3. Individual transitions to a more appropriate level of care is indicated.
- 5.4. Loss of financial eligibility or lack of available resources.

Clinically Managed Residential Withdrawal Management - ASAM Level 3.2

1. **Length of Stay.** The initial certification period is based on assessment of need relative to the determination of medical necessity (as per the current ASAM Level of Care criteria). Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care.
3. **Admission.** Non-crisis services may be provided when the Individual meets medical necessity, financial eligibility, and within available resources. In addition to confirmation of medical necessity as per ASAM guidelines, notification to the SBH-ASO within twenty-four (24) hours is required for admission to withdrawal management.
4. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity (according to the current ASAM Level of Care criteria), financial eligibility and within available resources.
5. **Authorization Protocol.**
 - 5.1 **Emergent Admissions** – Individuals who meet the above criteria for this Level of Care and are referred by one of the following:
 - Law Enforcement
 - Emergency Department Physician
 - Designated Crisis Responder (DCR) in consultation with a Chemical Dependency Professional (CDP)
 - 4.2.5 The treating Provider must submit a Notification request using the SBH-ASO protocol within 24 hours of admittance to the Facility.
 - 4.2.6 The Facility provides clinical update and discharge plan within one (1) business day from Admit using the SBH-ASO protocol.
 - 4.2.7 Concurrent Authorization decision will be made within seventy-two (72) hours.
 - 4.2.8 Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.
 - 4.3 **Planned Admissions** – Prior authorization is required when an individual who meets the above criteria for this Level of Care is not referred by the above listed entities.
 - 4.3.1 The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to admission.

- 4.3.2 Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
 - 4.3.3 Authorization decisions shall be made within seventy-two (72) hours.
 - 4.3.4 Continued Stay authorization requests must be submitted using the SBH-ASO protocol one (1) business day prior to the expiration of the current authorization period.
- 5 **Discharge.** The individual continues in a Level 3.2 WM program until:
- 5.1. Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.
 - 5.2. Individual is not making progress toward treatment goals.
 - 5.3. Individual transitions to a more appropriate level of care is indicated.
 - 5.4. Loss of financial eligibility or lack of available resources.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PRIORITY POPULATIONS AND WAITING LISTS **Policy Number:** CL204

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/26/2019

Executive Board Approval Dates:

PURPOSE

To specify how SBH-ASO services are administered and prioritized for Substance Abuse Block Grant (SABG) and General Fund State (GFS) priority populations.

POLICY

SBH-ASO and SBH-ASO providers shall comply with contract requirements around SABG and GFS priority populations and waiting lists to determine which members are given prioritized access to SBH-ASO funded services.

PROCEDURE

1. SABG services shall be provided in the following priority order to:
 - a. Pregnant individuals using intravenous drugs,
 - b. Pregnant individuals with substance use disorders,
 - c. Women with dependent children
 - d. Individuals using intravenous drugs.
2. SBH-ASO providers shall give SABG services, within available resources, in no particular order to the following additional populations:
 - a. Postpartum women (for up to one (1) year, regardless of pregnancy outcome),
 - b. Patients transitioning from residential care to outpatient care,
 - c. Youth,

- d. Legal Offenders
3. SBH-ASO providers shall provide non-crisis behavioral health services funded by GFS (see Level of Care Policy), within available resources, to Individuals who meet financial eligibility standards (if they do not qualify for Medicaid and have income up to two-hundred-twenty percent (220%) of the federal poverty level, and meet the medical necessity criteria for all services provided to them) and meet one of the following:
 - a. Are uninsured,
 - b. Have insurance, but are unable to pay the co-pay or the deductible for services,
 - c. Are using excessive Crisis Services (three (3) crisis contacts within 30 days) due to inability to access non-crisis behavioral health services,
 - d. Have more than five (5) visits over six (6) months to the emergency department, detox facility, or a sobering center due to a Substance Use Disorder.
4. SBH-ASO service providers shall implement and maintain SABG Waiting Lists and provide Interim Services for members of SABG priority populations (in priority order), who are eligible but for whom SUD treatment services are not available due to limitations in provider capacity or available resources.
5. SBH-ASO requires all providers to screen for priority populations and maintain appropriate wait lists. SBH-ASO includes priority population and waiting list criteria on the authorization request form that providers complete and submit.

MONITORING

Provider adherence to this Policy and Procedure and Contract requirements will be monitored through a variety of mechanisms including but not limited to:

- Providers will submit monthly wait list reports to the SBH-ASO
- Annual Monitoring Reviews in accordance with SBH-ASO P&P - Provider Network Selection, Retention, Management and Monitoring
- Input from regional Ombuds
- Input from the Salish Behavioral Health Advisory Board
- Review of Grievance System trends



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: MONITORING OF CONDITIONAL RELEASE/LESS RESTRICTIVE/ASSISTED OUTPATIENT TREATMENT ORDER

Policy Number: CL205

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/30/2019

Executive Board Approval Dates:

PURPOSE

The purpose of this policy is to ensure a consistent and meaningful process for individuals who are ineligible for Medicaid to participate in Conditional Releases (CR), Less Restrictive Orders (LRO), or Assisted Outpatient Treatment (AOT) orders.

POLICY

To provide monitoring for Non-Medicaid individuals referred for services in accordance with Conditional Releases (CR), Less Restrictive Orders (LRO), or Assisted Outpatient Treatment (AOT) orders guidelines. SBH-ASO shall offer mental health services to Individuals who are ineligible for Medicaid to ensure LRA requirements.

Less restrictive alternative treatment, at a minimum, includes the following services:

- (a) Assignment of a care coordinator;
- (b) An intake evaluation;
- (c) A psychiatric evaluation;
- (d) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
- (e) A transition plan addressing access to continued services at the expiration of the order;
- (f) An individual crisis plan; and

Less restrictive alternative treatment may additionally include requirements to participate in the following services:

- (a) Medication management;
- (b) Psychotherapy;

- (c) Nursing;
- (d) Substance abuse counseling;
- (e) Residential treatment; and
- (f) Support for housing, benefits, education, and employment.

An LRA Treatment Provider means a provider agency that is licensed by HCA to monitor, provide/coordinate the full scope of services required for LRA Treatment, agrees to assume this responsibility, and houses the treatment team.

STATE-ONLY FUNDING

Legal status does not preclude the individual's financial responsibility for outpatient services. State funds payment by Salish Behavioral Health Administrative Services Organization (SBH-ASO) for individuals receiving State plan services shall be considered payment in full as long as they meet State funding qualifications and do not have third party resources.

State-only funded individuals will initially be authorized for services for 90 days. Reauthorizations will need to meet continuing stay or legal status criteria every 90 days.

PROCEDURE

1. The inpatient psychiatric or secure withdrawal management facility must first contact the BHA to request the BHA assume responsibility of the State-only funded CR/LRO/AOT. This contact must be a written request and is expected to occur prior to the individual's discharge from the facility.
2. SBH-ASO Providers shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.
3. The BHA will notify SBH-ASO to request authorization for LR monitoring services.
4. The BHA is responsible for providing LRA monitoring services for the duration of the court order.
5. BHAs shall provide monthly reporting to include compliance with the court order, each violation of the conditions of the CR/LRO/AOT, consideration to pursue revocation, attempts to contact/engage the individual, and any coordination required.
6. Individuals on an AOT are not able to be revoked. If the individual refuses to comply with the conditions of the AOT, the BHA should coordinate with the Designated Crisis Responder (DCR) office regarding the violation(s) to determine if there are grounds for a new evaluation for a detention.
7. DCRs shall maintain a system which tracks CRs/LROs/AOTs, as well as ensuring BHAs are informed of the process for extending a CR/LRO/AOT.
8. BHAs shall request an extension from their local DCR office three to four (3 to 4) weeks prior to the expiration of the CR/LRO/AOT.

A BHA assigned to monitor an enrolled individual on a CR/LRO/AOT may not discharge the individual from mental health services while they are on the CR/LRO/AOT.

REVOCAION OF LR/CR ORDERS

Revised Code of Washington (RCW) 71.05 establishes criteria for revocation procedures of an LR/CR Order for an adult. RCW 71.34.780 provides guidance on revocation procedures of an LR/CR Order for a minor.

COORDINATION OF CARE

In order to ensure integrated, well-coordinated, and medically necessary services are delivered to individuals on a CR/LRO/AOT, BHA's will need to work closely with DCRs and other allied professionals in the community. BHAs are required to adhere to SBH-ASO Policy and Procedure CL201 Ensuring Care Coordination.

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SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: STATE HOSPITAL CARE COORDINATION

Policy Number: CL206

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/30/2019

Executive Board Approval Dates:

PURPOSE

To establish standards to ensure the provision of Care Coordination to non-Medicaid individuals who are discharging from a State Hospital.

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) shall work with the State Hospital's discharge team(s) and community partners to identify potential placement options and resolve barriers to placement, to assure that individuals will be discharged back to the community after the physician/treatment team determines the individual is ready for discharge, per the timeline guidance in the Ready to Discharge Behavioral Health Administration policy.

PROCEDURE

The SBH-ASO shall be responsible for coordination for assigned individuals from admission through discharge. SBH-ASO care manager will act in the role of liaison for all non-Medicaid individuals.

1. The SBH-ASO will coordinate care for individuals who are assigned to the SBH-ASO from admission to discharge back to community. This coordination is in accordance with the State Hospital Working Agreement and shall include.:
 - a. Specific roles and responsibilities of the parties related to transitions between the community and the State Hospital. This includes regular participation in treatment and discharge planning meetings as scheduled.
 - b. Collaborative discharge planning and coordination with cross-system partners such as residential facilities, community MH or SUD providers, etc.

- c. Identification and resolution of barriers which prevent discharge and systemic issues that create delays or prevent placements in the SBH-ASO's Service Area.
- d. SBH-ASO/Providers shall screen individuals and assist in Medicaid enrollment in partnership with State Hospital financial services.
- e. When individuals being discharged or diverted from state hospitals are placed in a long-term care setting, the SBH-ASO shall:
 - i. Coordinate with DSHS Aging and Long-Term Services Administration (AL TSA) Home and Community Services (HCS) and any residential provider to develop a crisis plan to support the placement. The model crisis plan format is available on the HCA website.
 - ii. Coordinate with HCS and any residential provider in the development of a treatment plan that supports the viability of the HCS placement when the Individual meets access to care criteria.
 - iii. Facilitate transfer of services to appropriate entities upon placement outside RSA of admission.
2. The SBH-ASO shall respond to State Hospital census alerts to divert admissions and expedite discharges by using alternative community resources and mental health services, within available resources.
3. The SBH-ASO or its Behavioral Health Agencies (BHAs) shall monitor individuals discharged from inpatient hospitalizations or Less Restrictive Alternatives (LRA) under RCW 71.05.320 to ensure compliance with LRA requirements (see SBH-ASO Monitoring of Conditional Release, Less Restrictive, Assisted Outpatient Treatment Order Policy).
4. The SBH-ASO shall offer mental health services to Individuals who are ineligible for Medicaid to ensure compliance with LRA requirements.
5. The SBH-ASO shall respond to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with RCW 71.05.340. The SBH-ASO or its BHAs shall provide mental health services to Individuals who are ineligible for Medicaid to ensure compliance with conditional release requirements (RCW 10.77.150 and 71.05.340).
6. Non-Medicaid Conditional Release individuals in transitional status in Pierce or Spokane County will transfer back to the region they resided in prior to entering the State Hospital upon completion of transitional care, as possible.
7. The SBH-ASO shall implement a program that follows program and reporting standards found in the Peer Bridger Exhibit of the HCA BH-ASO contract.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: JAIL TRANSITION SERVICES

Policy Number: CL207

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/19/2019

Executive Board Approval Dates:

PURPOSE

To outline the provision of transitional jail services to non-Medicaid eligible individuals residing in the Salish Regional Service Area (RSA) within available resources.

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) Behavioral Health Agencies (BHAs) shall provide transitional jail services for incarcerated individuals residing in the Salish RSA in accordance with the HCA BH-ASO contract.

PROCEDURE

SBH-ASO Jail Transition Services are to be provided within available resources.

1. SBH-ASO BHAs shall coordinate with local law enforcement and jail personnel.
2. BHAs must identify and provide transition services to persons with mental illness to expedite and facilitate their return to the community.
3. BHAs shall accept referrals for intake of persons who are not enrolled in community mental health services but who meet priority populations as defined in Chapter 71.24 RCW. SBH-ASO BHAs must conduct mental health intake assessments for these persons and, when appropriate, provide transition services prior to their release from jail.
4. SBH-ASO BHAs shall assist Individuals with mental illness in completing and submitting an application for medical assistance prior to release from jail.
5. Pre-release services shall include:
 - a. Mental health screening for Individuals who display behavior consistent with a need for such screening or who have been referred by jail staff or officers of the court.

- b. Mental health intake assessments for persons identified during the mental health screening as a member of a priority population.
- c. Facilitation of expedited medical and financial eligibility determination with the goal of immediate access to benefits upon release from incarceration.
- d. Other prudent pre-release and pre-trial case management and transition planning.
- e. Direct mental health services to Individuals who are in jails that have no mental health staff.
- f. Post-release outreach to ensure follow-up for mental health and other services (e.g., substance abuse) to stabilize Individuals in the community.
- g. If the SBH-ASO has provided the jail services in this section the SBH-ASO may also use the Jail Coordination Services funds, if sufficient, to facilitate any of the following:
 - i. Daily cross-reference between new booking and the Data Store to identify newly booked persons.
 - ii. Develop individual alternative service plans (alternative to the jail) for submission to the courts.
 - iii. Inter-local Agreements with juvenile detention facilities.
 - iv. Provide up to a seven (7) day supply of medications for the treatment of mental health symptoms following the release from jail.
 - v. Training to local law enforcement and jail services personnel.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: COMPLIANCE & PROGRAM INTEGRITY PLAN

Policy Number: CP301

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date: 07/19/2019; 9/25/19; 10/7/19

Executive Board Approval Dates:

PURPOSE

The purpose of this policy is to outline and define the scope, responsibilities, operational guidelines, controls, and activities employed by the SBH-ASO to ensure that we maintain an environment that facilitates ethical decision making and that we act in accordance with regulations and federal and state laws that govern the SBH-ASO.

POLICY

General Requirements

The SBH-ASO will have policies and procedures that guide and require the SBH-ASO and its officers, employees, agents, and Behavioral Health Agencies (BHAs) to comply with following Compliance and Program Integrity requirements. The SBH-ASO will include Compliance and Program Integrity requirements in its subcontracts.

The SBH-ASO will follow OIG's (Office of Inspector General) Seven Fundamental Elements of an Effective Compliance Program to ensure program effectiveness. These elements are:

1. Implementing written policies, procedures, and standards of conduct.
2. Establishing compliance oversight.
3. Developing effective lines of communication and screening.
4. Conducting effective training and education.
5. Conducting internal monitoring and auditing.
6. Enforcing standards through well-publicized disciplinary guidelines.
7. Responding promptly to detected offenses and undertaking corrective action.

PROCEDURE

I. Compliance Officer and Committee:

- A. The SBH-ASO will employ an experienced member of staff as the Compliance Officer (CO) who may also be known as the Program Integrity Officer (PIO). The

CO is responsible for developing and overseeing policy and coordinating monitoring activities.

1. The CO has direct access to the Executive Board.
- B. The CO routinely provides information to the Quality and Compliance Committee (QACC), as well as to the Behavioral Health Advisory Board (BHAB) and Executive Board, as needed.
 1. The QACC is comprised of representatives from the SBH-ASO lead staff, which includes representatives from IS, Quality/Compliance, Medical/Clinical, and Finance (as needed).
 2. The CO maintains independence by always having:
 - i. Direct supervision from the SBH-ASO Administrator.
 - ii. The right to directly meet with the Executive Board independently if the circumstances warrant (e.g., in case of QACC or Administrator inaction).
 3. The CO may (without prior approval) seek legal assistance from the SBH-ASO legal counsel regarding issues related to Fraud, Waste, and Abuse (FWA).
 4. In consultation with the QACC, the CO may revise the Compliance and Program Integrity Plan (“the Plan”), as appropriate, and as approved by the Executive Board.
 - a. The Plan will be made available through its posting on the SBH-ASO website.
- C. The CO duties include the following:
 1. To oversee and monitor SBH-ASO compliance activities. This includes maintaining ongoing communication and interactions with the SBH-ASO leadership (including the Administrator, Clinical Director, and Medical Director) for the promotion of an environment and culture that prevents and detects FWA.
 2. To assist the Administrator, the QACC, and the Executive Board in establishing and maintaining a methodology for preventing and detecting FWA, including (but not limited to):
 - i. Creating, updating and utilizing a risk assessment methodology;
 - a. This methodology will be reviewed with the QACC at least annually in reference to its applicability and need for revision.
 - ii. Incorporating compliance monitoring into the audits completed on provider agencies.
 - iii. Assuring that focus is given to the highest volume/highest risk providers.
 - iv. Addressing audit findings (internal or external) pertinent to the SBH-ASO.
 - v. Assisting with the regular provision of FWA training to SBH-ASO staff and the Executive Board.

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- vi. Ensuring training is provided to the SBH-ASO Provider Network's staff and leadership.
3. To report at least quarterly to the QACC, and annually to the Executive Board, on the implementation of the Plan.
 4. To annually review the Plan and recommend revisions to the QACC and the Executive Board as necessary.
 5. To coordinate internal auditing and monitoring activities within the SBH-ASO. An outside independent auditor is utilized for this purpose which is, unless otherwise stated, the Washington State Health Care Authority (HCA).
 - i. In addition to the SBH-ASO Administrative Contract Compliance Monitoring policy (AD103), and in certain circumstances, the CO may be authorized by the Administrator (in consultation with legal counsel) to implement an immediate on-site compliance review when critical and time-sensitive issues associated with potential FWA have been reported. The CO will provide immediate feedback to the Administrator and the Executive Board regarding the findings and need for interventions.
 6. To receive and investigate reports of possible violations of SBH-ASO policy and/or contract.
 7. To promptly respond to detected violations.
 8. To develop policies and programs that encourage employees and providers to report suspected violations of the policy without fear of retaliation.
 9. To identify areas where corrective actions are needed and, in consultation with the QACC, develop strategies to improve compliance and prevent future incidents of noncompliance.
 - i. This may include, as necessary, the implementation of SBH-ASO employee disciplinary action that is uniformly applied and delivered fairly (documented appropriately in the employee's compliance file and personnel file, when appropriate).
 10. As a part of the ongoing monitoring and auditing of the policy, the CO, in cooperation with the QACC, establishes mechanisms to notify employees and providers of changes in laws, regulations, or policies, as necessary, to assure continued compliance.
 - i. This may include updating SBH-ASO and provider educational materials and ensuring that persons associated with the SBH-ASO complete required annual training on FWA prevention.

II. Implementing written policies, procedures, and standards of conduct.

- A. The Executive Board, Administrator, and CO will develop and maintain policies and procedures that address the SBH-ASO's Compliance activities.
- B. The CO will review the Plan annually (at a minimum) and update it to ensure that it continues to address all applicable federal and state compliance mandates.

- C. The CO will ensure that the Executive Board confirms any needed changes and that the updated policy is distributed to all SBH-ASO staff and persons associated with the SBH-ASO (including board members, volunteers, and BHAs).
- D. SBH-ASO staff, board members, volunteers, and BHAs will comply at all times with all pertinent governing regulations. (See SBH-ASO Code of Conduct.)

Information on Persons Convicted of Crimes

The SBH-ASO will include the following in its written agreements with all subcontractors and BHAs who are not individual practitioners or a group of practitioners:

1. Requiring the subcontractor/BHA to investigate and disclose to the HCA and SBH-ASO, at contract execution, renewal, or when becoming aware of, and upon request of HCA and/or SBH-ASO, the identity of any person who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX of the Social Security Act since the inception of those programs.

Fraud, Waste and Abuse

The SBH-ASO's Fraud, Waste and Abuse program shall have:

1. A process to inform officers, employees, agents, and BHAs about the False Claims Act.
2. Administrative procedures to detect and prevent Fraud, Waste, and Abuse (FWA), and a mandatory compliance plan.
3. Standards of conduct that articulate SBH-ASO's commitment to comply with all applicable federal and state standards.
4. The designation of a Compliance Officer and a compliance committee that is accountable to senior management.
5. Training for all affected parties.
6. Effective lines of communication between the Compliance Officer and the SBH-ASO staff and BHAs.
7. Enforcement of standards through well-publicized disciplinary policies.
8. Provision for internal monitoring and auditing of the SBH-ASO and BHAs.
9. Provision for prompt response to detected violations, and for development of corrective action initiatives.
10. Provision of detailed information to staff and subcontractors regarding fraud and abuse policies and procedures, the False Claims Act, and the Washington false claims statutes, Chapter 74.66 RCW and RCW 74.09.210.

Federal Exclusion and Legal Status

The SBH-ASO will not willingly contract with nor retain any contractor or subcontractor who has been listed by a state or federal agency as debarred, excluded or otherwise ineligible for federal or state program participation or whose license had been revoked or

suspended. If either of these situations apply or if they become applicable, they must be reported to the CO as soon as possible.

Excluded provider verification is conducted at time of hire or appointment and every month thereafter. This applies to SBH-ASO staff as well as those who are employed by contractors and subcontractors. This verification is conducted through the Office of Inspector General (OIG), the List of Excluded Individuals and Entities (LEIE) query, or evidence of sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) site (hereafter referred to as the "Exclusion Websites").

SBH-ASO contractors and subcontractors must provide to the SBH-ASO Compliance Officer a monthly written attestation verifying the clear status of all staff.

Ownership disclosure. The SBH-ASO, network agencies, and subcontractors must disclose whether a person (individual or corporation) has, or has a relative with, ownership or controlling interest in the organization of 5% or more.

Reporting

All Program Integrity reporting to HCA shall be in accordance with the Notices provisions of the General Terms and Conditions of the BH-ASO contract unless otherwise specified.

The SBH-ASO shall submit to HCA a report of any recoveries made or overpayments identified by the SBH-ASO during the course of claims review/analysis.

The SBH-ASO shall notify and submit all associated information of any alleged or investigated cases in which the SBH-ASO believes there is a serious likelihood of fraud by an Individual to the HCA Office of Medicaid Eligibility and Policy (OMEP) by any of the following:

1. Sending an email to WAHeligibilityfraud@hca.wa.gov;
2. Calling OMEP at 360-725-0934 and leaving a detailed message;
3. Mailing a written referral to:

Health Care Authority
Attn: OMEP
P.O. Box 45534
Olympia, WA 98504-5534

4. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158.

The SBH-ASO shall submit to HCA, on occurrence, a list of terminations report including providers terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. The SBH-ASO shall send the report electronically to HCA at hcabhaso@hca.wa.gov with subject "Program Integrity list of Terminations Report." The report must include all of the following:

1. Individual BHA/entities' name;
2. Individual BHA/entities' NPI number;
3. Source of termination;

4. Nature of the termination; and
5. Legal action against the individual/entities.

Records Requests

Upon request, the SBH-ASO and contracted BHAs shall allow HCA or any authorized state or federal agency or authorized representative, access to all records, including computerized data stored by the SBH-ASO or its contracted BHA. The SBH-ASO and its contracted BHAs shall provide and furnish the records at no cost to the requesting agency.

On-Site Inspections

The SBH-ASO or its contracted BHAs must provide any record or data related to its contract, but not limited to:

1. Medical records;
2. Billing records;
3. Financial records;
4. Any record related to services rendered, quality, appropriateness, and timeliness of service; and
5. Any record relevant to an administrative, civil, or criminal investigation or prosecution.

Upon request, the SBH-ASO or its contracted BHA shall assist in such review, including the provision of complete copies of records.

The SBH-ASO or its contracted BHAs must provide reasonable access to its premises and the records requested to any duly authorized state or federal agency or entity, including, but not limited to: HCA, OIG, Medicaid Fraud Control Division (MFCD), and the Office of the Comptroller of the Treasury, whether the visitation is announced or unannounced.

The SBH-ASO or its contracted BHAs must repay any overpayments that are identified through a fraud investigation conducted by the MFCD or other law enforcement entity based on the timeframes provided by federal or state law.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CRITICAL INCIDENT REPORTING

Policy Number: CP302

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date: 6/14/2019; 7/18/2019

Executive Board Approval Dates:

Purpose

The Salish Behavioral Health Administrative Services Organization (BH-ASO) shall establish a Critical Incident Management System consistent with all applicable laws and shall include policies and procedures for identification of incidents, reporting protocols, and oversight responsibilities.

The SBH-ASO will increase intervention for an Individual when incident behavior escalates in severity or frequency.

The SBH-ASO shall communicate with the appropriate MCO when the SBH-ASO becomes aware of an incident for a Medicaid Enrollee. Upon request, SBH-ASO will collaborate with the appropriate MCO in reference to such an incident.

Procedure

The SBH-ASO shall submit an individual Critical Incident report for non-Medicaid Individuals for the following incidents:

1. Homicide or attempted homicide by an individual;
2. A major injury or trauma that has the potential to cause prolonged disability or death, or the unexpected death of an individual that occurs in a facility licensed by the state of Washington to provide publicly funded Behavioral Health (BH) services;
3. An unexpected death of an individual that occurs in a facility licensed by the state of Washington to provide publicly funded BH services;
4. Abuse, neglect or exploitation of an individual (not to include child abuse);
5. Violent acts allegedly committed by an individual to include:
 - a. Arson;
 - b. Assault resulting in serious bodily harm;
 - c. Homicide or attempted homicide by abuse;
 - d. Drive-by shooting;

- e. Extortion;
 - f. Kidnapping;
 - g. Rape, sexual assault or indecent liberties;
 - h. Robbery;
 - i. Vehicular homicide;
6. Unauthorized leave of a mentally ill offender or a sexual or violent offender from a mental health facility, secure Community Transition Facilities (i.e. Evaluation and Treatment Centers, Crisis Stabilization Units, Secure Detox Units, and Triage Facilities) that accept involuntary admissions;
 7. Any event involving an Individual that has attracted or is likely to attract media attention.

Reporting

1. The SBH-ASO shall report Critical Incidents within one (1) business day of becoming aware of the incident. The report shall include:
 - a. The date the SBH-ASO becomes aware of the incident;
 - b. The date and time of the incident;
 - c. A description of the incident;
 - d. The name of the facility where the incident occurred or a description of the incident location;
 - e. The name(s) and age(s) of individuals involved in the incident;
 - f. The name(s) and title(s) of facility personnel or other staff involved;
 - g. The name(s) and relationship(s), if known, of other persons involved and the nature and degree of their involvement;
 - h. The Individual's location at the time of the report if known (i.e. home, jail, hospital, unknown, etc.) or actions taken by the SBH-ASO to locate the Individual;
 - i. Actions planned or taken by the SBH-ASO to minimize harm resulting from the incident; and,
 - j. Any legally required notifications made by the SBH-ASO.
2. The SBH-ASO shall report Critical Incidents using the HCA Incident Reporting System at <https://fortress.wa.gov/hca/ics/>. If the system is unavailable the SBH-ASO shall report Critical Incidents to HCABHASO@hca.wa.gov.
3. The SBH-ASO Internal Quality Committee (IQC) will regularly review the status of each open Critical Incident to ensure follow-up investigations and procedure are occurring within contractual time frames and within contractual procedures. General trends will be reviewed at the Quality Assurance and Compliance Committee (QACC). Both committees should consider any actions that can be taken to reduce incidents and follow-up as necessary.
4. The SBH-ASO shall submit follow-up reports using the Incident Reporting System and close the case within forty-five (45) calendar days after the Critical Incident was initially reported. A case cannot be closed until the following information is provided:
 - a. A summary of any debriefings;
 - b. Whether the Individual is in custody (Jail), in the hospital, or in the community;

- c. Whether the Individual is receiving services and include the types of services provided;
 - d. If the Individual cannot be located, the steps the SBH-ASO has taken to locate the Individual using available, local resources; and
 - e. In the case of the death of an Individual, verification from official sources that includes the date, name and title of the sources. When official verification cannot be made, the SBH-ASO shall document all attempts to retrieve it.
5. The SBH-ASO shall submit to a semiannual report of all Critical Incidents tracked by the SBH-ASO.
- a. At minimum, the report shall include an analysis of the following incidents:
 - i. Incidents identified through the Individual Critical Incidents process;
 - ii. A credible threat to an Individual's safety;
 - iii. Any allegation of financial exploitation of an individual;
 - iv. Suicide and attempted suicide; and
 - v. Other incidents the SBH-ASO IQC or QACC deem necessary for additional review.
 - b. The following elements shall be included in the analysis:
 - i. The number and types of Critical Incidents and comparison of changes over time;
 - ii. analysis of Critical Incidents that repeat;
 - iii. trends found in the population (i.e. regional differences, demographic groups, vulnerable populations);
 - iv. analysis of the effectiveness of the Critical Incident Management System; and
 - v. action taken by the SBH-ASO to reduce incidents.
 - c. The report is due no later than the last business day of January and July for the prior six- (6) month period.
 - d. The SBH-ASO shall also include a data file of all Critical Incidents from which the analysis is made using a template provided by HCA.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: FRAUD, WASTE, AND ABUSE
COMPLIANCE REPORTING STANDARDS **Policy Number:** CP303

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date: 10/8/19

Executive Board Approval Dates:

PURPOSE

To outline and define the scope, responsibilities, and activities to prevent, detect, and report incidents of Fraud, Waste, and Abuse (FWA). To outline a culture within, and activities conducted by, Salish Behavioral Health Administrative Services Organization (SBH-ASO) to prevent, detect, and report instances of FWA.

All SBH-ASO business shall be conducted in compliance with state and federal requirements and regulations (including the False Claims Act), applicable local laws and ordinances, and the ethical standards/practices of the industry.

DEFINITIONS

Abuse: Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Fraud: An intentional deception or misrepresentation made by a person (individual or entity) with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Waste: Practices that, directly or indirectly, result in unnecessary costs such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

Fraud, Waste, and Abuse may include but not be limited to:

- Failure to identify, pursue, and document Third Party resources
- Intentional billing for services not performed or improper billing
- Duplicate billing
- Unnecessary or misrepresented services
- Billing individuals for SBH-ASO covered services
- Upcoding
- Unbundling
- Kickbacks
- Evidence of intentional false or altered documents
- Unlicensed or excluded professional or facility at time of service
- Falsification of health care provider credentials or no credentials
- Falsification of agency financial solvency
- Agency management knowledge of fraudulent activity
- Incentives that limit services or referral
- Evidence of irregularities following sanctions for same problem
- Embezzlement and theft

PROCEDURE

SBH-ASO Administration

1. SBH-ASO does not enter into contracts or other arrangements with providers which, directly or indirectly, pay or offer to pay anything of value, be it money, gifts, space, equipment or services, in return for the referral of individuals to SBH-ASO for services paid by any federal health care program.
2. SBH-ASO does not approve, cause claims, nor allow encounter data to be transmitted or submitted to any federal health care program:
 - A. For services provided as a result of payments made in violation of (1.) above.
 - B. For services that are not reasonable and necessary.
 - C. For services which cannot be supported by the documentation in the clinical and/or medical record.
3. SBH-ASO does not falsify or misrepresent facts concerning the delivery of services or payment of claims in connection with any federal health care program.
4. SBH-ASO does not provide incentives to providers to reduce or limit medically necessary behavioral health services to individuals.

5. SBH-ASO conducts all business with providers at arm's length and pursuant to written contract that will stand up to legal scrutiny with frequent and various monitoring mechanisms.
6. No SBH-ASO staff or person associated with SBH-ASO prevents or delays the communication of information, or records related to, violation of the SBH-ASO Compliance and Program Integrity Plan (the Plan) to the SBH-ASO Compliance Officer (CO).
7. The SBH-ASO shall not employ or contract with providers excluded from participation in federal health care programs. The SBH-ASO screens monthly for local provider agencies who are excluded as shown by the Office of Inspector General (OIG); the List of Excluded Individuals and Entities (LEIE) query; or evidence of sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) site (hereafter referred to as the "Exclusion Websites").
8. The SBH-ASO requires network providers to attest to monthly screening of all staff, board members, volunteers/interns, and subcontractors for excluded providers.
 - A. All SBH-ASO staff and all providers are screened upon hire to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a federal agency as debarred, excluded, or otherwise ineligible for federal program participation, as required by current federal and state laws; (3) listed as 5% or greater ownership of an agency.
 - B. The exclusion is verified through required Exclusion Websites. Staff or subcontractors/providers found to have a conviction or sanction or found to be under investigation for any criminal offense related to health care are to be removed from direct responsibility for, or involvement with, SBH-ASO funded services.
 - C. Agencies or individuals listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation, as required by current federal and state laws, or found to have a conviction or sanction related to health care will be excluded from providing SBH-ASO funded services.
 - D. The SBH-ASO requires network contractors to sign assurances that they are not excluded from participation and do not employ individuals who are excluded.

Information on Persons Convicted of Crimes

- A. The SBH-ASO requires the Subcontractor/BHA to investigate and disclose to Health Care Authority (HCA), at contract execution or renewal, and upon request of HCA, the identity of any person who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX of the Social Security Act since the inception of those programs.

SBH-ASO Compliance Officer and Quality and Compliance Committee

1. The SBH-ASO Compliance Officer is responsible for overseeing the SBH-ASO Compliance and Program Integrity Plan (the Plan) and coordinating monitoring activities.
2. The SBH-ASO Compliance Officer (CO) reports to the SBH-ASO Quality and Compliance Committee (QACC). The QACC meets quarterly, at a minimum. – The CO reports at least annually to the SBH-ASO Advisory and/or Executive Board (the Boards).
 - While the CO generally reports to the QACC, the CO always has the right to directly meet with the Advisory and/or Executive Boards if the circumstances warrant (e.g., in case of QACC inaction).
3. The CO duties include the following with respect to FWA:
 - To oversee and monitor the overall compliance activities of the SBH-ASO, including facilitating the QACC, whose agenda reviews FWA agenda items.
 - Continue to develop the Plan and monitoring activities with the QACC that have SBH-ASO-wide application to the provider entities.
 - To assist the Boards and staff in establishing methods to reduce SBH-ASO vulnerability to FWA.
 - To track and coordinate internal auditing and monitoring activities within the SBH-ASO according to the SBH-ASO Compliance Plan Checklist (the Checklist), reviewing established procedures for periodic audits of the operations of providers.
 - To receive and investigate, with assistance from SBH-ASO legal counsel when needed, reports of possible fraud and abuse violations.
 - To receive and investigate reports in a timely responsive manner to possible violations of the Plan.
 - To develop corrective action plans for the SBH-ASO and providers to correct violations and prevent future incidents of noncompliance.
 - To develop policies and programs that encourage employees and contractors to report suspected FWA violations without fear of retaliation.
 - To identify areas where corrective actions are needed and, in consultation with the Boards and legal counsel, develop strategies to improve compliance.
 - As a part of the ongoing monitoring and auditing of the Plan, the CO utilizes the QACC to notify the network of changes in laws, regulations or policies, as necessary, to assure continued compliance.
 - Conduct monthly federal exclusion website screening for SBH-ASO staff, Board members, volunteers/ interns, and subcontractor agencies.

- Monthly screenings are also conducted for Kitsap Dispute Resolution Center (Ombuds program), Board members, and volunteers/ interns.
- Network agencies are required to attest in writing to monthly screening conducted by the 8th of the preceding month. These letters of attestation are tracked by the CO at SBH-ASO.

SBH-ASO Fraud, Waste, and Abuse Monitoring

1. The SBH-ASO detects and prevents FWA through the following activities:
 - SBH-ASO Annual Monitoring Reviews with each network provider agency
 - a. The SBH-ASO audit tool includes a Program Integrity section that reviews various Compliance and Program Integrity activities conducted by a provider agency.
 - b. The SBH-ASO verifies the Third Party pursued. The SBH-ASO inquires and verifies the provider agency process for pursuing other billing sources.
 - c. As part of the SBH-ASO Annual Monitoring Review, SBH-ASO staff verify the newly hired provider agency staff have been screened through the Exclusion Websites, as evidenced in at least 10% of personnel files of new hires. Staff verify the screening through a website verification printout located in the personnel file.
 - Internal monitoring and auditing for FWA includes reviewing SBH-ASO financial statements by the State Auditor's Office, network provider annual independent audits, multiple feedback loops through various SBH-ASO committees, and individual sources to receive timely and confidential information. The SBH-ASO staff periodically review SBH-ASO Personnel Policies related to required conduct and disciplinary action.

Examples of specific internal monitoring activities include, but are not limited to:

- a. Review of Provider Quarterly Financial and Performance Reports
- b. Contracted agencies' annual independent financial audits
- c. SBH-ASO profiling of provider client data
- d. Monthly review of Community Inpatient Claims
- e. Ombuds participation and reporting at QACC, and other in-network committees
- f. SBH-ASO Grievance and Fair Hearing Quarterly Tracking Report
- g. SBH-ASO Utilization Management Monthly Tracking Reports
- h. SBH-ASO review of the State Network Provider Licensing Reports

- i. Availability of the CO to discuss suspected FWA and help staff accurately assess the likelihood that FWA has occurred.
- j. When fraud and/or abuse is detected, the CO immediately reports the abuse to the appropriate authorities, conducts an investigation of the incident, and reports the results of the investigation to the QACC and others, as is appropriate.

Network Contractors and Subcontractors Responsibilities

1. Providers are required to develop internal compliance programs, to include an agency Compliance Plan which compliments the SBH-ASO Plan. Each network agency is required to have a designated agency-level Compliance Officer. The agency designated Compliance Officer is expected to fully participate in the QACC.
2. Providers implement procedures to screen employees and subcontractors to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation as verified through the Exclusion Websites.
3. Employees or subcontractors found to have a conviction or sanction or found to be under investigation for any criminal offenses related to health care are to be removed from direct responsibility for, or involvement with, SBH-ASO funded services.
4. Providers are required to report all suspected incidents of fraudulent and abusive activities to the CO. See Developing Effective Lines of Communication Section, listed below.
5. Contractors are made aware of their obligation to report to SBH-ASO their good faith belief of any possible instances of non-compliance through terms identified in the SBH-ASO Statement of Work.
6. Network contractors certify, and monthly attest, that they do not contract with or employ any individuals who have been identified as federally excluded, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded individuals by any federal department or agency.
7. The reporting requirements are referenced in SBH-ASO network provider contracts.

SBH-ASO Provided Education and Training

1. The Plan and reporting requirements are referenced in SBH-ASO contracts. Contractors are made aware of their obligation to report to SBH-ASO their good faith belief of any possible instances of non-compliance.
2. SBH-ASO trainings provide information and encourage employees and contractors to report suspected violations of the Plan without fear of retaliation.

3. The SBH-ASO will notify subcontractors of applicable fraud and abuse training opportunities offered through Centers for Medicare and Medicaid, Medicaid Fraud Control Division (MFCD), HCA, or of other Compliance-related trainings.
4. The Plan and related policies are made available to all SBH-ASO employees and network provider agencies. These documents are reviewed at least annually by the QACC and are available through the SBH-ASO website.
5. The CO provides training to the SBH-ASO staff, governing boards, and network providers. The SBH-ASO training curriculum addresses the following:
 - a. The SBH-ASO's commitment to compliance with all laws, regulations, and guidelines of federal and state programs.
 - b. The elements of the Plan and related policies.
 - c. An overview of what constitutes FWA in a managed care environment.
 - d. A review of the specific state contract requirements applicable to SBH-ASO business.
 - e. Responsibilities to report violations.
 - f. Various options of where and how to report violations.
 - g. The consequences of failing to comply with applicable laws.
6. The CO is available to co-facilitate network agency trainings with the agency designated Compliance Officers. These trainings cover the above curriculum, as well as the network agency Compliance Plan and related policies and procedures. Network agencies are responsible for documenting the training dates and employees that attended.

Developing Effective Lines of Communication

1. An open line of communication between the CO and employees or others associated with the SBH-ASO is critical to the successful implementation and operation of the Plan.
 - All employees and persons associated with the SBH-ASO have a duty to report all incidents of abuse and fraudulent activities, suspected or otherwise, to the CO or to the HCA Office of Medicaid Eligibility and Policy (OMEP). The SBH-ASO trainings provide information to encourage employees and contractors to report suspected violations of the Plan without fear of retaliation.
2. As outlined in the SBH-ASO training curriculum and widely distributed information material, an Individual may use any of the following mechanisms to report incidents of suspected violation(s):
 1. In person, to the SBH-ASO CO
 2. Calling the CO directly at (360) 307-4274 or (800) 525-5637
 3. By faxing the CO at (360) 337-5721

4. By e-mailing the CO at rjordan@co.kitsap.wa.us
5. By calling, on an anonymous basis, the SBH-ASO Office at (360) 307-4274 or (800) 525-5637
6. By mailing a written concern to the CO:

SBH-ASO Compliance Officer
Salish Behavioral Health Organization
614 Division St. MS-23
Port Orchard, WA 98366
7. Calling OMEP at 360-725-0934 and leaving a detailed message
8. Mailing a written complaint to:

Health Care Authority
Attn: OMEP
P.O. Box 45534
Olympia, WA 98504-5534
9. Entering the complaint online at:
<https://wadshs.libera.com/Sys7CMSPortal-FCMS-WA/fraud/report.aspx>
10. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158
11. Emailing the complaint electronically
WAEligibilityfraud@hca.wa.gov
12. In addition, any person may seek guidance with respect to the Plan or the procedures contained in this policy at any time by following the same reporting mechanisms outlined above.

REPORTING

The SBH-ASO shall submit to HCA on occurrence a list of terminations report including BHAs terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. If the Salish BH-ASO has nothing to report, the report will so state. The Salish BH-ASO shall send the report electronically to HCA at hcamcproqrams@hca.wa.gov with subject "Program Integrity Monthly list of Terminations Report." The report must include all of the following:

1. Individual BHA/entity's name;
2. Individual BHA/entity's NPI number;
3. Source of termination;
4. Nature of the termination; and

5. Legal action against the individual/entity.

POLICY MONITORING

This Policy is a mandated by contract and statute.

1. This Policy will be monitored through use of SBH-ASO:
 - SBH-ASO QACC review, at least annually
 - SBH-ASO Provider and Subcontractor Annual Monitoring Review
 - Monthly Excluded Provider Attestation Tracking
 - Grievance Tracking Reports
 - Provider Revenue and Expense Report
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
 - Review of previous Provider Corrective Action Plans related to policy, including provider profiles related to performance on targeted indicators
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBH-ASO approval. Reference SBH-ASO Corrective Action Plan Policy.
3. Additional disciplinary actions and sanctions, per the Plan and SBH-ASO contract, may also be enforced for failure to comply with this policy.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: TRANSLATION AND INTERPRETATION SERVICES **Policy Number:** CA401

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/16/2019

Executive Board Approval Dates:

PURPOSE

Salish Behavioral Health Administrative Services (SBH-ASO) will assure that Individuals will have access to oral interpretation services and written translation of materials in their preferred language other than English.

POLICY

SBH-ASO will assure that contracted Behavioral Health Agencies (BHA), the SBH-ASO customer service line and the toll-free crisis line provide for equal access for all Individuals when oral or written language creates a barrier to such access for those with communication barriers. SBH-ASO will assure that BHA's utilize interpreter services agencies that can produce documentation that they employ people who are qualified as certified interpreters and translators.

PROCEDURE

1. Oral Information:

BHAs shall assure that interpreter services are provided for Individuals with a preferred language other than English, free of charge. This includes the provision of interpreters for those who are deaf or hearing impaired, at no cost to the Individual, including American Sign Language (ASL). Interpreter services shall be provided for all interactions between such Individuals and SBH-ASO or any of its providers including, but not limited to:

 - a) Customer service;
 - b) Crisis Line;
 - c) All appointments with any provider for any covered service; and
 - d) All steps necessary to file grievances and appeals.

2. Written Information:

SBH-ASO will assure that SBH-ASO and contracted BHAs provide all generally available and Individual-specific written materials in a language and format which may be understood by each Individual in each of the prevalent languages that are spoken by five percent (5%) or more of the Regional Service Area (RSA) based on information obtained from Health Care Authority (HCA).

For Individuals whose preferred language has not been translated as required in this section, the SBH-ASO and BHA's may meet the requirement of this section by doing any one of the following:

- a) Translating the material into the Individual's preferred reading language;
 - b) Providing the material in an audio format in the Individual's preferred language;
 - c) Having an interpreter read the material to the Individual in the Individual's preferred language;
 - d) Providing the material in another alternative medium or format acceptable to the Individual. The BHA will document the Individual's acceptance of the material in an alternative medium or format in their record; or
 - e) Providing the material in English, if the SBH-ASO or BHA documents the Individual's preference for receiving material in English.
3. SBH-ASO shall ensure that all SBH-ASO and BHA written information provided to Individuals is accurate, is not misleading, is comprehensible to its intended audience, is designed to provide the greatest degree of understanding, is written at the sixth (6th) grade reading level, and fulfills other requirements of the HCA BH-ASO Contract as may be applicable to the materials.
 4. HCA may make exceptions to the sixth (6th) grade reading level when, in the sole judgment of HCA, the nature of the materials do not allow for a sixth (6th) grade reading level or the Individual's needs are better served by allowing a higher reading level. HCA approval of exceptions to the sixth (6th) grade reading level must be in writing.
 5. BHAs will be required to submit all written materials to SBH-ASO upon request. SBH-ASO will submit all written materials to HCA for approval according to requirements of the BH-ASO contract.
 6. Educational materials about topics or other information used by SBH-ASO or BHAs for health promotion efforts must be submitted to HCA, but do not require HCA approval as long as they do not specifically mention the HCA BH-ASO contracted services.
 7. Educational materials that are not developed by SBH-ASO or by SBH-ASO's Subcontractors are not required to meet the sixth (6th) grade reading level requirement and do not require HCA approval.

For Individual-specific written materials, SBH-ASO and BHA's may use templates that have been pre-approved in writing by HCA. SBH-ASO will provide HCA with a copy of all approved materials in final form.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: GRIEVANCE SYSTEM

Policy Number: CA402

Effective Date: 01/01/2020

Revision Date(s):

Reviewed Date: 07/16/2019

Approved by: SBHO Executive Board

PURPOSE

To describe Salish Behavioral Health Administrative Service Organization's (SBH-ASO) Grievance System processes that include the Grievance Process, Appeal Process, and access to the Administrative Hearing process for contracted services. Provider claim disputes initiated by the provider are not subject to this section.

DEFINITIONS

Action means the denial or limited authorization of an SBH-ASO contracted service based on medical necessity.

Administrative Hearing (or Fair Hearing) means an adjudicative proceeding before an administrative law judge or a presiding officer that is governed by RCW Chapter 34.05 or the agency's hearing rules found in WAC Chapter 182.

Appeal means a request for review of an action.

Appeal process means SBH-ASO's procedures for reviewing an action.

Expedited appeal process allows an individual, in certain circumstances, to file an appeal that will be reviewed by the SBH-ASO more quickly than a standard appeal.

Grievance means an expression of dissatisfaction about any matter other than an action. Possible subjects for grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the individual's rights.

Grievance process means the procedure for addressing individuals' grievances.

Grievance system means the overall system that includes grievances and appeals handled by SBH-ASO and access to the Administrative Hearing system.

POLICY

SBH-ASO will have a Grievance System that includes a Grievance process, an Appeal process, and access to the Administrative Hearing process for contracted services.

SBH-ASO is responsible for accepting, responding to, and resolving all non-Medicaid service and crisis system Grievances for non-Medicaid-funded individuals related to the scope of work SBH-ASO is contracted for and responsible to perform.

The Managed Care Organizations (MCO) retain and do not delegate to SBH-ASO the responsibility for responding to and resolving Grievances for Medicaid Enrollees. SBH-ASO will transfer and refer any Grievance for Medicaid Enrollees to the MCO with which the individual is enrolled no later than the end of the next business day following the date of receipt, irrespective of whether such Grievance is related to the SBH-ASO, a SBH-ASO sub delegate, an MCO, or a Behavioral Health Agency (BHA).

After the MCO's initial review and upon the MCO's request, SBH-ASO will provide all reasonable assistance to the MCO in its investigation and resolution of a Grievance that relates to a service provided by SBH-ASO, a SBH-ASO subcontractor, or relates to or involves information held by SBH-ASO. The MCO will be responsible for providing the notice of the resolution of a Grievance to the affected member or provider.

Individuals may use the free and confidential Ombuds services that are contracted through the SBH-ASO. Ombuds services are offered and provided independent of SBH-ASO and are offered to individuals at any time to help them with resolving issues or problems at the lowest possible level during the Grievance, Appeal, or Administrative Hearing processes.

After termination of this Contract, the SBH-ASO will remain obligated to provide the administrative services associated with individual Appeals provided to individuals prior to the effective date of termination under the terms of this Contract.

PROCEDURE

General Grievance System Requirements

1. SBH-ASO will have policies and procedures addressing the Grievance system, which comply with the requirements per HCA BH-ASO contract. Health Care Authority (HCA) must approve, in writing, all Grievance system policies and procedures and related notices to individuals regarding the Grievance system.
2. SBH-ASO will give individuals any reasonable assistance necessary in

- completing forms and other procedural steps for Grievances and Appeals and provide information about the availability of Ombuds services to assist the individual. SBH-ASO shall assure that interpreter services are provided for individuals with a preferred language other than English or for individuals who are deaf or hearing impaired at no cost to the individual; this includes translation/interpreting services (including American Sign Language (ASL)) and TTY/TTD and/or Washington Relay Services all free of charge.
3. The SBH-ASO shall ensure adequate staffing to perform the Grievances and Appeals processes.
 4. SBH-ASO shall be staffed with a sufficient number of trained customer service representatives to answer the phones. Staff shall be able to access information and resolve Grievances and triage Appeals.
 5. SBH-ASO shall provide the following information regarding the Grievance system for GFS/FBG funded Contracted Services to all Subcontractors, including:
 - a. The toll-free numbers to file oral Grievances and Appeals and the availability of assistance in filing a Grievance or Appeal.
 - b. The individual's right to file Grievances and Appeals and their requirements and timeframes for filing.
 - c. The individual's right to an Administrative Hearing, how to obtain an Administrative Hearing; and
 - d. Representation rules at an Administrative Hearing.
 6. SBH-ASO will ensure there are clear descriptions of the Grievance and Appeals functions in their Subcontracts.
 7. SBH-ASO will acknowledge receipt of each Grievance, either orally or in writing, within two (2) business days.
 8. SBH-ASO will acknowledge in writing, the receipt of each Appeal. SBH-ASO will provide the written notice to both the individual and requesting provider within three (3) calendar days of receipt of the Appeal.
 9. SBH-ASO will ensure that decision makers on Grievances and Appeals were not involved in previous levels of review or decision-making.
 10. Decisions regarding Grievances and Appeals shall be made by Health Care Professionals with clinical expertise in treating the individual's condition or disease if any of the following apply:
 - a. If the individual is appealing an action.
 - b. If the Grievance or Appeal involves any clinical issues.
 11. With respect to any decisions described in subsection 10 immediately above, SBH-ASO will ensure the Health Care Professional making such decisions:
 - a. Has clinical expertise in treating the individual's condition or disease that is age appropriate (e.g., a board-certified Child and Adolescent Psychiatrist for a child individual).
 - b. A physician board-certified or board-eligible in Psychiatry or Child or Adolescent Psychiatry if the grievance or appeal is related to inpatient level of care denials for psychiatric treatment.

- c. A physician board-certified or board-eligible in Addiction Medicine or a Sub-specialty in Addiction Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for SUD treatment.
- d. Are one or more of the following, as appropriate, if a clinical Grievance or Appeal is not related to inpatient level of care denials for psychiatric or SUD treatment:
 - i. Physicians board-certified or board-eligible in Psychiatry, Addiction Medicine or Addiction Psychiatry;
 - ii. Licensed, doctoral level clinical psychologists; or
 - iii. Pharmacists.

Grievance Process

The following requirements and procedures are specific to SBH-ASO Grievance process contracted services:

1. Only an individual or the individual's authorized representative may file a grievance with SBH-ASO. A provider may not file a Grievance on behalf of an individual unless the provider is acting on behalf of the individual and with the individual's written consent. SBH-ASO will request the individual's written consent should a provider request an Appeal on behalf of an individual without the individual's written consent.
2. SBH-ASO will accept, document, record, and process Grievances forwarded by HCA.
3. SBH-ASO will provide a written response to HCA within three (3) business days to any constituent Grievance. For the purpose of this subsection, "constituent Grievance" means a complaint or request for information from any elected official or agency director or designee.
4. SBH-ASO will assist the individual with all Grievance and Appeal processes, and provide information about the availability of Ombuds services to assist the individual.
5. SBH-ASO will cooperate with any representative authorized in writing by the individual.
6. SBH-ASO will consider all information submitted by the individual or authorized representative.
7. SBH-ASO will investigate and resolve all Grievances whether received orally or in writing. SBH-ASO will not require an individual or his/her authorized representative to provide written follow up for a Grievance or Appeal SBH-ASO received orally.

8. SBH-ASO will complete the disposition of a Grievance and notice to the affected parties as expeditiously as the individual's health condition requires, but no later than 45 calendar days from receipt of the Grievance.
9. The notification may be made orally or in writing for Grievances not involving clinical issues. Notices of disposition for clinical issues must be in writing.
10. Individuals do not have the right to an Administrative Hearing in regard to the disposition of a Grievance.

Appeal Process

1. An individual, the individual's authorized representative, or a provider acting on behalf of the individual and with the individual's written consent, may Appeal a Contractor action.
 - a. If a provider has requested an Appeal on behalf of an individual, but without the individual's written consent, SBH-ASO will not dismiss the Appeal without first attempting to contact the individual within five (5) calendar days of the provider's request, informing the individual that an appeal has been made on the individual's behalf, and then asking if the individual would like to continue the Appeal.

If the individual wants to continue the Appeal, SBH-ASO will obtain from the individual a written consent for the Appeal. If the individual does not want to continue the Appeal, SBH-ASO will formally dismiss the Appeal, in writing, with appropriate individual Appeal rights and by delivering a copy of the dismissal to the provider as well as the individual.
 - b. For expedited Appeals, SBH-ASO may bypass the requirement for the individual's written consent and obtain the individual's oral consent. The individual's oral consent shall be documented in SBH-ASO's records.
2. If HCA receives a request to Appeal an Action of SBH-ASO, HCA will forward relevant information to SBH-ASO and SBH-ASO will contact the individual with information that a provider filed an appeal.
3. For Appeals of standard service authorization decisions, an individual, or a provider acting on behalf of the individual, must file an Appeal, either orally or in writing, within 60 calendar days of the date on SBH-ASO's Notice of Action. This also applies to an individual's request for an expedited Appeal.
4. Oral inquiries seeking to Appeal an Action shall be treated as Appeals and be confirmed in writing, unless the individual or provider requests an expedited resolution. The appeal acknowledgement letter sent by SBH-ASO to an individual shall serve as written confirmation of an Appeal filed orally by an individual.
5. The Appeal process shall provide the individual a reasonable opportunity to present evidence, and allegations of fact or law in writing. SBH-ASO will inform the individual of the limited time available for this in the case of expedited

- resolution.
6. The Appeal process shall provide the individual and the individual's representative opportunity, before and during the Appeals process, to examine the individual's case file, including medical records, and any other documents and records considered during the Appeal process.
 7. The Appeal process shall include as parties to the Appeal, the individual and the individual's representative, or the legal representative of the deceased individual's estate.
 8. In any Appeal of an Action by a Subcontractor, SBH-ASO or its Subcontractor shall apply SBH-ASO's own clinical practice guidelines, standards, protocols, or other criteria that pertain to authorizing specific services.
 9. SBH-ASO will resolve each Appeal and provide notice, as expeditiously as the individual's health condition requires, within the following timeframes:
 - a. For standard resolution of Appeals and for Appeals for termination, suspension or reduction of previously authorized services a decision must be made within 14 calendar days after receipt of the Appeal, unless SBH-ASO notifies the individual that an extension is necessary to complete the Appeal; however, the extension cannot delay the decision beyond 28 calendar days of the request for Appeal.
 - b. For any extension not requested by an individual, SBH-ASO must give the individual written notice of the reason for the delay.
 - c. For expedited resolution of Appeals or Appeals of behavioral health drug authorization decisions, including notice to the affected parties, no longer than three (3) calendar days after SBH-ASO receives the Appeal.
 10. SBH-ASO will provide notice of resolution of the Appeal in a language and format which is easily understood by the individual. The notice of the resolution of the Appeal shall:
 - a. Be in writing and sent to the individual and the requesting provider. For notice of an expedited resolution, SBH-ASO will also make reasonable efforts to provide oral notice.
 - b. Include the date completed and reasons for the determination.
 - c. Include a written statement of the reasons for the decision, including how the requesting provider or individual may obtain the review or decision-making criteria.
 - d. For Appeals not resolved wholly in favor of the individual:
 - i. Include information on the individual's right to request an Administrative Hearing and how to do so.

Expedited Appeals Process

1. SBH-ASO will establish and maintain an expedited Appeal review process for Appeals when SBH-ASO determines or a provider indicates that taking the time for a standard resolution could seriously jeopardize the individual's life or health or ability to attain, maintain, or regain maximum function.
2. The individual may submit an expedited Appeal either orally or in writing. No additional individual follow-up is required.
3. SBH-ASO will make a decision on the individual's request for expedited Appeal and provide written notice, as expeditiously as the individual's health condition requires, within three (3) calendar days after SBH-ASO receives the Appeal. SBH-ASO will also make reasonable efforts to provide oral notice.
4. SBH-ASO may extend the timeframes by up to 14 calendar days if the individual requests the extension; or SBH-ASO shows there is a need for additional information and how the delay is in the individual's interest.
5. For any extension not requested by an individual, SBH-ASO must give the individual written notice of the reason for the extension.
6. SBH-ASO will ensure that punitive action is not taken against a provider who requests an expedited resolution or supports an individual's Appeal.
7. If SBH-ASO denies a request for expedited resolution of an Appeal, it shall transfer the Appeal to the timeframe for standard resolution and make reasonable efforts to give the individual prompt oral notice of the denial and follow up within two (2) calendar days with a written notice of denial.

Administrative Hearing

1. Only the individual or the individual's authorized representative may request an Administrative Hearing. A provider may not request an Administrative Hearing on behalf of an individual.
2. If an individual does not agree with SBH-ASO's resolution of an Appeal, the individual may file a request for an Administrative Hearing within 120 calendar days of the date of notice of the resolution of the Appeal. SBH-ASO will not be obligated to continue services pending the results of the Administrative Hearing.
3. If the individual requests an Administrative Hearing, SBH-ASO will provide to HCA and the individual, upon request, and within three (3) business days, all Contractor-held documentation related to the Appeal, including, but not limited to: transcript(s), records, or written decision(s) from participating providers or delegated entities.
4. SBH-ASO is an independent party and is responsible for its own representation in any Administrative Hearing, Board of Appeals, and subsequent judicial proceedings.
5. SBH-ASO's behavioral health medical director or designee shall review all cases where an Administrative Hearing is requested and any related Appeals.
6. The individual must exhaust all levels of resolution and Appeal within SBH-ASO's Grievance System prior to filing a request for an Administrative Hearing with HCA.
7. SBH-ASO will be bound by the final order, whether or not the final order upholds SBH-ASO's decision.
8. If the final order is not within the purview of this Contract, then HCA will be

- responsible for the implementation of the final order.
9. The Administrative Hearings process shall include as parties to the Administrative Hearing, SBH-ASO, the individual and the individual's representative, or the legal representative of the deceased individual's estate, and HCA.

Petition for Review

Any party may Appeal the initial order from the Administrative Hearing to HCA Board of Appeals in accordance with WAC Chapter 182-526. Notice of this right shall be included in the Initial Order from the Administrative Hearing.

Effect of Reversed Resolutions of Appeals and Administrative Hearings

If SBH-ASO's decision not to provide Contracted Services is reversed, either through a final order of the Washington State Office of Administrative Hearings or the HCA Board of Appeals, SBH-ASO will provide the disputed services promptly, and as expeditiously as the individual's health condition requires.

Recording and Reporting Actions, Grievances, Appeals

SBH-ASO will maintain records of all Actions, Grievances, and Appeals.

SBH-ASO will retain all records for a period of no less than 10 years after the completion of the grievance process.

1. The records shall include Actions, Grievances and Appeals handled by delegated entities, and all documents generated or obtained by SBH-ASO in the course of responding to such Actions, Grievances, and Appeals.
2. SBH-ASO will provide separate reports of all Actions, Grievances, and Appeals related to Contracted Services to HCA quarterly, due the 15th of the month following the quarter.
3. SBH-ASO is responsible for maintenance of records for and reporting of any Actions, Grievances, and Appeals handled by delegated entities.
4. Delegated Actions, Grievances, and Appeals are to be integrated into SBH-ASO's report.
5. Data shall be reported in HCA and Contractor agreed upon format. Reports that do not meet the Grievance System Reporting Requirements shall be returned to SBH-ASO for correction. Corrected reports will be resubmitted to HCA within 30 calendar days.
6. The report medium shall be specified by HCA.
7. Reporting of actions shall include all medical necessity determinations but will not include denials of payment to providers unless the individual is liable for payment in accord with WAC 182-502-0160 and the provisions per the HCA BH-ASO contract.
8. SBH-ASO will provide information to HCA regarding denial of payment to providers upon request.
9. Reporting of Grievances shall include all expressions of individual dissatisfaction not related to an Action. All Grievances are to be recorded and counted whether the Grievance is remedied by SBH-ASO immediately or through its Grievance and quality of care service procedures.

Grievance System Terminations

When available resources are exhausted, any Appeals or Administrative Hearings related to a request for authorization of a non-Crisis Contracted Service will be terminated since non-Crisis Services cannot be authorized without funding regardless of medical necessity.

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SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIVIDUAL RIGHTS

Policy Number: CA403

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

To ensure that Salish Behavioral Health Administrative Services Organization (SBH-ASO) Individuals are fully informed of their rights and responsibilities in accordance with applicable state and federal laws.

POLICY

SBH-ASO providers are required to provide Individuals with information regarding their rights. SBH-ASO and its providers shall comply with any applicable State and Federal laws that pertain to Individuals' rights and protections and ensure that its staff protect and promote those rights when furnishing services to Individuals. Providers are responsible for ensuring each Individual requesting/receiving a service is informed of, and has a complete understating of, their rights. This includes providing any accommodation necessary, at no cost to the individual, such as translation in other language(s), interpreter services, and providing materials in alternative modalities.

PROCEDURE

General Requirements

The SBH-ASO and its providers shall guarantee that each Individual has the following rights:

1. To receive information regarding the Individual's behavioral health status.
2. To receive all information regarding behavioral health treatment options including any alternative or self-administered treatment, in a culturally competent manner.
3. To receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment).

4. To participate in decisions regarding his or her behavioral health care, including the right to refuse treatment and to express preferences about future treatment decisions.
5. To be treated with respect and with due consideration for his or her dignity and privacy.
6. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
7. To request and receive a copy of his or her medical records, and to request that they be amended or corrected, as specified in 45 C.F.R. Part 164.
8. To be free to exercise his or her rights and to ensure that to do so does not adversely affect the way the Contractor treats the Individual.
9. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
10. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
11. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
12. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
13. Be free of any sexual harassment;
14. Be free of exploitation, including physical and financial exploitation;
15. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
16. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
17. Receive a copy of agency grievance system procedures according to WAC 182-538D-0654 through 182-538D-0680 upon request and to file a grievance with the agency, or behavioral health administrative services organization (BH-ASO), if applicable, if you believe your rights have been violated; and
18. Submit a report to the department when you feel the agency has violated a WAC requirement regulating behavioral health agencies.

Provider Requirements

SBH-ASO shall require a criminal history background check through the Washington State Patrol for employees, volunteers, and contractors of the SBH-ASO who may have unsupervised access to children, people with developmental disabilities or vulnerable adults, in accordance with Chapter 388-06 WAC.

Each Provider licensed to provide any behavioral health service must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an Individual's rights are protected in compliance with RCW 71.05, 71.12, and 71.34. In addition, the Provider must either utilize the SBH-ASO

“Individual Rights Statement” or develop a general statement of Individual rights that incorporates, at a minimum, the rights outlined in the General Requirements section of this Policy.

Providers are responsible for ensuring a copy of the Individual Rights document will be given to each person at the initial intake/assessment or first face-to-face crisis contact. Providers are responsible for ensuring a copy of the Individual Rights document is signed by the Individual at the first outpatient appointment documenting that the rights are understood and accepted. The signed Individual Rights document will be maintained in the Individual’s clinical record. Providers shall document in the clinical record if the client refuses to sign the Individual Rights document.

Providers are expected to verbally review the rights with individuals upon entry into services and as frequently as necessary after that time.

Providers will post Individual Rights in a conspicuous location in each building operated by a SBH-ASO Provider.

Providers will ensure a copy of the Individual Rights and Individual Rights Policy and Procedure are provided to individuals, family members or other interested persons upon request. Provider employees shall be apprised of this policy and the procedures set forth in this policy upon hire. Documentation of this training will be maintained within each agency and each employee’s personnel file.

Each Provider must ensure that the applicable Individual Rights described in this policy are:

1. Provided in writing to everyone at the first face-to-face contact;
2. Available in alternative formats for individuals who are visually impaired;
3. Translated to the most commonly used languages in the Provider’s service area;
4. Posted in public places; and
5. Available to any Individual upon request.

In addition to the requirements in this section, each Provider rendering services to Medicaid recipients must ensure an individual seeking or participating in behavioral health treatment services, or the person legally responsible for the individual is informed of their Medicaid rights at the time of admission and in a manner that is understandable to the individual or legally responsible person.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ELIGIBILITY VERIFICATION

Policy Number: FI501

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 06/24/2019; 10/8/2019

Executive Board Approval Dates:

PURPOSE

To describe Salish Behavioral Health ASO's (SBH-ASO) process to determine individual Medicaid and third-party eligibility.

POLICY

The SBH-ASO requires SBH-ASO providers to conduct eligibility verification screening for individuals being served by the public behavioral health system to determine if they may be eligible for any third-party payments, including Medicaid. The SBH-ASO staff determine eligibility for SBH-ASO funded services.

PROCEDURE

The SBH-ASO shall maintain protocols for determining eligibility for non-crisis Behavioral Health services and submit to HCA for review and approval. At a minimum, protocols shall address data collection, income verification, frequency of financial eligibility review, and identification of priority populations.

1. Providers are required to complete authorizations and/or notifications utilizing SBH-ASO forms
 - a. SBH-ASO forms includes the collection of data elements to be able to identify income eligibility, third-party coverage (including Medicaid), referral/assessment for Medicaid eligibility, and identification as a priority population.
 - b. Providers are required to collect and submit this information at least monthly and/or becoming aware of changes.

2. SBH-ASO staff will review submitted documentation to substantiate eligibility criteria has been met.
3. At HCA's direction, the SBH-ASO shall participate with the regional IMC MCOs in a regional initiative to develop and implement consistent protocols to determine clinical or program eligibility for the non-crisis Behavioral Health services.
4. The SBH-ASO shall participate in developing protocols for individuals with frequent eligibility changes. The protocols will address, at a minimum, coordination with the AH-IMC MCOs, referrals, reconciliations, and potential transfer of GFS/FBG funds to promote Continuity of Care for the individual. Any reconciliation will occur at a frequency determined by HCA, but no less than semiannually, with potential for up to monthly reconciliations in the last quarter of the allocation year.

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SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: THIRD-PARTY LIABILITY AND COORDINATION OF BENEFITS

Policy Number: FI502

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/16/2019

Executive Board Approval Dates:

PURPOSE

To assure that Salish Behavioral Health pursues Third Party Resources and uses those Resources to support the Public Behavioral Health System and to ensure that Medicaid, State, and Federal funding are the payer of last resort; that individual benefits are appropriately funded and to utilize the Contract monitoring process to ensure that Network Providers are adhering to the policy.

DEFINITIONS

Third Party Resources: Those resources other than Medicaid that can be used to pay for services prior to the billing of Medicaid for Medicaid eligible clients. For non-Medicaid clients it is Medicare and private insurance and/or personal resources for people of means.

Coordination of Benefits: Those activities undertaken by the Salish Behavioral Health ASO (SBH-ASO) and Network Providers to ensure that appropriate client benefits, as identified in the individual service plan, are properly funded using all available resources.

POLICY

1. SBH-ASO and its Providers shall not refuse or reduce services provided under the HCA BH-ASO contract solely due to the existence of similar benefits provided under any other health care contracts (RCW 48.21.200), except in accord with applicable coordination of benefits (COB) rules in WAC 284-51.

2. SBH-ASO will comply with Health Care Authority (HCA) and Managed Care Organization (MCO) contract requirements regarding the need to identify, pursue and record third-party liability in accordance with Medicaid being the payer of last resort. SBH-ASO will comply with HCA contract requirements regarding sliding scale service fees. Individual's benefits are funded through all available third-party resources with Medicaid, and state and federal funding being billed as a last resort.
3. SBH-ASO will pay claims for contracted services when probable third-party liability has not been established or the third-party benefits are not available to pay a claim at the time it is filed.
4. SBH-ASO will coordinate with out-of-network providers with respect to payment to ensure the cost to Individuals is no greater than it would be if the services were furnished within the network.
5. SBH-ASO will communicate the requirements of this Policy to Providers that provide services under the terms of the HCA BH-ASO contract, and assure compliance with them.
6. SBH-ASO will ensure subcontracts require the pursuit and reporting of all third-party revenue related to services provided under the HCA BH-ASO contract, including pursuit of Fee-for-Service Medicaid funds provided for AI/AN individuals who did not opt into managed care.
7. All funds recovered from third-party resources are treated as a reduction of expenses paid and are used to support the public Behavioral Health system.
8. SBH-ASO and Network Providers remedy issues concerning service discrimination, if such issues surface.

PROCEDURE

1. The SBH-ASO provider network subcontracts include the requirement to identify, pursue and record third-party resources. This required subcontractor process is subject to monthly certification.
2. When an individual has alternative payer sources, the explanation of benefits (EOBs) statement from the alternative payer can be reviewed to verify the denial of payment from this payer.
3. SBH-ASO provider network subcontractors shall pursue third party resources. SBH-ASO subcontractors shall bill applicable insurance companies prior to billing SBH-ASO and provide documentation upon request.
4. All third-party collections related to SBH-ASO services will be submitted to or adjudicated with the BH-ASO within 45 calendar days from the date the provider receives the third-party reimbursement.

5. SBH-ASO will develop and provide appropriate training to subcontractors on this policy.
6. SBH-ASO Network Provider subcontracts will include the requirement to attend SBH-ASO sponsored trainings.
7. During provider administrative contract monitoring, a sampling of third-party collections and potential collections will be reviewed to determine if individuals' benefits were funded appropriately and to determine if those funds were accounted for properly.
8. If through the financial review, periodic chart review or other areas observed during the contract monitoring, any issues are identified concerning appropriate funding of individual benefits, the contractor must address such issues immediately and a Corrective Action Plan will be provided to SBH-ASO within 30 calendar days that details how the issues were resolved. SBH-ASO will follow-up periodically, to ensure that the Corrective Action Plan was fully implemented.
9. SBH-ASO will ensure it collects signed and certified third-party reports from providers quarterly and properly reports the information to HCA.

Sliding Scale Service Fees

SBH-ASO shall not deny the provision of Crisis Services, Involuntary Evaluation and Treatment (E&T) services, Involuntary Treatment Act (ITA) services or Substance Use Disorder involuntary commitment services to individuals based on ability to pay. SBH-ASO Providers must develop and implement a sliding fee schedule for Individuals that takes into consideration an individual's circumstances and ability to pay. The fee schedule must be reviewed and approved by the SBH-ASO. SBH-ASO will ensure providers with sliding scale fee policies adhere to these requirements:

1. Put the sliding fee schedule in writing that is non-discriminatory;
2. Include language in the sliding fee schedule that no individual shall be denied services due to inability to pay;
3. Provide signage and information to individuals to educate them on the sliding fee schedule;
4. Protect individuals' privacy in assessing individual fees;
5. Maintain records to account for each individual's visit and any charges incurred;
6. Charge individuals at or below 100% of Federal Poverty Level (FPL) a nominal fee or no fee at all;
7. Develop at least three (3) incremental amounts on the sliding fee scale for individuals between 101-220% FPL.

Cost Sharing Assistance

SBH-ASO may use block grant funds to help individuals satisfy cost-sharing requirements for Substance Use Block Grant (SABG) authorized SUD services or Mental Health Block Grant (MHBG) authorized mental health services. SBH-ASO shall ensure that:

1. The provider is a recipient of block grant funds;
2. Cost-sharing is for a block grant authorized services;
3. Payments are in accordance with SABG or MBHG laws and regulations;
4. Cost-sharing payments are made directly to the provider of the service; and

5. A report is provided to HCA upon request that identifies:
 - a. The number of individuals provided cost-sharing assistance
 - b. The total dollars paid out for cost-sharing; and
 - c. Providers who received cost-sharing funds.

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SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: HEALTH INFORMATION SYSTEMS

Policy Number: IS600

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/11/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

Provide Health Information Systems (HIS) to securely collect, maintain, and report data to the HCA, MCOs, and providers at Salish Behavioral Health Administrative Services Organization (SBH-ASO).

POLICY

SBH-ASO has created and maintains the operation of a clearinghouse database which collects and reports data as required by the HCA and the MCOs. The SBH-ASO provides an SFTP server for manual and automated data transfer and submission for our providers. The SBH-ASO hosts a web-based portal for provider use and a public website for the dissemination of information to the general public and providers. SBH-ASO HIS operate in accordance with the Washington State Office of the Chief Information Officer (OCIO) Security Standard 141.10 and HCA Data, Security and Confidentiality requirements.

SBH-ASO subcontractors shall notify SBH-ASO of any change to their information system that will have any effect on the data submitted to, or otherwise required to be collected by, SBH-ASO. Prior to implementing changes to production systems, subcontractors will conduct testing as noted below.

SBH-ASO subcontractors who perform delegated functions will comply with SBH-ASO policies and procedures regarding quality, accuracy, and data reporting, as well as with Health Care Authority (HCA) and OCIO 141.10 policies and procedures.

Periodically, SBH-ASO may receive requests for information from HCA or the MCOs that may not be readily available in the SBH-ASO and require collection of this information from a subcontractor. Subcontractors shall ensure that requested information is received in a manner that will allow SBH-ASO to make a timely response to these inquiries.

PROCEDURE

Health Information Systems

SBH-ASO maintains, and requires its delegate subcontractors to maintain, a health information system that complies with the requirements of OCIO Security Standard 141.10, and HCA Data, Security and Confidentiality requirements, and will provide the information necessary to meet the subcontractor's obligations to SBH-ASO and the HCA. SBH-ASO subcontractors are referred to the OCIO Security Standards (<https://ocio.wa.gov>) and recommended NIST Special Publications (<https://csrc.nist.gov/publications/sp/>) to achieve and maintain compliance with these standards.

SBH-ASO has the following mechanisms in place to verify the health information received from its delegate subcontractors.

SBH-ASO Data Dictionary

The SBH-ASO Data Dictionary is sent to all contracted providers. This set of documents describes the data, format, and content that is to be electronically submitted to SBH-ASO from its subcontractors. SBH-ASO subcontractors will:

1. Provide all applicable data as described in the SBH-ASO Data Dictionary.
2. Implement changes made to the SBH-ASO Data Dictionary in the timeframe required by SBH-ASO.
 - a. In the event short timelines for implementation of changes are required or necessitated by either a court order or agreement resulting from a lawsuit or legislative action, SBH-ASO will:
 - i. provide as much notice as possible of the impending changes
 - ii. provide specifications for the changes as soon as they are available
 - iii. implement the changes required by the timeline established in the court order, legal agreement, or legislative action

The BH-ASO subcontractor will implement changes to the content of national standard code sets (such as Current Procedural Terminology [CPT] Codes, Healthcare Common Procedural Coding System [HCPCS], Place of Service code sets) per the instructions and implementation schedule or deadline from the issuing organization.

Testing

Prior to the implementation of any change which affects the data submitted to SBH-ASO – regardless of whether as a result of SBH-ASO Data Dictionary changes or Contractor data quality improvement activities – testing must be conducted and successfully completed. Prior to moving changes into production systems, BH-ASO subcontractors shall submit test batches of the changes to the SBH-ASO Test System. The test batches must be generated from the subcontractor test system and contain a variety of different scenarios related to the changes.

Depending on the testing being done, SBH-ASO will provide a standard batch report and/or detailed analysis of the test batch identifying issues, if any, to the subcontractor. Once SBH-ASO approves testing of batches, the contractor will be allowed to move changes into production systems. SBH-ASO approval will be given after a test batch produces no errors or other mutually agreed upon amount of specific errors.

Routine Data Submission

To support quick and accurate data exchange with subcontractors that perform delegated functions, SBH-ASO provides both SFTP servers and a web-based portal for manual and automated data transfer and verification. The automated processes run daily and verify the accuracy of the data transferred before that data is imported into the database system to maintain the integrity of submitted data and to prevent a failure of the system.

Referrals, requests for prior authorizations, claims, and encounter submission, and status updates are included within these portals. These web Portals have been developed using the Open Web Application Security Project (OWASP) web application hardening protocols for added security.

All collected data is made available to HCA, MCOs, and providers upon request and on demand, to the extent permitted by the HIPAA Privacy Rule (45 C.F.R. Part 160, Subparts A and E of Part 164, and RCW 70.02.005). Reporting Servers have been set up specifically for this purpose. Custom reports can be generated and provided as needed and, on an ad-hoc basis.

The SBH-ASO public website provides resources for the public as well as our providers, including our office hours of operation, crisis call number, and available interpreter services and how to locate them. A section for locating providers along with their available services and service locations is also provided.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA USE, SECURITY AND CONFIDENTIALITY

Policy Number: IS601

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/08/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To address the security, privacy and confidentiality of our data and protect it from unauthorized access.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) and its subcontractors will meet the Data Use, Security and Confidentiality requirements as set out in Exhibit O of the HCA BH-ASO Contract.

PROCEDURE

Data Classification

The HCA classifies data into categories based on the sensitivity of the data pursuant to OCIO standards.

Category 4 Data is information that is specifically protected from disclosure and for which:

- i) especially strict handling requirements are dictated, such as by statutes, regulations, or agreements;
- ii) serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.

Constraints on Use of Data

SBH-ASO will not release or use HCA data for its own discretionary use. SBH-ASO and its subcontractors must use any HCA data received or accessed under contract to carry out the purpose of that contract only. SBH-ASO or its subcontractors will not conduct any ad hoc analyses, or any other use or reporting of the data without HCA's prior written consent. SBH-ASO or its delegate subcontractors will not disclose any HCA data in any unauthorized fashion, or that is contrary to its contract requirements with the HCA.

SECURITY OF DATA

Data Protection

SBH-ASO will protect and maintain all Confidential Information received from HCA, that is defined as confidential under state or federal law or regulation, or data that HCA has identified as confidential, against unauthorized use, access, disclosure, modification or loss. This duty requires SBH-ASO to employ reasonable security measures, which include restricting access to the Confidential Information by:

- (1) Allowing access only to staff that have an authorized business requirement to view the Confidential Information.
- (2) Physically securing any computers, documents, or other media containing the Confidential Information.

Data Security Standards

SBH-ASO will comply with and enforce the Data Security Requirements within this policy and the Washington OCIO Security Standard, 141.10, which will include any successor, amended, or replacement regulation (<https://ocio.wa.gov/policies/141-securing-information-technologyassets/14110-securing-information-technology-assets>).

Transmitting Data

When transmitting Data electronically, including via email, the Data will be encrypted using NIST 800-series approved algorithms (<http://csrc.nist.gov/publications/PubsSPs.html>). This includes transmission over the public internet. All SBH-ASO electronic data *"in motion"* is required to be transmitted securely by one of our following available services:

- (1) secure email via Barracuda,
- (2) SSH file transfer to / from our (or our subcontractors) SFTP server hosted by WATech (sft.wa.gov).

When transmitting PHI, PII or HCA OCIO Category 4 Data via paper documents outside of the building, SBH-ASO employees will follow our internal PHI control and check out procedures.

Protection of Data

All SBH-ASO electronic ePHI, PII or HCA OCIO Category 4 data “*at rest*” is required to be stored and transported securely by:

- (1) encrypting Client endpoints and Servers using NIST 800-series approved algorithms (AES-128 bit or higher)
- (2) encryption keys that are stored and encrypted independently of the data
- (3) the use of Key Cards to provide access to Physical locations accessible only to authorized personnel
- (4) authorized HCA OCIO Category 4 data allowed to be stored on Portable/Removable Media is encrypted with NIST 800-series approved algorithms (AES-128bit or higher), with encryption keys stored and protected independently of the data, also using NIST 800-series approved algorithms managed by Kitsap County IS staff; by
- (5) storing the encrypted removable storage devices in locked storage when not in use; and
- (6) using check-in/check-out procedures to update and maintain inventory of devices when said devices are issued to authorized end users; by
- (7) ensuring that when being transported outside of a Secured Area, all issued storage devices containing confidential ePHI, PII or HCA OCIO Category 4 data are always under the physical control of that authorized user.

Paper Documents

Any paper records containing Confidential ePHI, PII or HCA/OCIO Category 4 Information will be protected by storing the records in a locked file cabinet accessible to authorized personnel, located in a secured area accessible only to authorized personnel using assigned security badges.

Data Segregation

All confidential ePHI, PII or HCA/OCIO Category 4 data received and stored by SBH-ASO is kept physically or logically segregated from other data. When physical or logical storage of HCA data is not possible, SBH-ASO stores HCA data in a form distinguishable from other data by unique ID, directory structure, or independent file share to guarantee HCA data can be uniquely identified for return or secure destruction, or to determining if HCA data has or may have been compromised in the event of a security breach.

HCA’s Data will be stored in one of the following ways:

- (1) on secured media (e.g. hard disk, flash drive.) which contains only HCA data; or
- (2) in a logical container on electronic media, such as a partition or folder dedicated to HCA’s data; or
- (3) in a database that contains only HCA data; or
- (4) within a shared database – HCA data will be distinguishable from non-HCA data by the value of a specific field or fields (globally unique primary key(s)) within database records; or
- (5) physically segregated from non-HCA Data in a drawer, folder, or other container when stored as physical paper documents.

When it is not feasible or practical to segregate HCA's Data from non-HCA data, SBH-ASO stores HCA's data and all commingled non-HCA data is protected by the HCA security standards.

Data Disposition

At the end of the contract term, or when no longer needed, all Confidential HCA Information and/or data will be returned to HCA or disposed of, except as required to be maintained for compliance or accounting purposes. HCA data to be destroyed will be destroyed using standards outlined in NIST 800-88 (<http://csrc.nist.gov/publications/>). For data stored on network disks, HCA data will be deleted by SBH-ASO. If the disks containing HCA confidential data will not remain in a controlled and secured environment at SBH-ASO, HCA confidential data will be securely sanitized (wiped) using SBH-ASO secure media wiping procedures by Kitsap County IS. If the media disks (hard drives or flash drives) are retired, replaced, or otherwise taken out of service and are removed from a SBH-ASO secured area, they will be either:

- (1) three-pass secure wiped (sanitized) using a DoD 5220.22-M certified secure wiping utility if the media was previously encrypted with NIST compliant encryption algorithms; or
- (2) seven-pass wiped (sanitized) using a DoD 5220.22-M certified secure wiping utility if the media was previously unencrypted; or
- (3) physically signed over to and destroyed by a HIPAA compliant secure file / media shredding service that provides a signed *transfer and attestation of destruction* documentation.

SBH-ASO maintains media sanitation logs and signed media destruction and attestation documentation in our records. Secure recycled physical media is marked as either donated or destroyed within Kitsap County IT asset inventory.

DATA CONFIDENTIALITY AND NON-DISCLOSURE

Data Confidentiality

SBH-ASO does not use, publish, transfer, sell or otherwise disclose any PHI, PII or HCA/OCIO confidential information gained for any purpose not directly connected with our HCA contract, except for:

- (1) as provided by law; or
- (2) with the prior written consent of the person or personal representative of the person who is the subject of the confidential information.

Non-Disclosure of Data

SBH-ASO ensures that all employees or subcontractors who have access to confidential PHI, PII, or HCA data (including employees and IT support staff) are instructed and aware of the use, restrictions and protection requirements of HCA before gaining access to HCA data. SBH-ASO ensures that any new employee is made aware of the use restrictions and protection requirements before they are granted access to the data. SBH-ASO ensures that each employee or subcontractor who will access HCA confidential data signs a non-disclosure of confidential information agreement to fulfill confidentiality and nondisclosure contract requirements.

SBH-ASO retains the signed copy of employee non-disclosure agreement in each employee's personnel file for a minimum of six years from the date the employee's access to the data ends. SBH-ASO will make this documentation available to HCA upon request.

Penalties for Unauthorized Disclosure of Data

SBH-ASO complies with all applicable federal and state laws and regulations concerning collection, use, and disclosure of PII and PHI. Violation of these laws may result in criminal or civil penalties or fines. SBH-ASO and its subcontractors accept full responsibility and liability for any noncompliance with applicable laws, or the HCA contract, its employees, and its subcontractors.

Data Shared with Subcontractors

SBH-ASO provides HCA data access to a Subcontractor under this Contract, SBH-ASO will include all the data security terms, conditions and requirements set forth by HCA in any such subcontract. However, no subcontract will terminate the SBH-ASO's legal responsibility to HCA for any work performed under contract nor for oversight of any functions and/or responsibilities SBH-ASO delegates to any subcontractor.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA INTEGRITY

Policy Number: IS602

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/08/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To specify the processes for ensuring the latest information is available to Salish Behavioral Health Administrative Services Organization (SBH-ASO) which ensures SBH-ASO data, and therefore the Health Care Authority (HCA) and Managed Care Organizations (MCOs) data is as current and error free as possible.

POLICY

SBH-ASO will submit accurate and complete data to the HCA and MCOs.

PROCEDURE

- A. SBH-ASO requires Providers to submit encounter and native transactions weekly in accordance with the Encounter Data Reporting Guide, DBHR Data Guide, SBH-ASO Data Dictionary, and the IMC Service Encounter Reporting Instructions (SERI). SBH-ASO will submit accurate and timely transactions to the HCA and MCOs.
- B. SBH-ASO will import and process files daily and run internal scrubbing and error handling processes to proactively catch anticipated rejections from the HCA and MCOs.
- C. After the import process is complete, Providers will receive a batch summary and error report for their files. SBH-ASO will communicate with the Providers any data anomalies, such as:
 1. Difference between agencies of same client, different gender.
 2. Different client ID for same client in agency.
 3. Significant change in number of clients, or number of services reported at a provider site.

4. Significant delay in correction of outstanding errors.
These errors must be corrected and resubmitted within 30 days.
5. SBH-ASO will provide technical assistance as necessary to support this process.

D. SBH-ASO exports data weekly. Demographic and encounter files are generated and uploaded to the HCA and/or the MCO portals. The error reports are downloaded when they are made available and any errors received are either corrected at SBH-ASO or passed down to Providers to be corrected within 30 days.

E. SBH-ASO will import the eligibility, claims, and payment files from the HCA and the MCOs on a weekly schedule. They are imported and processed into the SBH-ASO system upon retrieval.

All data sent to SBH-ASO by contracted providers and all data sent by SBH-ASO to the HCA and MCOs will be certified concurrently with each file upload per 42 CFR 438.606 and the Encounter Data Reporting Guide.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA SUBMISSION PROCEDURES **Policy Number:** IS603

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/10/2019

Executive Board Approval Dates: 05/17/2019

PURPOSE

To detail the process of how encounter and demographic data is submitted to the HCA and MCOs from the Salish Behavioral Health Administrative Services Organization (SBH-ASO) System.

POLICY

SBH-ASO shall submit encounter and demographic data to the HCA and MCOs within 30 days from the close of the calendar month in which the encounter occurred.

PROCEDURE

SBH-ASO uses an SFTP to upload data files to the HCA and MCOs on a weekly schedule, as described below:

Demographic data

The demographic data is exported weekly to the HCA in a tab-delimited text file.

- SFTP site is located at sft.wa.gov and using the hca-salish username.
- The file is uploaded to /NewBatch folder
- The batch report is available the next day in the /BatchReport folder
- Review the batch report for any errors. Errors are corrected and those records resubmitted in the next week's batch upload.

Encounters/Claims

Encounter/Claim data is sent to HCA or the MCOs on a weekly schedule. Files are sent in an 837P format with any alterations required by HCA and the separate MCOs.

- The SFTP for HCA files is <ftp.waproviderone.org> as user 105021001
- The files are uploaded to the /PROD/HIPAA_Inbound folder.
- Within a few hours the acknowledgement files are available in the /PROD/HIPAA_ACK folder.
- If any of the files received an error and did not import, the file is corrected and resent immediately.
- MCO files are sent to their respective SFTPs. Acknowledgement files are received to confirm successful submission of data. Any file errors are corrected and resent immediately.

Any data records that had been submitted by the SBH-ASO that were rejected by the HCA and MCOs shall be investigated for the cause of rejection, data corrected, and marked as needing to be resubmitted. Depending on the cause of the rejection, subcontracted providers may be notified of necessary data correction. All data errors shall be remedied within 30 days from the receipt of the batch report.

SBH-ASO will report any data related to ITA investigations and detentions under Chapter 71.05 and 71.34 RCW within twenty-four (24) hours.

Data Certification

To comply with 42 CFR 438.606, SBH-ASO certifies the accuracy and completeness of submitted encounter data or other required data submissions concurrently with each file upload.

The Administrator will certify the data. The SBH-ASO IS Manager will email certification data to encounterdata@hca.wa.gov per the Encounter Reporting Guide. A month-end certification form is signed by the SBH-ASO Administrator and mailed to:

Health Care Authority
HCS/QCM
PO BOX 45530
Olympia, WA 98584-5530



SBH-ASO POLICIES AND PROCEDURES

Policy Name: DISASTER RECOVERY AND BUSINESS CONTINUITY **Policy Number:** IS604

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 04/08/2019

Executive Board Approval Dates: 05/17/2019

CROSS REFERENCES

- Policy: Kitsap County Information Services Disaster Recovery Policy

PURPOSE

To outline the process of Salish Behavioral Health Administrative Services Organization (SBH-ASO) coordination with Kitsap County Information Services for the purpose of implementing the Disaster Recovery Plan.

POLICY

It is the mission of SBH-ASO to create and maintain a business continuity and disaster recovery plan that insures timely reinstatement of the Consumer information system following total loss of the primary system or a substantial loss of functionality

The scope of this policy is limited to the effective and efficient restoration of communications and data flow between SBH-ASO, its providers, HCA, and the MCOs.

PROCEDURE

A. Appointed Disaster Recovery Staff for SBH-ASO will consist of:

- SBH-ASO Administrator
- SBH-ASO IS Manager

B. In the event of an emergency, the SBH-ASO Administrator would be the first point of contact by Kitsap County IS. The SBH-ASO IS Manager would assist the

Administrator and Kitsap County IS during the recovery operations. If the Administrator and IS Manager are unable to perform these duties, the Deputy Administrator and Kitsap IS will fill those roles.

- a. The SBH-ASO Administrator and the SBH-ASO IS Manager will be the points of contact for SBH-ASO Providers.
- C. The Kitsap County Disaster Recovery Management Team is responsible for leading the overall system recovery priority and restoring communications for Kitsap County. A complete list of emergency contacts is kept by Kitsap IS on each of their cell phones.
- a. SBH-ASO employees have a phone list at home in case of emergency.
- D. Kitsap County IS maintains the applications inventory for SBH-ASO as well as confirmation of updated systems and operations documentation. Kitsap County IS also maintains all hardware and software vendor lists.
- E. All backup processes are run nightly by Kitsap County IS and off-site storage of data backups is kept in the cloud and at the Kitsap 911 facility. SBH-ASO data is scheduled to be backed up on a nightly basis.
- F. Designated recovery site strategies are facilitated by Kitsap County IS and Facilities.
- G. The file recovery system is tested weekly and logs are available on request.
- H. Salish BHO-ASO will submit an annual certification statement indicating there is a business continuity disaster plan in place for both the Contractor and Subcontractors. The certification must be submitted by January 1 of each Contract year. The certification must indicate the plan is up to date, the system and data backup and recovery procedures have been tested, and copies of the Contractor and Subcontractor plans are available for HCA to review and audit.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: QUALITY MANAGEMENT PLAN

Policy Number: QM701

Effective Date: 01/01/2020 **Effective Date:** 1/2020

Revision Date(s):

Reviewed Date: 07/16/2019

Executive Board Approval Dates:

QUALITY MANAGEMENT SYSTEM OVERVIEW

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) Quality Management Plan is a working document that describes the system and activities that guide quality assurance and improvement to ensure the on-going practice of evaluating, monitoring, and improving the quality of behavioral health services delivered within the three counties served by the SBH-ASO.

ELEMENTS OF THE QUALITY MANAGEMENT PROGRAM

Those We Serve

The SBH-ASO serves non-Medicaid individuals who receive services from any of our contracted Behavioral Health Agencies (BHAs) as well as those individuals who utilize crisis services.

Any individual in the Salish three-county region, regardless of funding source, is eligible for crisis services. Crisis services include a 24-hour crisis line, mobile crisis outreach and involuntary commitment services.

Executive Board

The Executive Board is the main leadership and decision-making body of the SBH-ASO. The Executive Board authorizes the Program via its approval of this Plan, charging the Quality Assurance and Compliance Committee (QACC) with the responsibility of providing ongoing operational leadership of continuous quality improvement activities at SBH-ASO. The ongoing activities of the SBH-ASO QM Program are carried out by SBH-ASO employees and the members of the SBH-ASO Provider Network. The Executive Board is comprised of three county commissioners, one from each constituent county: Kitsap, Jefferson and Clallam, as well as one Tribal representative.

Advisory Board

The purpose of the SBH-ASO Advisory Board is to provide community and individual input to the Executive Board and SBH-ASO staff. The Advisory Board consists of a

representative demographic and geographic mix of the service population. At least 51% of the board consists of persons with behavioral health lived experience, their family members, and/or persons self-identified as being in recovery from a behavioral health disorder. Law Enforcement is also represented and there is a limit of four elected officials. Multiple three-year terms may be served.

The Advisory Board meets at least quarterly to review reports from the SBH-ASO staff and QACC. Based on information presented, the Advisory Board evaluates whether implementation of system changes are effective and may make recommendations for system-wide improvements to enhance the quality of services within the network. The Advisory Board may report their recommendations to the SBH-ASO administrator and/or the Executive Board for further action.

Ombuds

The SBH-ASO Ombuds advocate for SBH-ASO clients and assist providers to ensure dignified and quality services. The Ombuds operate independently from the SBH-ASO and providers. The Ombuds report trends concerning client perceptions, family satisfaction, and ancillary provider issues to the QACC and Advisory Board at least biennially.

Quality Assurance and Compliance Committee (QACC)

The QACC provides oversight of the quality assurance and improvement process and activities, as well as the Program Integrity and Compliance program for the SBH-ASO. Represented on the QACC are representatives from each of the providers, and an SBH-ASO staff to facilitate, typically the Quality and Compliance Manager. The QACC provides direct oversight of this document and the SBH-ASO Program Integrity Plan.

Behavioral Health Service Providers

Providers have an organizational structure and quality management programs unique to their agencies. The provider agencies have their own Quality Management Plans (QMP) that incorporate the SBH-ASO QMP and ongoing participation in the Quality Management System is required.

PURPOSE

The activities of this plan seek to assure compliance and continuous improvement within the system regarding:

- Cultural competency
- Age appropriate services
- Commitment to recovery, rehabilitation, and reintegration philosophies
- Clinical practices based on valid and reliable evidence, including the use of Practice Guidelines
- Coordination and continuity of care
- Appropriate utilization of services for crisis, state, and Block Grant-funded services in accordance with contract requirements

- Maintenance of capacity
- Accessibility
- Individual participation
- Stakeholder participation
- Continuous system improvement

MONITORING TOOLS AND ACTIVITIES

The SBH-ASO Quality Management Program functions to monitor performance in four main areas: quality of services, satisfaction, administrative practices, and compliance. The SBH-ASO analyzes information gathered through quality assurance tools and activities to develop improvement strategies to enhance quality in any one or more of the identified categories.

The following chart describes the quality assurance activities and tools used to monitor performance in each of four categories:

	Quality of Services	Satisfaction	Administrative Practices	Compliance
Reports	Performance Measure Tracking Ombuds Quarterly Activity Quarterly Grievance Reports Resource Utilization Trends	Ombuds Quarterly Activity and Grievance Reports	Revenue and Expenditure Report	Advisory Board Report Ad Hoc Reports
Reviews	Critical Incident Tracking/ Reviews Annual Monitoring Reviews Ad Hoc Reviews	Grievance and Appeal Tracking Annual Monitoring Reviews	Annual Monitoring Reviews	Annual Monitoring Reviews Ad Hoc Reviews

COLLECTING AND ANALYZING INFORMATION

Information regarding the quality and appropriateness of care individuals receive through network services is gathered from an array of sources and activities, as listed above.

Trends and issues identified through the collection and analysis of information are reported to the providers, the SBH-ASO Administrator, the QACC, and/or the Advisory Board. Plans for collecting and analyzing information are as follows:

Chart Reviews and Other Targeted Reviews

Description: The standard and crisis chart reviews are a key quality assurance activity performed by the SBH-ASO clinical staff to monitor and analyze the quality and intensity of services as well as the fit between services needed and those actually provided. Additional chart review tools may be developed when trends are identified through the results of quality assurance activities that warrant an ad hoc review.

Specifically, these chart review tools and processes:

- address GFS/FBG requirements according to contract as well as the Crisis Services as provided by SBH-ASO network providers;
- evaluate the continuity of services from the individual's request for services through discharge,
- assess the degree to which services progress the individual toward recovery and resiliency,
- include items that evaluate provider compliance with the SBH-ASO contract, policies, and pertinent WAC regulations;
- include items that monitor crisis services, timeliness of response, incorporation of individual and family voice, and provision of services in least restrictive environments;
- include items that monitor appropriateness of authorization practices for admission and continuing care;
- include items that monitor over- and underutilization of services;
- assess client needs, coordination of care for special populations, housing and linkages with other systems, and cultural and linguistic competence;
- monitor that individual rights are clearly stated;
- monitor and explore targeted issues as identified by quality indicators tracking or other indicators;
- evaluate treatment plans for timeliness, participation of enrollee and natural supports, applicable consultation with specialists, and other WAC requirements; and
- monitor coordination of care with other systems, including individuals' primary care providers.
- Monitor adherence to Practice Guidelines

Data Collection and Analysis Plan: The SBH-ASO staff conducts analyses of individual care, primarily through chart reviews, annually. In general, the numbers of reviews are divided proportionally among providers based on the number of individuals served. The representative sample may include the following types of targeted reviews as indicated for Crisis Services and GFS/FBG services:

- Crisis Service Standards
- Overutilization
- Underutilization
- GFS and FBG Requirements
- Intake reviews of individuals not authorized for care

Additional analyses of care may be conducted as indicated by results of monitoring activities. Data collected from chart reviews are compiled and analyzed by SBH-ASO staff as reviews are completed. Reports are prepared and compared with previous reviews to identify trends and evidence of improvement. Review results are reported to the providers

and Corrective Action Plans are required when results indicate. System-wide trends are reported to QACC.

Over and Under-Utilization Monitoring Projects

Description: The SBH-ASO expects each individual to receive the right amount and type of service. The SBH-ASO has a variety of mechanisms in place to detect both overutilization and underutilization of services as outlined in the SBH-ASO Utilization Management policies and procedures.

Critical Incident Management System

Description: The SBH-ASO assures all contractually defined critical incidents (CI) occurring within the network are reported to HCA and reviewed in a standardized way as per policy. (See SBH-ASO Policy Critical Incidents.)

Data Collection and Analysis Plan: Critical incidents are recorded from provider reports and tracked. This information is used to identify trends, track investigations, and analyze concerns. The SBH-ASO maintains an Internal Quality Committee (IQC) which reviews all CI reported to the SBH-ASO. The SBH-ASO works with the providers to collect and forward information to HCA regarding efforts to prevent or lessen the possibility of similar incidents in the future or to increase intervention for an Individual when incident behavior escalates in severity or frequency, as appropriate. Chart reviews and targeted reviews of provider CI files may be performed as necessary. The QACC reviews the trends noted annually and recommend further region-wide system improvements.

Resource Utilization Trends Reports

Description: The Resource Utilization Trends report is generated by the internal SBH-ASO authorization database and describes statistics and patterns regarding authorization and utilization of behavioral health services. The description includes inpatient, outpatient, and residential services.

Data Collection and Analysis Plan: Utilization management data is collected from the monthly authorization tracking reports. The Utilization Manager and the QACC analyzes the reports for trends and opportunities for improvement relating to crisis services.

Quality Indicators Tracking

Description: The QACC oversees the measures of performance for which members of the SBH-ASO Provider Network are expected to supply data, such as metrics for the SBH-ASO Customer Service phone line, Mental Health and SUD Federal Block Grant services, Crisis System Call Center Performance, Mobile Crisis Team, and others in accordance with contract. The QACC reviews interpretations of the data provided by QM Program staff and makes recommendations based on those interpretations.

Specifically, required Crisis System metrics include the following:

1. Crisis System Call Center Performance Metrics
 - a) Ninety percent of crisis calls are answered live within thirty seconds.
 - b) Call abandonment rate of less than five percent for the crisis line.

- c) Provide direct line access to all mobile crisis outreach teams for necessary support and information assistance after dispatch so no caller waits more than thirty seconds for a live answer.

2. Crisis Reporting

- a) Call Center Reports
 - i. Caller demographics.
 - ii. Analysis of calls, callers, dispositions, origin of call (e.g., home, emergency room, community, provider), referral sources, and other relevant information to make recommendations and assist in improving the crisis response system.

3. Mobile Crisis Team

- i. The number and percentage of persons referred to the program for mobile outreach, monitored monthly.
- ii. The number and percentage of persons successfully diverted from Emergency Rooms and/or ITA commitments, monitored quarterly.

4. Other

- i. Mobile crisis outreach dispatch, time of arrival, and disposition of response.
- ii. The number of unique individuals served in the crisis system by fund source and service type on a monthly and year-to-date basis.
- iii. Number of individuals who are repeat utilizers of the crisis system, monitored quarterly and year-to-date and compared to prior year, and reported by frequency of utilization.

Data Collection and Analysis Plan: The Quality and Compliance Manager and Quality Assurance Analyst collect data, calculate measures, and develop an analysis for each quality indicator. Findings are reported to providers as appropriate. All indicators are reported to the Internal Quality Committee (IQC) at least quarterly and QACC at least annually. Baseline and targets are established for each indicator by contract. Data collected and analyzed for each indicator assists the QACC and SBH-ASO to identify necessary improvements and implement change to enhance the overall quality of behavioral health services within the region.

Grievance and Appeal Tracking

Description: The SBH-ASO has a system in place for individuals to pursue grievances and appeals and access Administrative/Fair Hearings. (See Grievance System Policy.) The SBH-ASO generates the Grievance deliverable report, as required by HCA, which tracks SBH-ASO grievances, appeals, Administrative Hearings, and Notices of Action (NOAs) on a quarterly basis. The Ombuds provide to the SBH-ASO quarterly reports that track the Ombuds outreach and grievance activities.

Data Collection and Analysis Plan: The Ombuds forward quarterly reports on grievances in the network to the Quality and Compliance Manager. The Ombuds also report trends and issues they have identified to the QACC as they arise. The SBH-ASO collects grievance data directly submitted and resolved within the SBH-ASO and generates a quarterly report deliverable. The QACC reviews the SBH-ASO grievance reports to assess trends and inform quality assurance activities.

Annual Monitoring Reviews:

Description: The SBH-ASO has a standardized process for network provider and subcontractor annual monitoring reviews (see Network Selection, Retention, and Monitoring Policy). The purpose of the reviews is to monitor provider and subcontractor administrative, clinical, fiscal, and compliance practices.

Data Collection and Analysis plan: Provider and Subcontractor Annual Monitoring Reviews are conducted annually by SBH-ASO staff. These reviews ultimately provide feedback and recommendations using measurement standards consistent with industry standards. Results of Annual Monitoring Reviews are summarized for the Advisory Board, system-wide trends are reported to QACC, and reports are published on the SBH-ASO website.

Program Integrity Plan

Description: The SBH-ASO Program Integrity Plan establishes a culture within the network that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law as well as federal and state funded health care program requirements. SBH-ASO staff members, governing board members, QACC members, network providers, and subcontractors that encompass the operations of the SBH-ASO are expected to act in accordance with the SBH-ASO Program Integrity Plan. (See SBH-ASO Program Integrity Plan.)

Data Collection and Analysis Plan: The Program Integrity Plan includes mechanisms to immediately investigate and report allegations of Medicaid fraud and abuse to the statewide reporting entity, Medicaid Fraud Control Unit. The SBH-ASO Quality and Compliance Manager reviews compliance plans and evidence of applicable trainings through the monitoring reviews occurring annually for each provider and subcontractor. Recommendations are made as appropriate.

INCORPORATING FEEDBACK

The SBH-ASO will incorporate feedback from monitoring and analysis activities described in this plan. This feedback is incorporated into the SBH-ASO quality management and improvement processes from a variety of stakeholders including:

- **Individuals and family members**
 - Feedback is continually gathered from their participation in the QACC and Advisory Board.
 - Inter-Tribal meetings are held with the SBH-ASO, network providers, and local Tribal Social Services/ Wellness program directors to ensure culturally competent services and system coordination.
- **Network Providers**
 - Input is gathered through their participation on the QACC and provider meetings.
- **Other Stakeholders**
 - Feedback is incorporated from the monitoring activities of the HCA.
 - Results of monitoring activities described in this plan are summarized and reviewed by the QACC and reported to the Advisory Board and Executive

Board, as appropriate. Results of each monitoring activity will be documented and communicated to each network provider, as applicable.

- Each Provider is expected to develop a plan to address areas needing improvement.
- The QACC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices. Changes may be facilitated by the Network Providers, the Advisory Board, or other processes developed within the SBH-ASO.

REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES

The Quality Management Plan is reviewed at least annually. The necessity for Quality Management Plan changes are identified by the Quality and Compliance Manger based upon contractual changes, through the QACC, and quality management activities described in this plan.

The Quality Management Plan may be revised by SBH-ASO staff upon recommendation of the QACC. Such recommendations are based on data and analysis from the full range of quality assurance activities, including results received from external quality reviews and any HCA reviews. Changes to the plan must also occur when required by contract obligations or changes in relevant statutes.

The approved Quality Management Plan is then disseminated to providers and other stakeholders within the network.

Network service providers are required to develop a Quality Management Plan unique to their agency. Expectations for these plans are informed by regional trends, unique trends or characteristics of each agency, contract requirements, and relevant statutes. The SBH-ASO evaluates provider plans for objective and measurable performance indicators. The plans are approved by the SBH-ASO and monitored through the annual Monitoring Review process.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: OMBUDS SERVICES

Policy Number: QM702

Effective Date: 01/01/2020

Revision Date(s):

Reviewed Date: 08/01/2019

Executive Board Approval Dates:

PURPOSE: To define the roles and responsibilities of Ombuds Services. The Ombuds help ensure Individual and Medicaid rights are upheld, and that Individuals have access to information and referrals, advocacy, and assistance in navigating grievances and appeals processes. Ombuds, if requested, also provide assistance with the Administrative Hearing process. The Ombuds have unencumbered access to the Behavioral Health Agencies (BHAs) that are contracted with Salish Behavioral Health Administrative Services Organization (SBH-ASO).

POLICY

SBH-ASO administers Ombuds services for all Individuals in its defined service area, regardless of an Individuals ability to pay, including Medicaid eligible members.

PROCEDURE

1. SBH-ASO provides Ombuds services that:
 - a. Involve separation of personnel functions (e.g., hiring, salary, and benefits determination, supervision, accountability, and performance evaluations).
 - b. Include independent decision making to include all activities, findings, recommendations and reports.
 - c. Are responsive to the age and demographic character of the region and assists and advocates for Individuals with resolving grievances at the lowest possible level;
 - d. Are independent from Contracted Services providers such as BHAs.
 - e. Receive Individual, family member, and other interested party grievances;

- f. Are accessible to Individuals, including a toll-free, independent phone line for access;
 - g. Can access service sites and records relating to the Individual with appropriate releases so that it can reach out to Individuals, and to assist the Individual in navigating the grievance and appeals process and at the Individual's request, assist or represent the Individual with the State Hearing processes;
 - h. Receives training and adheres to confidentiality consistent with WAC 182-538D-0262 and RCW 71.05, 71.24 and 70.02;
 - i. Continues to be available to advocate and assist the Individual through the grievance, appeal, and the Administrative Hearing processes;
 - j. Involves other persons, at the Individual's request;
 - k. Coordinates and collaborates with allied systems' advocacy and Ombuds services to improve the effectiveness of advocacy and to reduce duplication of effort for shared Individuals.
 - l. Provides reports and formalized recommendations at least biennially to SBH-ASO advisory and governing boards, local Individual and family advocacy groups, and SBH-ASO's network providers;
 - m. Ombuds service results and activities are integrated into the overall quality management process to create opportunities for improvements and changes to the behavioral health system as appropriate.
2. SBH-ASO Behavioral Health Agencies collaborate with the Ombuds service staff and ensure that BHA staff understand the role of the Ombuds service. The BHA:
- a. Ensures unencumbered and timely access to BHA staff involved in Ombuds Service inquiry or investigation, including access to private office space as requested;
 - b. Ensures current Ombuds service materials are continuously available to Individuals and are posted in a conspicuous place so that Individuals and family members have access at every service location without special request;
 - c. Assists in problem resolution and make best efforts to resolve concerns and grievances at the lowest possible level, except where to do so would not be reasonable;
 - d. Makes every effort to ensure no discriminatory, disciplinary, or retaliatory action is taken against a BHA provider or Individual for any communications made or information given or disclosed to aid the Ombuds service staff in completing their duties and responsibilities.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: UTILIZATION MANAGEMENT REQUIREMENTS

Policy Number: UM801

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/26/2019

Executive Board Approval Dates:

PURPOSE

To provide an overview of the Utilization Management Requirements for Salish Behavioral Health Administrative Services Organization (SBH-ASO). The SBH-ASO has a utilization management program (UMP) to ensure the application of resources in the most clinically appropriate and cost-effective manner.

POLICY

Utilization Management (UM) activities will be conducted in a systematic manner by qualified staff to ensure the appropriateness and quality of access to and delivery of behavioral health services to eligible Individuals in the Salish region. SBH-ASO shall ensure all UM activities are structured to not provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual.

DEFINITIONS

Concurrent review – Review of an individual’s care during an episode of care. Concurrent review focuses on the efficient allocation of appropriate, medically necessary resources during an episode of care. Concurrent review helps to determine whether delivery options for the most appropriate, medically necessary care are available, and whether individuals are improving as a result of the treatment being delivered.

Individual – means any person in the RSA regardless of income, ability to pay, insurance status or county of residence. With respect to non-crisis services, individual means a person who has applied for, is eligible for, or who has received GFS/FBG services through this contract.

Leadership Team – means the SBH-ASO Administrator, Clinical Director, and Behavioral Health Medical Director.

Notification Only - Emergent, unplanned admissions to acute inpatient BH facilities (such as E&T or acute inpatient detoxification) do not require prior authorization but do require notification of the admission by means of electronic file, fax, or phone call within 24 hours of that admission. Clinical information shall be provided for medical necessity determination, known as concurrent review, following this notification. This can apply to lower level services as well.

Prospective review – Review which occurs before care is delivered. Prospective review focuses on eligibility and medical necessity screening prior to the provision of requested services. This type of review also allows for referral to possible alternative services as appropriate. Also referred to as prior authorization review.

Retrospective review – Review which occurs after an episode of care has ended. Retrospective review focuses on the efficient allocation of appropriate, medically necessary resources during an episode of care. Retrospective review also evaluates appropriate discharge planning to include timely discharge from services.

Utilization Management (UM) is a Quality Management (QM) process that addresses appropriateness of services (i.e., is the individual receiving what they need, when they need it and not receiving what they do not need when they do not need it).

PROCEDURE

SBH-ASO Behavioral Health Medical Director will provide guidance, leadership, and oversight of the Utilization Management (UM) program for Contracted Services used by Individuals. The following activities may be carried out in conjunction with the administrative staff or other clinical staff, but are the responsibility of the Behavioral Health Medical Director to oversee:

1. Processes for evaluation and referral to services.
2. Review of consistent application of criteria for provision of services within available resources and related grievances.
3. Review of assessment and treatment services against clinical practice standards. Clinical practice standards include, but are not limited to, evidenced-based practice guidelines, culturally appropriate services, and discharge planning guidelines and activities, such as coordination of care.
4. Monitor for over- and under-utilization of services, including Crisis Services.
5. Ensure resource management and UM activities are not structured in such a way as to provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services.

SBH-ASO will develop and implement UM protocols for all services and supports funded solely or in part through General Fund State (GFS) or Federal Block Grant (FBG) funds. The UM protocols will comply with the following provisions:

1. Must have policies and procedures that establish a standardized methodology for determining when GFS and FBG resources are available for the provision of behavioral health services. The processes and methodology will include the following components:
 - i. An aggregate of spending across GFS and FBG fund sources under the Contract.
 - ii. For any case-specific review decisions, will maintain Level of Care Guidelines for making authorization, continued stay, and discharge determinations. The Level of Care Guidelines will address GFS and Substance Abuse Block Grant (SABG) priority population requirements. The contractor will use American Society of Addiction Medicine (ASAM) Criteria to make placement decisions for all SUD services.
 - iii. A plan to address under- or over-utilization patterns with providers to avoid unspent funds or gaps in service at the end of a contract period due to limits in available resources.
 - iv. Education and technical assistance to address issues related to quality of care, medical necessity, timely and accurate claims submission, or aligning service utilization with allocated funds to avoid disruption in service or unspent funds at the end of a contract year.
 - v. Corrective action with providers, as necessary, to address issues regarding compliance with state and federal regulations or ongoing issues with patterns of service utilization.
 - vi. A process to make payment denials and adjustments when patterns of utilization deviate from state, federal, or Contract requirements (e.g., single source funding).
 - vii. Have information systems that enable paperless submission, automated processing, and status updates for authorization and other UM related requests, when feasible.
 - viii. Will maintain information systems that collect, analyze and integrate data that can be submitted for utilization management purposes.
6. Will monitor provider discharge planning to ensure providers meet requirements for discharge planning.
7. Will educate UM staff in the application of UM protocols including the criteria used in making UM decisions. UM protocols will address the cultural needs of diverse populations.

8. Will ensure all UM staff making service authorization decisions have been trained in working with the specific area of service which they are authorizing and managing.
9. Policies and procedures related to UM will comply with and require the compliance of subcontractors with delegated authority for UM requirements described in this section.
10. SBH-ASO sub-contractors must:
 - i. Keep records necessary to adequately document services provided to all individuals for all delegated activities including quality improvement, utilization management, and Individual Rights and Protections.
 - ii. Develop clear descriptions of any administrative functions delegated by the SBH-ASO in the Subcontract. Administrative functions are any obligations, other than the direct provision of services to individuals, and include but are not limited to utilization/medical management.
11. Authorization reviews will be conducted by state licensed Behavioral Health Providers with experience working with the populations and/or settings under review.
12. Will have UM staff with experience and expertise in working with individuals of all ages with SUD and who are receiving medication assisted treatment (MAT).
13. Adverse utilization review determinations based on medical necessity including any decision to authorize a service in an amount, duration, or scope that is less than requested will be conducted by:
 - i. A physician board-certified or board-eligible in psychiatry or child and adolescent psychiatry;
 - ii. A physician board-certified or board-eligible in addiction medicine, a subspecialty in addiction psychiatry; or
 - iii. A licensed, doctoral level clinical psychologist.
14. The SBH-ASO will ensure any behavioral health actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. In addition:
 - i. A physician board-certified or board-eligible in psychiatry must review all inpatient level of care actions (denials) for psychiatric treatment.

- ii. A physician board-certified or board-eligible in addiction medicine or a subspecialty in addiction psychiatry, must review all inpatient level of care actions (denials) for SUD treatment.

15. SBH-ASO shall ensure Appeals are evaluated by providers who were not involved in the initial decision and who have appropriate expertise in the field of medicine that encompasses the person's condition or disease.

16. SBH-ASO shall not structure compensation to individuals or entities that conduct utilization management activities so as to provide incentives for the individual or entity to deny, limit, or discontinue Medically Necessary Services to an Individual.

17. SBH-ASO shall inform providers in writing the requirements for Utilization Management (UM) decision making, procedure coding, and submitting claims for GFS and FBG funded services.

Medical Necessity Determination

1. SBH-ASO will collect all information necessary to make medical necessity determinations.
2. SBH-ASO will determine which services are medically necessary according to the definition of medically necessary services in the HCA ASO Contract.
3. SBH-ASO's determination of medical necessity shall be final, except as specifically provided in SBH-ASO Policy - Grievance System.

Authorization of Services

1. SBH-ASO will provide education and ongoing guidance and training to individuals and providers about its UM protocols (UMP) and Level of Care Guidelines, including admission, continued stay, and discharge criteria.
2. SBH-ASO will have in effect mechanisms to ensure consistent application of UMP review criteria for authorization decisions.
3. SBH-ASO will consult with the requesting provider when appropriate.

Utilization Management Monitoring

The SBH-ASO will ensure that all notifications for authorization decisions adhere to timeframes outlined in SBH-ASO Policy - Notice Requirements. The SBH-ASO will require monitoring of all contracted providers through a process that includes but is not limited to:

1. **Monitoring Reports for each contracted provider that includes:**
 - a. Authorization and denial data
 - b. Over- and under-utilization of services
 - c. Appropriateness of services

d. Other data as identified

2. Review of Monitoring Reports

- a. The Internal Quality Committee (IQC) will review these reports.
 - A. Data will be reviewed by the committee to determine:
 1. Adherence to authorization and notification content and timelines.
 2. Adherence to the benchmarks provided in UM review areas listed above.
- b. Recommendations will be provided regarding those not meeting established benchmarks.
- c. This report will be provided to the Behavioral Health Medical Director prior to QACC (Quality Assurance and Compliance Committee) meetings for review and comments.

3. Review of data at Quality Assurance and Compliance Committee:

QACC will review the reports to determine the necessary action to take when:

1. SBH-ASO, its delegate, or its subcontractors do not meet the benchmarks established in the reports.
2. SBH-ASO or its delegate does not meet the content requirements and timelines for authorizations and notifications.

Corrective Actions

As appropriate, QACC recommendations concerning delegate and subcontractor performance will be forwarded to the SBH-ASO Leadership Team for review and decision making as per the SBH-ASO Provider Network Selection, Retention, Management and Monitoring Policy. Any identified issues regarding SBH-ASO not meeting the necessary benchmarks or timelines will be remediated by the QACC in accordance with the SBH-ASO Quality Management Plan. All remediation processes and outcomes are reported to the SBH-ASO Leadership Team by the QACC Chair.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</p> <ul style="list-style-type: none"> • Acute Psychiatric Inpatient • Evaluation and Treatment • Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital • Secure Withdrawal Management <p>* INDIVIDUALS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</p>	<p>No, if ITA. ITA admissions require notification only within 24 hours followed by concurrent review within 1 business day.</p> <p>Yes, if Voluntary. Voluntary Admission requires prior authorization.*</p> <p><i>*Initial: 3-5 days, depending on medical necessity</i></p>	<p>A. <u>Involuntary ITA Certification:</u></p> <ol style="list-style-type: none"> 1. Initial: Submission of ITA Level 3 Services Notification Request Form. ITA certification limited to 20 days. 2. Concurrent Review: Hospital provides Clinical update, legal status and Discharge plan as necessary during legal status changes or extensions. 3. Retrospective Review: Hospital submits Request for Level 3 Retrospective review and Clinical Records, request is limited to within 30 days of discharge <p>B. <u>Mental Health Voluntary</u></p> <ol style="list-style-type: none"> 1. Prospective/Initial Review: Submission of Level 3 Voluntary Authorization form <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity, and Availability of Resources. 2. Concurrent Review: Submission of Level 3 Authorization Extension form at least by the preceding business day prior to expiration of the authorized period. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity, and Availability of Resources

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>CRISIS LINE AND CRISIS INTERVENTION Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.</p> <ul style="list-style-type: none"> • Services may be provided prior to intake evaluation. • Services do not have to be provided face to face. • Crisis Hotline services 	<p>No</p>	<p>N/A</p>
<p>WITHDRAWAL MANAGEMENT (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> • ASAM 3.7 WM • ASAM 3.2 WM <p>*IF INDIVIDUAL IS ADMITTED UNDER ITA, SEE ABOVE ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</p>	<p>No, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p>Yes, if <u>planned</u> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>Initial: 3-5 days</i></p>	<p>A. Emergent* Admission:</p> <ol style="list-style-type: none"> 1. Notification: Submission of Level 0 Withdrawal Management Notification Form. <ol style="list-style-type: none"> a. All services delivered are subject to Eligibility, Medical Necessity, and Availability of Resources. 2. Concurrent Review: Facility provides Clinical update and discharge plan within one (1) business day from Admit. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity, and Availability of Resources. <p>B. Planned Admission:</p> <ol style="list-style-type: none"> 1. Prospective Review: Submission of Level 0 Withdrawal Management Form. <ol style="list-style-type: none"> a. Subject to Eligibility, ASAM, Medical Necessity, and Availability of Resources. <p><small>*see SBH-ASO P&P Level of Care for details of Emergent Admission</small></p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY Services provided to individuals who are experiencing a mental health crisis.</p> <ul style="list-style-type: none"> • 24 hours per day/ 7 days per week availability. • Services may be provided prior to intake evaluation. • Service provided in a facility licensed by DOH and certified by DBHR or in a home-like setting, or a setting that provides for safety of the person and the mental health professional. • Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects. • Service provided as follow up to crisis services; and to other persons determined by mental health professional to be in need of additional stabilization services • Additional mental health or substance use disorder services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services. 	<p>No, if Emergent – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p>No, if <u>Planned</u> – SBH-ASO does not provide planned admission to Crisis Stabilization.</p>	<p>A. <u>Emergent Admission:</u></p> <ol style="list-style-type: none"> Notification: Submission of Level 0 Crisis Stabilization Form. <ol style="list-style-type: none"> All services delivered are subject to Eligibility and Medical Necessity. Concurrent Review: Facility provides Clinical update and discharge plan within one (1) business day from Admit. <ol style="list-style-type: none"> Subject to Eligibility, Medical Necessity and Availability of Resources. <p>B. <u>Planned Admission:</u></p> <ol style="list-style-type: none"> SBH-ASO does not provide planned admission for Facility-Based Crisis Stabilization. <p><small>*see SBH-ASO P&P Level of Care for details of Emergent Admission</small></p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>RESIDENTIAL TREATMENT</p> <ul style="list-style-type: none"> • MH Residential • ASAM 3.1 • ASAM 3.3 • ASAM 3.5 	<p>Yes – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*MH- 90 days for initial authorization depending on continued medical necessity.</i></p> <p><i>*SUD- ASAM 3.5 – 15 days for initial authorization depending on continued medical necessity.</i></p> <p><i>ASAM 3.3 – 30 days for initial authorization depending on continued medical necessity.</i></p> <p><i>ASAM 3.1 – 90 days for initial authorization depending on continued medical necessity.</i></p>	<p>A. Prior Authorization:</p> <ol style="list-style-type: none"> 1. Prospective Review: Submission of Level 2 Residential Treatment Form. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity and Availability of Resources. 2. Concurrent Review: <ol style="list-style-type: none"> a. Submission of Level 2 Continuing Stay Form 10 business days prior to expiration of current authorization period. b. Subject to Eligibility, Medical Necessity and Availability of Resources. b. Retrospective Review: <ol style="list-style-type: none"> i. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>OUTPATIENT PROGRAM Service modalities delivered in accordance with Outpatient Behavioral Health Treatment. Including:</p> <ul style="list-style-type: none"> • Brief Intervention Treatment • Day Support • Family Treatment • Group Treatment Services • High Intensity Treatment • Individual Treatment Services • Medication Monitoring • Medication Management • Peer Support • Psychological Assessment • Therapeutic Psychoeducation • Case Management • Opiate Treatment Program • SUD Outpatient Treatment 	<p>Yes – requires prior authorization</p>	<p>A. Prior Authorization:</p> <ol style="list-style-type: none"> 1. Prospective Review: Submission of Level 1 Treatment Form. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity and Availability of Resources. 2. Concurrent Review: <ol style="list-style-type: none"> a. Submission of Level 1 Extension Request Form 7 calendar days prior to expiration of current authorization period. b. Subject to Eligibility, Medical Necessity and Availability of Resources. 3. Retrospective Review: <ol style="list-style-type: none"> a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria
<p>INTAKE/ASSESSMENT SERVICE</p>	<p>No, not for in network providers.</p> <p>Yes, if non-network provider requests.</p>	<p>In network- N/A</p> <p>Out of network- Prior authorization request submitted to SBH-ASO to review residency and financial eligibility.</p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES - PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)</p>	<p>Yes - Prior Authorization required.</p> <p><i>Initial: 90 days for initial authorization depending on medical necessity.</i></p>	<p>A. Prior Authorization:</p> <ol style="list-style-type: none"> 1. Prospective Review: Submission of Level 1 Treatment Form. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity and Availability of Resources. 2. Concurrent Review: <ol style="list-style-type: none"> a. Submission of Level 1 Extension Request Form 7 calendar days prior to expiration of current authorization period. b. Subject to Eligibility, Medical Necessity, and Availability of Resources 3. Retrospective Review: <ol style="list-style-type: none"> a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.
<p>PSYCHOLOGICAL TESTING</p>	<p>Yes. Prior Authorization required.</p>	<p>Prior authorization request submitted to Salish BH-ASO. SBH-ASO to review financial eligibility, medical necessity, level of care and Availability of Resources.</p>

The requirements and processes for the authorization of SBH-ASO contracted services are dependent on the individual meeting financial eligibility criteria, medical necessity criteria, and the availability of SBH-ASO resources. SBH-ASO reserves the right to reduce, suspend, or terminate an authorization due to changes in financial eligibility, changes in medical necessity, and availability of resources.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: NOTICE REQUIREMENTS

Policy Number: UM802

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/12/2019

Executive Board Approval Dates:

PURPOSE

To ensure notices regarding individuals' services are provided in a manner that gives timely, clear and easily understood information to individuals seeking and receiving behavioral health services.

DEFINITIONS

Notice of Action means a written notice that must be provided to an individual to communicate denial or limited authorization of a non-Medicaid service offered by Salish Behavioral Health Administrative Services Organization (SBH-ASO) based on medical necessity (a decision not to authorize due to lack of available resources is not considered a medical necessity decision).

POLICY

SBH-ASO has a notice process in place for services. SBH-ASO is responsible for sending notices of authorization and notices of a denial, reduction, termination, or suspension of services based on Level of Care Guidelines for non-Medicaid individuals. This policy and procedure delineates the timeframes for notices and the information that must be included in the notice.

PROCEDURE

Timeframes for Authorization Decisions

1. SBH-ASO must provide a written Notice of Action to the individual, or their legal representative, if a denial, reduction, termination, or suspension occurs based on the Level of Care Guidelines. SBH-ASO shall adhere to the

requirements set forth in this document under Notification of Coverage and Authorization Determination.

2. SBH-ASO is required to acknowledge receipt of a standard authorization request for psychiatric inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.
3. SBH-ASO shall provide for the following timeframes for authorization decisions and notices:
 - a. For denial of payment that may result in payment liability for the individual, at the time of any action affecting the claim.
 - b. For termination, suspension, or reduction of previously contracted services, ten (10) calendar days prior to such termination, suspension, or reduction, unless the criteria stated in 42 C.F.R § 431.213 and 431.214 are met.
 - c. Standard authorizations for planned or elective service determinations: The authorization decisions are to be made and notices are to be provided as expeditiously as the individual's condition requires. SBH-ASO will make a decision to approve, deny, or request additional information from the provider within five (5) calendar days of the original receipt of the request. If additional information is required and requested, SBH-ASO will give the provider five (5) calendar days to submit the information and then approve or deny the request within four (4) calendar days of the receipt of the additional information.
 - i. An extension of up to fourteen (14) additional calendar days (not to exceed twenty-eight (28) calendar days total) is allowed under the following circumstances:
 1. The individual or the provider requests the extension; or
 2. SBH-ASO or its delegate justifies and documents a need for additional information and how the extension is in the individual's interest.
 - ii. If SBH-ASO or its delegate extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:
 1. SBH-ASO will provide the individual written notice within three (3) business days of the decision to extend the timeframe. The notice shall include the reason for the decision to extend the timeframe and inform the individual of the right to file a grievance if he or she disagrees with that decision.
 2. SBH-ASO shall issue and carry out its determination as expeditiously as the individual's condition requires, and no later than the date the extension expires.

- d. Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or the SBH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the individual's life or health, or ability to attain, maintain, or regain maximum function, SBH-ASO will make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.
 - i. SBH-ASO will make the decision within two (2) calendar days if the information provided is sufficient; or request additional information within one (1) calendar day, if the information provided is not sufficient to approve or deny the request. SBH-ASO or its delegate must give the provider two (2) calendar days to submit the requested information and then approve or deny the request within two (2) calendar days.
 - ii. SBH-ASO may extend the expedited time period by up to ten (10) calendar days under the following circumstances:
 - 1. The individual requests the extension; or
 - 2. SBH-ASO or its delegate justifies and documents a need for additional information and how the extension is in the individual's interest.
- e. Concurrent Review Authorizations: SBH-ASO must make its determination within one (1) business day of receipt of the request for authorization.
 - i. Requests to extend concurrent care review authorization determinations may be extended to within three (3) business days of the request of the authorization, if SBH-ASO or its delegate has made at least one (1) attempt to obtain needed clinical information within the initial one (1) business day after the request for authorization of additional days or services.
 - ii. Notification of the Concurrent Review determination shall be made within one (1) business day of SBH-ASO decision.
 - iii. Expedited appeal timeframes apply to Concurrent Review requests.
- f. For post-service authorizations, SBH-ASO shall make its determination within thirty (30) calendar days of receipt of the authorization request.
 - i. SBH-ASO shall notify the individual and the requesting provider within two (2) business days of SBH-ASO's or its delegate's determination.
 - ii. Standard Appeal timeframes apply to post-service denials.

- iii. When post-service authorizations are approved, they become effective the date the service was first administered.

Notification of Coverage and Authorization Determinations

For all Actions SBH-ASO shall:

1. Notify the individual in writing and the requesting provider orally or in writing of the decision.
2. Notify all parties, other than the individual, in advance whether notification will be provided by phone, mail, fax, or other means.
3. For an adverse authorization decision involving an expedited authorization request SBH-ASO may initially provide notice orally within seventy-two (72) hours of the request. SBH-ASO shall provide written notification of the decision within seventy-two (72) hours after the receipt of the request for service.
4. Provide notice at least ten (10) calendar days before the date of action when the action is a termination, suspension, or reduction of previously authorized services.
5. Notice to the individual and provider shall explain the following:
 - a. The action SBH-ASO has taken or intends to take.
 - b. The reasons for the action, in easily understood language including citation to any SBH-ASO guidelines, protocols, or other criteria that were used to make the decision and how to access the guidelines, protocols, or other criteria.
 - c. A statement of whether the individual has any liability for payment.
 - d. Information regarding whether and how the individual may Appeal the decision.
 - e. The individual's right to receive SBH-ASO's assistance in filing an Appeal and how to request it, including access to services for individuals with communication barriers or disabilities.
5. SBH-ASO shall provide notification in accordance with the timeframes described in this section except in the following circumstances:
 - a. The individual dies;
 - b. SBH-ASO has a signed statement from the individual requesting service termination or giving information that makes the individual ineligible and requiring termination or reduction of services (where the individual understands that termination, reduction, or suspension of services is the result of supplying this information);

- c. The individual is admitted to a facility where he or she is ineligible for services.
 - d. The individual's address is unknown and there is no forwarding address.
 - e. The individual has moved out of SBH-ASO's service area.
 - f. The individual requests a change in the level of care.
6. Untimely Service Authorization Decisions: When SBH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Action.

DRAFT



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: AUTHORIZATION FOR PAYMENT OF PSYCHIATRIC INPATIENT **Policy Number:** UM803

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/26/2019

Executive Board Approval Dates:

PURPOSE

To provide a standardized Utilization Management (UM) protocol for inpatient psychiatric services provided to Individuals funded through General Funds-State.

POLICY

Psychiatric Inpatient options are for individuals who require 24-hour supervision and psychiatric/medical services. Length-of-stay is determined on an individual basis with an emphasis placed on transitioning individuals to more independent settings or returning them to their previous settings.

PROCEDURE

INPATIENT PSYCHIATRIC HOSPITAL LEVEL OF CARE CRITERIA

Case-specific UM review decisions maintain the following Level of Care Guidelines for making authorizations and continued stay and discharge determinations:

1. Medically necessary, as defined in WAC 182-500-0070, also includes the following:
 - a. Ambulatory care resources available in the community do not meet the treatment needs of the individual; AND
 - b. Proper treatment based on the acuity of the individual's psychiatric condition requires services on an inpatient basis under the direction of a physician (according to WAC 246-322-170); AND
 - c. Services can reasonably be expected to improve the individual's level of functioning or prevent further regression of functioning; AND

- d. The individual has been diagnosed as having an emotional/behavioral disorder or a severe psychiatric disorder and warrants extended care in the most intensive and restrictive setting;
OR
 - e. The individual was evaluated and met the criteria for emergency involuntary detention (RCW 71.05 or 71.34) but agreed to inpatient care. Approved (ordered) by the professional in charge of the hospital or hospital unit; and
2. Certified or authorized by the Salish BH-ASO.

Involuntary inpatient psychiatric care must be in accordance with the admission criteria specified in RCW 71.05 and 71.34.

Services will be provided that are:

1. Culturally and linguistically competent;
2. Working towards recovery and resiliency; and
3. Appropriate to the age and developmental stage of the individual.

PROVIDER REQUIREMENTS

SBH-ASO pays for inpatient psychiatric care, as defined in WAC 246-320 and 246-322, only when provided by one (1) of the following Department of Health (DOH) licensed hospitals or units:

1. Free-standing psychiatric hospitals determined by the Health Care Authority (HCA) to meet the federal definition of an Institution for Mental Diseases (IMD), which is: "a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases, including medical attention, nursing care and related services".
2. Medicare-certified, distinct psychiatric units, or State-designated pediatric psychiatric units.
3. Evaluation and Treatment Centers licensed by DOH.
4. In addition to DOH licensure, hospitals providing involuntary hospital inpatient psychiatric care must be certified in accordance with WAC 246-341-1134 and 246-341-0365.

CONSENT FOR TREATMENT

Individuals 18 years of age and older may be admitted to voluntary treatment only with the individual's voluntary and informed written consent, a properly executed advance directive that allows for admission when the individual is unable to consent, or the consent of the individual's legal representative when appropriate. Individuals 13-17 years of age may be admitted to treatment only with the permission of:

1. The minor and the minor's parent/legal guardian; or
2. The minor without parental consent; or
3. The minor's parent/legal guardian without the minor's consent (Parent-Initiated Treatment [PIT]). (It is treated as a voluntary stay for UM purposes.)
4. Individuals 12 years of age and under may be admitted to treatment only with the permission of the minor's parent/legal guardian.

AUTHORIZATION REQUIREMENTS FOR VOLUNTARY INPATIENT HOSPITAL PSYCHIATRIC CARE

The hospital must obtain authorization for payment from SBH-ASO for all inpatient hospital psychiatric stays when the SBH-ASO is the primary payer. Hospitals must request authorization prior to voluntary admission.

A Prospective Authorization Request must be completed within 24-hours of a change in legal status from ITA to voluntary.

SBH-ASO will require submission of clinical data for authorization of services from the admitting facility.

Authorization is dependent on the Individual meeting medical necessity criteria, financial eligibility, and is within available resources.

TIMEFRAMES FOR AUTHORIZATION DECISIONS

Prospective Authorization Requests – Voluntary Admissions

1. Initial Requests
 - a. Prospective Authorization is required before admission for all admissions that would be funded solely or partially by GFS, including planned admissions coordinated by the Individual's provider network.
 - b. SBH-ASO is required to acknowledge receipt of a standard authorization request for psychiatric inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.

- c. SBH-ASO will provide written notification of the decision within 72 hours.

SBH-ASO will provide a written Notice of Action to the individual, or their legal representative, if a denial occurs based on medical necessity.

2. Length-of-Stay – Concurrent Review
 - a. Unless SBH-ASO specifies otherwise, hospitals must submit requests for extension reviews at least by the preceding business day prior to the expiration of the authorized period.
 - b. Length-of-stay extension determinations will be made within one (1) business day from the request and authorized for three (3) to five (5) days depending on clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.
 - c. For hospital providers requesting prior authorization for length-of-stay extensions, requests must be submitted during regular business hours.
 - d. The authorization decision must be documented on SBH-ASO authorization forms and must be provided to the hospital within three (3) business days of the authorization, unless the hospital requires receipt of the form prior to continuation of the stay.
3. If the required clinical information is not received by SBH-ASO to construct an authorization record, the request will be categorized as either cancelled or withdrawn, not denied.

Post-Service Authorization Requests

Requests for post-service authorizations (retrospective) will be considered only if the Individual becomes eligible for GFS assistance after admission or the hospital was not notified of or able to determine eligibility for GFS funding. Voluntary psychiatric hospital retrospective requests will not be accepted.

1. For post-service authorizations, SBH-ASO will make its determination within 30 calendar days of receipt of the authorization request.
2. SBH-ASO will notify the Individual and the requesting provider within two (2) business days of the post-service authorization determination.
3. When post-service authorizations are approved, they become effective the date the service was first administered.

Peer-to-Peer Clinical Reviews

SBH-ASO will ensure any decision to authorize or deny any requested services must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. A physician board-certified or board-eligible in General Psychiatry must conduct all inpatient level of care actions for psychiatric treatment.

Involuntary Psychiatric Admissions

Involuntary admissions occur in accordance with the Involuntary Treatment Act (ITA), RCW 71.05 and 71.34; therefore, no consent is required. Authorizations are done to facilitate claims submissions and are not based on Medical Necessity but rather the legal status. Only Individuals 13 years of age and older may be subject to the provisions of these laws. If the Individual has an authorized representative, the representative also authorizes services that are provided to Individuals detained under ITA law when the Individual either refuses to apply for, or does not qualify for, any Apple Health program. These inpatient stays are paid for with state funds:

1. Notification of Initial ITA admissions shall be directed to SBH-ASO.
2. Submitting Initial ITA notification will be conducted by the hospital and not delegated to the Designated Crisis Responder (DCR).
3. Required clinical information will be provided by the hospital within 72 legal hours of admission.
4. SBH-ASO will conduct a review of submitted information and provide certification within one (1) business day of receipt.
5. The number of initial days authorized for an involuntary psychiatric admission is limited to 20 days from date of detention.
6. Hospitals providing Involuntary treatment and provided certification must submit the Extension Certification Authorization for Continued Inpatient Psychiatric Care form one (1) business day before the expiration of the previously authorized days (WAC 182-550-2600).
7. Salish BH-ASO cannot deny extension requests for Individuals who are detained in accordance of the ITA unless another Less Restrictive Alternative (LRA) is available. Any less restrictive placement would need to be ITA certified and the court would need to change the detention location.
8. Individuals on a continuance will be granted a length-of-stay extension until their next court date. Individuals awaiting placement at Western State Hospital (WSH) will be granted a length-of-stay extension until admission to WSH.

9. Requests for Individuals whose legal status changes from involuntary to voluntary, will be reviewed by UM and authorized or denied depending upon clinical presentation and within available resources.

Changes in Status

Changes in the Individual's status including legal, principle diagnosis, or hospital of service, should be directed to SBH-ASO within 24 hours of the change of status. SBH-ASO will respond within 2 hours and make any authorization determinations within 12 hours.

Discharge Notification

1. Hospitals are expected to work toward discharge beginning at admission.
2. Hospitals are required to provide discharge notification and clinical disposition within 7 business days of discharge in order for SBH-ASO to close out the authorization record.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: ACCESS TO WITHDRAWAL
MANAGEMENT SUBSTANCE USE
DISORDER SERVICES

Policy Number: UM804

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/26/2019

Executive Board Approval Dates:

PURPOSE

To provide direction for appropriate utilization of residential Withdrawal Management (WM) (ASAM 3.7 WM and 3.2 WM) in accordance with medical necessity, financial eligibility, and within available resources.

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) supports both youth and adult individuals in accessing medically necessary (per WAC 182-500-0070) residential WM services as assistance in the process of withdrawal from psychoactive substances in a safe and effective manner. SBH-ASO supports WM services that include three (3) necessary components: evaluation, stabilization and motivating individual readiness to engage in SUD treatment services.

The SBH-ASO maintains a network of contracted Washington (WA) State licensed and certified WM SUD Behavioral Health Agencies (BHA), both within the Salish Regional Service Area (RSA) and in other WA State RSA regions, that are available to assess and accept individuals 24-hours a day and 7 days per week. These WM facilities include American Society of Addiction Medicine (ASAM) 3.2 WM Clinically Managed Withdrawal Residential Management (also known as subacute detox) and ASAM 3.7 WM Medically Monitored Inpatient WM (also known as acute detox). Individuals must meet the ASAM criteria for placement at the designated level of care, as well as medical necessity.

Providers use ASAM criteria for admission, continued stay, discharge planning and decisions and provide counseling with each individual that addresses the individual's SUD, stages of change, motivation and addresses the individual's continuing care needs including referral to other services.

A Secure Detox Facility as defined in RCW 71.05.020 provides involuntary treatment to individuals detained under the Involuntary Treatment Act (ITA) up to level of care ASAM 3.7. These services provide evaluation, assessment and WM services to individuals detained by a Salish RSA Designated Crisis Responder (DCR), as well as facilitation of transitions to appropriate voluntary or involuntary inpatient services or to Less Restrictive Alternative (LRA) in accordance with WAC 246-341-1104.

PROCEDURE

1. For individuals attempting to access voluntary WM services they may:
 - a. Be referred by an SBH-ASO contracted BHA that provides SUD services; and/or
 - b. Call a WM SUD facility directly to arrange admission to services.
- I. Emergent Admission**
1. Emergent admissions are those instances where the individual is referred for WM services by one of the following:
 - i. Hospital Emergency Department Physician
 - ii. Law Enforcement
 - iii. DCR in consultation with a Chemical Dependency Professional (CDP)
 2. No prior authorization is required from SBH-ASO for WM in emergent situations; however, eligibility review criteria must be met for Substance Abuse Block Grant (SABG) or Criminal Justice Treatment Account (CJTA) funding and medical necessity. Notification by the next business day is required.
 - i. For Secure Detoxification under the ITA, legal status is accepted in lieu of an eligibility review and medical necessity until their legal status changes.
 - ii. For Secure Detoxification, when a parent or legal guardian brings their child with or without the consent of the child and the facility meets RCW 71.34.600 and 660, notification the next business day is required.
 - iii. Behavioral Health Withdrawal Management 3.7 is considered emergent.
- II. Planned Admission**
- a. If admission is planned, Prior Authorization is required. The provider shall submit the Level 0 Authorization Request Form.
 - b. Prospective reviews will be completed within 72 hours from the date of request.
 2. Each SUD WM facility must have policies and procedures implemented regarding criteria for admittance, length-of-stay, transfer and discharge.
 3. A facility that provides WM services must provide documentation in an individual's clinical record of the following:

- a. An SUD screening before admission into services;
- b. The use of ASAM criteria for admission, continued services, discharge planning and discharge decisions;
- c. A voluntary consent to treatment form signed by the individual or legal guardian;
- d. All release of information (ROI) forms signed and dated by the individual or legal guardian for treatment providers, medical providers, other continuing care providers and family members (family as defined by the individual).
- e. The individual was informed of federal confidentiality requirements and received a copy of the notice required per 42 CFR, Part 2;
- f. The individual received a Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) brief risk intervention;
- g. The individual received a tuberculosis (TB) screening and assistance to access medical treatment as necessary;
- h. Individualized progress notes in a timely manner from each shift and as events occur, such as periodic monitoring of vitals or documentation as to why this did not occur;
- i. A discharge summary, including a continuing care recommendation and a description of the individual's physical condition, completed within seven (7) business days of discharge; and
- j. An attempt to assist the individual in arranging either an SUD assessment while in the WM facility, or if the individual has completed an SUD assessment, then admittance into the recommended ASAM level of care based on the ASAM placement criteria and medical necessity.
- k. The WM facility must submit an SUD residential Level 2 Prospective Authorization request for an individual to be admitted to a residential facility (ASAM level 3.3 or 3.5) directly from the WM facility when medically necessary.
 - i. The WM facility submits an electronic authorization request to SBH-ASO, including supportive documentation if the individual meets eligibility criteria for SABG or CJTA funding.
 - ii. The WM facility arranges facility admission date and transportation based on agreement with the individual and/or legal guardian.
 - iii. The WM facility provides other referrals and linkages to specific SUD outpatient and mental health outpatient providers, housing, shelter, food and clothing based on the individualized needs of each individual admitted.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY

Policy Number: UM805

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/30/2019

Executive Board Approval Dates:

PURPOSE

The purpose of this policy is to ensure quality crisis stabilization services within treatment facilities across the Salish region. Crisis Stabilization Services are provided to non-Medicaid individuals in the Salish region as available resources allow and subject to medical necessity review.

POLICY

Stabilization Services are provided to individuals who are experiencing a mental health crisis. These services are to be provided in a home-like setting, or a setting which provides safety for the individual and the staff, such as facilities licensed by the Department of Health (DOH) as either a Crisis Stabilization or Crisis Triage facility. Stabilization services shall include short-term (up to fourteen (14) days per episode) face-to-face assistance with life skills training and understanding of medication effects and follow-up services. Stabilization services may be provided prior to an intake evaluation for mental health services.

STANDARDS

A. Stabilization Service Program Elements

1. 24 hours per day/7 days per week availability.
2. Services may be provided prior to intake evaluation.
3. Services must be provided by a Mental Health Professional (MHP), or under the supervision of an MHP.
4. SBH-ASO provides these services in a home-like setting, or a setting that provides for safety of the person and the staff.

5. Service is short-term (up to 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects and follow-up services.
6. Services may be provided as follow-up to crisis services or to those determined by an MHP to need additional stabilization services.

B. Stabilization Service Outcomes

1. Evaluate and stabilize individuals in their community and prevent unnecessary hospitalization;
2. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community;
3. Actively facilitate resource linkage so individuals can return to baseline functionality; and
4. Provide follow-up contact to the individual to ensure stability after discharging from a facility.

Referral, Inclusion and Exclusionary Criteria

Crisis stabilization providers shall use standardized admission and exclusion criteria for crisis stabilization services.

A. Whenever possible, referrals to crisis stabilization facilities will include the following information:

1. Behaviors or behavioral health symptoms that cause concern or require special care or safety measures;
2. An evaluation of the individual's cognitive status and current level of functioning, including any disorientation, memory impairment, and impaired judgment;
3. History of mental health issues, including suicidality, depression, and anxiety;
4. Social, physical, and emotional strengths and needs;
5. Current substance use;
6. Functional abilities in relationship to Activities of Daily Living (ADL) and ambulation; and
7. Current medications and medical needs.

When information is not available at the time of the referral, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.

B. Inclusionary Criteria

1. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis.
2. Individuals must be willing to admit to a voluntary facility.
3. Individuals, if a risk to self, must be willing to engage in safety planning.

4. Individuals must be willing and able to comply with program rules regarding violence, weapons, drug/alcohol use, medication compliance and smoking.
5. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
6. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
7. Individuals must be able to perform basic ADLs and be able to self-ambulate.

C. Exclusionary Criteria

1. Individuals needing immediate medical intervention for an acute or chronic condition or whose ongoing medical needs exceed the capacity of the facility or home setting.
2. Individuals who present a high likelihood of violence or arson at time of admit.

Utilization Management

SBH-ASO provides Crisis Stabilization Services when provided in a home like setting, or in a facility licensed by DOH as either Crisis Stabilization Units or Crisis Triage within available resources. Authorization of payment is based on financial eligibility and subject to medical necessity and available resources.

A. Certification of Services

1. Emergent Admission:
 - a. Emergent Referrals are those instances where the individual is referred for Facility based Crisis Stabilization services by one of the following:
 - i. Hospital Emergency Department Physician
 - ii. Law Enforcement
 - iii. DCR
 - b. No Prior Authorization is required. Notification to SBH-ASO is required within 24 hours of admit.
 - c. Concurrent review is conducted within one (1) business day from receipt.
2. Concurrent Review Requests:
 - a. Prospective Authorization is required for all continued stay requests previously certified by SBH-ASO. Authorization of ongoing services are limited to two to four (2-4) days depending on medical necessity.

- b. Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.
- c. Concurrent reviews will be completed within 72 hours.

Discharge Planning Standards

- A. Planning for discharge is expected to begin at admission.
- B. Prior to any unplanned discharge, the program shall review current risk and necessary supports.
 - 1. If significant risk is indicated, program staff shall request ongoing services to continue stabilization.
 - 2. The program will provide care coordination with the identified care professionals and natural supports upon discharge.

DRAFT



SBH-ASO POLICIES AND PROCEDURES

Policy Name: UTILIZATION MANAGEMENT OF
OUTPATIENT SERVICES

Policy Number: UM806

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/19/2019

Executive Board Approval Dates:

PURPOSE

To define Utilization Management (UM) processes and requirements for Salish Behavioral Health Administrative Services Organization (SBH-ASO) and its contractors. To describe the variety of mechanisms used to monitor and identify over- and under-utilization of resources and implement remedial action when indicated.

POLICY

UM of Behavioral Health Services will be conducted in a systematic manner by qualified staff to ensure the appropriateness and quality of access to and delivery of behavioral health services to eligible residents of the Salish region. SBH-ASO shall ensure all UM activities are structured to not provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual.

SBH-ASO may specify what constitutes medical necessity in a manner that is no more restrictive than the State Medicaid program. For the purpose of UM, SBH-ASO may place appropriate limits on a behavioral health service based on criteria applied under the State plan, such as medical necessity, provided the behavioral health services furnished could reasonably be expected to achieve their purpose.

SBH-ASO employs a variety of tools and review activities for UM including:

I. Tools

Level of Care Guidelines

SBH-ASO utilizes the guidelines outlined in the SBH-ASO Levels of Care Policy. In addition, SBH-ASO uses the American Academy of Addiction Medicine (ASAM) criteria for Substance Use Disorder levels of care. Salish BH-ASO has UM guidelines that identify the type and intensity of services associated with each level of care. For additional detail about the use of the protocols in the Salish region, refer to SBH-ASO Levels of Care Policy.

- I. Prospective Review – SBH-ASO conducts several prospective reviews for the authorization of outpatient services requested. The criteria applied in the prospective utilization review process for outpatient services are applied to the following levels of care:
 - A. Level 1 Outpatient Service
 - i. Mental Health Standard
 - ii. Mental Health PACT
 - iii. Mental Health/SUD Least Restrictive Order
 - iv. SUD Standard
 - v. SUD OTP
 - B. For Out-of-Network Requests in addition to all Levels of Care listed above, prospective reviews are conducted for:
 - i. Initial Assessment (MH and SUD) and Outpatient Services; and
 - ii. Psychological Testing.
- II. Concurrent Review
 - A. A concurrent review of the services being received by an individual, in accordance with the SBH-ASO Level of Care Guidelines, and the clinical documentation assist in determining whether or not an individual continues to remain eligible for services.
 - B. SBH-ASO Providers will submit clinical documentation to the SBH-ASO with all concurrent review authorization requests for continuing stays.

PROCEDURE

- I. **Prospective Review**
 - A. Outpatient Level 1 Service Authorization Requests will be submitted to SBH-ASO through the electronic authorization protocol.
 - B. SBH-ASO Care Managers will review the Authorization Request to determine if an individual meets medical necessity criteria and within available resources to be enrolled into services.
 - i. Authorization Request Approval

- a. If medical necessity criteria has been met, SBH-ASO will review provided documentation and process authorization decision.
 - ii. Adverse utilization review determinations based on medical necessity include any decision to authorize a service in an amount, duration, or scope that is less than requested shall be conducted by:
 - 1. A contracted physician board-certified or board-eligible in Psychiatry or Child and Adolescent Psychiatry;
 - 2. A contracted physician board-certified or board-eligible in Addiction Medicine, a Subspecialty in Addiction Psychiatry; or
 - 3. A contracted licensed, doctoral level clinical psychologist
 - C. The Provider is notified of the decision.
 - D. Upon the decision, a Notice of Authorization or Notice of Action letter is sent to the individual requesting services.
- II. Concurrent Review**
- When an individual is engaged in services and the treating SBH-ASO Provider has deemed a continued stay authorization is necessary, the Provider will submit a Level 1 Outpatient Service Extension Request along with all clinical documentation that supports the individual continues to meet medical necessity criteria. The request must be submitted at a minimum seven (7) calendar days prior to the expiration of the current authorization period.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: STATE-ONLY FUNDED PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT) **Policy Number:** UM807

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/26/2019

Executive Board Approval Dates:

PURPOSE

To define Salish Behavioral Health Administrative Services Organization (SBH-ASO) funded PACT procedures, eligibility requirements, and admission and discharge processes in this fidelity model program.

POLICY

The **SBH-ASO** has PACT oversight in Kitsap County. Individuals referred to PACT may come from any of the SBH-ASO's three (3) counties.

PACT teams in the SBH-ASO region comply with Washington State PACT Program Standards as a minimum set of regulations in addition to other applicable state and federal regulations for state-only funded individuals. Referrals for SBH-ASO funded PACT services will be accepted based on availability of resources, meeting eligibility requirements and priority populations.

Individuals eligible for SBH-ASO funded PACT services will be authorized for 90 days. The PACT Team will be responsible to continually work to access Medicaid on behalf of individuals.

PROCEDURE

ELIGIBILITY CRITERIA

1. Individuals admitted to PACT must have a current diagnosis of a severe and persistent mental illness, be experiencing severe symptoms and have significant impairments. The individuals must also experience continuous

high service needs, functional impairments and have difficulty effectively utilizing traditional office-based services or other less intensive community-based programs.

2. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder) and bipolar disorder. Individuals with a primary diagnosis of substance use disorder (SUD), intellectual/developmental disability, brain injury, or personality disorder are not clinically appropriate for PACT services.

SCREENING AND ADMISSION PROCESS

Screening

1. In order to be eligible for the limited number of state-funded PACT slots, individuals must meet the following two (2) criteria for State only PACT services:
 - a. Meet financial criteria for State Funding and does not have Medicaid; and
 - b. Completed clinical assessment that determines individual qualifies for PACT level services.

Priority will be given to individuals discharging from Western State Hospital.
2. The financial screening criteria is required. Financial screening forms are available on the SBH-ASO website.
3. Behavioral Health Agencies (BHAs) will submit the Financial Screening form directly to SBH-ASO. Referrals will be reviewed by SBH-ASO for financial eligibility.
4. After screening, if financial eligibility is not met and/or there is no current PACT slot available, individuals may be referred to other appropriate resources.

Assessment

1. The assessment is performed by PACT staff.
2. After the assessment is complete and the individual is determined to be eligible, the individual is prioritized for admission to the program.
3. The PACT BHA will submit a Level 1 – PACT Authorization request to the SBH-ASO.
4. If it is determined the individual is not clinically eligible for PACT services, a Notice of Action is provided to the BHA and individual.
5. If it is determined there are no available resources, an Administrative Denial is provided to the BHA and individual.

COORDINATION WITH OTHER SYSTEMS

State only funded PACT provides coordination with community resources and other systems involved with the enrolled individual.

When PACT-enrolled individuals are incarcerated, the PACT team will collaborate with jail mental health professionals. Whenever possible, PACT will visit enrolled individuals who are incarcerated. They will coordinate around current needs and assist in planning for services following the individual's release.

Discharge planning for State only funded PACT cases will begin upon admission to this program. SBH-ASO will be involved in oversight of all state only funded PACT cases.

EXTENSION OF PACT SERVICES

Requests for extension for PACT Services shall be submitted to the SBH-ASO within fourteen (14) calendar days prior to the expiration of the current authorization.

DISCONTINUATION OF PACT SERVICES

PACT will coordinate closely with SBH-ASO on discharge planning. This includes transfers to different levels of care within the Salish network. In keeping with fidelity standards, PACT discharges should differ from standard discharge policy as follows.

Examples of when treatment episodes may be closed include:

1. Meet criteria for transition to less intensive treatment.
2. When individuals no longer meet the SBH-ASO continued stay criteria;
3. Move out of the PACT service area;
4. Request to end their services;
5. Have been admitted to an institutional setting for a prolonged period; or

Whenever possible, PACT should work with the individual to develop a discharge plan, including connecting them with services appropriate to their level of need.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: RESIDENTIAL PLACEMENT FOR MENTAL HEALTH TREATMENT

Policy Number: UM808

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/10/2019

Executive Board Approval Dates:

PURPOSE

To ensure that non-Medicaid funded individuals who have met medical necessity for mental health residential treatment have access to this service, within available resources, until they are clinically appropriate for a less intensive level of care. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) will ensure that, based on available resources, eligible individuals within the Salish Regional Service Area (RSA) who need housing in supervised residential settings due to their current mental health disorder, receive such placement within the SBH-ASO provider network.

POLICY

Residential placement options are for individuals who require 24-hour supportive supervision and services. Length-of-stay is determined on an individual basis with an emphasis placed on transitioning individuals to more independent settings or maintaining them in their current settings.

Residential Treatment Facilities (RTF)

Per WAC 246-337, a mental health RTF means a facility providing 24-hour evaluation, stabilization and treatment services for individuals with a mental illness and licensed by the Department of Health (DOH). For SBH-ASO-funded residential placement, SBH-ASO's expectation is that contracted RTFs are certified as an adult RTF. In addition, the facility must comply with any applicable statutes and rules.

Placement at an RTF is not meant to be a permanent housing placement and length-of-stay shall generally be between 18-24 months. One aspect of recovery planning during

the stay shall be preparing the individual for transition to a less intensive living situation such as an Adult Family Home (AFH), supported housing, or independent living.

Assisted Living Facilities (ALF)

Per WAC 388-78A-2020, an ALF is any home or other institution for the express or implied purpose of providing housing, basic services and assuming general responsibility for the safety and well-being of the residents. For SBH-ASO-funded residential placement, ALF placements are not intended to be permanent housing placements, but in cases where the individual states permanent ALF placement is their preference, SBH-ASO recovery concepts, medical necessity, and available resources will be considered in conjunction with individual choice.

PROCEDURE

Residential Prioritization Guidelines are as follows:

1. Individuals transitioning out of Western State Hospital (WSH) or Children's Long-Term Inpatient Program (CLIP) into the SBH-ASO RSA;
2. Individuals being discharged from inpatient psychiatric facilities; or
3. Individuals being discharged from Evaluation and Treatment (E&T) Facilities.

Residential Referral and Admission

An Individual must meet all of the following before being referred for mental health residential placement:

1. Eighteen years of age or older.
2. Currently receiving outpatient mental health services from an SBH-ASO network provider.
3. Due to a covered mental health disorder, requires 24-hour supervision to live successfully in community settings.
4. Is ambulatory and does not require physical or chemical restraints.
5. Must have cognitive and physical abilities to enable response to fire alarms.
6. Has not required physical restraint in the past 30 days.
7. Medically stable and free of physical condition(s) requiring medical or nursing care beyond what the residential facility can provide.
8. For Individuals who meet referral criteria, the residential provider shall ensure the Individual receives an intake assessment by a licensed Mental Health Professional (MHP) to determine medical necessity for mental health residential treatment.

Residential Exclusionary Criteria

1. Individual has a psychiatric condition that requires a more intensive/restrictive option;
2. Individual is actively suicidal or homicidal;
3. Individual is chemically dependent on alcohol/drugs and in need of detoxification;

4. Individual has a recent history of arson, serious property damage, or infliction of bodily injury on self or others. This exclusion can be waived based upon the accepting facility's evaluation of individual's functioning.

Authorization

Once an individual is determined to be eligible by the residential mental health treatment facility, the RTF will submit a Level 2 authorization request to the SBH-ASO. The SBH-ASO will review within five (5) calendar days the individual's financial eligibility, medical necessity and available resources in order to authorize services up to three (3) months.

Discharge Planning

When an individual is admitted to an RTF or ALF, discharge planning should commence upon admission. Efforts to get an Individual's funding status changed from State-Only to Medicaid should also commence upon admission.

If Medicaid funding is secured for the individual, they may then be eligible to receive services through their health plan.

If the individual is not able to attain Medicaid funding, the RTF and ALF staff are responsible for providing assistance to the individual that connects them to the most appropriate and beneficial ongoing housing resources available.

Cross Reference

Please see SBH-ASO Levels of Care Policy for additional information.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: ACCESS TO RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT SERVICES
Policy Number: UM809

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/30/2019

Executive Board Approval Dates:

PURPOSE

To provide direction for appropriate utilization of residential Substance Use Disorder (SUD) (ASAM 3.5, 3.3, and 3.1) in accordance with medical necessity, financial eligibility, and within available resources.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) provides access to SUD residential treatment services for Individuals residing in the Salish Regional Service Area (RSA) for whom a residential SUD level of care is deemed medically necessary as determined by a Chemical Dependency Professional (CDP) and/or a Chemical Dependency Professional Trainee (CDPT) under the supervision of a CDP.

The SBH-ASO requires that Residential Treatment Providers ensure that priority admission is given to the populations identified in the HCA SBH-ASO contract.

SBH-ASO maintains a provider network of contracted SUD Residential Behavioral Health Agencies (BHA) within the Salish RSA and other RSAs in Washington State to ensure network adequacy and access for Individuals in the SBH-ASO.

SUD Residential Treatment Services provided by a Residential Treatment Facility (RTF) licensed by the Department of Health (DOH) that provides 24-hour evaluation, stabilization, and treatment services for Individuals. Individuals cannot be required to relinquish custody of minor children in order to access residential treatment services.

1. Adult Intensive inpatient services provide a concentrated program of SUD treatment, individual and group counseling, education and related activities, including room and board, in a 24-hour per day supervised facility in accordance with WAC 246-341. This level of SUD treatment satisfies the level of intensity in the American Society of Addiction Medicine (ASAM) Level of Care 3.5.
2. Adult Long-Term Care services provide for the care and treatment of those with diagnosed SUD and impaired self-maintenance capabilities. Services include a concentrated program of SUD treatment, individual and group counseling, education, vocational guidance counseling, personal care services and related activities, including room and board, in a 24-hour per day supervised facility in accordance with WAC 246-341. The service as described satisfies the level of intensity in ASAM Level of Care 3.3.
3. Adult Recovery House services offer a program of care and treatment with social, vocational, and recreational activities designed to aid Individuals with diagnosed SUD adjust to abstinence and transition to the community in a 24-hour per day supervised facility in accordance with WAC 246-341. Room and board is included. The service as described satisfies the level of intensity in ASAM Level of Care 3.1.
4. Adult Pregnant and Parenting Women (PPW) services offer an enhanced curriculum for PPW and their children under age 6. Services may include a focus on linkages to and consistent care for prenatal and postpartum medical care, infant and children well child medical care, therapeutic child care, family management, child development, parenting skills, mental health issues, domestic violence, childhood sexual abuse, employment skills and education, legal advocacy, and safe affordable housing; room and board is included. This SUD treatment as described satisfies the level of intensity in ASAM Levels 3.5 or 3.3.
5. Adult Co-Occurring treatment services offer enhanced services for Individuals diagnosed with both mental health and SUD. Program goals, policies, procedures, treatments, support services, and discharge practices reflect a program design specifically intended for the co-occurring population. A multidisciplinary staff of mental health, SUD, and medical professionals provide individual and group counseling, medication treatment and monitoring, psycho-education, and case management; room and board is included. This level of SUD treatment as described satisfies the level of intensity in ASAM Level 3.3.
6. Youth Intensive Inpatient services are designed for youth with primary SUD problems and/or co-occurring mental health and SUD problems. This level of SUD treatment as described satisfies the level of intensity in ASAM Level 3.5.
7. Youth Recovery House services are for youth who require continued but less intensive treatment services because they are not ready to return

home or for whom home is not a safe, supportive environment. The focus of treatment is long-term recovery, community support, and improvement in major life competencies. This level of SUD treatment as described satisfies the level of intensity in ASAM Level 3.1.

PROCEDURE

Prospective authorization is required for all SUD Residential Level 2 care. Initial authorization requests may be made for Salish RSA financially eligible Individuals by SBH-ASO SUD outpatient providers, SBH-ASO withdrawal management (WM) providers, and the hospital-based Chemical Using Pregnant (CUP) facilities. Authorization requests are submitted electronically or through peer-to-peer reviews and are responded to within business hours. Responses are provided within five (5) calendar days.

1. When an SBH-ASO contracted hospital-based CUP facility or BHA that provides SUD outpatient (OP) or WM services has diagnosed an Individual with an SUD disorder by a CDP according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), such that the Individual meets the ASAM level of care that indicates SUD residential level of care, and determines that an Individual is in need of residential treatment and would benefit according to medical necessity under WAC 182-500-0070, the BHA is responsible to:
 - a. Assure agreement from the Individual to enter residential treatment.
 - b. Arrange an admittance date for the Individual at an SBH-ASO contracted SUD residential facility:
 - i. Contact the residential facility and follow the residential facility process for arranging an admission date for the Individual and provide all requested information.
 - ii. Determine the residential facility and date of admission meet the Individual's needs.
 - c. Request initial authorization for residential level of care from SBH-ASO:
 - i. Submit a Level 2 SUD Residential authorization request a minimum of 5 business days prior to the expected admission date and a maximum of 14 days prior to the expected admission date;
 - ii. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
 - d. Notify the residential facility of the initial authorization of services by providing the residential facility in writing with:
 - i. The SBH-ASO authorization number, and
 - ii. The Individual's name, the Individual's birth date, authorized length-of-stay, and expected admit date as scheduled.

- e. Assist the Individual with life arrangements to enter residential treatment and transportation arrangements to the residential facility as is needed by the Individual;
 - f. Maintain contact with the residential facility while the Individual is receiving services for the purposes of continuity of care;
 - g. Submit Level 1 SUD Outpatient authorization from SBH-ASO a minimum of 72 hours prior to discharge from the residential facility.
 - i. SBH-ASO determines resource availability for authorization requests. Upon authorization Provider shall:
 - a) Arrange an appointment through the residential facility for the Individual to re-enter the OP level of care, prior to the Individual's discharge from the residential facility (whether planned or unplanned) by:
 - b) Make an intake or re-entry appointment available within two (2) business days of an Individual's discharge from a residential SUD BHA.
 - ii. If authorization is not approved, the Provider shall assist the Individual with appropriate community referrals, OR
 - iii. If the Individual is not returning to the referring OP SUD BHA for OP SUD services, the referring OP SUD BHA will attempt to assist the Individual and the residential SUD BHA in making arrangements for care at another SUD BHA.
2. SBH-ASO will notify in writing the Individual requesting services of the authorization request decision. If the request is denied based on the level of care guidelines (an Action), the credential of the licensed clinician making the decision must be at least equal to that of the recommending clinician. The Individual will be notified in writing within 72 hours of decision. All Actions will be reviewed by a physician board-certified or board-eligible in Addiction Medicine.
3. If an adolescent is brought to a residential facility by a parent or under the auspices of a Washington State entity such as the Department of Children, Youth, and Families, the adolescent resides in the Salish RSA, and the residential facility communicates directly with a SBH-ASO Care Manager about the circumstances and need for authorization, then the SBH-ASO will request a copy of the residential facility assessment materials including ASAM dimensions completed by a CDP that determined the adolescent meets a DSM-5, ASAM residential level of care, medical necessity, and financial eligibility criteria.
- a. SBH-ASO will review the assessment materials, including financial eligibility criteria for SABG.
 - b. SBH-ASO will provide the initial authorization decision directly to the residential facility in these cases that meet DSM-5 diagnosis, ASAM level

- of care, medical necessity, financial eligibility and within available resources.
- c. The residential facility will work with the parent and/or Washington State entity to develop the continuity of care plan to ensure the adolescent is actively connected with ongoing care when he/she returns to their home community as part of the prior discharge planning.
4. Efforts to get an Individual's funding status changed from State-Only to Medicaid should also commence upon admission.
 5. The SUD residential facility is responsible to electronically request the continuing stay/re-authorization 10 business days prior to the expiration of the initial authorization.
 - a. Submit the required information to establish the need for medically necessary continuing stay/re-authorization electronically to SBH-ASO.
 - b. SBH-ASO provides a peer-to-peer review of the request documentation for medical necessity, updated ASAM six (6) dimensions, treatment plan progress and additional goals added subsequently, and additional number of days individually needed based on the information provided. If it is a subsequent continuing stay request from the residential facility, the documentation must include updates, changes, and progress the Individual has made since the last continuing stay request.
 - c. If information is missing or lacking, SBH-ASO will contact the facility within five (5) calendar days of the original receipt of the request to provide, prior to response.
 - d. SBH-ASO will provide a continuing stay/re-authorization to the residential facility based on the documentation indicating medical necessity of services needed at a residential level of care that cannot be met at a less intensive level of care.
 - e. If the request is denied or reduced amount of time, this decision will be conducted by the SBH-ASO Medical Director. The facility and the Individual will be notified in writing 10 days prior to the reduction or termination.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: CRIMINAL JUSTICE TREATMENT ACCOUNT (CJTA)

Policy Number: UM810

Effective Date: 01/01/2020

Revision Dates:

Reviewed Date: 07/19/2019

Executive Board Approval Dates:

PURPOSE

To define the State CJTA funds, to identify the individuals eligible for State CJTA funds and the services covered by State CJTA funds in the Salish region. For individuals eligible for services covered by State CJTA funds and within available resources, this policy is also meant to ensure consistent application of standards region-wide for access to substance use disorder (SUD) services.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) receives and administers CJTA funding for Clallam, Jefferson and Kitsap counties and disperses these funds in accordance with RCW 71.24.580 and RCW 2.30.030.

SBH-ASO utilizes State CJTA as long as the resources are available, to provide services to this specific population of eligible individuals, as well as, pay for allowable expenses. Individuals financially eligible for State CJTA funded services must be ineligible for Medicaid or receive services that are not Medicaid eligible and must be at or below 220% of federal poverty guidelines.

SBH-ASO utilizes State CJTA funds for the following individuals:

- A. Substance using and potential addiction if does not receive SUD treatment; AND
- B. Charged with an offense by a Washington State prosecuting attorney or in drug court; AND
- C. Not eligible for Medicaid or have treatment needs that are not Medicaid eligible; AND

- D. Who are 220% of the federal poverty level; AND
- E. A resident of Jefferson, Clallam or Kitsap Counties.

SBH-ASO and its Providers shall adhere to CJTA Funding Guidelines including:

1. In accordance with RCW 2.30.040, if CJTA funds are managed by a Drug Court, then it is required to provide a dollar-for-dollar participation match for services to Individuals who are receiving services under the supervision of drug court.
2. No more than ten percent (10%) of the total CJTA funds can be used for the following support services combined:
 - a. Transportation; and
 - b. Child Care Services

SBH-ASO shall provide a minimum thirty percent (30%) of the CJTA funds for special projects that meet any or all of the following conditions:

1. An acknowledged best practice (or treatment strategy) that can be documented in published research, or
2. An approach utilizing either traditional or best practices to treat significantly underserved population(s), or
3. A regional project conducted in partnership with at least 1 other entity serving the RSA service are such as, the AH-IMC MCOs operating in the RSA or the ACH.

Services that can be provided using CJTA funds are:

1. Brief Intervention (Any Level, Assessment not Required)
2. Sub-Acute and Acute Withdrawal Management (ASAM Level 3.2WM)
3. Outpatient Treatment (ASAM Level 1)
4. Intensive Outpatient Treatment (ASAM Level 2.1)
5. Opiate Substitution Treatment (ASAM Level 1)
6. Case Management (Level 1, 2)
7. Intensive Inpatient Residential Treatment (ASAM Level 3.5)
8. Long-term Care Residential Treatment (ASAM Level 3.3)
9. Recovery House Residential Treatment (ASAM Level 3.1)
10. Assessment (to include Assessments done while in jail)
11. Interim Services
12. Community Outreach
13. Involuntary Commitment Investigations and Treatment
14. Room and Board (Residential Treatment Only)

15. Transportation
16. Childcare Services
17. Urinalysis
18. Treatment in the Jail; limited to 8 sessions that may include:
 - a. Engaging individuals in SUD treatment
 - b. Referral to SUD services
 - c. Coordinating care
 - d. Continuity of care
 - e. Transition planning
19. Employment services and job training
20. Relapse Prevention
21. Family/Marriage education
22. Peer-to-peer services, mentoring and coaching
23. Self-help and support groups
24. Housing Support Services (rent and/or deposits)
25. Life Skills
26. Spiritual and faith-based support
27. Education
28. Parent education and child development

State CJTA funds payment by SBH-ASO for individuals receiving SUD services shall be considered payment in full, as long as, they meet income qualifications and other eligibility qualifications, per this policy.

PROCEDURE

SBH-ASO network providers will be awarded CJTA funds in accordance with each Counties respective CJTA Committee allocations for the contract period and will render services in accordance with contract requirements. SBH-ASO network providers will invoice the SBH-ASO on a monthly basis for costs incurred in the month previous.

Services provided to Salish residents are transmitted to the BH-ASO each month.

No reimbursement payment for services provided will be made by SBH-ASO when an individual does not meet eligibility criteria for CJTA funds.

Comparison of MHBG Funding Allocation from 2019 to 2020

SABG Plan Category	Funding Jul 2019 - Dec 2019	Funding Jan 2020 - Jun 2020	Notable changes
Prevention and Wellness	\$38,545.00	\$0.00	
Engagement Services	\$0.00	\$10,500.00	Funding change due to limited GFS
*Assessments			
Outpatient Services	\$0.00	\$34,613.00	Funding change due to limited GFS
*Treatment Services			
Medication Services	\$749.00	\$0.00	
Community Support (Rehabilitative)	\$81,973.00	\$82,000.00	
*Case management, day treatment, stabilization			
Recovery Supports	\$0.00	\$20,735.00	Adjustment of some of prevention funds
*Peer services, Ombuds, stabilization			
Other Support (Habilitative)	\$1,250.00	\$0.00	Loss of transportation funds
Intensive Support Services	\$0.00	\$0.00	
Out of Home Residential Services	\$31,096.00	\$18,250.00	Change in funding source for KMHS Keller House
*PBH Residential			
Acute Services	\$8,592.00	\$0.00	
Non-Direct Activities	\$4,143.00	\$250.00	Interpreter
	\$166,348.00	\$166,348.00	

*Note: Funds allocated in 6 month increments

Introduction

Washington State provides Combined Federal Block Grant service through BH-ASO and BHOs. Contracts with BH-ASOs and BHOs support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. The goal of the MNBG Project Plan is to ensure effective services are provided across populations with measurable outcomes.

This Plan is for July 1, 2019 – June 30, 2020. All Mental Health Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2019, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to HCA for approval prior to submitting your first A-19 invoice. Contact the person identified above if there are any questions.

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each category under the column heading “Proposed Total Expenditure Amount.” The Grand Total at bottom of that column must equal total MHBG Allocation.
- Insert the number of Adults with SMI** and Children with SED** projected to be served.
- “Outcomes and Performance Indicators” – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.

**SMI/SED Definitions - For MHBG planning and reporting, SAMHSA has clarified the definitions of SED and SMI: Children with SED refers to persons from birth to age 18 and adults with SMI refers to persons age 18 and over: (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g. most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person’s role or functioning in family, school, employment, relationships, or community activities.

Region: Salish BHO	Current Date: 10/22/19	Total MHBG Allocation: \$166,348 (1/1/2020-6-30-2020)
Contact Person: Jolene Kron	Phone Number: 360 337 4832	Email: jkron@co.kitsap.wa.us

Section 1 Proposed Plan Narratives	
Needs Assessment	<p>Describe what strengths, needs, and gaps were identified through a need’s assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p>Begin writing here: Data from each provider reflects needs specific to their respective communities. Ongoing engagement with each provider, Advisory Board, Quality Review Team (QRT), administrative reviews, case reviews, peer reviews, client satisfaction surveys, Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings.</p>
Cultural Competence*	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p>Begin writing here: The SBHO incorporates cultural competence into the flexible FBG projects by utilizing individuals in recovery as a steering board for the plan development. These projects target funds to address community local gaps to ensure overall wellness of individuals served by the public mental health system. Most of these projects are long-standing efforts to address the housing and crisis stabilization resource shortage in rural and geographically isolated communities (located on the Olympic Peninsula).</p> <p>These projects compliment the following SBHO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services. 7. We value flexibility and creativity in meeting the needs of each individual. <p>The SBHO will measure these projects through required FBG implementation and progress reports. The submitted monthly service reports to the SBHO allow for monthly monitoring of project success, such as allocated funds being spent and projected outcomes being met.</p> <p>Please note: the SBHO uses state funds to execute annual Interlocal Agreements with the Tribes in our region.</p>

	Salish BHO has made cultural trainings available to all providers bot in person and digitally.
Children's Services	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p>Begin writing here: The SBHO actively participates in the coordination of care for children and youth who demonstrate the need for intensive mental health services. Currently, this level of care is classified as Children's Intensive Services (CIS) and reflects their involvement in two or more additional formal child serving systems including: Children's Administration, Juvenile Justice, Substance Abuse treatment, Developmental Disabilities Administration and Special Education. Also, having been placed in inpatient treatment facility and/or needing support of Crisis Intervention are factors that warrant potential provision of CIS.</p> <p>Identified at intake, during reauthorization period or any time meeting the criteria listed above, children are placed in the appropriate level of care. Receiving the designation of Children's Intensive Services (CIS) allows for active SBHO management and oversight of services. The SBHO requires child/family team meetings as a regular component of this level of care is the essential element to coordinate care, empower clients and broker all necessary support to assist in achieving recovery.</p> <p>The SBHO has a long history of providing intensive services to children while partnering with multiple systems to collaboratively and creatively address the unique individual needs of children and their families while integrating strengths, client voice and community/natural supports into mental health treatment. This historical foundation allowed for adoption of formal WISe services rather seamlessly. SBHO currently has nine WISe teams in our coverage area.</p>
Public Comment/Local/BH Advisory Board Involvement	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this MHBG Plan.</p> <p>Begin writing here: Salish BHO providers identify needs in part based on community surveys. All proposals were reviewed by a subcommittee of the SBHO Advisory Board. The final plan is then presented at the advisory board meeting to ensure access to community members.</p>
Outreach Services	<p>Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.</p> <p>Begin writing here: SBHO providers are currently collaborating with community partners regarding access to services for homeless individuals. SBHO provider in East Clallam county has a PATH program, the SBHO provider in Kitsap county has HARPS that is embedded in our Coordinated Entry site for ease of access to services, and the SBHO provider in Jefferson county has an informal partnership with the Community Action Program in that area to implement housing services. HARPS services have been implemented with access to subsidies in all three counties connected to Coordinated Entry sites, this has increased access to support and collaboration between providers and community agencies. The SBHO has also facilitated meetings across all regional providers to increase partnership to assist any transitions to homeless individuals in all areas. SBHO has Peer Pathfinders engaging in outreach for individuals with opioid use disorders and engage with community partners for referrals to assist these individuals in accessing treatment services.</p>
Staff Training	Describe the plan to ensure training is available for mental health providers and to providers of emergency mental health services and how this plan will be implemented.

	<p>Begin writing here: Routine protocol included in the SBHO Administrative Reviews includes random sample review each agency’s employee files for training plans. Random sample includes providers of emergency mental health services. In addition, SBHO provides training for all mental health providers as needs are identified, e.g. HIPAA, Compliance, Grievances, Children’s mental health issues, cultural needs, Tribal relations. SBHO staff provide on-going support and technical assistance to providers related to presenting needs and system issues.</p>
<p>Program Compliance</p>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements. Begin writing here: Routine fiscal reviews will occur of the accounting statements to ensure adequate and timely submission of expenses reports/billing. Clinical content will also be reviewed to ensure services are being provided in concert to each agency plan for block grant. SBHO retains all contracts on site. Subcontracts are available for review as needed. Providers will also participate in routine SBHO Compliance Committee meetings, complete monthly exclusionary reviews, and ensure signage posting to welcome reporting of any program integrity issues.</p>
<p>Cost Sharing (optional)</p>	<p>Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored. Begin writing here:</p>

Section 2 Proposed Project Summaries and Expenditures				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				
Screening, Brief Intervention and Referral to Treatment				0
Brief Motivational Interviews				0
Parent Training				0
Facilitated Referrals				0
Relapse Prevention/ Wellness Recovery Support				0
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families <u>must</u> be tracked.				0
Outcomes and Performance Indicators:				0
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				10500
Assessment				0
Specialized Evaluations (Psychological and Neurological)				0
Service Planning (including crisis planning)				0
Educational Programs				0
Outreach				0
Outcomes and Performance Indicators				0

Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				34613
Individual Evidenced-Based Therapies	Treatment services for uninsured, underinsured, low income individuals not covered under Medicaid.	2	20	0
Group Therapy	Treatment services for uninsured, underinsured, low income individuals not covered under Medicaid.	1	10	0
Family Therapy				0
Multi-Family Counseling Therapy				0
Consultation to Caregivers				0
Outcomes and Performance Indicators: Access to group treatment services to increase understanding of diagnosis and aid in recovery.				0
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				0
Medication Management				0
Pharmacotherapy				0
Laboratory Services				0
Outcomes and Performance Indicators: Individuals maintain stability and access to medication.				0
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				82,000
Parent/Caregiver Support				0
Skill Building (social, daily living, cognitive)				0
Case Management	Treatment services for uninsured, underinsured, low income individuals not covered under Medicaid.		25	0
Continuing Care				0
Behavior Management				0
Supported Employment				0
Permanent Supported Housing				0
Recovery Housing				0
Therapeutic Mentoring				0

Traditional Healing Services				0
Outcomes and Performance Indicators: Decrease in inpatient stays and returns to inpatient. Stabilization of individuals as evidenced by accessing and continued engagement in treatment services.				0
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-direct life and strive to reach their full potential.				20735
Peer Support	Recovery support services for uninsured, underinsured, low income individuals not covered under Medicaid.	1	15	0
Recovery Support Coaching				0
Recovery Support Center Services				0
Supports for Self-Directed Care				0
Outcomes and Performance Indicators: Provide recovery support to increase successful community living and management of SMI.				0
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				
Personal Care				0
Respite				0
Support Education				0
Transportation				0
Assisted Living Services				0
Trained Behavioral Health Interpreters				0
Interactive communication Technology Devices				0
Outcomes and Performance Indicators: Access to treatment option in rural area with transportation barriers as indicated by accessing treatment with transportation assistance.				0
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				0
Assertive Community Treatment				0
Intensive Home-Based				0

Services				
Multi-Systemic Therapy				0
Intensive Case Management				0
Outcomes and Performance Indicators				0
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				18,250
Crisis Residential/Stabilization				0
Adult Mental Health Residential	PBH: Residential Stabilization 365 bed days at \$100 each		3	0
Children’s Residential Mental Health Services				0
Therapeutic Foster Care				0
Outcomes and Performance Indicators: Decrease in inpatient stays and returns to inpatient. Individual reports of increased stability and improved health status.				0
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				
Mobile Crisis				0
Peer-Based Crisis Services				0
Urgent Care				0
23 Hour Observation Bed				0
24/7 Crisis Hotline Services				0
Outcomes and Performance Indicators:				0
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				250
Workforce Development/Conferences				–
Grand Total				\$166,348

Comparison of SABG Funding Allocation from 2019 to 2020

SABG Plan Category	Funding Jul 2019 - Dec 2019	Funding Jan 2020 - Jun 2020	Notable changes
Prevention and Wellness	\$12,500.00	\$7,500.00	
Engagement Services	\$42,300.00	\$37,500.00	
Outpatient Services	\$32,579.00	\$248,372.00	Transition of funds due to limited GFS
Community Support (Rehabilitative)	\$46,290.00	\$45,000.00	
Other Support (Habilitative)-PPW supports	\$36,414.00	\$25,000.00	Decrease due to loss of employment program
Intensive Support Services	\$18,306.00	\$6,000.00	Decrease in childcare specific to Koinonia
Out of Home Residential Services	\$294,000.00	\$135,000.00	Transition of funds to outpatient programs, recovery focus on lower level of care possible
Acute Services (WM)	\$0.00	\$5,000.00	Previously included in residential line item
Recovery Supports	\$121,984.00	\$65,000.00	Decrease in transportation & childcare
Other	\$0.00	\$30,000.00	Includes SUD portion of Ombuds services, training and education, needs assessment
	\$604,373.00	\$604,372.00	

*Note: Funds allocated in 6 month increments

Introduction

Washington State's Substance Use Disorder strategies to further the goals of the Combined Federal Block Grant will rely on service delivery through BH-ASOs and BHOs. Contracts with BH-ASOs and BHOs continue to support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. Our collective overarching "Goal" is to ensure effective services are provided across populations with measurable outcomes and performance indicators.

This Plan is for July 1, 2019 – June 30, 2020. All Substance Abuse Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2019, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to HCA for approval prior to submitting your first A-19 invoice. Contact the Person identified below if there are any questions.

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- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each category under column heading "Proposed Expenditure Amount." The "Grand Total" at bottom of that column must equal total contract amount. The "Grand Total" will automatically calculate off of the amounts entered into each "Proposed Total Expenditure Amount" text box.
- Federal Requirement – A minimum of 10% of funding must be expended to maintain, develop or enhance services for Pregnant, Postpartum Women and Women with Dependent Children (PPW). Provide the number of PPW expected to be served.
- "Outcomes and Performance Indicators" – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.
- Tab or use your cursor to enter into each text box.
- Use your cursor to enter amounts into "Proposed Total Expenditure Amount." You do not need to enter a "\$" – it will automatically add the symbol when you move to the next text box.

Region: Salish BHO	Current Date: 10/22/19	Total SABG Allocation: \$604,372 (1/1/20-6/30/20)
Contact Person: Jolene Kron	Phone Number: 360-337-4832	Email: jkron@co.kitsap.wa.us

Section 1 Proposed Plan Narratives	
Needs Assessment (required)	<p>Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the region. Include age, race/ethnicity, gender, and language barriers.</p> <p><i>Begin writing here:</i> The Salish BHO Quality Review Team identified needs in all areas related to peer services, housing needs and transportations challenges due to expansive geographic area. In reviewing available data, it appears that youth under the age of 18 represent a population that has historically been underserved in our area. The primary Substance Use Disorder issue facing our communities, however, is addiction to Opioids and the effects that this has on our communities. To this end, there are two practices in Clallam County (the Jamestown Clinic and the Federally Qualified Health Clinic, North Olympic Healthcare Network) both have multiple prescribers qualified to prescribe Suboxone, which is a strength.</p>
Cultural Competence (required)	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p><i>Begin writing here:</i></p> <p>The SBHO incorporates cultural humility into the SABG projects by utilizing individuals in recovery as a steering board for the plan development. These projects target funds to address local community gaps as identified by direct service agencies to ensure overall wellness of individuals served by the public SUD system. These projects compliment the following SBHO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services. 7. We value flexibility and creativity in meeting the needs of each individual. <p>The SBHO will measure these projects through required SABG implementation and progress reports. The submitted monthly service reports to the SBHO allow for monthly monitoring of project success, such as allocated funds being spent and projected outcomes being met. Diversity based trainings have been provided to the provider network to increase cultural humility across our network.</p> <p>Please note: the SBHO uses state funds to execute annual Interlocal Agreements with the Tribes in our region</p>
Continuing Education for Staff (required)	<p>Describe of how continuing education for employees of treatment facilities is expected to be implemented.</p> <p><i>Begin writing here:</i></p> <p>SBHO will continue to emphasis utilization of ASAM criteria to support longer length harm reduction treatment with an intended result of improved treatment outcomes, including paying for longer involvement in continuing care services on a case by case basis.</p>

	<p>SBHO will support purchase or development of harm reduction program model to be used by contracted providers.</p> <p>SBHO will provide training on innovative Individual Service Plan (ISP) development to include expanded/re-defined definition of client progress/success in MAT/OST programs. SBHO identifies training needs in the monitoring process as well as at provider request.</p> <p>Salish BHO has supported Recovery Coach training in partnership with the Suquamish Tribe to enhance our current service network.</p>
Charitable Choice (required)	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p><i>Begin writing here: SBHO will seek out faith-based organizations involved in providing treatment and seek input regarding how they choose to be integrated into the public treatment system.</i></p>
Coordination of Services (required)	<p>Provide a description what activities or initiatives will be or are in place to ensure services are coordinated with other appropriate services.</p> <p><i>Begin writing here: There are three coordination activities which will be critical to the long term success of the SBHO, 1) coordination between SUD outpatient providers and mental health providers – we will put into contracts expectations for seamless coordination of services between the two program areas; 2) coordination between SUD outpatient providers and physical health care – once again, this is a contract expectation of the SBHO that all outpatient providers coordinate with primary care when appropriate; and 3) one of our areas of focus will be the coordination of care for individuals receiving Suboxone from primary care physicians. Outpatient providers use case manager to coordinate with community services including housing, employment, DSHS, DOC, and Children’s Administration. SBHO has participated in meetings to assist with in problem solving concerns related to care coordination for MAT services for court involved individuals in Clallam County. SBHO participated in regional opioid programs to assist with development of community network response and facilitate care for individuals.</i></p>
Public Comment/Local Board /BH Advisory Board Involvement (required)	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.</p> <p><i>Begin writing here: The SBHO contracted SUD agencies responded to a request for proposals to develop the final SABG plan, which will be reviewed by the SBHO Advisory Board. Advisory Board and Executive Board meetings of the SBHO are all public meetings and advertised widely. There is opportunity for public comment at both venues. SBHO participated and engages with 1/10th committees across our region to provide support and receive feedback regarding service gaps.</i></p>
Program Compliance (required)	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <p><i>Begin writing here: Contracted agencies will be required to complete monthly performance reports outlining progress on funded programs. Each program is visited at least annually to conduct an on-site assessment of the program, and verify information included in the monthly reports. Discussion of outcomes and metrics were part of the RFP award process. SBHO staff met with agencies to identify clear metrics for SABG in 2019.</i></p>
Recovery Support Services (optional)	<p>Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.</p> <p><i>Begin writing here: Transportation, childcare for PPW population, and PPW Housing Support programs are funded. SBHO has funded peer support in several agencies to increase connection in the community and access to all recovery supports.</i></p>
Cost Sharing (optional)	<p>Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be</p>

identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be managed and monitored.
Begin writing here:

Section 2 Proposed Project Summaries and Expenditures				
<i>The * indicates a required component of the Proposed Project Summary</i>				
Category/Sub Category	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness.				7500
*PPW Outreach	Outreach and engagement for PPW population in partnership with community referrals	20	Evidence of care coordination with referral sources to provide information on treatment services specific to PPW populations. Evidence of prioritization. 90% of individuals receive information.	0
Outreach to Individuals Using Intravenous Drugs (IUID)				0
Brief Intervention				0
Drug Screening				0
*Tuberculosis Screening	Outpatient agencies will continue to conduct screening for Tuberculosis as part of the assessment process.		Individuals screened as possibly exposed to TB will be referred for medical followup.	0
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must				37500

meet the criteria as set forth in Chapter 246-341 WAC.				
Assessment	Completion of requested assessments.	10	Completion of assessment and referral to appropriate level of care.	0
*Engagement and Referral	Identify referred individuals and work to engage or refer to services within community. Engage individuals within justice system to facilitate community-based treatment. Peer support used in engagement of individuals.		Increase engagement and continued treatment. Track number engaged and referred for services. Completion of assessment as follow up to referral.	
*Interim Services	Post-assessment follow-up for individuals not accessing services due to waitlist/lack of available funding.	10	Evidence of continued engagement of individuals pending access to treatment.	0
Educational Programs				0
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				248372
Individual Therapy	Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid	10	Evidence of treatment encounters appropriate to ASAM level of care.	0
Group Therapy	Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid	10	Evidence of treatment encounters appropriate to ASAM level of care.	0
Family Therapy				0
Multi-Family Counseling Therapy				0
Medication Assisted Therapy (MAT)	Daily dosing for uninsured, under insured, low income individuals not eligible for Medicaid.	5	Tracking engagement, monthly number served, number engaged in other treatment services.	0
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				45000
Case Management	case management Navigation and connection to community systems	20	Engagement in treatment. Progress in meeting identified treatment goals. 80% will maintain recovery and report benefit from services.	
Recovery Housing				0
Supported Employment				0

Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.			25000
PPW Housing Support Services	Housing support services in recovery house for women and children. Supportive case management services.	5	Tracking treatment attendance, completion of treatment. Goal achievement as indicated in treatment plan.
Supported Education			0
Housing Assistance			0
Spiritual/Faith-Based Support			0
Intensive Support Services – Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.			6000
*Therapeutic Intervention Services for Children	Childcare services to assist with access to treatment. See below.	10	Tracking use of childcare with monthly reporting. Increased attendance for participants.
Sobering Services			0
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.			135000
Sub-acute Withdrawal Management	Residential treatment services for individuals who meet ASAM and are not eligible for other funding.		Tracking bed days of services received by individuals using monthly reports.
Crisis Services Residential/ Stabilization			0
Intensive Inpatient Residential Treatment	Residential treatment services for individuals who meet ASAM and are not eligible for other funding.	5	Tracking bed days of services received by individuals using monthly reports.
Long Term Residential Treatment			0
Recovery House Residential Treatment			0
Involuntary Commitment			0
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.			5000

Acute Withdrawal Management	Provide Acute Withdrawal management meeting ASAM criteria to non-Medicaid individuals	2	Individuals meet ASAM criteria	0
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				65000
*Interim Services	See above			0
*Transportation for PPW	Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.		Tracked by individual bus ticket, bus passes, mileage reimbursement.	
Transportation	Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.		Tracked by individual bus ticket, bus passes, mileage reimbursement.	
*Childcare Services	Provide childcare in a licensed on-site facility to increase access to treatment services.		Track number of children accessing care and cost of program. Monthly report on usage.	
Peer Support Services				
*Other SABG activities – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments. Community education and training, advocacy support, Ombuds services,				30,000
Grand Totals				\$604,372

Medicaid Budget - CY 2020

Medicaid Revenue - CY 2020	
MCO Revenue (Molina, United Healthcare, Amerigroup and Coordinated Care)	\$ 3,137,291
Total Medicaid Revenue	\$ 3,137,291
Medicaid Expenditures - CY 2020	
Crisis Services	
Regional Crisis Line	\$ 150,000
Crisis Response Teams/Mobile Crisis Outreach	\$ 2,510,004
Other Medicaid Expenses	
Ombuds	\$ 50,000
BH-ASO Administration	\$ 330,644
Total Medicaid Expenses	\$ 3,040,648

Unallocated to be addressed at end of Q1 2020. All Medicaid revenue is projected. Unallocated may be less than projected.

\$ 96,643

BH-ASO Non-Medicaid Revenue - Calendar Year 2020	
State (GFS)	\$3,447,561.00
Mental Health Block Grant (MHBG)	\$332,696.00
Substance Abuse Block Grant (SABG)	\$1,209,621.00
Designated Marijuana Account (DMA)	\$226,560.00
Criminal Justice Treatment Account (CJTA)	\$261,804.00
State Drug Court (CJTA)	\$210,800.00
Secure Detox	\$46,584.00
Jail Services	\$114,768.00
5480- ITA non-Medicaid	\$163,260.00
Program for Assertive Community Treatment (PACT)	\$121,623.60
Detention Decision Review	\$27,492.00
Assisted Outpatient Treatment (AOT)	\$54,045.00
Crisis Triage/Stabilization	\$504,924.00
E&T Discharge Planners	\$143,059.00
Family Youth System Parent Round Table (FYSPRT)	\$75,000.00
ASO Enhancement Funds	\$219,916.00
Total Non-Medicaid Revenue	\$7,159,714

Non-Medicaid Expenditures - CY 2020	
Crisis Line	\$100,000.00
Crisis Response Teams/Mobile Crisis Outreach	\$1,156,992.00
Total Crisis	\$1,256,992.00
Involuntary Psychiatric Inpatient Treatment	\$1,309,400.00
ITA Secure Withdrawal Management	\$60,000.00
ITA Court Costs	\$312,500.00
Total Involuntary	\$1,681,900.00
Facility Based Crisis Stabilization/Triage	\$309,900.00
MH Residential	\$73,000.00
SUD Residential	\$217,100.00
SUD Withdrawal Management (voluntary)	\$86,620.00
Total Residential	\$686,620.00
MH Outpatient	\$611,780.06
SUD Outpatient and Prevention (includes OTP)	\$620,369.00
Total Outpatient	\$1,232,149.06
PPW Childcare	\$50,000.00
PPW Housing Support	\$50,000.00
Transportation	\$15,000.00
SUD Recovery Supports	\$115,000.00
Criminal Justice Treatment Account Services/Supports	\$401,713.40
E&T Discharge Planners	\$121,600.15
ASO Enhancement Payments	\$186,928.60
Jail Services	\$97,552.80
Community Education/Training	\$30,000.00
FYSPRT	\$15,000.00
OMBUDS	\$60,000.00
Interpreter Services	\$1,500.00
Total Miscellaenous	\$914,294.95
BH-ASO Administration	\$715,971.00
BH-ASO Direct Support	\$280,870.00
BH-ASO Admin & Direct Support	\$996,841.00
Total Expenditures	\$6,883,797.01

Recommend the following for unallocated funds: \$120,354.19 of State be set aside as Reserves, \$10,696 of MHBG and \$144,857 of SABG be allocated after end of Q1 2020.

Salish Behavioral Health Administrative Services Organization - ANNUAL BUDGET ESTIMATES (v.10.22.19)					
	Medicaid	State Non-Medicaid	MHBG	SABG	Total
BH-ASO Non Medicaid Reserves					
Revenues					
Non-Medicaid State		\$3,447,561.60			
DMA		\$226,560.00			
CITA		\$261,804.00			
State Drug Court (\$210,800)		\$210,800.00			
Secure Detox		\$46,584.00			
Jail Services		\$114,768.00			
5480-ITA Non-Medicaid		\$163,260.00			
PACT		\$121,623.60			
Detention Decision Review		\$27,492.00			
Assisted Outpatient Treatment		\$54,045.00			
Crisis Triage/Stabilization		\$504,924.00			
E&T Discharge Planners		\$143,059.00			
BHO Enhancements		\$219,916.00			
FYSPRT		\$75,000.00			
Mental Health Block Grant (MHBG)		\$0.00	\$332,696.00		
Substance Abuse Block Grant (SABG)			\$0.00	\$1,209,621.00	
Total Budgeted	\$3,137,291.00	\$5,617,397.20	\$332,696.00	\$1,209,621.00	\$10,297,005.20
Mental Health Expenses - Outpatient (includes LRA monitoring, LRA services -ASO contract required and Low Income Svcs, Outreach- considered Vital)					
MH Outpatient Services - LRA monitoring, LRA Treatment Svcs		\$68,400.00			
BHO Enhancement payments to MH Providers (Line item minus 15%)		\$186,928.60			
MH Outpatient Services - High Risk/High Utilizer		\$180,000.00	\$260,000.00		
KMHS PACT - Proviso		\$103,380.06			
Total Mental Health Outpatient Services		\$538,708.66	\$260,000.00		\$798,708.66
Behavioral Health Expenses - Crisis Services					
Regional Crisis Line Contract attributed to Medicaid vs. Non-Medicaid 60/40 Split	\$150,000.00	\$70,000.00		\$30,000.00	
Crisis Services (Includes DCR and Mobile Crisis Outreach)	\$2,510,004.00	\$1,156,992.00			
Total Crisis Services	\$2,660,004.00	\$1,226,992.00		\$30,000.00	
Behavioral Health Stabilization Services					
PBH CRCC Crisis Stabilization	0	\$97,875.00		\$32,625.00	
KMHS Crisis Stabilization Triage Facility	0	\$123,750.00		\$41,250.00	
DBH Stabilization Apartment	0	\$14,400.00			
Total Behavioral Health Stabilization Services		\$236,025.00		\$73,875.00	
E&T Services					
KMHS Adult E&T /Involuntary Estimate		\$1,032,650.00			
KMHS Youth E&T / Involuntary Estimate		\$114,000.00			
Other E&T Outside of SBHO Region/Involuntary Estimate		\$42,750.00			
E&T Discharge Planners (Current State Funds minus 15%)		\$121,600.15			
Total E&T Services		\$1,311,000.15			
Mental Health Expenses - Residential Treatment					
KMHS Keller House		\$36,500.00	\$0.00		
PBH Arlene Engel		\$0.00	\$36,500.00		
Total Mental Health Residential (ALS, ARTF, Stepdown Facilities, Respite Beds, Transitional Housing)		\$36,500.00	\$36,500.00		\$73,000.00
Community Hospitals - IP Treatment					
MH Community Hospital - Voluntary		\$0.00			
MH Community Hospital - Involuntary (Currently varies from \$0-\$7,000/month) Assume 10k a month		\$120,000.00			
Total Community Hospitals		\$120,000.00			\$120,000.00
Mental Health Expenses - Jail					
Jail Services (line item minus 15%)		\$97,552.80			
Total Jail		\$97,552.80			\$97,552.80
SUD Expenses - Outpatient Services (includes LRA monitoring, LRA services -ASO contract required & Low Income Svcs, Outreach - considered Vital)					
OTP USE SABG (\$30,000 for BAART)				\$70,369.00	
SUD OP Service (Youth treatment and Prevention USE DMA; \$50k tx and \$50k prevention); (Adult Use SABG)		100,000.00		\$450,000.00	
Total SUD Outpatient Services (DMA & SABG) - includes OUT Outreach		100,000.00		520,369.00	620,369.00
SUD Expenses - Withdrawal Management					
SUD SubAcute WD Mgmt DMA for Youth , SABG for Adults)		\$19,100.00		\$ 61,120.00	
SUD Acute WD Mgmt				\$ 6,400.00	
SUD Secure Detox USE SECURE DETOX FUNDS then SABG		\$39,000.00		\$ 21,000.00	
Total SUD Withdrawal Management Services		\$58,100.00		\$ 88,520.00	\$146,620.00
SUD Expenses - Inpatient					
SUD Inpatient - Youth USE DMA , Adults USE SABG]		\$41,100.00		\$176,000.00	
Total SUD Inpatient (DMA for youth & SABG for adults)		\$41,100.00		\$176,000.00	\$217,100.00
SUD Recovery Supports and OTHER					
SUD Expenses agreed upon by CJTA Committees (CJTA and State Drug Court Line items minus 15%)		\$401,713.40			
Childcare				\$50,000.00	
PPW Housing Support				\$50,000.00	
Transportation				\$15,000.00	
FYSPRT		\$15,000.00			
Community Education and Training (Providers, Advisory Board, etc) (USE DMA FOR YOUTH TRAINING)		\$5,000.00		\$25,000.00	
Total SUD Recovery Supports		\$421,713.40		\$140,000.00	\$561,713.40
Expenses - ITA Court Costs					
ITA Court Costs to Other RSAs		\$312,500.00			
Total ITA Court Costs		\$312,500.00			\$312,500.00
Expenses - Misc. Service Support Costs					
Interpreter Services		\$0.00	\$500.00	\$1,000.00	
OMBUDS	\$50,000.00		\$25,000.00	\$35,000.00	\$110,000.00
Total Misc. Service Support Costs (OMBUDS & Interpreter Services)	\$50,000.00	\$0.00	\$25,500.00	\$36,000.00	
Expenses - Direct Services Support Costs (ADMIN)					
Total Direct Service Support (IS, UM, Pub Ed & Med Dir) 5% Revenue excluding Block Grant = \$280,870	0	\$280,870.00			
Expenses - Admin					
Itemized Separate Document					
Total Admin	\$330,644.00	\$715,971.00			
Grand Total CY Expenditures	\$3,040,648.00	\$5,497,033.01	\$322,000.00	\$1,064,764.00	
CY Unallocated Revenue	\$96,643.00	\$120,364.19	\$10,696.00	\$144,857.00	

22 BEHAVIORAL HEALTH ADVISORY BOARD (Advisory Board)

22.1 The Contractor shall maintain a Community BHAB in each RSA that is broadly representative of the demographic character of the region. The composition of the Advisory Board and length of terms shall be provided to HCA upon request and meet the requirement in this section.

22.1.1 Advisory Board Requirements:

- 22.1.1.1** Be representative of the geographic and demographic mix of service population;
- 22.1.1.2** Have at least fifty one percent (51%) of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in recovery from a behavioral health disorder;
- 22.1.1.3** Law Enforcement representation;
- 22.1.1.4** County representation;
- 22.1.1.5** No more than four elected officials;
- 22.1.1.6** No employees, managers or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor; and
- 22.1.1.7** Three year term limit, multiple terms may be served, based on rules set by the Advisory Board.

22.1.2 The Advisory Board will:

- 22.1.2.1** Solicit and use the input of Individuals with mental health and/or SUD to improve behavioral health services delivery in the region;
- 22.1.2.2** Provide quality improvement feedback to key stakeholders and other interested parties defined by HCA. The Contractor shall document the activities and provide to HCA upon request; and
- 22.1.2.3** Upon request by HCA, approve and submit the annual SABG and MHBG expenditure plan for the region. The expenditure plan format will be provided by HCA.



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

October 18, 2019

Stephanie Lewis
Administrator
Salish Behavioral Health Organization
614 Division St - MS 23
Port Orchard, WA 98366

Dear Ms. Lewis:

**SUBJECT: 2020 Behavioral Health-Administrative Services Organization (BH-ASO)
Readiness Review Final Report**

The Health Care Authority (HCA) completed the Readiness Review and network analysis process for the January 2020, implementation of the 2020 Behavioral Health-Administrative Services Organization (BH-ASO) Contract. You have completed the BH-ASO readiness review process and HCA determined readiness to implement the 2020 BH-ASO Contract.

As previously communicated in the September 26, 2019, letter regarding the 2020 BH-ASO readiness review results, you completed the on-site visit with interview questions and a desk review of submitted documents to assess your readiness to comply with the 2020 BH-ASO Contract. On October 9, 2019, you responded to concerns in the initial report, which HCA has evaluated and found it meets expectations for the Readiness Review. The final readiness review report is enclosed, which should be reviewed in detail. Some elements require follow-up to occur as part of future monitoring activities as identified in the report.

The adequacy of your provider network included a review of network submissions by HCA staff and a review of essential behavioral health provider subcontracts. The results of the review identified an adequate network for the January 2020 implementation of the BH-ASO Contract.

If you have any questions regarding the enclosed report, please contact Penny Bichler, Readiness Review Coordinator, by telephone 360-725-1636 or via email penny.bichler@hca.wa.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jason T. McGill".

Jason T. McGill
Assistant Director
Medicaid Program Operations and Integrity

Stephanie Lewis
Administrator
October 18, 2019
Page 2

Attachment 7.a

Enclosure

By email

cc: Gail Kreiger, Section Manager, MPOI, HCA
Jessica Diaz, Acting Section Manager, MPOI, HCA
Alice Lind, Clinical Nurse Specialist, MPOI, HCA
Colette Jones, Section Supervisor, MPOI, HCA
Eric Osborne, Medical Assistance Program Specialist 3, MPOI, HCA
Penny Bichler, Medical Assistance Program Specialist 3, MPOI, HCA