



Salish Behavioral Health  
Administrative Services Organization

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**SALISH BEHAVIORAL HEALTH**  
**ADMINISTRATIVE SERVICES ORGANIZATION**  
**EXECUTIVE BOARD**  
**MEETING**

**DATE:** Thursday, July 17, 2025  
**TIME:** 9:00 AM – 11:00 AM  
**LOCATION:** Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382

**LINK TO JOIN BY COMPUTER OR PHONE APP:**

***\*\*Please use this link to download ZOOM to your computer or phone:  
<https://zoom.us/support/download>.\*\****

Join Zoom Meeting: <https://us06web.zoom.us/j/81593300249>

Meeting ID: 815 9330 0249

**USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:**

Dial by your location: 1-253-215-8782

Meeting ID: 815 9330 0249

**A G E N D A**

[Salish Behavioral Health Administrative Services Organization – Executive 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 SBHASO Executive Board Meeting Minutes for April 18, 2025 [page 4] (Attachment 5 [page 8])
6. Action Items
  - a. Approval of Amended Advisory Board By-Laws [page 4] (Attachment 6.a [page 12])
  - b. 2025 Policy and Procedure Updates [page 4] (Attachment 6.b.1 [page 18], 6.b.2 [page 19], and Supplemental Packet 6.b.3).
7. Informational Items
  - a. Budget Review [page 5]
  - b. Block Grant Plans [page 5]
  - c. Criminal Justice Treatment Account (CJTA) Discussion [page 6]
  - d. Salish BHASO Branding and New Logo [page 7]

- e. Behavioral Health Advisory Board Updates [page 7]
- f. Opioid Abatement Council (OAC) Update [page 7]
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

## ACRONYMS

<b>ACH</b>	Accountable Community of Health	<b>ITA</b>	Involuntary Treatment Act
<b>AOT</b>	Assisted Outpatient Treatment	<b>MAT</b>	Medical Assisted Treatment
<b>ASAM</b>	American Society of Addiction Medicine	<b>MCO</b>	Managed Care Organization
<b>BHA</b>	Behavioral Health Advocate; Behavioral Health Agency	<b>MHBG</b>	Mental Health Block Grant
<b>BHAB</b>	Behavioral Health Advisory Board	<b>MOU</b>	Memorandum of Understanding
<b>BHASO</b>	Behavioral Health Administrative Services Organization	<b>OCH</b>	Olympic Community of Health
<b>CAP</b>	Corrective Action Plan	<b>OST</b>	Opiate Substitution Treatment
<b>CMS</b>	Center for Medicaid & Medicare Services (Federal)	<b>OTP</b>	Opiate Treatment Program
<b>CPC</b>	Certified Peer Counselor	<b>PACT</b>	Program of Assertive Community Treatment
<b>CRIS</b>	Crisis Response Improvement Strategy (WA State Work Group)	<b>PATH</b>	Programs to Aid in the Transition from Homelessness
<b>DBHR</b>	Division of Behavioral Health & Recovery	<b>PIHP</b>	Prepaid Inpatient Health Plans
<b>DCR</b>	Designated Crisis Responder	<b>P&amp;P</b>	Policies and Procedures
<b>DCYF</b>	Division of Children, Youth, & Families	<b>QACC</b>	Quality and Compliance Committee
<b>DDA</b>	Developmental Disabilities Administration	<b>RCW</b>	Revised Code Washington
<b>DSHS</b>	Department of Social and Health Services	<b>R.E.A.L.</b>	Recovery. Empowerment. Advocacy. Linkage.
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)	<b>RFP, RFQ</b>	Request for Proposal, Request for Qualifications
<b>EBP</b>	Evidence Based Practice	<b>SABG</b>	Substance Abuse Block Grant
<b>FYSPRT</b>	Family, Youth, and System Partner Round Table	<b>SRCL</b>	Salish Regional Crisis Line
<b>HCA</b>	Health Care Authority	<b>SUD</b>	Substance Use Disorder
<b>HCS</b>	Home and Community Services	<b>SYNC</b>	Salish Youth Network Collaborative
<b>HIPAA</b>	Health Insurance Portability & Accountability Act	<b>TEAMonitor</b>	HCA Annual Monitoring of SBHASO
<b>HRSA</b>	Health and Rehabilitation Services Administration	<b>UM</b>	Utilization Management
<b>IMC</b>	Integration of Medicaid Services	<b>WAC</b>	Washington Administrative Code
<b>IMD</b>	Institutes for the Mentally Diseased	<b>WM</b>	Withdrawal Management
<b>IS</b>	Information Services	<b>WSH</b>	Western State Hospital, Tacoma



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## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

### EXECUTIVE BOARD MEETING

**Thursday, July 17, 2025**

#### **Action Items**

##### **A. APPROVAL OF AMENDED ADVISORY BOARD BY-LAWS**

Staff is seeking the Executive Board's approval of the attached amended Advisory Board By-Laws. The Advisory Board reviewed the existing By-laws in full at the May 16, 2025 meeting, and proposed the following revisions:

Section 4.c, "Resignation"

- Replace "Administrator" with "Executive Director"

Section 5, "Attendance" –

- Replace "Administrator" with "Executive Director or their designee"

Section 6.b, "Regular Meetings"

- Replace "Administrator" with "Executive Director"

Section 11, "Compensation"

- Replace "Administrator" with Executive Director"

With Executive Board approval, these changes will be effective immediately.

##### **B. 2025 POLICY AND PROCEDURE UPDATES**

Staff is seeking the Executive Board's approval of the revised Policies and Procedures. HCA/BHASO Contract changes and continued SBHASO growth and process improvements necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures. See attachments 6.b.1 (page X), 6.b.2 (page X), and supplemental packet 6.b.3.

The following policies have been revised and are included for the Board's approval:

- AD100 Definitions
- CL200 Integrated Crisis Services
- CL201 Ensuring Care Coordination for Individuals
- CL203 Levels of Care

- CL205 Monitoring of Conditional Release, Less Restrictive, Assisted Outpatient Treatment Order
- CL206 State Hospital and Long-term Community Care Coordination
- CL207 Jail Transition Services
- CL209 Recovery Navigator Program: R.E.A.L. Program
- CL213 Salish Youth Network Collaborative SYNC
- CP301 Compliance and Program Integrity
- CP303 Fraud, Waste, and Abuse Compliance Reporting Standards
- FI504 Financial Management
- PS902 Confidentiality, Use and Disclosure of Protected Health Information
- PS903a Privacy and Security Policies Maintenance Plan
- QM701 Quality Management Plan
- UM801 Utilization Management Requirements
- UM804 Access to Withdrawal Management SUD Services
- UM805 Crisis Stabilization Services in Crisis Stabilization or Triage Facility
- UM806 Utilization Management of Outpatient Services
- UM807 State Only Funded Program of Assertive Community Treatment (PACT)

## **Informational Items**

### **A. BUDGET REVIEW**

Staff will provide a review of budget changes in July to December revenue contract. Salish BHASO saw a net reduction of \$140,233 for the 6-month period. These cuts were limited among seven line items with the largest cut impacting the Recovery Navigator Program.

### **B. BLOCK GRANT PLANS**

Salish BHASO receives federal block grant funding through the Washington Health Care Authority (HCA) revenue contract. This funding has specific parameters and is provided for mental health under the Mental Health Block Grant (MHBG) and the Substance Use Prevention Treatment and Recovery Services (SUPTRS) block grant, previously called SABG. Block grant plans are completed annually and submitted to HCA for approval. This approval includes a letter from the Advisory Board in support of the plans for each ASO. The plans may be revised and resubmitted as needed.

The MHBG plan provides funding for the crisis system and transportation. Crisis services include crisis hotline and interpreter services. The plan format from HCA includes crisis services under the “Acute Intensive Services” category. The MHBG plan also identifies an estimate of the number of people to be served in each category. SBHASO Administrative allowance is also included. Allocations are in line with the previous 6-month allocation. MHBG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

SUPTRS Plans Include:

PPW (Pregnant and Parenting Women) Outreach is a required category for all SUPTRS plans. A significant amount of funding is allocated for crisis services, which is categorized under “brief intervention” on this template. Brief intervention includes mobile crisis outreach services.

Interim services is a required category of all SUPTRS Plans. This line item is limited as there has not historically been a need for interim services in the Salish region. Therapeutic Intervention Services for Children is also a required category and specifically intended for services to children in residential facilities serving Pregnant and Parenting Women (PPW).

Funding is also allocated to both Sub-Acute Withdrawal Management and Intensive Inpatient Residential Treatment which are line items under the “Out of Home Residential Services” category.

Under the “Recovery Supports” category, the following line items are allocated funding: Transportation for PPW, Transportation, and Childcare Services. Both Transportation for PPW and Childcare Services are required categories.

Under “Other SABG activities”, funding is allocated for Interpreter Services and SBHASO Administrative allowance. SUPTRS Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

ARPA block grants are ending effective September 30, 2025. ARPA is the continuation of COVID block grants that have been in place since 2020. SBHASO is working to complete spend out of these funds.

**C. CRIMINAL JUSTICE TREATMENT ACCOUNT (CJTA) DISCUSSION**

This year Salish BHASO received the biennial request from HCA regarding administration of CJTA. CJTA funding is allocated by County. Each county is given the option to manage CJTA funds internally or designate the regional ASO to administer the funds. Salish BHASO has been administering CJTA funds and coordinating the committee for all 3 counties since 2016.

Clallam County, Jefferson County, and Kitsap County have chosen to continue designating Salish BHASO to administer CJTA funds.

#### D. SALISH BHASO BRANDING AND NEW LOGO

As Salish BHASO continues to be more out-facing, we needed to upgrade the current market materials as we progress as an organization. Our previous logo was created internally and was not versatile in the ability to manipulate the image for our business purposes. SBHASO worked with a designer to provide a selection of proofs. Staff then determined the final version presented here today.



## **Salish Behavioral Health** Administrative Services Organization

#### E. BEHAVIORAL HEALTH ADVISORY BOARD UPDATES

SBHASO Advisory Board Chair, Stormy Howell, will provide an update on Advisory Board activities.

SBHASO continues recruitment for 2 seats in Clallam, 1 seat in Jefferson County, 1 seat in Kitsap, and 1 Tribal representative. An application has been received for the vacant Kitsap County position. Staff are working to coordinate an interview.

#### F. OPIOID ABATEMENT COUNCIL UPDATE

In May 2025, Salish BHASO hosted three Kitsap Opiate Community Conversations in Bremerton, Poulsbo, and Port Orchard. Key themes of the feedback provided by attendees included: expanding access – both in immediacy and scope of services, and transportation and employment supports for those seeking services.

Since its release in February 2025, the Opioid Response Community Survey has received 65 responses. Respondents prioritized making it easier for individuals to access care and support, expanding and improving treatment services, and offering education in schools and communities to prevent or reduce opioid misuse.

**MINUTES OF THE  
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION  
EXECUTIVE BOARD**

**Friday, April 18, 2025  
9:00 a.m. - 11:00 a.m.  
Hybrid Meeting  
7 Cedars Hotel, Cedar Room**

**CALL TO ORDER** – Commissioner Mark Ozias called the meeting to order at 9:01 a.m.

**INTRODUCTIONS** – Self introductions were conducted.

**ANNOUNCEMENTS** – None.

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

**APPROVAL of AGENDA** –

Request to add Advisory Board Update between informational items D and E.

**MOTION: Commissioner Dudley Nollette moved to approve the agenda as amended. Commissioner Rolfes seconded the motion. Motion carried unanimously.**

**APPROVAL of MINUTES** –

**MOTION: Commissioner Dudley Nollette moved to approve the meeting notes as submitted for the February 21, 2025 combined Executive and Advisory Board meeting. Commissioner Rolfes seconded the motion. Motion carried unanimously.**

**INFORMATIONAL ITEMS**

➤ **FISCAL UPDATE**

**ARPA & BLOCK GRANT**

States received notice of the cancellation of COVID/ARPA funding. All ASOs have received letters of suspension of the funding, effective March 24, 2025. Salish BHASO received a formal notice of rescinding the suspension on April 9, 2025. SBHASO has prioritized use of this funding that is set to expire September 30, 2025. All funds are in contract and expected to be expended by June 30, 2025. Current funds have been evaluated to manage any changes that may be implemented regarding this funding in the coming months.

*Question regarding the reserve needed to manage organizational cash flow. The current reserve covers approximately 45 days of expenditures. Staff noted that the existing reserve formula was established before SBHASO was formed and should be reviewed and updated to reflect current operational needs.*

## GFS FUNDS EVALUATION

Salish BHASO has evaluated current existing funding as requested by HCA for the return of funds not expended in previous periods. SBHASO met with HCA to discuss the plan and process on February 24, 2025. This discussion included developing the process to identify what funding streams will be included in the return.

*Discussion regarding factors contributing to unspent funds, such as conservative fiscal planning during the transition to ASO structure, prioritization of ARPA/COVID funds, and the timeline for new program implementation. It was confirmed that returning these funds will not impact current programming. SB-ASO plans to revise fiscal practices to include consideration of existing reserves in future budgeting. Discussion also touched on potential future service delivery opportunities under the 1115 waiver, use of jail transition funding, and strategies to improve regional efficiency and flexibility in fund allocation.*

### ➤ BLOCK GRANT PLANNING PROCESS

Federal Block Grant planning is in process. Currently, staff are evaluating the availability of funding. SBHASO will release an RFP by the end of April for funding starting in July. This process includes submission of responses from our existing contracted network. The applications are then reviewed by the Salish Behavioral Health Advisory Board. Recommendation will then be brought forward to the Executive Board for approval in the June meeting.

*Substance Abuse Block Grant (SABG) is now referred to as Substance Use Prevention, Treatment, and Recovery Supports (SUPTRS).*

*Staff provided a brief overview of the RFP review process. An RFP is expected to be released in early May for funding in July.*

### ➤ CONTRACTS UPDATE

The contracting process has been very challenging over the past year. Internal bandwidth, change in county process, and change in county staffing has caused significant lags in contract execution. SBHASO will continue to work on internal processes. The new contract position is still in process with round 2 of recruitment. SBHASO hopes to have a candidate in the next several weeks.

SBHASO is making internal changes to our contract formatting to increase clarity on eligible expenses and fund sources. Changes were implemented in the January 1, 2025, rollout and further changes will be implemented in July 1, 2025 contracts. Program explanations will be included to assist in the clarity of the program expectation for fiscal staff.

HCA has issued a letter identifying changes to the contract process that will require a 28-day turnaround. They are also changing payment processes. HCA will no longer release funds without the fully executed contract in place. Feedback was submitted last week for the July contract updates. HCA anticipated release of the contracts the first week of June to be executed by July 1, 2025.

*Concern voiced regarding potential delays in contract execution due to HCA's new 28-day turnaround requirement and withholding of funds until contracts are executed.*

➤ **TEAMONITOR UPDATE**

Salish BHASO Staff recently received a document request from HCA related to the annual TEAMonitor audit. Submission of requested documents is due to HCA in June 2025. The onsite portion of TEAMonitor is scheduled for August 14, 2025. TEAMonitor – auditing process through HCA in review of our oversight of services. Received 39-page request.

*Staff noted that the onsite portion will take place on Zoom this year. The onsite portion includes review of Policies and Procedures related to data services, as well as evaluation of community collaboration, care coordination, and monitoring of downstream contracts and deliverables.*

➤ **BEHAVIORAL HEALTH ADVISORY BOARD (BHAB) UPDATES**

Executive Director Jolene Kron and Advisory Board Chair Stormy Howell will provide an update on Salish BHASO Advisory Board activities.

*SBHASO is continuing to provide education and program overviews to the Advisory Board to increase understanding of programs, scope, and requirements.*

*Recent changes to board membership include the resignation of one Board member in Jefferson County and one in Kitsap County. There are still two vacancies in Clallam County as well as a vacancy for Tribal representative.*

*SBHASO staff will send materials to the Executive Board to support recruitment efforts.*

➤ **OPIOID ABATEMENT COUNCIL UPDATE**

Salish staff is working with the cities in Kitsap County to transfer city funds to the county pool. Staff submitted invoices for review to verify the amounts the city received are aligned with the reported amounts. Funds have been released to Clallam and Jefferson Counties for 2024. SBHASO plans to provide an annual funds release with current funds available moving forward.

Plans for all 3 Counties are pending. SBHASO hopes to bring plans to the executive Board in June for final approval.

Salish BHASO released a survey regarding opiate abatement strategies and recommendations. Staff are currently working to synthesize the data to provide additional information to support decision-making. The survey offered the list of approved strategies and an opportunity for direct explanation of implementation suggestions. This survey received 50 responses across the region.

*Staff presented data from the Opioid Response Community Survey. General trends included expanding treatment/access to treatment/expedient care, transportation, education for community and law enforcement, and strengthening cross-system*

*collaboration. Further discussion about barriers related to transportation and access to care.*

*Discussion around status of fund transfers, including an overview of revenue received and jurisdiction allocation and distribution. It was noted that while each County is developing its own plan, there is potential for regional collaboration. Clarification that settlement funds do not have a time limit for use. Request to provide a clear breakdown of the funds by State (including Tribal allocation), County, and City.*

**PUBLIC COMMENT**

- None.

**GOOD OF THE ORDER**

- None.

**ADJOURNMENT** – Consensus for adjournment at 10:41 am.

**ATTENDANCE**

<b>BOARD MEMBERS</b>	<b>STAFF</b>	<b>GUESTS</b>
Commissioner Mark Ozias	Doug Washburn, Human Services	Lori Fleming, SBHASO Advisory Board
Commissioner Christine Rolfes	Jolene Kron, SBHASO Executive Director	Stormy Howell, SBHASO Advisory Board
Commissioner Heather Dudley-Nollette	Nicole Oberg, SBHASO Executive Assistant	Jenny Oppelt, Clallam County Human Services
Celeste Schoenthaler		

**NOTE: These meeting notes are not verbatim.**



## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD

### BYLAWS

#### 1. NAME

Salish Behavioral Health Administrative Services Organization (SBHASO) Advisory Board (hereinafter Advisory Board).

#### 2. PURPOSE

The purpose of the Salish Behavioral Health Administrative Services Organization Advisory Board is to advise the Salish Behavioral Health Administrative Services Organization Executive Board on the planning and delivery of behavioral health services in Clallam, Jefferson and Kitsap Counties by the authority granted to BH-ASOs in RCW 71.24 and under the terms of the Salish BH-ASO Interlocal Agreement.

The purpose of the Advisory Board is to:

- \* a. Review and make recommendations to the Executive Board regarding the Behavioral Health Plans developed by Salish Behavioral Health Administrative Services Organization Administrative Entity.
- b. Review and make recommendations to the Executive Board regarding contracts and subcontracts that implement the services under Salish Behavioral Health Administrative Services Organization plans.
- c. Participate in the Request for Proposal (RFP) processes that implement services within the Salish Behavioral Health Administrative Services Organization.
- d. Review programs through monitoring reports, audit reports, and on-site visits as appropriate.

\* Required role by RCW

#### 3. MEMBERSHIP

##### a. Appointment

- (1) The Advisory Board shall be comprised of eleven members, appointed by the Salish BHASO Executive Board and who serve at the pleasure of the Executive Board.

- (2) To ensure continuity, the initial Advisory Board will be made up of six members appointed for one-year terms; three members will serve two-year terms and two members will serve three-year terms. Subsequent terms for reappointment shall be three-year terms. Individuals appointed to fill vacancies shall serve the remainder of the term.

**b. Representation**

The Advisory Board shall be comprised of a maximum of eleven members, with three individuals representing each participating county, and two at-large Tribal representatives. At least 51% of the membership will be made up of individuals or chosen family of individuals with lived experience with a behavioral health disorder.

**4. TERMINATION**

**c. Resignation**

Any Advisory Board member may resign by submitting written notice to the Salish Behavioral Health Administrative Services [Executive Director](#)~~Organization~~  
[Administrator](#).

**d. Removal**

Appointments to the Board may be terminated at any time by action of the Executive Board.

The Advisory Board can remove a member by majority vote of the total membership, provided that fifteen days notice of the pending action has been provided to the Advisory Board.

A member may be removed from the Advisory Board if absent from three consecutively scheduled meetings without good cause. Good cause shall be determined by the chairperson

**5. ATTENDANCE**

All members are expected to attend regularly scheduled meetings. More than three unexcused absences by any member during any twelve-month period may result in removal of the member by the SBHASO Executive Board. A member's absence is unexcused if the member fails to notify the SBHASO ~~administrator~~[Executive Director or their designee](#) in advance of a regular meeting that the member will not attend.

Meetings are held in a hybrid format. Members are encouraged to attend meetings in person.

**6. MEETINGS**

**a. Public Meetings Law**

All meetings will be open to the public and all persons will be permitted to attend meetings of the Advisory Board. Open public meetings and open public attendance is not required at meetings when less than a quorum is present.

**b. Regular Meetings**

The Advisory Board shall meet at intervals established by the SBHASO ~~Administrator~~ Executive Director or their designee. Administrative support including crafting agendas, preparing materials, arranging speakers and presentations, and forwarding recommendations will be provided by the SBHASO staff. Regular meetings may be canceled or changed to another specific place, date and time provided that notice of the change is delivered by mail, fax, or electronic mail and posted on the SBHASO Website.

**c. Notice**

Salish Behavioral Health Administrative Services Organization will provide notice of regular meetings to Advisory Board members, interested persons, news media that have requested notice, and the general public. Notice shall include the time and place for holding regular meetings. The notice will also include a list of the primary subjects anticipated to be considered at the meeting. Distribution of meeting notices will be in a manner which maximizes the potential of the public to be aware of the proceedings and to participate.

**d. Special Meetings**

Special meetings may be called by the Chair with notice to all members and the general public not less than 24 hours prior to the time of the special meeting. A special meeting should be called only if necessary, to conduct business that cannot wait until the next regularly scheduled meeting. The notice will be provided as soon as possible to encourage public participation.

**e. Meeting Location**

Advisory Board meetings are generally held at the same location and time unless otherwise notified. All meetings are held in a hybrid format, with the option to attend remotely via Zoom or by phone.

**f. Quorum**

A quorum shall consist of a total of not less than 50% of the membership, provided there is representation from each county.

**g. Voting**

Voting shall be restricted to Advisory Board members only, and each Board member shall have one vote. The chair shall vote when a tie results. Except, the

chair may vote in elections. All decisions of the Advisory Board shall be made by no less than a majority vote of a quorum at a meeting where a quorum is present.

**h. Minutes**

The minutes of all regular and special meetings shall be recorded by administrative staff. Minutes will include time and date, meeting length, members present, motions and motion makers, recommendations and due date, if applicable. Draft minutes will be distributed to the membership not less than five days prior to the next regular monthly meeting for comment and correction and will be formally approved at the next regular monthly meeting and submitted for posting on the Kitsap County website.

**i. Agendas**

Items may be placed on a meeting agenda by any member or by BHASO staff. The Chair and staff will coordinate preparation of the meeting agendas. The agenda will be distributed to members at least five days prior to a regular meeting.

**j. Parliamentary Procedures**

When not consistent with the provisions in these bylaws, Roberts Rules of Order will govern parliamentary procedure at regular and special meetings.

**k. Decorum and Control**

In the event any meeting is interrupted by an individual or individuals so as to render the orderly conduct of the meeting unfeasible and order cannot be restored by the removal of the person or persons who are interrupting the meeting, the Chair may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by the majority vote of the members. In such a session, final disposition may only be taken on matters appearing on the agenda. The Chair may readmit an individual or individuals not responsible for disturbing the orderly conduct of the meeting.

**7. OFFICERS**

**a. Chair and Vice Chair**

The chairperson and vice chairperson shall be elected by a majority vote for a one-year term, beginning on January 1 and ending on December 31 of the calendar year following election.

**b. Process**

The Chair shall appoint a three-member Nominating Committee. Elections shall be held at the first regular meeting of the fourth calendar quarter from a slate presented by the Nominating Committee and nominations from the floor.

Nominees must be active members who have consented to serve. All elections shall be by secret ballot unless dispensed with by a majority vote of the members present.

**c. Chair Responsibilities**

The Chair will lead and guide the conduct of public meetings. The Chair is the official representative of the Advisory Board and shall follow the Public Communications Guidelines established in the Kitsap County Advisory Group Handbook when acting as the official spokesperson to the media. The Chair will be the main contact between the Advisory Board and SBHASO staff.

**d. Vice Chair**

The Vice Chair shall assume the responsibility and authority of the chairperson in his/her absence.

**e. Chair Pro Tempore**

In the absence of the Chair and Vice Chair, a Chair pro tempore shall be elected by a majority of the members present to preside for that meeting only.

**f. Vacancies or Removal of Officers**

The SBHASO Executive Board may remove an officer when it determines that it is in the interest of the Advisory Board or the SBHASO. If the Chair position is vacated, the Vice Chair will assume the Chair's position. If the Vice Chair is vacated, members will elect a replacement.

**8. SPECIAL COMMITTEES**

Such committees shall be established by the Advisory Board as are necessary to effectively conduct business. The Chair of the Board shall appoint members to and designate the chair of the standing and temporary committees.

**9. CONFLICTS OF INTEREST**

**a. Declaration**

Members are expected to declare a conflict of interest prior to consideration of any matter causing a potential or actual conflict.

**b. Conflict of Interest**

No Advisory Board member shall engage in any activity, including participation in the selection, award, or administration of a sub-grant or contract supported by the SBHASO revenue contracts if a conflict of interest, real or apparent, exists.

- c. If a board member (or the board member's partner, or any member to the board member's family) has, or acquires, employment, or a financial interest in, an organization with an SBHASO grant or subcontract, the board member is disqualified, and must resign from the board.

**10. REPRESENTATION**

A member may speak for the board only when he/she represents positions officially adopted by the body.

**11. COMPENSATION**

Members of the Board shall serve without compensation. Reimbursement for expenses incurred while conducting official Advisory Board business may be provided for with the approval of the Salish Behavioral Health Administrative Services Organization ~~Administrator~~[Executive Director](#).

**12. STAFFING**

Salish Behavioral Health Administrative Services Organization shall have the responsibility to provide professional, technical and clerical staff as necessary, to support the activities of the Board.

**13. AMENDMENT OF BYLAWS**

These bylaws may be amended by a two-thirds majority vote of the members present at any regular or special meeting insofar as such amendments do not conflict with pertinent laws, regulations, ordinances, or resolutions of the Salish Behavioral Health Administrative Services Organization, state or federal governments. Proposed amendments to be in the hands of members at least ten days prior to the meeting at which the amendment is to be voted on. Any recommendations agreed upon by vote shall be forwarded to the SBHASO Executive Board for its approval.

**14. ADOPTION**

These bylaws and any amendments hereto, shall become effective only upon approval of the Salish Behavioral Health Administrative Services Organization Executive Board.

Chapter	Number	Title	Description of Updates
Administration	AD100	Definitions	<b>4/29/2025 REVISION:</b> 1. Updated language for clarity and contract alignment 2. Added definitions for Behavioral Health Emergency, Emergent Care, Tribal Organization, Tribal Public Health Authority, Tribe, Trueblood, and Urgent Behavioral Health Situation
Clinical	CL200	Integrated Crisis Services	<b>5/20/2025 REVISION:</b> 1. Added language to align with contract and best practices guide 2. Added contracts with mobile crisis outreach team or community-based crisis teams to Crisis System General Requirements 3. Added requirements for regional crisis protocols
Clinical	CL201	Ensuring Care Coordination for Individuals	<b>4/22/2025 REVISION:</b> 1. Added administration of the Salish Youth Network Collaborative (SYNC) as a mechanism for collaboration with Child and Transition Age Youth (TAY) service system
Clinical	CL203	Levels of Care	<b>5/13/2025 REVISION:</b> 1. Added Level 4 services (crisis services that do not require authorization or notification) 2. Removed prior authorization requirements from Outpatient levels of care 3. Removed differentiation of planned versus emergent event 4. Added Community Outreach Staff to referral pathway for emergent admission
Clinical	CL205	Monitoring of Conditional Release, Less Restrictive, Assisted Outpatient Treatment Order	<b>5/20/2025 REVISION:</b> 1. Updated Assisted Outpatient Treatment language 2. Added coordination with Indian Health Care for AI/AN individuals
Clinical	CL206	State Hospital and Long-term Community Care Coordination	<b>4/22/2025 REVISION:</b> 1. Added coordination with Tribal governments or Indian Health Care for AI/AN individuals 2. Added language specifying SBH-ASO responsibilities related to Transition Team service provision 3. Added information defining the characteristics of an 'integrated community setting'
Clinical	CL207	Jail Transition Services	<b>5/27/2025 REVISION:</b> 1. Added language to post-release services and jail services for contract alignment
Clinical	CL209	Recovery Navigator Program: R.E.A.L. Program	<b>5/20/2025 REVISION:</b> 1. Updated language to align with updated Uniform Program Standards and current contract language 2. Added Salish Regional Crisis Line as pathway for referral from R.E.A.L. to crisis services 3. Added R.E.A.L. Programs staffing and practice expectations 4. Added detailed information about Operational Workgroup and Policy Coordinating Group
Clinical	CL213	Salish Youth Network Collaborative SYNC	<b>3/4/2025 REVISION:</b> 1. Added information about SYNC charter sign-on requirement 2. Added statement regarding HCA reporting requirement 3. Updated language and formatting for clarity and contract alignment
Compliance	CP301	Compliance and Program Integrity	<b>2/20/2025 REVISION:</b> 1. Reformatted OIG Seven Fundamental Elements 3. Expanded information regarding upstream and downstream communication channels with compliance officer 4. Added information regarding Washington State False Claims Statute
Compliance	CP303	Fraud, Waste, and Abuse Compliance Reporting Standards	<b>2/11/2025 REVISION:</b> 1. Corrected reporting mechanisms for suspected Client Fraud versus suspected Provider Fraud
Fiscal	FI504	Financial Management	<b>4/22/2025 REVISION:</b> 1. Added statement regarding upstream monitoring of SBH-ASO to the Monitoring section
Privacy & Security	PS902	Confidentiality, Use and Disclosure of Protected Health Information	<b>3/4/2025 REVISION:</b> 1. Removal of language around non-applicable WAC 3. Revised statement regarding access to WA State PRISM System 4. Updated language for clarity and contract alignment
Privacy & Security	PS903a	Privacy and Security Policies Maintenance Plan	<b>3/18/2025 REVISION</b> 1. Addition of SBHASO annual subcontracting review 2. Updated language to include current practice of including privacy items as a standing agenda item for quarterly compliance committee meetings 3. Updated language and formatting for clarity and contract alignment
Quality Management	QM701	Quality Management Plan	<b>5/20/2025 REVISION:</b> 1. Added service to culturally and linguistically diverse individuals to Quality Plan activities 2. Added role of Advisory Board in approval of Annual Block Grant Plans
Utilization Management	UM801	Utilization Management Requirements	<b>5/13/2025 REVISION:</b> 1. Updated authorization table for alignment with contract language in two sections concerning crisis stabilization and referral pathways 2. Clarified crisis stabilization provided in facility differentiation for facility-based crisis stabilization 3. Removed prior authorization requirement for Outpatient and PACT Levels of Care
Utilization Management	UM804	Access to Withdrawal Management SUD Services	<b>5/13/2025 REVISION:</b> 1. Added emergent referral pathway via Community Outreach staff
Utilization Management	UM805	Crisis Stabilization Services in Crisis Stabilization or Triage Facility	<b>5/13/2025 REVISION:</b> 1. Differentiated between facility-based and in-home crisis stabilization services and the associated utilization management requirements.
Utilization Management	UM806	Utilization Management of Outpatient Services	<b>5/13/2025 REVISION:</b> 1. Removed prior authorization requirement 2. Added requirement for Provider staff to validate funding availability
Utilization Management	UM807	State Only Funded Program of Assertive Community Treatment (PACT)	<b>5/13/2025 REVISION:</b> 1. Removed prior authorization requirement 2. Added requirement for Provider staff to validate available funding availability



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** DEFINITIONS

**Policy Number:** AD100

**Effective Date:** 1/1/2020

**Revision Dates:** 12/16/2020

**Reviewed Date:** 4/16/2019; 4/5/2023; 4/29/2025

**Executive Board Approval Dates:** 5/17/2019; 11/1/2019; 1/15/2021

### 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 Function** – means any obligation other than the actual provision of behavioral health services.

**Adverse Authorization Determination** – means the denial or limited authorization of a requested Contracted Service for reasons of medical necessity (Action) or any other reason such as lack of Available Resources.

**ASO** – Administrative Service Organization or “Behavioral Health Administrative Services Organization” (BH-ASO) means an entity selected by HCA to administer behavioral health programs, including Crisis Services and in-home stabilization for Individuals in a defined Regional Service Area (RSA), 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 Emergency** – means a person is experiencing a significant behavioral health crisis that requires an immediate in-person response due to level of

risk or lack of means for safety planning as defined in WAC 182-140-0010. Crisis response must occur within one hour from referral.

**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.

**Breach** – means the acquisition, access, use, or disclosure of Protected Health Information (PHI) in a manner not permitted under the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), 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 4:30 pm Pacific Time, Monday through Friday, except for Holidays observed by the State of Washington.

**Community Mental Health Agency (CMHA)** – means a behavioral health agency that is licensed by the State of Washington to provide mental health services.

**Compliance Officer (CO)** – 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.

**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.

**Confidential Information** - "Confidential Information" means information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56 RCW or other federal or State law. Confidential Information includes, but is not limited to, Personal Information.

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

**Credentialing** – The process of assessing and validating the qualifications of a registered and/or licensed individual, agency, or facility prior to and during their participation in the SBH-ASO Network.

**Credentialing Committee** – uses a peer review process with members from the range of specialties and practitioners participating in the SBH-ASO network. The SBH-ASO Medical Director is the Chair of the Committee and responsible for providing oversight.

**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, licensed facilities, Designated Crisis Responders, and other individuals participating in the SBH-ASO Network.

**Crisis** – A behavioral health crisis, defined as a turning point, or a time, a stage, or an event, whose outcome includes a distinct possibility of an undesirable outcome.

**Crisis Services (Behavioral Health)** – also referred to as “Crisis Intervention Services” means screening, evaluation, assessment, and clinical intervention are provided to all Individuals experiencing a Behavioral Health crisis. A Behavioral Health crisis is defined as a significant change in behavior in which instability increases, and/or risk of harm to self or others increases. The reasons for this change could be external or internal to the Individual. If the crisis is not addressed in a timely manner, it could lead to significant negative outcomes or harm to the Individual or others. Crisis services are available on a 24-hour basis, 365 days a year. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration, and provide immediate treatment and intervention, de-escalation, and coordination/referral efforts with health, social, and other services and supports as needed to affect symptom reduction, harm reduction, and/or to safely transition Individuals in acute crisis to the appropriate environment for continued stabilization. Crisis intervention should take place in a location best suited to meet the needs of the Individual and in the least restrictive environment available. Crisis Services may be provided prior to completion of an intake evaluation.

**Data** - means the information that is disclosed or exchanged.

**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.

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

**Emergent Care** – means services that, if not provided, would likely result in the need for crisis intervention or hospital evaluation due to concerns of potential danger to self, others, or grave disability according to RCW 71.05.153. Crisis response shall occur within two hours from referral.

**Evaluation and Treatment** – 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 inpatient residential (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.

**Evaluation and Treatment Facility** – means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to Individuals suffering from a behavioral health disorder and who are at risk of harm or are gravely disabled, and which is licensed or certified by the Department of Health (DOH) (RCW 71.05.020).

**External Entities** – means organizations that serve eligible Individuals outside of SBH-ASO to include (but not limited to): Other BH-ASOs, Family Youth System Partner Roundtable (FYSPRT), Apple Health Managed Care Organizations, 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), Behavioral Health Advocates, Local Health Jurisdictions, Tribal Entities, Department of Social and Health Services (DSHS) and other state Agencies, state and federal agencies, community-based service providers, and local partners that manage access to housing, education systems, Accountable Community of Health, and first responders.

**Fraud** – An intentional deception or misrepresentation made by an 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.

**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, and aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the Individual's rights regardless of whether remedial action is requested. Grievance includes an Individual's right to dispute an extension of time proposed by the SBH-ASO to make an authorization decision.

**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.

**Health Care Authority (HCA)** – 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.

- 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.

**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 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 one hundred twenty (120) hours, but, if necessary, individuals can be committed for additional periods of fourteen (14), ninety (90), and one hundred eighty (180) calendar days of inpatient involuntary treatment or outpatient involuntary treatment (RCW 71.05. and RCW 71.34).

**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.

**Leadership Team** - means the SBH-ASO Executive Director, Medical Director, Clinical Director, and Director of Operations.

**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.

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

**Medically Necessary** - Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Medically Necessary Services** – means a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the Individual 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. There is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the Individual requesting service. “Course of treatment” may include mere observation or, where appropriate, no treatment at all.

**Notice of Action (NOA)** – 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.

**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.

**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.

**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.

**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).

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

**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 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.

**Quality Assurance and Compliance Committee (QACC)** – a committee charged with overseeing SBH-ASO's Quality and Compliance Programs and their adherence to Federal and State standards, including but not limited to those set forth in 42 CFR 438.608.

**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.

**Regional Service Area (RSA)** – means a single county or multi-county grouping formed for the purpose of health care purchasing. 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.

**SBH-ASO** – Salish Behavioral Health Administrative Services Organization.

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

**Substance Use Prevention, Treatment, and Recovery Services (SUPTRS)** - means the federal Substance Use Prevention, Treatment, and Recovery Services block grant program authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

**Suspension** – means the decision by SBH-ASO to temporarily stop previously authorized covered behavioral health services described in their Level of Care Guidelines or addressed by the ASAM Criteria.

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

**Termination** – means the decision by SBH-ASO to stop previously authorized mental health services described in their Level of Care Guidelines.

**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 this includes Medicare, private insurance, and/or personal resources for people of means.

**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.

**Transmitting** - means the transferring of data electronically, such as via email, Secure File Transfer Protocol (SFTP), web-services, Amazon Web Services (AWS) Snowball, etc.

**Tribal Organization** - means the recognized governing body of any Tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by one or more federally recognized Tribes or whose governing body is democratically elected by the adult members of the Indian community to be served by such organization, and which includes the maximum participation of Indians in all phases of its activities.

**Tribal Public Health Authority** - means a Tribal government that is responsible for public health matters as a part of its official mandate.

**Tribe** - means any Tribal, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

**Trueblood** - refers to the court case of Trueblood, et al., v Department of Social and Health Services that challenges unconstitutional delays in competency evaluations and restoration services.

**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, DHL) 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.

**Urgent Behavioral Health Situation** – means a behavioral health condition that requires attention and assessment within 24-hours, but which does not place the Individual in immediate danger to self or others and the Individual is able to cooperate with treatment.

**U.S.C** - means the United States Code. 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:** INTEGRATED CRISIS SYSTEM

**Policy Number:** CL200

**Effective Date:** 1/1/2020

**Revision Dates:** 3/4/2020; 10/22/2020; 11/3/2021;  
4/13/2023; 5/20/2025

**Reviewed Date:** 5/2/2019

**Executive Board Approval Dates:** 5/17/2019; 11/1/2019; 11/20/2020;  
3/18/2022; 5/19/2023

### PURPOSE

To provide Salish Behavioral Health Administrative Services Organization (SBH-ASO) will 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.

### PROCEDURE

1. Within the SBH-ASO region, the following services are available to all individuals in the SBH-ASO's Service Area, regardless of ability to pay:
  - 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.
    - i. Assist in connecting individuals with current or prior service providers, including individuals enrolled with an MCO.
    - ii. Crisis Services may be provided without authorization and prior to completion of an Intake Evaluation.
    - iii. Services shall be provided by or under the supervision of a Mental Health Professional.
    - iv. SBH-ASO crisis subcontractors provide twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, crisis behavioral health services to Individuals who are within the SBH-ASO's Service Area and report they are experiencing a crisis. Crisis

Subcontractors provide sufficient staff available, including a DCR, to respond to requests for Crisis Services.

- b. Behavioral Health Involuntary Treatment Services include investigation and evaluation activities, management of court case finding, and legal proceedings in order to ensure the due process rights of the Individuals who are detained for involuntary treatment.
  - c. SBH-ASO provides reimbursement to county courts for cost associated with ITA.
  - d. SBH-ASO provides for inpatient evaluation and treatment services (E&T) and secure withdrawal management and stabilization services (SWMS) as ordered by the court for individuals who are not eligible for Medicaid.
  - e. SBH-ASO will monitor or purchase monitoring services for individuals receiving LRA treatment services. SBH-ASO provides for treatment services as ordered by the court for individuals who are not eligible for Medicaid.
2. SBH-ASO provides the following services to Individuals who meet eligibility requirements but who do not qualify for Medicaid, when medically necessary, and within Available Resources:
- a. Crisis Stabilization Services include short-term 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.
  - 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 Withdrawal Management and Stabilization Services provided in a facility licensed by DOH 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 an SUDP; acute or subacute withdrawal management services; SUD treatment; and discharge assistance provided by SUDPs, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to LRA as appropriate for the Individual in accordance with WAC 246-341-1135. This is an involuntary treatment which does not require authorization.

- 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.
3. Supportive housing services are a specific intervention for people who, but for the availability of services, do not succeed in housing and who, but for housing, do not succeed in services. Supportive housing services help Individuals who are homeless or unstably housed live with maximum independence in community-integrated housing. Activities are intended to ensure successful community living through the utilization of skills training, cueing, modeling and supervision as identified by the person-centered assessment. Services can be provided flexibly, including in-person or on behalf of an Individual.
4. Supported employment services aid Individuals who have physical, behavioral, and/or long-term healthcare needs that make it difficult for the person to obtain and maintain employment. These ongoing services include individualized job coaching and training, help with employer relations, and assistance with job placement.

### **Crisis System General Requirements**

1. SBH-ASO maintains a regional behavioral health crisis system through its Crisis Provider Network who provides services that meet the following requirements:
  - a. Crisis Services will be available to all Individuals who present 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 in the SBH-ASO's Service Area.
  - b. Crisis Services shall be provided in accordance with current HCA-BHASO contract and regulatory guidelines.
  - c. ITA services shall be provided in accordance with the SBH-ASO Involuntary Treatment Act Services Policy. 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 and may be outpatient or inpatient.
2. 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 current HCA-BHASO contract and regulatory guidelines.

- 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, Tribal governments and Indian Health Care Providers (IHCP), 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 and inclusive of processes to improve access to timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
  - 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.
3. SBH-ASO has a minimum of one mobile crisis outreach team dedicated to serving children and youth, within its Regional Service Area. This youth mobile crisis outreach team shall provide crisis outreach and community-based stabilization services to children/youth and their families. As additional resources are available, SBH-ASO shall provide for additional youth mobile crisis outreach teams across the region.
  4. The SBH-ASO maintains contracts with any mobile crisis outreach team or Community Based Crisis Team (CBCT) that receives an endorsement from HCA and reports any issues or concerns related to the endorsement teams fulfilling contract terms to HCA.

### **Crisis System Staffing Requirements**

1. The SBH-ASO and its Crisis subcontractors comply with staffing requirements in accordance with current HCA-BHASO contract and regulatory guidelines. Crisis subcontractors shall provide sufficient staffing to ensure crisis response timeliness requirements are met. SBH-ASO crisis subcontractors comply with DCR qualification requirements in accordance with current HCA-BHASO contract and regulatory guidelines.
2. Each staff member working with an Individual receiving crisis services must:

- a. Be supervised by a Mental Health Professional or be licensed by DOH.
- b. 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.
- c. Incorporate the statewide DCR Protocols, listed on the HCA website, into their practice.
- d. Have access to clinicians 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.
- e. Have access to at least one (1) SUDP with experience conducting Behavioral Health crisis support for consultation by phone or on site during regular Business Hours.
- f. Have access to at least one (1) Certified Peer Counselor with experience conducting behavioral health crisis support for consultation by phone or on site during regular Business Hours.

3. SBH-ASO crisis subcontractors have established policies and procedures for ITA services in accordance with SBH-ASO Involuntary Treatment Act Services Policy.

4. SBH-ASO crisis subcontractors 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.

### **Crisis System Operational Requirements**

1. Crisis Services shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
2. Mobile crisis outreach shall respond
  - a. Within one (1) hour to a behavioral health emergency
  - b. within two (2) hours of the referral to an emergent crisis and
  - c. within twenty-four (24) hours for referral to an urgent crisis.
3. Salish Regional Crisis Line (SRCL) is a toll-free line that is available twenty-four (24) hours a day, seven (7) 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.
4. SRCL is a separate number from SBH-ASO's customer service line.

5. Individuals have access to crisis services without full completion of Intake Evaluations and/or other screening and assessment processes.
6. Telephone crisis support services are provided in accordance with WAC 246-341-0670 and crisis outreach services are provided in accordance with WAC 246-341-0715.
7. 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. 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 SBH-ASO Crisis Log to the SBH-ASO.
  - c. All information collected is compiled into a database in order to monitor utilization at both an individual as well as a systems level.
8. SBH-ASO Care Managers and Crisis subcontractors provide 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, recovery-based programs).
9. SBH-ASO Crisis subcontractors document calls, services, and outcomes on the SBH-ASO Crisis Log as well as agency medical record systems. SBH-ASO and the SBH-ASO Crisis subcontractors shall comply with record content and documentation requirements in accordance with WAC 246-341-0670.
10. SBH-ASO Crisis subcontractors shall notify the SBH-ASO by 10am each calendar day of all crisis contacts resolved by 3am that day. The SBH-ASO shall notify the MCO within one (1) business day when an MCO Enrollee interacts with the crisis system.
11. SBH-ASO Crisis subcontractors shall offer a next day appointment to any individual who meets the definition of an urgent crisis and has a presentation of signs or symptoms of a behavioral health concern.
12. SBH-ASO shall coordinate with the 988/National Suicide Prevention Lifeline (NSPL) Provider in its regional service area to ensure these next day appointments are accessible to uninsured callers who meet criteria.
13. SBH-ASO shall coordinate with the MCO/ASO of record for an Individual upon becoming aware of a change in eligibility status, when 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:**

1. Crisis services reflect the following:
  - a. Services will include providing crisis telephone screening as defined in WAC 246-341-0670.
  - b. Crisis peer support services are provided in accordance with WAC 246-341-0901.
  - 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.
2. Crisis Workers will utilize an existing crisis plan as available.
  - a. SBH-ASO regional crisis teams have access to available crisis plans through their respective agency electronic health record (EHR). Each crisis team serves a specific catchment area and has access to the EHR for individuals enrolled in that catchment.
  - b. When a valid Release of Information (ROI) is in place, crisis plans are submitted to the SRCL via encrypted email. These documents are uploaded into the SRCL provider's EHR for the individual. The information is then available during future crisis contacts.
  - c. SBH-ASO utilizes Crisis alerts to support crisis planning and the delivery of individualized crisis services. Crisis alert forms are available on the SBH-ASO website. This information is shared with the Salish Regional Crisis Line via the SBH-ASO portal.
3. When there is a question of safety, outreach services shall be provided in coordination with law enforcement or other mental health support.
4. Information regarding the Salish Regional Crisis Line number is available 24 hours a day, 7 days a week, 365 days a year via the SBH-ASO website and SBH-ASO subcontractors.
5. Crisis services are provided in the Individual's language of choice, free of charge. Providers have access to interpreter services and TTY/TDD equipment.
6. 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.

7. Individuals experiencing a psychiatric or substance use disorder crisis are stabilized in the most appropriate, least restrictive setting.
8. Crisis services are inclusive of natural supports (i.e. family, friends co-workers, etc.) of individuals experiencing a crisis. This includes obtaining collateral information from natural supports when available and appropriate.
  - a. 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 and the MRRCT Best Practice Guide and Youth MRRCT will follow the MRSS model outlined in the HCA MRRCT Best Practice Guide.
9. 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 Crisis subcontractors have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
5. SBH-ASO Crisis subcontractors 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 Substance Use Disorder 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 Crisis subcontractors have a written 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, as available.
  - g. SBH-ASO Crisis subcontractors will provide a wireless telephone or comparable device to every DCR or crisis worker, who participates in home visits to provide Crisis Services.
  - h. ITA decision-making authority lies with the DCR providing the involuntary treatment investigation and is independent of the SBH-ASO.
6. Face to face evaluation and/or other interventions shall be required when requested by:
- a. SBH-ASO 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 crisis recipients are kept safe and maintained in the least restrictive environment possible. Crisis services also work with local law enforcement, Tribal and non-tribal IHCPs, community mental health programs, SUD treatment providers, MCOs, hospitals, shelters, and homeless services.

### **Ancillary Requirements of the SBH-ASO Crisis System**

1. The SBH-ASO establishes comprehensive Regional Crisis Protocols for dispatching Mobile Rapid Response Crisis Teams and Community Based Crisis Teams. The Regional Crisis Protocols must memorialize expectations, understandings, lines of communication, and strategies for optimizing crisis response within available resources. The Regional Crisis Protocols describe how partners and stakeholders will share information, including real-time information sharing between 988 contact hubs and regional crisis lines.
  - a. The Regional Crisis Protocols are updated as needed and the HCA is notified of changes are made to the Regional Crisis Protocol within thirty (30) calendar days of the change.
  - b. The Regional Crisis Protocols are reviewed, updated and resubmitted to HCA every three (3) years.
2. Crisis services to Tribal members (AI/AN) will be provided in accordance with Tribal Crisis Agreements and the current HCA-ASO contract.
3. All SBH-ASO Crisis subcontractors 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.
4. All SBH-ASO Crisis subcontractors 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 Individual information.
5. Monitoring of the SBH-ASO Integrated Crisis System is under the purview of the Quality Assurance and Compliance Committee (QACC). QACC routinely reviews the following reports, making recommendations for improvement as indicated:
  - a. Mobile Crisis Response Timeliness
  - b. Crisis Hotline performance metrics
  - c. Quarterly Crisis Report
  - d. Quarterly Grievance Report

QACC will monitor outcomes from those recommendations.



## SALISH BH-ASO POLICIES AND PROCEDURES

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

**Policy Number:** CL201

**Effective Date:** 01/01/2020

**Revision Dates:** 10/27/2020; 11/10/2021; 3/24/2023; 4/22/2025

**Reviewed Date:** 4/16/2019

**Executive Board Approval Dates:** 5/17/2019; 11/1/2019; 11/20/2020; 3/18/2022; 5/19/2023

### POLICY

SBH-ASO ensures the provision of Care Coordination to individuals who come in contact with the crisis system or other SBH-ASO funded services within the Salish regional service area. SBH-ASO Care Coordination activities promote the coordination, continuity and quality of care.

### PROCEDURE

1. SBH-ASO Care Coordination activities are focused on ensuring:
  - a) Crisis Services are delivered in a coordinated manner including access to crisis safety plans to assist with coordination of information for individuals in crisis.
    - i. SBH-ASO ensures its Crisis Providers share crisis safety plans with the Salish Regional Crisis Line, when releases of information are obtained from individuals.
    - ii. SBH-ASO implements strategies to reduce unnecessary crisis system utilization through the review of crisis logs to identify Individuals accessing excessive crisis services with the intent of engaging the Individuals in the development and implementation of crisis prevention plans to enhance the Individual's stability.
      - a. Crisis Providers will assist SBH-ASO in identifying Individuals who would benefit from additional coordination or for whom non-crisis services may be appropriate.

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- iii. SBH-ASO Care Managers collaborate with MCOs to develop and implement strategies to coordinate care with community behavioral health providers for Medicaid enrollees with a history of frequent crisis system utilization.
    - a. SBH-ASO provides each MCO with daily logs of their respective members contact with Regional Crisis System.
    - b. Upon MCO request, SBH-ASO Care Managers participate in care coordination activities for MCO enrollees.
    - c. SBH-ASO coordinates the sharing of crisis related documentation between Agencies and MCOs upon request.
  
  - b) Care transitions are supported by the sharing of information among jails, prisons, inpatient settings, residential treatment centers, detoxification and sobering centers, homeless shelters and service providers for Individuals with complex behavioral health and medical needs.
    - i. SBH-ASO participates in meetings across the region to maintain connection to the community, provide information and support, and assist in identifying Individuals requiring additional resources.
  
  - c) 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.
    - i. SBH-ASO Care Managers provide care coordination, in partnership with existing providers, for individuals accessing SBH-ASO funded services.
  
  - d) Care strategies are evaluated and implemented 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.
    - i. Examples of these efforts include but are not limited to:
      - a. SBH-ASO Leadership facilitate Crisis Providers meetings to review utilization trends, highlight community resources, and facilitate collaborative conversations.
      - b. SBH-ASO Care Managers outreach Providers to coordinate and schedule care coordination meetings.
      - c. SBH-ASO Care Managers directly engage Individuals in care coordination in instances where Individual/Provider relationships have not been effectively established.
  
  - 2. SBH-ASO subcontractors screen individuals for Medicaid eligibility and assist in Medicaid enrollment on site or by referral, as appropriate.
  
  - 3. SBH-ASO collaborates with external entities to address barriers to high-risk non-Medicaid individuals accessing non-crisis behavioral health services. At a minimum,

Individuals identified in SBH-ASO Priority Populations and Waiting Lists Policy are provided with clinically relevant and coordinated care.

- a) Individuals also include those referred by community entities such as law enforcement, emergency department or first responders.
  - b) These individuals are identified at multiple points during clinical contact, including but not limited to intake/assessment, authorization/notification requests, assessment for discharge readiness and/or through direct referral to SBH-ASO.
4. SBH-ASO and its subcontractors work to address barriers to appropriate and coordinated care, if such issues surface. Such barriers may be identified through SBH-ASO Customer Service, SBH-ASO and/or subcontractor care coordination activities, SBH-ASO community engagement, SBH-ASO Quality Assurance and Compliance Committee (QACC), and Regional Ombuds activities.
5. SBH-ASO's subcontractors engage individuals in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and to maintain the individual's stability.
- a) Crisis plans are available to each crisis team through their respective agency's respective EHR. All crisis team members have access to this information within their respective catchment area.
  - b) Crisis plans submitted to the Salish Regional Crisis Line (SCRL) are added to the individual's record and are available to crisis line staff upon contact with the individual. This information may be shared with another crisis team as indicated.
  - c) Additionally, Crisis Alerts may be submitted to the SCRL through the Crisis Alert Platform, fax, or by calling directly. These alerts may be generated by community members, family members, and professionals. Crisis Alerts are accessible to all SCRL staff.
6. SBH-ASO has the capacity to receive Care Coordination referrals from internal and external entities. Upon receipt of a Care Coordination referral:
- a) SBH-ASO Care Managers identify existing providers and supports.
  - b) SBH-ASO Care Managers contact the Individual and Provider Agency, in coordination with any appropriate internal and external entities, to maintain continuity of care.
  - c) Service-related decisions will be based on individual clinical presentation, risk, and within available resources, in coordination with current established providers.
7. SBH-ASO Care Managers review notification and authorization requests submitted through the Salish Notification and Authorization Program (SNAP). Upon notification of specific services being initiated, such as inpatient treatment, SBH-ASO Care Managers:
- a) Contact the provider to initiate care planning
  - b) Seek information related to existing treatment providers

- c) Engage the treatment team in care planning
8. SBH-ASO Care Managers 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, within all applicable privacy regulations.
- a) SBH-ASO subcontractors assist with coordination of service to an individual including collection of releases of information for formal information and/or document sharing.
    - i. Adherence to this requirement will be reviewed as per the SBH-ASO Policy Provider Network Selection, Retention, Management, and Monitoring.
  - b) SBH-ASO will assist with coordinating care when barriers regarding facilitating of information arise. Subcontractors or outside entities may contact SBH-ASO Care Managers to assist.
    - i. SBH-ASO Care Managers will contact all necessary entities/parties to ensure transfer of information occurs in a timely manner, within appropriate privacy regulations, to ensure continuity of care across levels of care or between care settings.
  - c) The transfer of this information may be conducted via secure written or oral communication
9. The SBH-ASO collaborates with Child and Transition Age Youth (TAY) service systems as follows:
- a) Convening the regional Children’s Long Term Inpatient Program (CLIP) Committee
  - b) If requested by a Wraparound Intensive Services (WISe) provider, CLIP facility or other program in the behavioral health system served by the SBH-ASO
  - c) Referring potentially CLIP-eligible children to the CLIP Administration
  - d) Facilitation of Family Youth System Partnership Roundtable (FYSPRT)
  - e) Participation in Regional WISe Managers Meetings
  - f) Administration of the Salish Youth Network Collaborative (SYNC) Youth Behavioral Health Navigator Program.
10. SBH-ASO utilizes GFS/FBG funds to care for Individuals in alternative settings such as, but not limited to, homeless shelters, permanent supported housing, nursing homes, or group homes.
- a) SBH-ASO participates in and/or convenes community meetings to address serving individuals needing services in alternative settings
  - b) SBH-ASO participates in meetings across the region to maintain connection to the community, provide information and support, and assist in identifying Individuals requiring additional resources

- c) SBH-ASO Care Managers provide case-by case coordination with existing providers to individuals needing care in alternative settings to ensure continuity of care
11. SBH-ASO is responsible for the coordination of assigned Individuals from admission to inpatient care, transfer to a State Hospital, and through discharge. Additional information can be found the SBH-ASO State Hospital and LTCC Coordination Policy.
12. SBH-ASO provides care coordination support for Individuals who have discharged from LTCC facilities, for a minimum of one hundred eighty (180) calendar days post discharge unless Individual declines or opts out. SBH-ASO tracks those Individuals who receive care coordination services, length of time receiving care coordination services, and those who opted out or declined, and shall provide this information upon request by HCA.
13. SBH-ASO participates 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 attends state-sponsored training and participates 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.

## **MONITORING**

SBH-ASO Leadership Team and QACC monitor, develop, and implement strategies to assess and improve the care coordination system over time.



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** LEVELS OF CARE

**Policy Number:** CL203

**Effective Date:** 1/1/2020

**Revision Dates:** 12/10/2020; 2/24/2022;

5/13/2025

**Executive Board Approval Dates:** 11/1/2019; 1/15/2021;  
3/18/2022

### 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.

### POLICY

- A. Prior to the initiation of voluntary treatment in Community Hospitals, E&T settings, SUD or MH Residential, or planned withdrawal management, individuals must be authorized to receive such services. Eligibility is confirmed by SBH-ASO Utilization Management Staff at the point in time that an authorization for services is requested.
- B. Authorization is not required prior to the initiation of crisis services or involuntary behavioral health treatment.
- C. Authorization, denial, and adverse authorization determinations are made by the SBH-ASO, based upon a determination of medical necessity, eligibility, and/or availability of resources. For determinations based upon medical necessity a comprehensive evaluation or treatment plan is required. Authorization decisions and notification timelines are as follows:
  1. Psychiatric Inpatient authorizations: Acknowledge receipt within two (2) hours, notice of decision within 12 hours. Post-service (retroactive) authorizations: Decision made within 30 calendar days of receipt, notice of decision within two (2) business days.
  2. 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.
3. For denial of payment that may result in payment liability for the Individual, the Individual is notified at the time of any action affecting the claim.
  4. If SBH-ASO does not reach service authorization decisions, when supplied with all required information necessary to make a determination, within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination.
    - i. If SBH-ASO finds that there are Grievances being reported due to non-timely authorization decisions, then SBH-ASO will utilize the SBH-ASO Leadership Team, Internal Quality Committee (IQC) and Quality Assurance and/or Compliance Committee (QACC) to address the issue and monitor improvement.
  5. SBH-ASO tracks authorization decision timelines and produces a quarterly report that is reviewed as part of the Quality and Compliance Committee (QACC).
  6. If SBH-ASO subcontractors fail to submit timely authorization requests, SBH-ASO may require development of a Corrective Action Plan (CAP) under the oversight of the SBH-ASO Leadership Team, Internal Quality Committee (IQC) and Quality Assurance and/or Compliance Committee (QACC).
- D. Authorization is provided for a *Level of Care* rather than for specific covered benefits available within that Level of Care. SBH-ASO reserves the right to determine the location at which the level of care is provided. 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 designates a Children's Specialist that meets WAC requirements to oversee the authorizations of individuals under the age of twenty-one (21).
- F. SBH-ASO designates an Addiction Specialist who is a licensed Substance Use Disorder Professional to oversee 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). UM protocols shall recognize and respect the cultural needs of diverse populations.
- H. The SBH-ASO UM staff are trained in the application of UM protocols, and

communicating the criteria used in making UM decisions.

1. Authorization reviews shall be conducted by state licensed Behavioral Health Professionals with experience working with the populations and/or settings under review.
  2. 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.
- I. SBH-ASO shall ensure, through contract oversight, that its subcontractors comply with the ASO and HCA UM requirements.
- J. Priority populations will have priority for SBH-ASO authorizations for services, within available resources.

#### PROCEDURE

Levels of Care	Modalities
Level 4 Services	Behavioral Health Hotline Crisis Intervention Crisis Peer Support Services Therapeutic Behavioral Services (Community Based Stabilization)
Level 3 Services	Services provided at Community Hospitals or E&T Facilities Secure Withdrawal Management
Level 2 Services	Intensive Inpatient Residential Treatment Services – SUD Long Term Care Residential – SUD Mental Health Residential Recovery House Residential Treatment – SUD
Level 1 Services	Assessment Brief Intervention Brief Outpatient Treatment Case Management Day Support Engagement and Referral Evidenced Based/Wraparound Family Treatment Group Therapy

	High Intensity Treatment
	Individual Therapy
	Intake Evaluation
	Intensive Outpatient Treatment – SUD
	Medication Management
	Medication Monitoring
	Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)
	Outpatient Treatment
	Peer Support
	Program of Assertive Community Treatment
	Psychological Assessment/Testing
	Rehabilitation Case Management
	Services/Interim Services
	Special Population Evaluation
	TB Counseling, Screening, Testing and Referral
	Therapeutic Psychoeducation
	Urinalysis/Screening Test
Level 0 Services	Acute Withdrawal Management
	Facility Based Crisis Stabilization Services
	Sub-Acute Withdrawal Management
Services and Supports to which non-Medical necessity criteria apply	Alcohol and Drug Information School
	Childcare Services
	Community Outreach
	Continuing Education
	PPW Housing Support
	Recovery Support Services
	Sobering Services
	Transportation
	Urinalysis for CJTA individuals

### Level 4 Services

Evaluation and treatment of behavioral 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.

- Services may be provided prior to intake evaluation.
- Services do not have to be provided face to face.

Authorization is not required prior to the initiation of crisis services

## Level 3 Services

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

### **Inpatient Psychiatric Hospitalization and Secure Withdrawal Management and Stabilization Treatment**

1. **Length of Stay.** The length of stay for is subject to the following considerations:
  - 1.1. Involuntary placements are authorized based on legal status and not medical necessity.
  - 1.2. The length of voluntary admissions and continuing stay authorizations are based upon medical necessity.
2. **Admission.** In addition to confirmation of medical necessity, as defined below, 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. Involuntary treatment applies to Individuals presenting with risks due to mental health or substance use disorders.
  - 2.3. **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.
  - 2.4. **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 requires increased levels of observation)
- 2.5. Authorization decisions to approve or deny hospitalization must be made within 12 hours of the initial request for hospitalization.
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 Supplemental Provider Guide) 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 adverse authorization decision based on available resources 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 authorization number must be requested to indicate legal status change.

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 authorization number must be requested to differentiate between inpatient facilities.

## Level 2 Services

Residential Treatment (SUD and MH)

**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 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 no less than three (3) 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
- 5.1.** The individual no longer meets medical necessity requirements determined by a review of ASAM by a SUD or a SUDPT under supervision of a SUDP supervisor;
- 5.2.** Or if consent for treatment is withdrawn;
- 5.3.** 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 prior 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 three (3) business days prior to the expiration of the current authorization period.

5. **Discharge.** Discharge planning begins at admission. Individuals are ready for discharge when
  - 5.1. The individual no longer meets medical necessity requirements;
  - 5.2. Or if consent for treatment is withdrawn;
  - 5.3. 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 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 treatment period is based on assessment of need relative to the determination of medical necessity.
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, 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) Adult or Seriously Emotionally Disturbed (SED) Child;
- 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. **Authorization Protocol.** Prior authorization is not required for this level of care.

4. **Discharge.** Discharge from care is based upon one or more of the following:
  - 4.1. 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.
  - 4.2. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.)
  - 4.3. The individual is not participating in treatment and does not meet criteria for involuntary treatment.
  - 4.4. The individual (or, for a child or youth, the parent/guardian) requests that services be discontinued.
  - 4.5. 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.
  - 4.6. Loss of financial eligibility or lack of available resources.

### **Behavioral Health Outpatient – LR/CR/AOT**

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

1. **Length of Stay.** Based on legal status and not medical necessity.
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.
3. **Authorization Protocol.** Prior authorization is not required for this level of care.
4. **Discharge.** Discharge from care is based upon one or more of the following:
  - 4.1. Resolution of LR/CR/AOT Order.
  - 4.2. 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.
  - 4.3. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
  - 4.4. 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**

1. **Length of Stay.** The treatment period is based on assessment of need relative to the determination of medical necessity.
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. **Authorization Protocol.** Prior authorization is not required for this level of care.
  4. **Discharge.** Discharge from care is based upon one or more of the following:
    - 4.1. 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.
    - 4.2. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).

- 4.3. The individual is not participating in treatment and does not meet criteria for involuntary treatment.
- 4.4. The individual (or the legal guardian) requests that services be discontinued.
- 4.5. 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.
- 4.6. Loss of eligibility or lack of available resources.

### **Psychological Assessment/Testing**

*- within available resources*

Medical necessity criteria for Psychological Assessment/Testing:

1. There is a strong indication that significant, useful information impacting patient care and treatment would be generated from such testing.
2. A detailed diagnostic evaluation has been completed by a licensed behavioral health provider
3. The member is not actively abusing a substance, having acute withdrawal symptoms or recently entered recovery.

The psychological testing outcome could not otherwise be ascertained during:

1. A psychiatric or diagnostic evaluation
2. Observation during therapy
3. An assessment for level-of-care determinations at a mental health or substance-abuse facility

All of the following criteria must be met:

1. The number of hours or units requested for testing does not exceed standard administration time for the instrument selected.
2. The testing techniques are empirically valid and reliable for the diagnoses being considered.
3. The testing techniques do not represent redundant measurements of the same cognitive, behavioral or emotional domain.
4. The testing techniques are validated for the age and population of the member.
5. The testing technique uses the most current version of the instrument.
6. The testing instrument must have empirically-substantiated reliability, validity, standardized administration and clinically-relevant normative data needed to assess the diagnostic question or treatment planning goals.

Psychological testing is not medically necessary for the purposes of diagnosing any of the following conditions, except in instances of complex cases with overlapping symptoms that need differential diagnosing, as more suitable approaches are available:

- A. Autism spectrum disorders
- B. Attention deficit disorder
- C. Attention deficit hyperactivity disorder

## D. Tourette's syndrome

Psychological testing is not covered for the following:

- A. Testing is primarily for the purpose of non-treatment related issues (e.g., routine evaluation of occupational or career aptitudes, forensic or child custody evaluations)
- B. Testing performed as simple self-administered or self-scored inventories, screening tests (e.g., AIMS, Folstein Mini-Mental Status Exam) or similar tests. These are considered included in an E&M service and are not separately payable as psychological testing.
- C. Testing done for educational or vocational purposes primarily related to employment.
- D. Testing that would otherwise be the responsibility of the educational system.

**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 treatment period is based on assessment of need relative to the determination of medical necessity.
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. **Authorization Protocol.** Prior authorization is not required for this level of care.
4. **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:
  - 4.1. 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.
  - 4.2. 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.
  - 4.3. 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.
  - 4.4. Loss of financial eligibility or lack of available resources.

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

1. **Length of Stay.** The treatment period is based on assessment of need relative to the determination of medical necessity.
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. **Authorization Protocol.** Prior authorization is not required for this level of care.
4. **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:
  - 4.1. 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.
  - 4.2. 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.
  - 4.3. 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 (ASAM 3.7), Sub-Acute Withdrawal Management (ASAM 3.2), 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 SBH-ASO 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.

2. **Admission.** Crisis stabilization services may be provided when the Individual meets medical necessity (as outlined in the current SBH-ASO Level of Care criteria) financial eligibility and 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.
- 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 SBH-ASO 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 treating Provider 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 one (1) business day of receipt. 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/First Responder
    - Emergency Department
    - Mobile Crisis Outreach Team in consultation with a Substance Use Disorder Professional (SUDP)
    - Community Outreach Staff
  - 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 one (1) business day from receipt.
- 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.
2. **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.

3. **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.

#### 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/First Responder
- Emergency Department
- Mobile Crisis Outreach Team in consultation with a Substance Use Disorder Professional (SUDP)
- Community Outreach Staff

**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 one (1) business day from receipt.

**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 necessary 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. 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.

**Services that do not require medical necessity:**

Service	Authorization Criteria	Comments
Alcohol/Drug Information School	<ul style="list-style-type: none"> <li>• Provided as determined by a Court directed SUD diagnostic evaluation and treatment</li> <li>• Provider must be licensed or certified by the WA DOH</li> <li>• Program meets requirements of RCW 46.61.5056</li> </ul>	Within Available Resources
Childcare	<ul style="list-style-type: none"> <li>• Provided to children of parents in treatment to facilitate completion of the parent's plan for treatment services</li> <li>• Provided by licensed childcare providers</li> <li>• Time limited as per treatment plan</li> </ul>	Within Available Resources
Community Outreach – SABG priority populations PPW and IUID	<ul style="list-style-type: none"> <li>• Provided to PPW and IUID individuals who have been unsuccessful in engaging in services</li> <li>• Goals should include enrolling Individuals in Medicaid</li> <li>• Recovery based, Culturally Appropriate and incorporates Motivational Approaches</li> <li>• Can be multi-agency based</li> </ul>	Within Available Resources
Continuing Education and Training	<ul style="list-style-type: none"> <li>• Provided to BHA or ASO staff as part of program of professional development</li> <li>• Provider of service must be Accredited either in WA State or Nationally</li> <li>• Provider must provide evidence of assessment of participant knowledge and satisfaction with the training.</li> </ul>	Within Available Resources
PPW Housing Support Services	<ul style="list-style-type: none"> <li>• Provided to Individuals meets definition of PPW and support provide to such an individual with children under the age of six (6)</li> <li>• Service provided in a transitional residential housing program designed exclusively for this population.</li> </ul>	Within Available Resources
Recovery Support Services	<ul style="list-style-type: none"> <li>• Provided to Individuals with diagnosed mental illness and/or substance use disorders.</li> <li>• Part of Treatment Plan for Individual</li> <li>• Culturally Appropriate and Diverse Programming</li> <li>• Evidence based</li> <li>• Oriented toward maximizing wellness as defined by the Individual</li> </ul>	Within Available Resources

Sobering Services.	<ul style="list-style-type: none"> <li>• Provided to Individuals with chronic AUD or SUD issues</li> <li>• Agency Based</li> <li>• Voluntary services</li> <li>• Accessible by Walk in Drop off</li> <li>• Provides Screening for medical problems</li> <li>• Provides shelter for sleeping off the effects of alcohol or other drugs</li> <li>• Provides Case management to assist with needed social services.</li> </ul>	Within Available Resources
Therapeutic Interventions for Children.	<ul style="list-style-type: none"> <li>• Provided to individuals with treatable Behavioral health diagnosis</li> <li>• Agency Based</li> <li>• Evidence Based, Culturally Appropriate</li> <li>• Voluntary participation</li> <li>• Part of Treatment Plan for Child</li> <li>• Not provided as part of Juvenile Rehabilitation Court Order</li> </ul>	Within Available Resources
Transportation	<ul style="list-style-type: none"> <li>• Provided to individuals with Behavioral health diagnosis</li> <li>• Agency based</li> <li>• Provided as part of Treatment plan</li> <li>• Provided for individuals to and from behavioral health treatment.</li> </ul>	Within Available Resources



## SALISH BH-ASO POLICIES AND PROCEDURES

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

**Policy Number:** CL205

**Effective Date:** 1/1/2020

**Revision Dates:** 2/3/2021; 2/10/2022; 5/20/2025

**Reviewed Date:** 7/30/2019

**Executive Board Approval Dates:** 11/1/2019; 7/30/2021; 3/18/2022; 5/19/2023

### POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) provides funding for monitoring services to eligible individuals referred for services in accordance with court ordered treatment. The scope of Assisted Outpatient Treatment may include Less Restrictive Orders (LRO), Conditional Releases (CR), or Assisted Outpatient Treatment Program (AOT) services.

SBH-ASO provides funding for behavioral health services to Individuals on CR, LRO or AOT who are ineligible for Medicaid to ensure adherence with requirements of the designated order. Assisted Outpatient Treatment (AOT) shall be provided to those who are identified as meeting the need.

Legal status does not preclude the individual's financial responsibility for outpatient services.

### PROCEDURE

SBH-ASO subcontracts with Treatment Providers to ensure the availability of CR, Least Restrictive (LR) and AOT monitoring and treatment services.

#### Least Restrictive Alternatives/Conditional Release

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

- a. Monitoring of LR/CR treatment includes, at a minimum, the following:

- i. Assignment of a care coordinator;
    - ii. An intake evaluation;
    - iii. A psychiatric evaluation;
    - iv. A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
    - v. A transition plan addressing access to continued services at the expiration of the order;
  - b. Least Restrictive/Conditional Release treatment may additionally include requirements to participate in the following services:
    - i. Medication management;
    - ii. Psychotherapy;
    - iii. Nursing;
    - iv. Substance abuse counseling;
    - v. Residential treatment;
    - vi. Support for housing, benefits, education, and employment.
2. Inpatient psychiatric or secure withdrawal management facilities are required to contact the LR Treatment Provider to request the Provider assume responsibility of the non-Medicaid LR/CR. This contact must be a written request and is expected to occur prior to the individual's discharge from the facility.
3. Following receipt of a LR/CR order and a request to assume responsibility of monitoring said order, SBH-ASO LR Treatment Providers screen individuals for Medicaid eligibility, and if appropriate, assist with Medicaid enrollment.
4. For Individuals residing in the Salish RSA, the LR Treatment Provider will notify SBH-ASO via the online form.
5. The LR Treatment Provider is responsible for providing monitoring services for the duration of the court order.
  - a. LR Treatment Providers shall submit monthly reporting to SBH-ASO, to include adherence with the court order, any violation of the conditions of the LR/CR, consideration to pursue revocation, attempts to contact/engage the individual, consideration for release, and any coordination required. This report is submitted to SBH-ASO via online form.
  - b. These reports will be monitored by SBH-ASO Care Managers, who may provide coordination with LR Treatment Providers as indicated. Any identified issues with provider reporting will be referred to the SBH-ASO Clinical Director.
6. SBH-ASO staff oversees system coordination and legal compliance for Assisted Outpatient Treatment under RCW 71.05.148 and RCW 71.34.755.

7. Crisis Providers maintain a system which tracks CRs/LR, as well as ensuring Treatment Providers are informed of the process for extending a LR/CR.
8. LR Treatment Providers may request an extension, if clinically appropriate, from the responsible Mobile Crisis Outreach Team office three to four (3 to 4) weeks prior to the expiration of the LR/CR.
9. An LR Treatment Provider assigned to monitor an individual on a LR/CR order may not discharge the individual while on the LR/CR.
10. Crisis Providers provide support community reintegration for individuals discharging from state hospitals on a CR as part of transition teams outlined under RCW 10.77.175.

**1. Assisted Outpatient Treatment (AOT) Program**

- i. SBH-ASO staff oversees system coordination and legal compliance for Assisted Outpatient Treatment under RCW 71.05.148 and RCW 71.34.755.
- ii. The AOT Treatment Provider ensures the provision of AOT services are in alignment with all applicable statutes.
- iii. AOT Treatment Program includes, at a minimum, the following:
  1. An intake evaluation with the provider of the assisted outpatient treatment
  2. A psychiatric evaluation;
  3. Assignment to AOT treatment team to include a care coordinator, peer counselor, and other staff as appropriate;
- iv. Assisted Outpatient Treatment includes, at minimum
  1. A schedule of regular contacts with provider staff at a minimum of once per week, as identified by individual needs;
  2. A transition plan addressing access to continued services at the expiration of the order;
  3. An individual crisis plan; and
  4. Coordination with court partners as identified by program requirements.
  5. Hospital coordination as identified by program requirements,
  6. Coordination with Tribal partners, if an individual is identified as an American Indian or Alaskan Native who received medical or behavioral health care from a tribe.
- v. Inpatient psychiatric or secure withdrawal management facilities are required to contact the AOT Treatment Provider to request the Provider assume responsibility of AOT. This contact must be a written request and is expected to occur prior to the individual's discharge from the facility.
- vi. Following receipt of an AOT order and a request to assume responsibility of monitoring said order, SBH-ASO AOT Treatment Providers screen individuals for Medicaid eligibility, and if appropriate, assist with Medicaid enrollment.
- vii. The AOT Treatment Provider will notify SBH-ASO of the provision of monitoring services or monitoring with treatment services.

- viii. The AOT Treatment Providers notify the SBH-ASO AOT Administrator:
  - 1. If reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.
- ix. The AOT Treatment Providers submit the monthly “Assisted Outpatient Treatment summary report” to the SBH-ASO by the 30<sup>th</sup> of the following month.
- x. The AOT Treatment Providers maintain a system which tracks AOT Orders, as well as ensuring AOT Treatment Providers are informed of the process for extending an AOT Order.
- xi. The AOT Treatment Providers request an extension, if clinically appropriate, from the responsible DCR office three to four (3 to 4) weeks prior to the expiration of the AOT order.
- xii. The AOT Treatment Provider assigned to monitor an individual on an AOT order may not discharge the individual while on the AOT order.

### **REVOCAION OF LR/CR/AOT ORDERS**

Revised Code of Washington (RCW) 71.05 and 71.34 establishes criteria for revocation procedures.

### **COORDINATION OF CARE**

In order to ensure integrated, well-coordinated, and medically necessary services are delivered to individuals on a LR/CR/AOT, LR Treatment Providers coordinate with DCRs and other allied professionals in the community, including superior courts, MCOs, contractors providing services to Individuals released on AOT orders, and other stakeholders within their region. LR/CR/AOT Treatment Providers are required to adhere to SBH-ASO Ensuring Care Coordination Policy and Procedure.

SBH-ASO responds to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with RCW 71.05.340.

### **SBH-ASO TRACKING OF LR/CR/AOT ORDERS ISSUED BY SUPERIOR COURTS**

SBH-ASO is responsible for tracking LR/CR/AOT orders that are issued by Superior Courts operating in Clallam, Jefferson and/or Kitsap Counties.

- 1. For Medicaid managed care enrolled individuals, this tracking responsibility includes notification to the Individual’s MCO of the LR/CR/AOT order.
- 2. For out-of-region individuals who will be returning to their home region, upon notification from the regional superior court, SBH-ASO will notify the home region BH-ASO of the LR/CR/AOT order.
- 3. Upon receipt of notification of an LR/CR/AOT order for a Salish resident from another BH-ASO, SBH-ASO is responsible for:
  - a. Notifying the appropriate MCO of the LR/CR/AOT Order (if applicable)

- b. Tracking LR/CR/AOT Order, Coordinating with the Individual and the LR Treatment Provider. Monitoring and treatment services will be provided for in accordance with this policy for non-Medicaid individuals.
  
- 4. SBH-ASO coordinates with superior courts in its region to assure a process for the court to provide notification to the SBH-ASO of petitions filed, including knowledge the court has that the respondent is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within the state of Washington.
  
- 5. SBH-ASO provides notice to the tribe and Indian Health Care Provider regarding the filing of an AOT petition concerning a person who is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within the state of Washington.

SBH-ASO Clinical Director reviews the LR/CR/AOT Order Tracking Log at least quarterly. Any concerns regarding SBH-ASO Care Manager adherence to this policy will be reviewed by the Salish Leadership Team.



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** STATE HOSPITAL AND LONG TERM  
COMMUNITY CARE COORDINATION

**Policy Number:** CL206

**Effective Date:** 1/1/2020

**Revision Dates:** 5/14/2020; 10/25/21; 3/24/23; 4/22/2025

**Reviewed Date:** 7/30/2019

**Executive Board Approval Dates:** 11/1/2019; 1/15/2021; 3/18/2022; 5/19/2023

### PURPOSE

To establish standards to ensure the provision of Care Coordination to non-Medicaid Individuals who are discharging from a State Hospital and Long-Term Community Care Facilities.

### 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, and to assure that Individuals will be discharged back to the community after the physician/treatment team determines the Individual is ready for discharge.

### PROCEDURE

The SBH-ASO is responsible for coordination for assigned Individuals from admission through discharge. An SBH-ASO Care Manager will act in the role of liaison for all non-Medicaid Individuals.

1. SBH-ASO is responsible for coordinating discharge for assigned Individuals, which may include American Indian/Alaskan Native fee for service individuals, and works to complete the work in alignment with requirements of the State Hospital MOU.
  - A. SBH-ASO Liaison participates in meetings and staffings as scheduled to coordinate discharge.
  - B. SBH-ASO Liaison works to identify existing agency relationships and facilitates care coordination with treatment providers and supports during discharge planning.

- C. SBH-ASO Liaison coordinates care with the Peer Bridger program to facilitated continuity in transitions of care.
- 2. The SBH-ASO liaison works to ensure individuals are medically cleared, if possible, prior to admission to a State Psychiatric Hospital or 90/180 Community Civil Commitment Facility.
- 3. The SBH-ASO liaison uses best efforts to divert admissions and expedite discharges by using alternative community resources and mental health services, within available resources.
- 4. The SBH-ASO Care Managers coordinate care for any inpatient admission to identify additional resources and discharge supports to divert from state hospital and/or long-term inpatient placement.
  - A. Diversion activities include:
    - i. An SBH-ASO Care Manager is assigned upon admission to develop a discharge plan and explore alternative options of care.
    - ii. The SBH-ASO generates a weekly report of individuals whose inpatient care episode exceeds 20 days. This report is reviewed by the Liaison in consultation with Clinical Director and/or Medical Director to explore alternative options for care.
    - iii. The SBH-ASO Liaison is assigned to provide additional coordination to explore alternative options to long-term inpatient care.
- 5. The SBH-ASO liaison works with the State Hospital discharge team 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.
  - A. SBH-ASO makes a good faith effort to schedule prescriber and other provider appointments within seven calendar days of an Individual's discharge. Appointment times are communicated back to the Facility, including for Individuals discharging from the State Hospital's Forensic Units.
- 6. Coordination with LTCC Facilities
  - A. SBH-ASO coordinates with the LTCC facilities to receive admission and discharge notifications, and changes in Individual Medicaid eligibility and Managed Care Organization (MCO) enrollment.
  - B. SBH-ASO participates in team meetings or case reviews according to LTCC facility policy and procedures in order to engage Individuals early and ongoing in discharge planning support. The SBH-ASO coordinates with LTCC facilities to receive the information on how the SBH-ASO participates in team meetings or case reviews.
  - C. The SBH-ASO Liaison participates in a quarterly learning collaborative meeting with peer MCOs/ASOs and LTCC facilities to discuss barriers

and/or challenges with admissions or discharge planning processes, to share care coordination best practices and participate in educational opportunities.

- i. The SBH-ASO Liaison works with other BH-ASOs and MCOs to identify representative(s) to co-lead with representative LTCC staff, to organize and conduct these meetings.
- ii. The SBH-ASO Liaison works with other MCOs, BH-ASOs and LTCC facility staff to:
  - a. Assess LTCC utilization data to support quality improvement and reduce recidivism.
  - b. Develop initial LTCC Discharge Coordination Guidelines that will delineate discharge planning responsibilities for LTCC facilities, BH-ASOs, and MCOs by October 31, 2023, and annually review and revise as required.

- D. The SBH-ASO Liaison coordinates with the LTCC facilities and assists with the elements of the discharge planning process as agreed upon in the Learning Collaborative and outlined in LTCC Discharge Coordination Guidelines.
  - E. The SBH-ASO Liaison tracks those Individuals in each facility who were ready to discharge and were not discharged within fourteen (14) calendar days, will track for patient recidivism, and will analyze for trends, gaps in services and potential solutions. The Contractor shall provide this information upon request by HCA.
2. The SBH-ASO and its Providers monitor and track Individuals discharged from inpatient hospitalizations on 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).
  3. The SBH-ASO coordinates with Providers to offer behavioral health services to Individuals who are ineligible for Medicaid to ensure compliance with LRA requirements.
    - A. SBH-ASO Liaison provides review of court reporting of LR/CR and coordinates care with the appropriate entities to provide continuity of care.
  4. The SBH-ASO responds to requests for participation, implementation, and monitoring of Individuals receiving services on LR/CR consistent with RCW 71.05.340. The SBH-ASO coordinates with Providers to facilitate access to mental health services to Individuals who are ineligible for Medicaid to ensure compliance with LR/CR requirements (RCW 10.77.150 and 71.05.340).
  5. 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. Individuals residing in the Salish RSA prior to admission and discharging to another RSA will do so according to the agreement established between the receiving RSA and the SBH-ASO. The Agreements include:

- A. Specific roles and responsibilities of the parties related to transitions between the community and the State Hospital.
- 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 Salish RSA.
- 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 partners with Providers to:
  - a) 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.
  - b) 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.
  - c) 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.
  - d) Coordinate with Tribal governments and/or IHCPs for AI/AN Individuals, with client consent, when the SBH-ASO has knowledge that the Individual is AI/AN and receives health care services from a Tribe and/or IHCP in Washington State.

SBH-ASO provides

6. SBH-ASO ensures provision of behavioral health agencies as part of Transition Teams to identify potential discharge options and resolve barriers to discharge for Individuals assigned to the SBH-ASO. SBH-ASO shall:
  - A. Begin linking Individuals to appropriate community providers as soon after admission as possible to support timely discharge.
  - B. Participate in discharge planning which supports timely discharge in accordance with the Individual's preferences, including the Individual's choice to live in their own home or in the most integrated community setting appropriate for their needs.

- C. Participate in the development of discharge plans using a person-centered process that includes documentation reflecting the Individual's treatment goals, clinical needs, linkages to timely appropriate behavioral and primary health care, and the individual's informed choice, including geographic preferences and housing preferences, prior to discharge.
  - D. Ensure that appropriate and timely referrals are made to community-based services and supports, including supportive housing, PACT, and vocational supports. Services provided are within available resources.
  - E. Make referrals and transfers of case information to other discharge planning individuals and service providers within seven (7) business days of the event that made the referral or transfer appropriate.
  - F. Ensure that prescriber and other Provider appointments are scheduled to occur within seven (7) calendar days of Individual's discharge and communicated back to the facility, including for patients discharging from the state forensic units. Services provided are within available resources.
  - G. Work with state hospital social workers to ensure that discharge related activities or meetings (i.e., pre-placement visits to potential facilities or housing, interviews with post discharge service providers and Individuals, and engagement with behavioral health programs and providers) are scheduled within seven (7) calendar days of the determination by the discharge planning team that the visit or meeting is necessary or useful.
  - H. Request a discharge barriers consult in all cases where there are barriers to timely discharge of an Individual to the most integrated community setting appropriate.
7. For the purposes of this section, 'integrated community setting' means a setting that typically includes the following characteristics:
- A. It supports the Individual's access to the greater community, including opportunities to work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community. The degree of access supported shall be similar to the access enjoyed by individuals not receiving support services;
    - a) It is in the Individual's own home or is another setting that is selected by the Individual;
    - b) It ensures an Individual's rights to privacy, dignity, respect, and freedom from coercion and restraint;
    - c) It optimizes an Individual's initiative, autonomy, and independence in making life choices, including in daily activities, physical environment, and personal associations; and

- d) It facilitates Individual choice regarding services and supports and who provides them.
- 8. The SBH-ASO ensures provision of behavioral health agencies as part of Transition Teams, when appointed by the courts, for Individuals that meet criteria for civil commitment in accordance with RCW 71.05.280(3)(b) and Individuals that meet criteria for Not Guilty by Reason of Insanity (NGRI) under RCW 10.77.010(6), and RCW 10.77.030.
- 9. The SBH-ASO implements 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:** 1/1/2020

**Revision Dates:** 5/14/20; 04/14/2023; 5/27/2025

**Reviewed Date:** 7/19/2019

**Executive Board Approval Dates:** 11/1/2019; 1/15/2021; 5/19/2023

### PURPOSE

To outline the provision of Jail Transition 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) Providers provide Jail Transition Services for incarcerated individuals residing in the Salish RSA in accordance with the HCA BH-ASO Contract.

### PROCEDURE

1. SBH-ASO Jail Transition Services are to be provided within available resources.
  - a. SBH-ASO and Providers coordinate with local law enforcement and jail personnel to meet the needs of individuals detained in city, county, Tribal, and regional jails.
  - b. Providers must identify and provide transition services to persons with mental illness and/or co-occurring disorders to expedite and facilitate their return to the community.
  - c. Providers 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 Providers must conduct mental health intake assessments for these persons and, when appropriate, provide transition services prior to their release from jail.
  - d. Providers assist Individuals with mental health needs in completing and submitting an application for medical assistance prior to release from jail.
  - e. Providers assist Individuals with mental illness and/or co-occurring disorders with the coordination of the re-activation of Medicaid benefits

if those benefits were suspended while the Individual was incarcerated, which may involve coordinating the submission of prior authorization with the managed care organizations.

2. Pre-release services include:

- a. Mental health and Substance Use Disorder (SUD) screening for Individuals who display behavior consistent with a need for such screening, who submit a request for services, 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 or SUD services to Individuals who are in jails that have no mental health staff.

3. Post-release services include:

- a. mental health and other services (e.g., SUD) to stabilize Individuals in the community.
- b. follow up to ensure a local treatment provider has accepted the individual on the Mental Health Sentencing Alternative into services and is able to provide follow up treatment and ensure adherence to the treatment plan and the requirements of the sentencing alternative, including reporting to the court.

4. 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:

- a. Daily cross-reference between new booking and the Data Store to identify newly booked persons.
- b. Develop individual alternative service plans (alternative to the jail) for submission to the courts. Plans will incorporate evidence-based risk assessment screening tools.
- c. Inter-local Agreements with juvenile detention facilities.
- d. Provide up to a seven (7) day supply of medications for the treatment of mental health symptoms following the release from jail.
- e. Training to local law enforcement and jail services personnel regarding de-escalation, crisis intervention, and similar training topics.
- f. Identify recently booked Individuals that are eligible for Medicaid or had their Medicaid benefits suspended for purposes of establishing Continuity of Care upon release.

5. Peer Pathfinders for Transitions from Incarceration

- a. In conjunction with the Jail Transitions Team, the Peer Pathfinder will attempt to engage Individuals in planning their discharge. SBH-ASO contracted jail transition teams will help the Peer Pathfinder identify potential participants.
- b. The Peer Pathfinder will work with the Individual on transitioning out of incarceration and into community-based services to address identified needs.
- c. These supports may include spending time establishing social support, helping with independent living skills, developing coping skills, and community adjustment skills.
- d. Community-based post-release activities may include:
  - i. Assisting the Individual in developing a crisis plan with the Individual's behavioral health service agency. The Peer Pathfinder may be identified as a non-crisis resource in the plan.
  - ii. Work to connect the Individual with natural support resources and the local recovery community and attend meetings as allowed.
  - iii. Support the Individual in developing skills to facilitate trust-based relationships, develop strategies for maintaining wellness and develop skills to support relationships.
  - iv. Assist the Individual in developing a life structure, including skills for daily living such as visits to coffee shops, use of local transportation, opening a bank account, work effectively with a payee if needed, understand benefits, budget planning, shopping and meal preparation, access leisure activities, find a church or faith home, attain, and maintain housing, etc.
  - v. Support the Individual in developing skills to schedule, track and attend appointments with providers.
  - vi. Assist the Individual develop skills for self-advocacy so that the Individual can better define his or her treatment plan and communicate clearly with professionals such as psychiatric prescribers, primary care doctors, etc. The Peer Pathfinder should also help Individuals prepare for appointments and identify questions or comments the Individual might have for the provider.
  - vii. Explore supported employment that addresses the following:
    1. Employment goals and how they relate to recovery.
    2. The availability of additional training and education to help the Individual become employable.
    3. The array of employment programs and supported employment opportunities available within the region.

- e. The hand-off between the Peer Pathfinder and the community behavioral health provider who is providing behavioral health services will be gradual and based on the Individual's needs and their person-centered plan.
  - i. The anticipated duration of in-community Peer Pathfinder services is 120 calendar days with extensions granted by SBH-ASO on a case-by-case basis.



## SBH-ASO POLICIES AND PROCEDURES

<b>Policy Name:</b> Recovery Navigator Program: R.E.A.L. Program <b>Effective Date:</b> 11/1/2021 <b>Revision Dates:</b> 4/1/2024; 5/20/2025 <b>Reviewed Date:</b> <b>Executive Board Approval Dates:</b> 3/18/2022; 6/21/2024	<b>Policy Number:</b> CL209
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### PURPOSE

To define the program, eligibility, and services covered by the Recovery Navigator Program (RNP) within available resources. The RNP policy is to ensure consistent application of program standards.

### DEFINITIONS

**R.E.A.L. Program:** The Recovery Navigator Program in the Salish Behavioral Health Administrative Services Organization (SBH-ASO) is titled the R.E.A.L. (Recovery, Empowerment, Advocacy, and Linkage) Program.

**Outreach Coordinator/Care Manager:** R.E.A.L. Program staff with lived experience that provides intensive, field-based coordination support to assist participants with accessing services that meet the identified needs in their Success Plan.

**Recovery Coach:** R.E.A.L. Program staff with lived experience that spends the majority of their time in the field responding to and engaging with participants referred to the R.E.A.L. Program.

### POLICY

SBH-ASO administers the R.E.A.L. Program for Clallam, Jefferson, and Kitsap counties in accordance with Washington Health Care Authority (HCA) Recovery Navigator Uniform Program Standards and HCA-ASO Contract. R.E.A.L. Programs render services in accordance with SBH-ASO Contract requirements.

### PROCEDURE

1. The SBH-ASO employs a Regional Recovery Navigator Administrator (RNA) who, in concert with the SBH-ASO Clinical Director, ensures R.E.A.L. Programs

are compliant with program standards. The SBH-ASO Regional RNA maintains a Regional Resource Guide to identify local, state, and federally funded community-based services. The SBH-ASO Regional RNA provides regular and routine technical assistance and training related to compliance with program standards.

2. Contractors shall comply with all of the requirements in the most up-to-date version of the Recovery Navigator Program Uniform Program Standards in coordination with SBH-ASO.
3. The R.E.A.L. Program provides community-based outreach support throughout the region in accordance with the Uniform Program Standards. The R.E.A.L. Program is expected to provide:
  - a. Field-based engagement and support.
  - b. Support is ideally provided face-to-face. If barriers exist, virtual or telephone visits may be utilized.
  - c. There is no specified time limitation for participation in the R.E.A.L. Program. Timelines are individually self-determined.
  - d. Participation is voluntary and non-coercive.
  - e. Intended to be staffed by individuals with lived experience with substance use disorder.
  - f. Staff that reflects the visible diversity of the community served, e.g. Black Indigenous and People of Color (BIPOC) peers, trans peers, lesbian/gay/bisexual peers, peers with visible and non-visible disabilities.
  - g. Engagement in and facilitates Cross Agency Coordination with Golden Thread Service Coordination.
  - h. Engagement/education in Overdose Prevention and Response.
  - i. Does not require abstinence from drug or alcohol use for program participation.
4. The priority population of the R.E.A.L. Program are individuals with substance use disorders and/or co-occurring substance use disorder and mental health who are at risk of arrest and/or have frequent contact with first responders (including law enforcement and emergency medical services), community members, friends, family, and who could benefit from being connected to supportive resources and public health services when appropriate.
5. The R.E.A.L. Programs provide referrals to crisis services (e.g. voluntary and involuntary options), as needed, through the Salish Regional Crisis Line at 1-888-910-0416.

6. The R.E.A.L. Programs provide the following supports to youth and adults with behavioral health conditions, including:
- a. Community-based outreach;
  - b. Brief Wellbeing Screening (intake);
  - c. Referral services;
  - d. Program Screening and Needs Scale (comprehensive assessment);
  - e. Connection to services; and
  - f. Warm handoffs to treatment and recovery support services along the continuum of care.

Additional supports to be provided as appropriate, include, but are not limited to:

- a. Long-term intensive outreach support/care management.
  - b. Development of Success Plan.
  - c. Recovery coaching.
  - d. Recovery support services.
    - i. Utilize flexible participant funds within available funding.
  - e. Treatment.
7. The R.E.A.L. Program referral process:
- a. Law Enforcement is considered a priority referral and R.E.A.L. Programs accept referrals from diverse sources, including community members, friends, and family.
    - i. For counties with multiple R.E.A.L. Programs, referral is based on referent or individual choice and assessed needs.
      1. R.E.A.L. Programs coordinate and transition individuals upon request.
    - ii. There is “no wrong door” for an individual to be referred to the R.E.A.L. Program.
  - b. Referrals may be completed by direct access phone number, voicemail, in-person, or other means as indicated.
    - i. R.E.A.L. Programs accept referrals and coordinate appropriate response 24 hours a day, 7 days per week, 365 days per year.
      1. All responses are expected to occur where the individual is at, including well-known locations, shelters, or community-based programs.
      2. Expected in-person response time is sixty (60) to ninety (90) minutes.

8. The R.E.A.L. Program Involuntary Discharge protocol:

- a. Individuals may be involuntarily discharged from the program due to lack of contact.
    - i. At least 5 attempted contacts over a 60-day period are made prior to program discharge.
    - ii. If contact is made after that 60-day timeframe, there are no barriers to re-engaging with the R.E.A.L. Program.
  - b. Individuals may be discharged if expected incarceration of more than 1 year.
  - c. Individuals presenting significant safety risk to team members (e.g., threats to staff or agency with plan and means) may be discharged.
  - d. Upon discharge, appropriate referrals to other community resources are assessed.
9. R.E.A.L. Programs Staffing
- a. Each R.E.A.L. Program must maintain enough appropriately trained personnel which must include individuals with lived experience with substance use disorder to the extent possible.
  - b. Each R.E.A.L. Team includes three roles:
    - i. Project Manager
    - ii. Outreach Coordinator/Care Manager
    - iii. Recovery Coach
  - c. All R.E.A.L. Program staff are expected to spend 90% of their time in the field.
  - d. Clinical supervision is available to each R.E.A.L. Team in accordance with the Uniform Program Standards. Clinical supervisors will have an understanding of R.E.A.L. Program principles.
  - e. In counties with two R.E.A.L. Teams, both teams are expected to:
    - i. Provide support in the designated area.
    - ii. Maintain a partnership that supports the continuity and consistency of the R.E.A.L. Program
    - iii. Coordinate outreach and engagement with community partners.
    - iv. Co-facilitate Operational Work Group and Policy Coordinating Group meetings.
10. Privacy in accordance with SBH-ASO and agency policies.
11. The R.E.A.L. Program Staff Training Plan includes:
- a. Prior to First Contact:
    - i. LEAD Toolkit Overview
    - ii. CPR and Medical First Aid

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- iii. Safety Training
  - iv. Confidentiality, HIPAA, and 42 CFR Part 2 training
  - v. Harm reduction
  - vi. Trauma-informed responses
  - vii. Cultural appropriateness
  - viii. Conflict resolution and de-escalation techniques
  - ix. Crisis Intervention
  - x. Introduction to Regional Crisis System
  - xi. Overdose Prevention/Naloxone Training, Recognition, and Response
  - xii. Local Resources, *e.g., meal programs, hygiene/showers, veterans, domestic violence, bus passes, transportation, medical providers, behavioral health, furniture, clothing, tents/tarps, etc.*
- b. Within 90 days:
- i. Diversity training
  - ii. Suicide Prevention
  - iii. Outreach strategies
  - iv. Working with American Indian/Alaska Native individuals
  - v. Basic cross-system access, *e.g., Program for Assertive Community Treatment (PACT), Wraparound with Intensive Services (WISE), Housing and Recovery through Peer Services (HARPS), Community Behavioral Health Rental Assistance Program (CBRA), Program for Adult Transition to Health (PATH), Foundational Community Supports (FCS), etc.—Region Specific*
  - vi. Gather, Assess, Integrate, Network, and Stimulate (GAINS)
  - vii. Ethics
  - viii. Centers for Medicare and Medicaid Services (CMS) Benefits Training
  - ix. Housing and Homelessness
  - x. Opiate Substitution Treatment/Medication Assisted Treatment (OST/MAT) options
  - xi. Working with People with Intellectual/Developmental Disorders
  - xii. Early intervention/prevention
  - xiii. Ombuds services through the Office of Behavioral Health Advocacy (OBHA)
  - xiv. Cross-training between Law Enforcement and R.E.A.L. Program Outreach/Care Managers (LEAD National Support Bureau WA State)
  - xv. Building relationships (LEAD National Support Bureau WA State)
  - xvi. Shared Decision-Making Processes for Services
- c. Additional Trainings Recommended:
- i. Peer Certification Training (Optional)

- ii. SSI/SSDI Outreach, Access, and Recovery (SOAR) Training (Optional)
- iii. Mental Health First Aid
- iv. Vicarious Trauma/Secondary Trauma
- v. Stigma
- vi. Motivational Interviewing
- vii. Government to Government Training for collaborating with Tribes
- viii. Crisis Intervention Training (CIT)

12. The R.E.A.L. Program Operational Workgroup:

- a. The R.E.A.L. Program Operational Work Group (OWG) is facilitated by the R.E.A.L. Program Project Manager(s). The OWG provides coordination with Law Enforcement agencies, court agencies, fire departments/EMS, and other community support programs to review day-to-day operations. The OWG collectively monitors, identifies, discusses, and addresses operational, administrative, and participant-specific needs. It also coordinates support and care for individuals based on their identified needs, and identifies gaps, barriers, and challenges in accessing services and meeting the needs of the priority population.

13. The R.E.A.L. Program Policy Coordinating Group:

- a. The R.E.A.L. Program Policy Coordinating Group (PCG), facilitated by the R.E.A.L. Program Project Manager(s), is composed of community leadership who are authorized to make decisions on behalf of their respective offices. The PCG is the stewardship body and reviews protocols and processes, and makes policy-level recommendations for the R.E.A.L. Programs within their communities. It also ensures sufficient resources are dedicated for program success, and reviews, approves, and modifies overarching protocols to reflect the site's intention. The PCG also works toward system change and identifies and addresses gaps, barriers, and challenges in accessing services and meeting the needs of the priority population.

14. LEAD Technical Assistance

- a. The LEAD National Support Bureau/Washington State Expansion Team is available for technical assistance, as coordinated by the RNP Administrator.

15. R.E.A.L. Program Reporting Requirements

- a. Monthly submission of the R.E.A.L. Program Logs by the 10<sup>th</sup> of the month following the month of service to the SBH-ASO via Provider Portal. SBH-ASO may require additional data reporting as appropriate.



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** Salish Youth Network Collaborative (SYNC)

**Policy Number:** CL213

**Effective Date:** 02/24/2023

**Revision Dates:** 3/4/2025

**Reviewed Date:**

**Executive Board Approval Dates:** 5/19/2023

### PURPOSE

To provide coordination to improve access to services for children and youth experiencing complex behavioral health needs, with priority given to youth being served in emergency departments and needing urgent coordination of services.

### POLICY

SBH-ASO SYNC Program is responsible for establishing and strengthening collaborative communication, mapping existing services, and improving service coordination to develop a responsive, robust system of care for youth and their families within Clallam, Jefferson, and Kitsap Counties.

### PROCEDURE

1. SYNC Staff Responsibilities include:
  - a. Program Supervisor
    - i. Leading youth system coordination
    - ii. Providing staff supervision of youth program coordinators,
    - iii. Ensuring the quality of behavioral health services within our community to include coordination with individuals with behavioral health needs, treatment providers/facilities, and participation in statewide planning initiatives.
    - iv. Serving as a liaison between SBH-ASO, youth/families, community partners, treatment agencies, schools, and other stakeholders.
    - v. Developing a plan for engaging Steering Committee Members.
    - vi. Developing a plan for incentivizing Steering Committee Member participation.

## b Coordinators:

- i. Participating in youth system coordination.
- ii. Ensuring the quality of behavioral health services within our community to include coordination with individuals with behavioral health needs, and treatment providers/facilities
- iii. Serving as a liaison between SBH-ASO, community partners, treatment agencies, schools, youth/families
- iv. Supporting youth and families through multidisciplinary team meetings
- v. Engaging and supporting youth and families in community settings

## 2. SYNC Steering Committee:

## a. SYNC convenes regional stakeholders with representation of significant partners, to include but not limited to:

- i. Child welfare
- ii. Schools
- iii. Emergency management services
- iv. Juvenile justice
- v. Emergency departments
- vi. Behavioral Health Providers,
- vii. Social support providers
- viii. Community youth and family peer organizations
- ix. Black Indigenous People of Color and Tribal affiliated agencies, services, and community supports
- x. Managed Care Organizations care coordinators
- xi. Development Disabilities Administration case managers.

## b. All organizations engaging in the MDT process sign on to the SYNC charter and the charter includes a confidentiality agreement for all participants. The SYNC charter defines and describes the role of the community partners in the SYNC Steering Committee as:

- i. Prioritizing the needs of youth with complex presentations.
- ii. Increasing access to community resources in support of stabilization of the youth and family.
- iii. Developing a mission, vision, and values for SYNC.

3. SYNC maintains a regional release of information (ROI) for use in coordination and multi-disciplinary team engagement.
4. SYNC maintains a community portal where community members can request SYNC services including coordination and a multi-disciplinary team convening. SYNC Staff shall adhere to all program protocols and organizational policy and procedures.
5. SYNC will submit reports to HCA in accordance with contract.



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** COMPLIANCE & PROGRAM INTEGRITY PLAN      **Policy Number:** CP301

**Effective Date:** 1/1/2020

**Revision Dates:** 2/19/2020; 4/8/2021; 2/20/2025

**Reviewed Date:** 7/19/2019; 9/25/2019; 10/7/2019; 2/10/2022; 4/23/2024

**Executive Board Approval Dates:** 11/1/2019; 5/22/2020; 7/30/2021

### PURPOSE

The purpose of this policy is to outline and define the scope, responsibilities, operational guidelines, controls, and activities employed by the Salish Behavioral Health Administrative Services Organization (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

The SBH-ASO has 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 includes Compliance and Program Integrity requirements in its subcontracts.

The SBH-ASO follows 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. Conducting effective training and education.
4. Developing effective lines of communication.
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. **Implementing written policies, procedures, and standards of conduct**

- a. The Compliance Officer (CO), Executive Director, and Executive Board will develop and maintain policies and procedures that address SBH-ASO's compliance activities.
  - i. These policies and programs encourage employees and providers to report suspected violations of this policy without fear of retaliation.
  - ii. The policies include this Compliance and Program Integrity Plan ("the Plan") and is developed in consultation with the Quality and Compliance Committee (QACC).
- 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 subcontractors).
- d. SBH-ASO staff, board members, volunteers, and subcontractors will comply at all times with all pertinent governing regulations (see SBH-ASO Code of Conduct).
- e. SBH-ASO includes the following in its written agreements with all subcontractors who are not individual practitioners or a group of practitioners:
  - i. Requiring the subcontractor to investigate and disclose to the HCA and SBH-ASO, immediately upon becoming aware 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.
- f. Fraud, Waste, and Abuse
  - i. The Plan includes:
    1. A process to inform officers, employees, agents, and subcontractors about the False Claims Act.
    2. Administrative procedures to detect and prevent Fraud, Waste, and Abuse (FWA), and 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 subcontractors.

7. Enforcement of standards through well-publicized disciplinary policies.
  8. Provision for internal monitoring and auditing of the SBH-ASO and subcontractors.
  9. Provision for the 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 State False Claim Statutes, Chapter 74.66 RCW and 74.09.210 RCW.
  11. A process for referring all identified allegations of potential fraud to HCA, as well as for provider payment suspensions (see SBH-ASO P&P Fraud, Waste, and Abuse Compliance Reporting Standard).
- g. SBH-ASO does 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 they become applicable, they must be reported to the SBH-ASO CO as soon as possible.
- i. SBH-ASO subcontractors must disclose whether a person (individual or organization) has, or has a relative with, ownership or controlling interest in the organization of 5% or more. Subcontractor disclosure of ownership must be completed upon initial credentialing, recredentialing, and upon change.
  - ii. Excluded provider verification is conducted at the 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 following:
    1. OIG's List of Excluded Individuals and Entities (LEIE) query
    2. The System for Award Management (SAM) site
    3. The Health Care Authority (HCA) Department of Social and Health Services (DSHS) provider termination and exclusion lists.
    4. SBH-ASO subcontractors must provide to the SBH-ASO a monthly attestation verifying the clear status of all staff using the above resources, including maintaining source document verification of checks.
    5. SBH-ASO conducts monthly checks on all SBH-ASO staff and board members, network contractors and subcontractors and individuals listed on the Medicaid Provider Disclosure Statement Disclosure of Ownership Form.

- h. All Program Integrity reporting to HCA shall be in accordance with the Notices provisions of the General Terms and Conditions of the HCA BH-ASO contract unless otherwise specified.
  - i. SBH-ASO will submit to HCA a report of any recoveries made or overpayments identified by the SBH-ASO during the course of claims review/analysis. The report will be submitted to HCA at [ProgramIntegrity@hca.wa.gov](mailto:ProgramIntegrity@hca.wa.gov).
  - ii. SBH-ASO and its subcontractors must repay any overpayments that are identified through a fraud investigation conducted by the Medicaid Fraud Control Division (MFCD) or other law enforcement entity based on the timeframes provided by federal or state law.
- i. Upon request, SBH-ASO and subcontractors will allow HCA or any authorized state or federal agency or authorized representative, access to all records, including computerized data stored by SBH-ASO or its subcontractors. SBH-ASO and its subcontractors will provide and furnish the records at no cost to the requesting agency.
- j. On-Site Inspections
  - i. SBH-ASO and its subcontractors 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, Department of Health and Human Services (HHS), OIG, and the Office of the Comptroller of the Treasury, whether the visitation is announced or unannounced.
  - ii. SBH-ASO and its subcontractors must provide any record or data related to its contract, including 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.

## II. **Establishing compliance oversight**

- a. SBH-ASO employs 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.
- b. The CO duties include the following:

- i. To oversee and monitor SBH-ASO Compliance activities. This includes maintaining ongoing communication and participation in the SBH-ASO Leadership Team for the promotion of an environment and culture that prevents Fraud, Waste, and Abuse (FWA).
  - ii. To assist SBH-ASO Executive Director, the SBH-ASO Quality and Compliance Committee (QACC), and the Executive Board in establishing and maintaining a methodology for preventing and detecting FWA, including (but not limited to):
    - 1. Creating, updating and utilizing a risk assessment
    - 2. Reviewing risk assessment with SBH-ASO staff and QACC, at least annually for review and revision.
  - iii. Incorporating compliance monitoring into the audits completed on subcontractors.
  - iv. Assuring that focus is given to the highest volume/highest risk subcontractors.
  - v. Addressing audit findings (internal and external) pertinent to the SBH-ASO.
  - vi. Assisting with the regular provision of FWA training to SBH-ASO Staff and Executive Board.
  - vii. Ensuring training is provided to the SBH-ASO Provider Network.
- c. The CO maintains independence by always having:
- i. Direct supervision from the SBH-ASO Executive Director
  - ii. The right to meet directly with the Executive Board independently if the circumstances warrant (e.g., in case of Executive Director inaction).

### III. **Conducting effective training and education**

- a. SBH-ASO ensures all staff receive training on FWA within 90 days of hire and annually thereafter
- b. SBH-ASO ensures subcontractor employee training and education by the following:
  - i. Review sample of personnel charts during annual subcontractor audit to ensure staff received FWA training within 90 days of hire, and annually thereafter

- ii. Provide region-wide training as necessary including on WA False Claims Act
  - iii. SBH-ASO requires all subcontractors to abide by SBH-ASO Policies and Procedures which require adherence to all applicable laws and regulations
- c. As part of the ongoing monitoring and auditing of the Plan, 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 provider educational materials and ensuring that persons associated with the SBH-ASO complete required annual training on FWA prevention and reporting.
- d. Washington State False Claims Statute
- i. Chapter 74.66 RCW and RCW 74.09.210 guide the Washington State False Claims Statute and all of the rules specific to the State of Washington. Similar to the Federal False Claims Act, the Washington False Claims Statute outlines the circumstances that constitute a false claim, along with the penalties for individuals determined to have engaged in fraudulent activities. These penalties are outlined in RCW 74.66.020 and are noted below:
    - 1. Subject to subsections (2) and (4) of this section, a person is liable to the government entity for a civil penalty of not less than the greater of ten thousand nine hundred fifty-seven dollars or the minimum inflation adjusted penalty amount imposed as provided by 31 U.S.C. Sec. 3729(a) and not more than the greater of twenty-one thousand nine hundred sixteen dollars or the maximum inflation adjusted penalty amount imposed as provided by 31 U.S.C. Sec. 3729(a), plus three times the amount of damages which the government entity sustains because of the act of that person, if the person:
      - a. Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
      - b. Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;
      - c. Conspires to commit one or more of the violations in this subsection (1);
      - d. Has possession, custody, or control of property or money used, or to be used, by the government entity and knowingly delivers, or causes to be delivered, less than all of that money or property;

- e. Is authorized to make or deliver a document certifying receipt of property used, or to be used, by the government entity and, intending to defraud the government entity, makes or delivers the receipt without completely knowing that the information on the receipt is true;
  - f. Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the government entity who lawfully may not sell or pledge property; or
  - g. Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the government entity, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government entity.
2. The court may assess not less than two times the amount of damages which the government entity sustains because of the act of a person, if the court finds that:
  - a. The person committing the violation of subsection (1) of this section furnished the Washington state attorney general with all information known to him or her about the violation within thirty days after the date on which he or she first obtained the information;
  - b. The person fully cooperated with any investigation by the attorney general of the violation; and
  - c. At the time the person furnished the attorney general with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to the violation, and the person did not have actual knowledge of the existence of an investigation into the violation.
3. A person violating this section is liable to the attorney general for the costs of a civil action brought to recover any such penalty or damages.
4. For the purposes of determining whether an insurer has a duty to provide a defense or indemnification for an insured and if coverage may be denied if the terms of the policy exclude coverage for intentional acts, a violation of subsection (1) of this section is an intentional act.

- ii. The Washington False Claims Statute also outlines protections awarded to any individual who identifies and reports fraudulent activities, otherwise known as a “whistleblower”. Whistleblower protections are outlined in RCW 74.66.090 and noted below:
  - 1. Any employee, contractor, or agent is entitled to all relief necessary to make that employee, contractor, or agent whole, if that employee, contractor, or agent, is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, agent, or associated others in furtherance of an action under this chapter or other efforts to stop one or more violations of this chapter.
  - 2. Relief under subsection (1) of this section must include reinstatement with the same seniority status that employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees, and any and all relief available under RCW [49.60.030\(2\)](#). An action under this subsection may be brought in the appropriate superior court of the state of Washington for the relief provided in this subsection.
  - 3. A civil action under this section may not be brought more than three years after the date when the retaliation occurred.

#### IV. **Developing effective lines of communication**

- a. Contact information for the CO is made publicly available via the SBH-ASO website, and is provided routinely to subcontractors via bi-monthly network provider meetings.
- b. The CO has direct access to the Executive Board.
- c. The CO routinely provides information to the QACC, as well as to the Behavioral Health Advisory Board (BHAB) and Executive Board, as needed.
  - i. The QACC is comprised of representatives from SBH-ASO lead staff, and includes representatives from IS, Quality/Compliance, Medical/Clinical, and Finance (as needed).
- d. In consultation with QACC, the CO may revise the Compliance and Program Integrity Plan (“the Plan”), as appropriate and as approved by the Executive Board.
  - i. The Plan will be made available through its posting on the SBH-ASO website.

- e. CO reports at least quarterly to the QACC, and annually to the Executive Board, on the implementation of the Plan.
  - f. CO contact information is available publicly for both the SBH-ASO Provider Network and the general public via the SBH-ASO website including phone number, email, and mailing address.
  - g. CO routinely participates in community and provider events to provide ongoing access to communication channels.
  - h. SBH-ASO staff provide education to facilitate access to CO.
- V. **Conducting internal monitoring and auditing**
- a. CO coordinates internal and external monitoring activities within the SBH-ASO.
    - i. In addition to the SBH-ASO administrative contract compliance process, and in certain circumstances, the CO may be authorized 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 feedback to the appropriate parties regarding the findings and need for interventions.
  - b. CO identifies areas where corrective actions are needed and, in consultation with the QACC, develop strategies to improve compliance and prevent future incidents of non-compliance.
    - 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).
- VI. **Responding promptly to detected offenses and undertaking corrective action**
- a. CO receives, promptly responds to, and investigates reports of possible violations of this SBH-ASO Policy.



## 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:** 2/24/2020; 4/8/2021; 2/11/2025

**Reviewed Date:** 10/8/2019; 3/16/2023

**Executive Board Approval Dates:** 11/1/2019; 7/30/2021

### 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.

### POLICY

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.

**Allegation of Fraud:** An unproved assertion, especially relating to wrongdoing or misconduct on the part of the Individual. An Allegation of Fraud is an allegation, from any source, including but not limited to the following:

- Fraud hotline complaints;
- Claims data mining; and

- Patterns identified through provider audits, civil false claims cases, and law enforcement investigations.

**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.

**Subrogation:** for the purposes of this policy, means the right of any state of Washington government entity or local law enforcement to stand in the place of the SBH-ASO or Individual in the collection against a third party.

**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 subcontractors which, directly or indirectly, pay, offer to pay, or give anything of value, in return for the referral of individuals or business 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 subcontractors 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).

### **SBH-ASO Fraud Waste and Abuse Program and the Role of the Compliance Officer**

1. The CO duties include the following with respect to FWA:
  - To oversee and monitor the overall compliance activities of the SBH-ASO, including co-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 receive, and investigate when appropriate, reports of possible fraud and abuse violations, per HCA BH-ASO contract.
  - To develop corrective action plans, in coordination with the SBH-ASO Leadership Team, for the SBH-ASO and providers to correct violations and prevent future incidents of noncompliance.
  - To develop policies and programs and educational activities that encourage employees, contractors, and SBH-ASO Boards to report suspected FWA violations without fear of retaliation.

2. The SBH-ASO Compliance Officer (CO) is responsible for overseeing the SBH-ASO Compliance and Program Integrity Plan (the Plan) and coordinating monitoring activities in conjunction with the SBH-ASO Leadership Team.

3. The SBH-ASO Compliance Officer provides reports to the SBH-ASO Quality Assurance and Compliance Committee (QACC). The CO provides reports to the SBH-ASO Executive Board at least annually.

### **SBH-ASO Fraud, Waste, and Abuse Monitoring**

1. The SBH-ASO detects and prevents FWA through the following activities:
  - a. SBH-ASO Annual Monitoring Reviews with each subcontractor
    - i. The SBH-ASO audit tool includes a Program Integrity section that reviews various Compliance and Program Integrity activities conducted by a subcontractor.
    - ii. The SBH-ASO verifies the Third-Party Resources pursued. The SBH-ASO inquires and verifies the provider agency process for pursuing other billing sources.
    - iii. As part of the SBH-ASO Annual Monitoring Review, SBH-ASO staff verify the newly hired subcontractor staff have been screened through the Exclusion Websites, as evidenced in personnel files of new hires. Staff verify the screening through a website verification printout located in the personnel file.
  - b. Internal monitoring and auditing for FWA includes reviewing SBH-ASO financial statements by the State Auditor's Office, multiple feedback loops through various SBH-ASO committees, and individual sources to receive timely and confidential information. Examples of specific internal monitoring activities may include, but are not limited to:
    - i. SBH-ASO Leadership review of all invoices prior to payment
    - ii. Contracted agencies' annual independent financial audits
    - iii. SBH-ASO profiling of provider data
    - iv. Ombuds reporting at QACC, and other in-network committees
    - v. SBH-ASO Grievance, Appeal, and Adverse Authorization Determination Quarterly Reports
    - vi. SBH-ASO Utilization Management Monthly Tracking Reports

### **Developing Effective Lines of Communication**

1. An open line of communication between the CO and staff or others associated with the SBH-ASO is critical to the successful implementation and operation of the Plan.

- All staff 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 staff and subcontractors to report suspected violations of the Plan without fear of retaliation.
  - CO has direct access to the SBH-ASO Executive Board
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, Ileea Clauson
  2. Calling the CO directly at (360) 337-4833 or (800) 525-5637, information can be left anonymously
  3. By faxing the CO at (360) 337-5721
  4. By e-mailing the CO at [SalishCompliance@kitsap.gov](mailto:SalishCompliance@kitsap.gov)
  5. By mailing a written concern to the CO:
 

SBH-ASO Compliance Officer  
Salish Behavioral Health Administrative Services Organization  
614 Division St. MS-23  
Port Orchard, WA 98366
  6. For allegations of suspected Individual/Client Fraud:
    - a. Calling Office of Medicaid Eligibility and Policy (OMEP) at 360-725-0934 and leaving a detailed message
    - b. Mailing a written complaint to:
 

Health Care Authority  
Attn: OMEP  
P.O. Box 45534  
Olympia, WA 98504-5534
    - c. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158
    - d. Emailing the complaint electronically  
[WAEligibilityfraud@hca.wa.gov](mailto:WAEligibilityfraud@hca.wa.gov)
  7. [For allegations of suspected Provider Fraud:](#)
    - a. [Emailing the complaint electronically to HotTips@hca.wa.gov](#)
  8. 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.

### **REFERRING OF ALLEGATIONS OF POTENTIAL FRAUD AND INVOKING PROVIDER PAYMENT SUSPENSIONS**

The SBH-ASO maintains policies and procedures for referring all identified allegations of potential Fraud to HCA and for provider payment suspensions. When HCA notifies the SBH-ASO that a credible Allegation of Fraud exists, the SBH-ASO shall follow the provisions for payment suspension contained in this Section.

When the SBH-ASO has concluded that an allegation of potential provider Fraud exists, the SBH-ASO shall make a Fraud referral to HCA within five (5) Business Days of the determination. The referral must be emailed to HCA at [HotTips@hca.wa.gov](mailto:HotTips@hca.wa.gov). The SBH-ASO shall report using the WA Fraud Referral Form.

When HCA determines the SBH-ASO's referral of potential Fraud is a credible Allegation of Fraud, HCA shall notify the SBH-ASO's Compliance Officer, who will notify the SBH-ASO Executive Director to:

- To suspend provider payments, in full, in part, or if a good cause exception exists to not suspend.
  - Unless otherwise notified by HCA to suspend payment, the SBH-ASO shall not suspend payment of any provider(s) identified in the referral.
- Whether the HCA, or appropriate law enforcement agency, accepts or declines the referral.
  - If HCA, or appropriate law enforcement agency accepts the referral, the SBH-ASO must "stand-down" and follow the requirements in the Investigation subsection of this section.
  - If HCA, or appropriate law enforcement agency decline to investigate the potential Fraud referral, the SBH-ASO may proceed with its own investigation and comply with the reporting requirements in the Reporting section, below.

Upon receipt of payment suspension notification from HCA, the SBH-ASO shall send notice of the decision to suspend program payments to the provider within five (5) calendar days of HCA's notification to suspend payment, unless an appropriate law enforcement agency requests a temporary withhold of notice.

The notice of payment suspension must include or address all of the following:

- State that payments are being suspended in accordance with this provision;
- Set forth the general allegations identified by HCA. The notice should not disclose any specific information concerning an ongoing investigation;
- State that the suspension is for a temporary period and cite suspension will be lifted when notified by HCA that it is no longer in place;
- Specify, when applicable, to which type or types of claims or business units the payment suspension relates; and

- Where applicable and appropriate, inform the provider of any Appeal rights available to this provider, along with the provider's right to submit written evidence for consideration by the HCA.

All suspension of payment actions under this Section will be temporary and will not continue after either of the following:

- The SBH-ASO is notified by HCA or appropriate law enforcement agency that there is insufficient evidence of Fraud by the provider; or
- The SBH-ASO is notified by HCA or appropriate law enforcement agency that the legal proceedings related to the provider's alleged Fraud are completed.

The SBH-ASO will document in writing the termination of a payment suspension and issue a notice of the termination to the provider and send a copy to HCA at [ProgramIntegrity@hca.wa.gov](mailto:ProgramIntegrity@hca.wa.gov).

HCA may find that good cause exists not to suspend payments, in whole or in part, or not to continue a payment suspension previously imposed, to an individual or entity against which there is an investigation of a credible Allegation of Fraud if any of the following are applicable:

- A law enforcement agency has specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation.
- Other available remedies are available to the SBH-ASO, after HCA approves the remedies as more effective or timely to protect Medicaid funds.
- HCA determines, based upon the submission of written evidence by the SBH-ASO, individual or entity that is the subject of the payment suspension, there is no longer a credible Allegation of Fraud, and that the suspension should be removed. HCA shall review evidence submitted by the SBH-ASO or provider. The SBH-ASO may include a recommendation to HCA. HCA shall direct the SBH-ASO to continue, reduce, or remove the payment suspension within thirty (30) calendar days of having received the evidence.
- Individual's access to items or services would be jeopardized by a payment suspension because of either of the following:
  - An individual or entity is the sole community physician or the sole source of essential specialized services in a community.
  - The individual or entity serves a large number of Individuals within a federal Health Resources and Services Administration (HRSA) designated medically underserved area.
- A law enforcement agency declines to certify that a matter continues to be under investigation.
- HCA determines that payment suspension is not in the best interests of the Medicaid program.

The SBH-ASO shall maintain for a minimum of six (6) years from the date of issuance all materials documenting:

- Details of payment suspensions that were imposed in whole or in part; and

- Each instance when a payment suspension was not imposed or was discontinued for good cause.

If the SBH-ASO fails to suspend payments to an entity or individual for whom there is a pending investigation of a credible Allegation of Fraud without good cause, and HCA directed the SBH-ASO to suspend payments, HCA may impose sanctions in accordance with the Sanctions Subsection of the HCA BH-ASO Contract.

If any government entity, either from restitutions, recoveries, penalties, or fines imposed following a criminal prosecution or guilty plea, or through a civil settlement or judgment, or any other form of civil action, receives a monetary recovery from any entity or individual, the entirety of such monetary recovery belongs exclusively to the state of Washington and the SBH-ASO and any involved subcontractor have no claim to any portion of this recovery.

Furthermore, the SBH-ASO is fully subrogated, and shall require its Subcontractors to agree to subrogate, to the state of Washington for all criminal, civil and administrative action recoveries undertaken by any government entity, including, but not limited to, all claims the SBH-ASO or subcontractor has or may have against any entity or individual that directly or indirectly receives funds under this Contract including, but not limited to, any Health Care Provider, manufacturer, wholesale or retail supplier, sales representative, laboratory, or other provider in the design, manufacture, marketing, pricing, or quality of drugs, pharmaceuticals, medical supplies, medical devices, durable medical equipment, or other health care related products or services.

Any funds recovered and retained by a government entity will be reported to the actuary to consider in the rate-setting process.

## **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 with HCA unless otherwise specified herein.

The SBH-ASO shall submit to HCA a report of any recoveries made or overpayments identified by the SBH-ASO during the course of their claims review/analysis. The report will be submitted to HCA at [ProgramIntegrity@hca.wa.gov](mailto:ProgramIntegrity@hca.wa.gov).

The SBH-ASO is responsible for investigating Individual Fraud, waste, and abuse. If the SBH-ASO suspects Client/member/Enrollee Fraud:

- 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:
  - Sending an email to [WAEligibilityfraud@hca.wa.gov](mailto:WAEligibilityfraud@hca.wa.gov);

- Calling OMEP at 360-725-0934 and leaving a detailed message;
- Mailing a written referral to:  
Health Care Authority  
Attn: OMEP  
P.O. Box 45534  
Olympia, WA 98504-5534
- Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158.

The SBH-ASO will notify and submit all associated information of any alleged or investigated cases in which the SBH-ASO believes there is a serious likelihood of provider Fraud by an individual or group using the WA Fraud Referral Form within five (5) Business Days from the date of determining an allegation of potential Fraud exists.

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 Salish BH-ASO shall send the report electronically to HCA at [ProgramIntegrity@hca.wa.gov](mailto:ProgramIntegrity@hca.wa.gov) with subject "Program Integrity list of Terminations Report." The report must include all of the following:

1. Individual Provider/entity's name;
2. Individual Provider/entity's NPI number;
3. Source of termination;
4. Nature of the termination; and
5. Legal action against the individual/entity.



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** Financial Management

**Policy Number:** FI504

**Effective Date:** 1/1/2023

**Revision Dates:** 4/22/2025

**Reviewed Date:**

**Executive Board Approval Dates:** 5/19/2023

### POLICY

The SBH-ASO prudently manages public resources and employs accounting principles consistent with applicable state and federal requirements and generally accepted accounting principles (GAAP).

### PROCEDURE

1. The SBH-ASO, by Inter-local agreement, operates administratively under the auspices of the Kitsap County Human Services Department.
2. Management of SBH-ASO financial resources is supported by the Kitsap County Human Services Accounting section, which:
  - a. Provides the SBH-ASO, its Executive Director, and governing body with such monthly, quarterly or annual budgets, reports and other financial statements required to meet contractual agreement with the state.
  - b. Performs and evidences sound accounting procedures.
  - c. Maintains consistency with applicable state and federal requirement and accepted accounting procedures (GAAP).
3. By subcontract, providers agree to prudently manage public resources so that quality services are provided in a cost-efficient manner and to employ accounting procedures that are consistent with applicable state and federal requirements and generally accepted accounting principles, which includes:
  - a. Providers maintaining readily accessible documents and records sufficient to provide an audit trail to SBH-ASO.
  - b. Providers' documents identify contracted funds and their expenditures identified.
  - c. Providers delivering requested documents to SBH-ASO as required.

4. The SBH-ASO and its providers expend funds received in accordance with the revenue contract and only for the purposes that they are intended.
5. The SBH-ASO and its providers deliver and/or purchase goods and services prudently consistent with state or county procurement procedures.
  - a. SBH-ASO complies with Kitsap County procurement procedures.
  - b. Providers designate policies and procedures which so comply.
6. The SBH-ASO manages assets of the SBH-ASO under applicable state and federal requirements and generally accepted accounting principles (GAAP) by maintaining:
  - a. A list of the assets of the SBH-ASO including property, equipment, vehicles, buildings, capital reserve funds, operating reserve funds, risk reserve funds or self-insurance funds.
  - b. An accounting of any interest accrued on funds; using any accrued interest to perform requirements of the contract.
  - c. An annual physical inventory of property, equipment, vehicles, and buildings. Proceeds from the disposal of any assets will be retained by the SBH-ASO and its providers for the purposes of the contract.
  - d. Lists and inventories will be filed at the SBH-ASO.
7. The SBH-ASO maintains a Cost Allocation Plan, which is reviewed at least annually, and upon budgetary changes.

## **MONITORING**

This policy is a mandate by contract and federal regulation.

1. SBH-ASO participates in financial audits by Washington Health Care Authority and Washington State Auditors in accordance with expectations.
2. This policy will be monitored through the use of SBH-ASO:
  - a. Annual Subcontractor Administrative Reviews
  - b. Annual Provider Fiscal Reviews
3. If a provider performs below expected standards, a Corrective Action Plan may be required for SBH-ASO approval.



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** CONFIDENTIALITY, USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION **Policy Number:** PS902

**Effective Date:** 1/1/2020

**Revision Dates:** 3/4/2025

**Reviewed Date:** 2/16/2023

**Executive Board Approval Dates:** 5/22/2020

### PURPOSE

To establish standards for confidentiality, use, and disclosure of Protected Health Information (PHI).

### POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) adheres to federal and state statutes, all requirements of the Health Insurance Portability and Accountability Act (HIPAA) confidentiality and use/disclosure of protected health information, and 42 CFR Part 2.

### PROCEDURE

#### Confidentiality

1. The SBH-ASO shall protect all personal information, records, and data from unauthorized disclosure in accordance with 42 CFR §431.300 through §431.307, RCW 70.02, 71.05, and 71.24, and for individuals receiving substance use disorder treatment services, in accordance with 42 CFR Part 2.
2. The SBH-ASO has a process in place to ensure that all components of its provider network and system understand and comply with confidentiality requirements for publicly funded behavioral health services. This is also construed to include protected health information and records compiled, obtained, or maintained relating to complaint or grievance investigation as confidential and disclosed only as authorized or otherwise provided by law.

3. SBH-ASO employees are responsible to use reasonable efforts to safeguard an individual's protected health information and maintain confidentiality of such information. Any document, record, or other written material containing individually identifiable health information is not left unattended and/or unsecured in the SBH-ASO office. All employees read and sign the SBH-ASO Confidentiality and Security Agreement.
4. If PHI must be transported to or from the SBH-ASO site, the following guidelines must be followed:
  - a. Only transport the minimum amount of PHI necessary.
  - b. All PHI must be in a separate locked container and the container must be transported in the locked vehicle, preferably out of sight such as in the trunk.
  - c. Never leave PHI (including portable media devices) unattended, including in your vehicle.
  - d. Maintain a log of files or documents that are leaving the SBH-ASO site. When you arrive at the off-site clinic, immediately make sure all the files you listed on the log are in your possession. The log of files or documents must either remain with the locked PHI contents or must be listed without any identifiable PHI.
5. The SBH-ASO shall (and require its subcontractors and providers to do so) establish and implement procedures consistent with all confidentiality requirements of HIPAA (45 CFR §160 and §164) and 42 CFR Part 2 for medical records and any other health and enrollment information that identifies a particular individual.
6. In the event an individual's picture or personal story will be used, the SBH-ASO shall first obtain written consent from the individual.
7. The SBH-ASO shall prevent inappropriate access to confidential data and/or data systems used to hold confidential client information by taking, at a minimum, the following actions:
  - a. Verify the identity or authenticate all of the system's human users before allowing them access to any confidential data or data system capabilities.
  - b. Authorize all user access to client applications.
  - c. Protect application data from unauthorized use when at rest.
  - d. Keep any sensitive data or communications private from unauthorized individuals and programs.
  - e. For workforce members with access to the WA State PRISM System, SBH-ASO will notify [prism.admin@dshs.wa.gov](mailto:prism.admin@dshs.wa.gov) with a copy to [hcamcprograms@hca.wa.gov](mailto:hcamcprograms@hca.wa.gov) within five (5) business days whenever an authorized user with access rights leave employment or has a change of duties such that the user no longer requires access. If the removal of access is emergent, include that information with the notification.
  - f. In the event of a Breach of unsecured PHI or disclosure that compromises

the privacy or security of PHI obtained from any state data system, the SBH-ASO complies with all requirements of the HIPAA Security and Privacy for Breach Notification and as otherwise required by state or federal law and applicable contract.

- g. The SBH-ASO takes steps to ensure a valid mailing address with all postal mail. Even so, the post office sometimes returns mail marked “undeliverable”, or unclaimed. This returned mail needs to be handled carefully. Reasonable efforts are used to review and ensure the accuracy of the original address. If an error is found, or an updated address has been provided, the item will be re-sent as soon as possible using the corrected address. If there is no correction or updated address information is not available, the returned mail item will be submitted for record retention processing.

### **Restricted Uses and Disclosures as mandated by 42 CFR Part 2 (Substance Use Disorder Information)**

1. SBH-ASO recognizes the purpose and effect of 42 CFR Part 2 to ensure that an individual is not more vulnerable by reason of the availability of the record that the individual receives treatment for substance use disorder. Any treatment information, whether or not recorded, and any information which references the individual as having a substance use disorder cannot be disclosed unless expressly authorized by 42 CFR Part 2. Consultation with SBH-ASO Privacy Officer is strongly encouraged.
2. Federal regulations governing the confidentiality of Part 2 Information generally are more restrictive than HIPAA and should be followed when any Part 2 Information is requested for use or disclosure. A fundamental concept of protecting Part 2 Information is not identifying the Individual as having a diagnosis or having received Treatment concerning substance use disorder (SUD). Part 2 applies to Part 2 Programs. SBH-ASO is not a Part 2 Program.
3. Individuals routinely authorize Part 2 Programs to disclose Part 2 Information to SBH-ASO for Payment, Health Care Operations and other purposes. As a result, SBH-ASO is a lawful holder of Part 2 Information, subject to various Part 2 requirements. Therefore, SBH-ASO will comply with Part 2, as applicable. Workforce members must obtain a specific authorization for each disclosure of Part 2 Information concerning an Individual, EXCEPT:
  - a. **Internal Program Communication.** Workforce members may disclose Part 2 Information to other Workforce members or to an entity having direct administrative control over SBH-ASO, if the recipient needs the information in connection with the provision of substance abuse disorder diagnosis, Treatment, or referral for Treatment.
  - b. **Medical Emergencies.** Workforce members may disclose Part 2 Information to medical personnel who have a need for the Part 2 Information about an Individual for the purpose of treating a condition

that poses an immediate threat to the health of any person and requires immediate medical intervention. Workforce members may disclose Part 2 Information only to medical personnel and must limit the amount of Part 2 Information to that which is necessary to treat the emergency medical condition. Immediately following the disclosure, Workforce members must document the following in the Individual's records:

- The name and affiliation of the medical personnel to whom disclosure was made;
- The name of the individual making the disclosure;
- The date and time of the disclosure; and
- The nature of the emergency

**c. Court Order.** Before a court may issue an order authorizing disclosure of Part 2 Information, SBH-ASO and any Individual whose records are sought must be given notice of the request for the court order and an opportunity to make an oral or written statement to the court. Before issuing the order, the court must also find there is "good cause" for the disclosure. Court-ordered disclosures must be limited to the Part 2 Information essential to fulfill the purpose of the order and they must be restricted to those persons who need the Part 2 Information. Typically, court orders will state they are "protective orders," "qualified protective orders," or "orders under seal." Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for these purposes. If the order is sought by an authorized Law Enforcement Official or prosecuting attorney, the following criteria must be met:

- The crime involved must be serious, such as one which causes or directly threatens loss of life or serious bodily injury including homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.
- There is a reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.
- Other ways of obtaining the information are not available or would not be effective.
- The potential injury to the patient, to the physician-patient relationship and to the ability of the part 2 program to provide services to other patients is outweighed by the public interest and the need for the disclosure.
- When law enforcement personnel seek the order, the Part 2 Program has had an opportunity to be represented by counsel.

- d. Subpoenas.** Workforce members are prohibited from disclosing PHI about Individuals in response to subpoenas unless:
- The Individual has signed a valid authorization for the disclosure of the PHI, specifically including Part 2 Information; or
  - A court has ordered SBH-ASO to disclose or release the PHI after giving the Individual and SBH-ASO an opportunity to be heard and after making a “good cause” determination. Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for these purposes.
- e. Crime on Premises.** Workforce members may disclose limited information to Law Enforcement Officials when a crime has been committed on the premises of a Part 2 Program or against Part 2 Program personnel. These disclosures must be directly related to crimes and threats to commit crimes on SBH-ASO premises or against SBH-ASO Workforce and must be limited to the circumstances of the incident and the Individual’s status, name, address and last known whereabouts. Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for these purposes.
- f. Research Purposes.** Under this exception, Workforce may disclose Part 2 Information to researchers the Privacy Officer determines are qualified. A qualified researcher must have adequate training and experience in the area of research to be conducted and must have a protocol that ensures Part 2 Information will be securely stored and not re-disclosed in violation of law. Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for these purposes.
- g. Audits.** Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for audit purposes and will follow protocol set out by the Privacy Officer with respect to the audit.
- As long as Part 2 Information is **not** downloaded, copied, or removed from the premises or forwarded electronically to another electronic system or device, Workforce members and Part 2 Programs may disclose Part 2 Information in the course of record review on the premises to a government agency that funds or regulates a Part 2 Program, or other lawful holder, or a third-party payor, or a quality improvement organization (or its designated contractors) that request access to the records of a Part 2 Program or lawful holder.
  - Part 2 Information may be copied or removed from the premises or downloaded or forwarded electronically to another electronic

system or device in the course of record review on the premises to a government agency that funds or regulates a Part 2 Program, or other lawful holder, or a third-party payor, or a quality improvement organization (or its designated contractors) that request access to the records of a Part 2 Program or lawful holder only if the auditor agrees in writing to:

- maintain and destroy the Part 2 Information in a manner consistent with Part 2;
  - retain Part 2 Information in compliance with applicable federal, state, and local record retention laws;
  - and comply with the Part 2 restrictions on use and disclosure of Part 2 Information.
- Part 2 Information may be disclosed to a person or entity for the purpose of conducting a Medicare, Medicaid, or CHIP audit or evaluation.

**h. Abuse and Threats to Health and Safety.** Workforce members may and are encouraged to, disclose Part 2 Information when the Part 2 Program is reporting under State Law incidents of suspected child abuse and neglect to appropriate authorities. In this case, SBH-ASO may make only an initial report; SBH-ASO may not respond to follow-up requests for information or to subpoenas, unless the Individual has signed an Authorization, or a court has issued an order that complies with the Part 2 Rule. Additionally, SBH-ASO may report Part 2 Information to relevant authorities the abuse of Vulnerable Adults on an anonymous basis if it determines it is important to report elder abuse, disabled person abuse, or a threat to someone's health or safety. Health Care Providers are mandatory reporters.

4. Any PHI disclosed without the consent and/or authorization of an Individual in a Part 2 Program may be made only in consultation with the Privacy Officer. If SBH-ASO receives a request for disclosure of an Individual's record that is not permitted under Part 2, SBH-ASO will refuse to make the disclosure and will make the refusal in a way that does not reveal or identify the Individual has ever been diagnosed or treated for SUD.

### **Use and Disclosure: Valid Authorization Required**

1. The fact of admission and all information and records compiled, obtained, or maintained in the course of providing behavioral health services by public or private agencies shall be confidential except as otherwise required or permitted by federal or state statute and regulations.
  - a. Valid Authorization: Protected health information will be disclosed to other

individuals designated in a valid authorization. To be valid, the authorization must include, but not limited to, the following elements:

- i. The name of the Individual
- ii. The specific name(s) or general designations of the part 2 program(s), entity(ies), or individual(s) permitted to make the disclosure.
- iii. The name(s) of the individual(s) to whom a disclosure is to be made; or
  - a. If the recipient entity has a treating provider relationship with the individual whose information is being disclosed, such as a hospital, a health care clinic, or a private practice, the name of that entity; or
  - b. If the recipient entity does not have a treating provider relationship with the individual whose information is being disclosed and is a third-party payer, the name of the entity;
- iv. The purpose of the disclosure. In accordance with §2.13(a), the disclosure must be limited to that information which is necessary to carry out the stated purpose.
- v. A statement that the consent is subject to revocation at any time except to the extent that the part 2 program or other lawful holder of patient identifying information that is permitted to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third-party payer.
- vi. The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is provided.
- vii. The signature of the patient and, when required for a patient who is a minor, the signature of an individual authorized to give consent under 42 CFR §2.14; or when required for a patient who is incompetent or deceased, the signature of an individual authorized to sign under 42 CFR §2.15. Electronic signatures are permitted to the extent that they are not prohibited by any applicable law.
- viii. The date on which the consent was signed.
- ix. In addition to the Core Elements listed above, the authorization must contain statements adequate to place the individual on notice of all of the following:
  - a. The ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
  - b. The potential for information disclosed pursuant to the authorization to be subject to redisclosure

### **Disclosures Not Requiring Authorization**

#### 1. Required disclosures

SBH-ASO is required to disclose protected health information:

- a. To the Individual upon that Individuals request when requested.
- b. When required by the Secretary of the U.S. Department of Human and

Health Services to investigate or determine the agency's compliance with federal law.

## 2. HIPAA Permitted Uses and Disclosures

SBH-ASO is permitted to use or disclose protected health information, except 42 CFR Part 2 information for:

- a. Treatment, payment, and health care operations (TPO, see Policy PS901 for more information) of SBH-ASO as described:
  - *Treatment* activities may include, but not limited to, the provision, coordination, or management of mental health care and related services by one or more mental health care providers, including coordination or management activities with a third party; consultation between mental health providers; or referral of an Individual to another provider.
  - *Payment* activities may include, but not limited to, those undertaken by SBH-ASO to obtain premiums, or to determine or fulfill its responsibility for coverage and provisions of benefits or to obtain or provide reimbursement for the provision of care.
  - *Health Care Operations* may include, but not limited to, conducting quality assessment and improvement activities, reviewing competence of or qualifications of behavioral health professionals, evaluating provider and program performance, conducting or arranging for auditing functions, including fraud and abuse detection and compliance programs; business planning and development; business management and general administrative activities including, but not limited to, customer service; and resolution of internal grievances.
- b. *Required by Law*. SBH-ASO may use and disclose Protected Health Information without individual authorization *as required by law* (including by statute, regulation, or court orders).
- c. *Public Health Activities*. SBH-ASO may disclose PHI to:
  - i. Public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect;
  - ii. Entities subject to FDA regulation regarding FDA regulated products or activities;
  - iii. Individuals who may have contracted or been exposed to communicable disease when notification is authorized by law; and
  - iv. employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety

and Health Administration (OHSA), the Mine Safety and Health Administration (MHS), or similar state law.

- d. *Victims of Abuse, Neglect or Domestic Violence.* Protected health information (PHI) may be disclosed about a mental health Individual that SBH-ASO staff or contracted providers reasonably believe to be a victim of abuse, neglect, or domestic violence to the appropriate government authority. Protected health information may be disclosed about a substance use disorder Individual that SBH-ASO staff or contracted providers reasonably believe to be a victim of child abuse or neglect.
- e. *Health Oversight Activities.* PHI, except 42 CFR Part 2 information, may be disclosed for purposes of health oversight activities such as audits, investigations, inspections, and licensure.
- f. *Judicial and Administrative Proceedings.* PHI may be disclosed to the courts as required for the administration of RCW 71.05, or pursuant to a valid authorization or court order authorizing the disclosure of information.
- g. *Law Enforcement Purposes.* SBH-ASO may disclose PHI to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions:
  - 1. As required by law;
    - a. To identify or locate a suspect, fugitive, material witness, or missing person;
    - b. In response to law enforcement official's request for information about a victim or suspected victim of a crime;
    - c. To alert law enforcement of a person's death, if the SBH-ASO suspects that criminal activity caused the death
    - d. When the SBH-ASO believes that PHI is evidence of a crime that occurred on its premises; and
    - e. By a covered health care provider in a medical emergency not occurring on its premises when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
- h. *Research:* PHI may be disclosed to an individual, organization or agency as necessary for management or financial audits, or program monitoring and evaluation.
- i. *Serious Threat to Health or Safety.* SBH-ASO may disclose PHI that is believed necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat.

- j. *Essential Government Functions.* An authorization is not required to use or disclose PHI for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.
- k. *Workers' Compensation.* PHI may be disclosed as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

### **Minimum Necessary**

Uses and disclosures of protected health information are to consist of only the minimum necessary information required to fulfill the request and/or purpose of the use or disclosure.

1. "Minimum Necessary" applies:

When using or disclosing protected health information, or, when requesting protected health information from another covered entity, SBH-ASO must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

2. "Minimum Necessary" *does not* apply to:
  - a. Disclosures to or requests by a health care provider for treatment.
  - b. Uses or disclosures made to the individual.
  - c. Disclosures pursuant to a properly formatted authorization for release of information.
  - d. Uses or disclosures required for compliance with HIPAA Administrative Simplification Rules
  - e. Disclosures made to the Secretary of Department of Health and Human Services is required under the Privacy Rule for enforcement purposes.
  - f. Uses or disclosures that are required by other law

### **Other Uses and Disclosures**

Additionally, SBH-ASO may use and disclose protected health information for the following purposes and as allowed:

1. De-Identified Protected Health Information

SBH-ASO may use protected health information to create information that is not individually identifiable health information (see Policy PS901 for more

information) or disclose protected health information only to a business associate for such purpose, whether or not the de-identified information is to be used by SBH-ASO. Health information that meets the standard and implementation specifications for de-identification under this policy is considered not to be individually identifiable health information, i.e., de-identified.

## 2. Business Associates

a. For information related to mental health services: The SBH-ASO may disclose protected health information to a business associate and may allow a business associate to create or receive protected health information on its behalf, if SBH-ASO obtains satisfactory assurance that the business associate will appropriately safeguard the information. SBH-ASO must document, through a written contract or other written agreement or arrangement, the satisfactory assurances that a business associate meets the standards of this policy with respect to protection of identifiable health information. This standard does not apply with respect to disclosures by SBH-ASO to a health care provider concerning the treatment of the individual.

**Expanded Part 2 Content Requirements.** When a Business Associate, which is providing Payment or Health Care Operations services SBH-ASO, will create, receive, maintain, or transmit Part 2 Information, the BAA also must provide the Business Associate:

- a. Is fully bound by the provisions of Part 2 upon receipt of Part 2 Information; and
- b. Receives from SBH-ASO one (1) of the two (2) following notices:
  - (1) This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder (SUD) either directly, by reference to publicly available information or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with SUD, except as provided at §§ 2.12(c)(5) and 2.65;
  - or
  - (2) 42 CFR Part 2 prohibits unauthorized disclosure of these records.

- c. Implements appropriate safeguards to prevent unauthorized uses and disclosures of Part 2 Information;
- d. Report any unauthorized uses, disclosures, or breaches of Part 2 Information to SBH-ASO; and
- e. Not re-disclose Part 2 Information to a third-party unless the third-party is a contract agent of the Business Associate helping the Business Associate provide services described in the services agreement and only if the agent only further discloses the Part 2 Information back to the Business Associate or to SBH-ASO.
- f. For information related to SUD services: The SBH-ASO must not disclose any identifying information about patients unless appropriate release of information is complete or exception is specified within 42 CFR Part 2.

### 3. Deceased Individuals

SBH-ASO must comply with the requirements of this policy, HIPAA, and 42 CFR Part 2 with respect to the protected health information of a deceased individual. If under applicable law, an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate, SBH-ASO must treat such person as a personal representative under this policy, with respect to protected health information relevant to such personal representation.

### 4. Personal Representatives

As represented under HIPAA and 42 CFR Part 2, the SBH-ASO must treat a personal representative as the individual for purposes of this policy.

- a. Adults and Emancipated Minors: If under applicable law, a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, SBH-ASO must treat such person as a personal representative under this policy, with respect to protected health information relevant to such personal representation.
- b. Unemancipated Minors: If under applicable law a parent, guardian, or other person acting *in loco parentis* has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, SBH-ASO must treat such person as a personal representative under this policy, with respect to protected health information relevant to such personal representation, except that such person may not be a personal representative of an unemancipated minor, and the minor has the authority to act as an individual, with respect to protected health information pertaining to a health care service, if:
  - The minor consents to such health care service; no other consent to such health care service is required by law, regardless of whether the consent of another person has also been obtained; and the minor has not requested that such person be treated as the

- personal representative;
- The minor may lawfully obtain such health care service without the consent of a parent, guardian, or other person acting *in loco parentis*, and the minor, a court, or another person authorized by law consents to such health care service; or
  - A parent, guardian, or other person acting *in loco parentis* assents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service.
- c. Abuse, Neglect, Endangerment Situations: Notwithstanding a state or federal law or any requirement of this paragraph to the contrary, SBH-ASO may elect not to treat a person as the personal representative of an Individual if SBH-ASO has reasonable belief that:
- The Individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
  - Treating such person as the personal representative could endanger the individual and, SBH-ASO, in the exercise of professional judgment, decides that it is not in the best interest of the Individual to treat the person as the Individual's personal representative.
5. Consistent with Privacy Notice
- SBH-ASO is required by HIPAA regulation to have a notice in public view and available to Individuals that it may not use or disclose protected health information in a manner inconsistent with established regulation and policy.
6. HIPAA Disclosures by Whistleblowers and Workforce Member Crime Victims
- a. Disclosures by Whistleblowers: SBH-ASO is not considered to have violated the requirements of this policy if a member of its workforce or a business associate discloses protected health information, provided that:
- The workforce member or business associate believes in good faith that SBH-ASO has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the covered entity potentially endangers one or more Individuals, workers, or the public; and the disclosure is to:
    - A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of SBH-ASO or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the covered entity; or

- An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the conduct described above.
- b. Disclosures by Workforce Members Who Are Victims of a Crime: SBH-ASO is not considered to have violated the requirements of this policy if a member of its workforce who is the victim of a criminal act discloses protected health information to a law enforcement official, provided that:
  - The protected health information disclosed is about the suspected perpetrator of the criminal act; and
  - The protected health information disclosed is limited to the information listed in this policy as minimum necessary information.

### **Authority to Disclose Information**

When questions arise concerning the authority to disclose information or the type of information to be disclosed, staff shall first consult with and obtain approval of the SBH-ASO Privacy Officer before releasing information.

### **Authentication of Requester**

Prior to disclosure of any protected health information, even with authorization, authenticity of the requester must be established by means reasonably certain of verifying the authenticity of the requestor.

When presented with a valid authorization, check a document to verify the signature is similar to the Individual's signature. The requester will be required to present picture identification to ensure information is given to the person intended.

### **Accounting of Disclosures**

When any disclosure of information or records is made, an entry must be promptly entered into the record to include the date and circumstances under which the disclosure was made, the names and relationships to the individual or agency receiving the information, the information disclosed, identification, and signature of the staff disclosing the information.



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** PRIVACY AND SECURITY POLICIES MAINTENANCE PLAN **Policy Number:** PS903a

**Effective Date:** 1/1/2020

**Revision Dates:** 12/16/2020; 3/18/2025

**Reviewed Date:** 3/8/2023

**Executive Board Approval Dates:** 5/22/2020; 1/15/2021

Task	Staff Responsible	Comments	Frequency/ Due Date
Designation of Privacy Officer	Executive Director	The role of the Privacy Officer is to be a point of contact for all HIPAA, HITECH, and 42 CFR Part 2 concerns, investigate and report violations, as needed, and maintain up to date trainings and activities.	As needed
Ensure continuous compliance with SBH-ASO Privacy policies throughout network	Privacy Officer	SBH-ASO subcontractors are required by contract to adhere to SBH-ASO policies and procedures.  SBH-ASO annual subcontractor monitoring reviews include reviewing network Policies for compliance with SBH-ASO Policies.	As needed

<b>Task</b>	<b>Staff Responsible</b>	<b>Comments</b>	<b>Frequency/ Due Date</b>
Assure all SBH-ASO staff have a signed Code of Conduct that acknowledges understanding of requirements on file	Privacy Officer	Signed statements for each SBH-ASO staff person will be kept on file by the Privacy Officer.	Annually
Provision of Training requirements	Privacy Officer	SBH-ASO staff is trained on the HIPAA privacy regulations.	Upon hire (w/in 90 days) and every year after
Assure all staff who have received HIPAA training have signed an attestation or Certificate of Completion acknowledging the training	Privacy Officer	To be completed at the time of training and kept on file with signed statements that acknowledge understanding of requirements	Upon hire (w/in 90 days) and every year after
Maintain Breach Log and submit to HHS secretary as required	Privacy Officer	Maintain a Breach Log of any violation of SBH-ASO Privacy Policy and/or any HIPAA/HITECH/42 CFR Part 2 breaches. Includes risk analysis for any identified breach and notification of the Secretary of HHS as required.	Ongoing maintenance. Annual reporting, or as required.
Maintain a risk assessment that is updated regularly and as needed	Privacy Officer /Compliance Officer	Maintain a current risk assessment report to mitigate privacy, security, and compliance issues. This report is reviewed regularly for changes to the process and updated as needed.	Annually and/or as needed.
Ensuring SBH-ASO Quality and Compliance Committee maintains a forum for discussing any privacy related items	Privacy Officer	To be a standing agenda item	Quarterly
Continuous practice of physical safeguards.	All SBH-ASO Staff	Any documentation containing PHI is maintained in a locked file cabinet with keys hidden.	Ongoing
Posting of Privacy Notice	Privacy Officer	The SBH-ASO Privacy Notice is posted in a visible area.	Ongoing

Task	Staff Responsible	Comments	Frequency/ Due Date
Accounting of Disclosures	Privacy Officer	A file containing a log to document disclosures is maintained by the Privacy Officer.	Ongoing
Continuous practice of password protection.	Kitsap County Information Services Department, All SBH-ASO Staff	All SBH-ASO staff have a unique and confidential password to access the SBH-ASO computer systems and e-mail. Passwords are regularly changed (every 90 days) maintain security of the system.	Ongoing
Observation of E-mail confidentiality policies.	All SBH-ASO Staff	It is the policy and practice of the SBH-ASO that no e-mail message shall be sent containing PHI unless it is sent with electronic encryption that meets National Institute of Standards and Technology to verify email address. If at any time either an SBH-ASO employee or contactor transmits unencrypted PHI as part of an e-mail message, the SBH-ASO employee shall immediately notify the sending party and the Privacy Officer.	Ongoing
Observation of Fax confidentiality policies.	All SBH-ASO Staff	A HIPAA confidentiality statement is on the SBH-ASO fax cover sheet. Faxes should only be sent with the SBH-ASO fax cover sheet.	Ongoing

Task	Staff Responsible	Comments	Frequency/ Due Date
Use of other Electronic Communication	All SBH-ASO Staff	Electronic communications containing PHI may be accomplished using the shared network drive that will be accessible to SBH-ASO staff and provider agencies through the system "Virtual Private Network/Secure Socket Layer system".	Ongoing
Ensure signed Business Associate Agreements (BAA) are in place	Executive Director	Each contract provider must have signed the Business Associate Agreement (BAA). The agreements are kept on file as part of subcontracts.	Ongoing
Website	Website Administrator	A Privacy and Security statement is added to the SBH-ASO Behavioral Health webpage within the Kitsap County website.	Ongoing



**SALISH BH-ASO POLICIES AND PROCEDURES**

**Policy Name:** QUALITY MANAGEMENT PLAN

**Policy Number:** QM701

**Effective Date:**

**Revision Date(s):** 3/5/2020; 4/8/2021, 5/1/2023;  
5/20/2025

**Reviewed Date:** 7/16/2019; 2/24/2022

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### QUALITY MANAGEMENT SYSTEM OVERVIEW

The Salish Behavioral Health Administrative Services Organization's (SBH-ASO) Quality Management Plan (QMP) is a working document within the Quality Management Program (the Program) 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.

Monitoring tools and activities, outlined below, include:

- Annual Subcontractor Monitoring Reviews
- Monitoring and Review of Critical Incidents
- Utilization Management Trends Reports
- Quality Indicator Tracking
- Grievance and Appeals Tracking Review and Tracking
- Compliance and Program Integrity Plan
- Salish Leadership Team Meetings (including SBH-ASO Medical Director, SBH-ASO Executive Director, SBH-ASO Clinical Director, SBH-ASO Director of Operations and others as designated)

#### **Purpose**

The activities of the Quality Management Plan seek to assure compliance and continuous improvement within the system including:

1. Meeting HCA contract requirements in accordance with General Fund State/Federal Block Grant (GFS/FBG) requirements, Crisis Services Performance Measures, and the Federal Block Grant Annual Progress Report template.
2. Monitoring and planning quality improvement activities.
3. Service to culturally and linguistically diverse Individuals
4. Inclusion of Individual voice and experiences. This may include feedback and trends reported by Office of Behavioral Health Advocacy (OBHA), grievance data, and feedback from the Behavioral Health Advisory Board (BHAB).
5. Inclusion of provider voice and experience, which may include feedback through involvement in Integrated Provider meetings, SBH-ASO Quality and Compliance Committee, provider complaints, and provider appeals.

### QUALITY MANAGEMENT PROGRAM OVERSIGHT

The Quality Management Program is operated under the joint oversight of the SBH-ASO Medical Director and SBH-ASO Clinical Director.



## SALISH BH-ASO POLICIES AND PROCEDURES

### **Executive Board**

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 the SBH- ASO. The ongoing activities of the Program are carried out by SBH-ASO staff and the members of the SBH-ASO Provider Network.

### **Advisory Board**

The SBH-ASO Behavioral Health Advisory Board (BHAB) provides community and individual input to the SBH-ASO Staff and Executive Board.

The BHAB will:

- Solicit and use the input of Individuals with mental health and/or substance use disorders to improve behavioral health services delivery in the region;
- Provide quality improvement feedback to the SBH-ASO, key stakeholders, and other interested parties.
- Approve the annual Substance Use Prevention, Treatment, Recovery Services (SUPTRS) and Mental Health Block Grant (MHBG) expenditure plan for the region and provide annual documentation of the approval to HCA by HCA by July 15 of each year. The expenditure plan format will be provided by HCA, and the approved plans are submitted by Salish to HCA at [hcabhaso@hca.wa.gov](mailto:hcabhaso@hca.wa.gov).

BHAB Membership Requirements:

1. Be representative of the geographic and demographic mix of service population;
2. Have at least 51 percent 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;
3. Law Enforcement representation;
4. County representation;
5. No more than four elected officials;
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
7. Terms are staggered three years to ensure ongoing membership coverage. Multiple terms may be served.

### **Quality Assurance and Compliance Committee (QACC)**

The QACC meets quarterly and provides oversight of the quality assurance and improvement processes and activities, as well as the Program Integrity and Compliance program for the SBH-ASO. The QACC provides direct oversight of this document and the SBH-ASO Compliance and Program Integrity Plan. The IQC is chaired by the SBH-ASO Clinical Director and designee.

The QACC membership includes:

- representatives from each of the providers



## SALISH BH-ASO POLICIES AND PROCEDURES

- the Salish regional Behavioral Health Advocate from Office of Behavioral Health Advocacy
- Designated SBH-ASO staff.

### **Internal Quality Committee (IQC)**

The IQC meets monthly and provides input to the quality assurance and improvement processes as well as the QACC. The QACC is chaired by SBH-ASO Clinical Director and designee.

The IQC Membership includes:

- All SBH-ASO Staff under the guidance of the SBH-ASO Medical Director and SBH-ASO Clinical Director.

### **Network Providers**

Network Providers maintain their own Quality Management Plans that is unique to their agency and in alignment with SBH-ASO Quality Management Plan. On-going provider participation in the Quality Management Program is required.

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 monitored through the Annual Monitoring Review process.

## **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 activities to develop improvement strategies to enhance quality in any one or more of the identified categories.

Information regarding the quality and appropriateness of care individuals receive through network services is gathered from an array of sources and activities. Trends and issues identified through the collection and analysis of information are reported to the providers, the SBH-ASO Leadership Team, the QACC, and/or the Advisory Board.

### **Annual Subcontractor Monitoring Reviews:**

The SBH-ASO has a standardized process for subcontractor annual monitoring reviews. The purpose of the reviews is to monitor subcontractor administrative, clinical, fiscal, compliance, and culturally and linguistically appropriate practice as outlined in the current SBH-ASO subcontract. Reviews may also be conducted on a more frequent basis if indicated.

**Implementation Plan/Process:** SBH-ASO staff will conduct subcontractor annual monitoring reviews. These reviews ultimately provide oversight, feedback, recommendations, and Corrective Action Plans when warranted. Results of Annual Monitoring Reviews are summarized for the SBH-ASO Leadership Team, QACC, SBH-



## SALISH BH-ASO POLICIES AND PROCEDURES

ASO Compliance Officer, and BHAB. Individual reports are provided to the subcontractors.

### **Monitoring and Review of Critical Incidents:**

On an ongoing basis, 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.

**Implementation Plan/Process:** Critical incidents are reported to the SBH-ASO from the providers in accordance with the ASO Critical Incident Policy. This information is used to identify trends, track investigations, and analyze concerns. The SBH-ASO maintains a Critical Incident subcommittee which reviews all CI reported to the SBH-ASO. The SBH-ASO coordinates with the providers to collect and forward information to HCA regarding regional efforts to decrease the possibility of similar incidents in the future, as appropriate and required by contract. Chart reviews and targeted reviews of provider CI files may be performed as necessary. The QACC reviews the trends noted annually and recommends further region-wide system improvements.

### **Utilization Management Trends Reports**

The Utilization Management 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 report includes measures related to inpatient, outpatient, crisis, and residential services.

The SBH-ASO has mechanisms in place to detect both overutilization and underutilization and are reviewed quarterly by the SBH-ASO Leadership Team.

Overutilization metrics include:

- 3 or more crisis contacts in 30 days (excluding 24-hour toll-free crisis line contacts)
- 10 or more 24-hour toll-free crisis line calls in 30 days
- Inpatient stays (psychiatric and/or secure withdrawal management) greater than 20 days
- 3 or more inpatient stays within 120 days

**Implementation Plan/Process:** Utilization management data is collected from the monthly authorization tracking reports. SBH-ASO Leadership Team monitors its adherence to contracted utilization management timelines. The Utilization Manager, SBH-ASO Leadership Team, and the QACC analyzes the reports for trends and opportunities for improvement relating to SBH-ASO funded behavioral health services.

### **Quality Indicators Tracking**

The QACC oversees the contractual measures of performance, by tracking quality indicators.

Quality metrics are tracked, but are not limited to:

- Mental Health Block Grant and Substance Use Block Grant reports,
- Crisis System Call Center Performance reports
- crisis logs,



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- supplemental provider data reports and encounter data reports; and
- Salish Notification and Authorization Program (SNAP) reports.

The QACC reviews data reports provided by QM Program staff and makes recommendations based on those reports.

**Implementation Plan/Process:** All indicators are reported to the Internal Quality Committee (IQC) and QACC at least quarterly. Baseline and targets, if applicable, are established by SBH-ASO Leadership Team and as required 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

The SBH-ASO has a system in place for individuals to pursue grievances, appeals, and access Administrative Hearings. The SBH-ASO generates the Grievance System deliverable report, as required by HCA, which tracks SBH-ASO grievances, appeals, Administrative Hearings, and Notices of Adverse Authorization Determinations including Actions on a quarterly basis. The QACC reviews the SBH-ASO quarterly grievance reports to assess trends and inform quality assurance activities.

**Implementation Plan/Process:** The SBH-ASO collects grievance data directly submitted and resolved within the SBH-ASO and generates a quarterly report. SBH-ASO staff coordinates with the Office of Behavioral Health Advocacy (OBHA) related to outreach and grievance activities within the Salish Region. The QACC reviews the Office of Behavioral Health Advocacy presentations to assess trends and inform quality assurance activities.

### Compliance and Program Integrity Plan

The SBH-ASO Compliance and 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, Executive Board members, and subcontractors that encompass the operations of the SBH-ASO are expected to act in accordance with the Compliance and Program Integrity Plan.

**Implementation Plan/Process:** The Compliance and Program Integrity Plan includes mechanisms to immediately investigate and report allegations of fraud and abuse to the statewide reporting entity, Medicaid Fraud Control Division, and the HCA. The SBH-ASO Compliance Officer reviews compliance plans and evidence of applicable trainings through the Annual Monitoring reviews for each provider and subcontractor. Recommendations are made as needed. The QACC reviews any findings and recommendations to assess trends and inform quality assurance activities.



## SALISH BH-ASO POLICIES AND PROCEDURES

### INCORPORATING FEEDBACK

The SBH-ASO will incorporate feedback from monitoring and analysis activities described in this plan. This feedback is incorporated into SBH-ASO quality management and improvement processes from a variety of stakeholders including:

#### **Community including Individuals and Family Members**

- Community Feedback is continually gathered by the SBH-ASO Customer Service Line, SBH-ASO Advisory Board, and SBH-ASO community engagement
- Information reported by Office of Behavioral Health Advocacy specific to residents of the Salish Region.
- Biennial Needs surveys

#### **Tribal**

- SBH-ASO engages network providers, and local Tribal Social Services/Wellness program directors to ensure culturally competent services and system coordination.
- SBH-ASO engages with tribal partners and the HCA Tribal Liaison regarding Crisis Coordination Plans.

#### **Network Providers**

- Input is gathered individually as well as through their participation on the QACC and other regional 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.
- The QACC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices.
- Feedback from the MCO Crisis Delegation audits
- Input from FYSPRT Quarterly Reports

### REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES

The Quality Management Plan is reviewed at least annually, and a report is generated. The necessity for Quality Management Plan changes is identified by the SBH-ASO Leadership Team



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based upon contractual changes, through the QACC, and the results of quality management activities described in this plan.

The Quality Management Plan may be revised by SBH-ASO Leadership Team upon recommendation of the QACC. Recommendations are based on data and analysis from the full range of quality assurance activities, including results received from external audits or HCA reviews. Changes to the plan must also occur when required by changes in relevant statutes. The Executive Board reviews the annual quality report and approves the Quality Management Plan that is disseminated to providers, stakeholders, and the public via the SBH-ASO website.

### SUMMARY OF MONITORING TOOLS AND TIMELINES

Monitoring Tool	Frequency	Oversight
<b>Annual Subcontractor Monitoring</b>	Annual	<ul style="list-style-type: none"> <li>• SBH-ASO Leadership Team</li> <li>• SBH-ASO Compliance Officer</li> <li>• QACC</li> <li>• BHAB</li> </ul>
<b>Monitoring and Review of Critical Incidents</b>	Ongoing IQC (Monthly) QACC (Quarterly)	<ul style="list-style-type: none"> <li>• SBH-ASO Staff</li> <li>• IQC</li> <li>• QACC</li> <li>• CI Review subcommittee</li> </ul>
<b>Utilization Management Trends Reports</b>	SBH-ASO Leadership Team (Quarterly) QACC (Quarterly)	<ul style="list-style-type: none"> <li>• SBH-ASO Leadership Team</li> <li>• SBH-ASO UM Program</li> <li>• QACC</li> </ul>
<b>Quality Indicator Tracking</b>	IQC (Monthly) QACC (Quarterly)	<ul style="list-style-type: none"> <li>• IQC</li> <li>• QACC</li> <li>• SBH-ASO Staff</li> </ul>
<b>Grievance and Appeal Tracking</b>	IQC (Monthly) Quarterly Report	<ul style="list-style-type: none"> <li>• SBH-ASO Staff</li> <li>• QACC</li> </ul>



**SALISH BH-ASO POLICIES AND PROCEDURES**

	QACC (Quarterly)	
<b>Compliance and Program Integrity Plan</b>	QACC (Quarterly)	<ul style="list-style-type: none"> <li>• SBH-ASO Staff</li> <li>• Compliance Officer</li> <li>• QACC</li> </ul>



## SBH-ASO POLICIES AND PROCEDURES

**Policy Name:** UTILIZATION MANAGEMENT  
REQUIREMENTS

**Policy Number:** UM801

**Effective Date:** 01/01/2020

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### 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 Regional Service Area (RSA). SBH-ASO ensures all UM activities are structured to not provide incentives for any person or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual. SBH-ASO structures UM monitoring to reduce unnecessary administrative burden and increase utilization of contracted services and funding.

### PROCEDURE

SBH-ASO Behavioral Health Medical Director provides 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 maintains 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 comply with the following provisions:

1. 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 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, the SBH-ASO maintains Level of Care Guidelines for making authorization, continued stay, and discharge determinations. The Level of Care Guidelines address GFS and Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) priority population requirements. SBH-ASO utilizes American Society of Addiction Medicine (ASAM) Criteria to make placement decisions for all SUD services.
  - iii. SBH-ASO monitors reports (such as spending and authorization reports) at a minimum of monthly 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.
    - A. The SBH-ASO Leadership Team reviews spending at least quarterly to identify any needed budget adjustments
  - iv. SBH-ASO provides 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. This occurs in bimonthly Integrated Provider Meetings, quarterly Quality and Compliance Committee Meetings, and bimonthly Crisis Provider Meetings. Technical assistance is provided to individual providers on an as needed basis, upon request, or in alignment with corrective action plans.
  - v. SBH-ASO issues corrective actions 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).
    - A. In addition to monitoring for under or over utilization as noted above in (iii), the SBH-ASO Leadership Team will evaluate utilization patterns for deviations from expected norms on at least a semi-annual basis. If concerns are identified by the SBH-ASO Leadership Team, the SBH-ASO Executive Director or designee will initiate contact with the identified provider(s) to address concerns. Remediation may include Corrective Action, payment adjustments or denials and/or initiating contract termination in accordance with the SBH-ASO contract provisions, if appropriate.
  - vii. SBH-ASO information systems enables paperless submission, automated processing, and status updates for authorization and other UM related requests through the Salish Notification Authorization Program (SNAP).
  - viii. SBH-ASO maintains information systems that collect, analyze and integrate data that can be submitted for utilization management purposes.
2. SBH-ASO monitors provider discharge planning to ensure providers meet requirements for discharge planning. This is accomplished by:
    - i. Monthly review of Discharge Planner Report from in region Evaluation and Treatment Centers.
    - ii. SBH-ASO Care Managers begin coordinating discharge upon an individual's admission and elevate barriers to discharge to the SBH-ASO Leadership Team.
  3. SBH-ASO provides ongoing education to its UM staff in the application of UM protocols including the criteria used in making UM decisions. UM protocols address the cultural needs of diverse populations.
  4. SBH-ASO UM staff making service authorization decisions have been trained in working with the specific area of service which they are authorizing and managing. This occurs during on-going SBH-ASO Clinical Meetings as well as SBH-ASO Data and Development Meetings for SNAP.
  5. SBH-ASO employs mechanisms to ensure consistent application of UMP review criteria for authorization decisions.
    - i. SBH-ASO has mechanisms in place for an annual assessment of interrater reliability of all clinical professionals and non-clinical staff involved in UM determinations.

6. Policies and procedures related to UM comply with and require the compliance of subcontractors with delegated authority for UM requirements described in this section.
7. 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.
8. Authorization reviews are conducted by state licensed Behavioral Health Providers with experience working with the populations and/or settings under review.
9. SBH-ASO has UM staff with experience and expertise in working with individuals of all ages with SUD and who are receiving medication assisted treatment (MAT).
10. Actions including any decision to authorize a service in an amount, duration, or scope that is less than requested will be conducted by:
  - iii. A physician board-certified or board-eligible in psychiatry or child and adolescent psychiatry;
  - iv. A physician board-certified or board-eligible in addiction medicine, a subspecialty in addiction psychiatry; or
  - v. A licensed, doctoral level clinical psychologist.
11. The SBH-ASO ensures 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:
  - vi. A physician board-certified or board-eligible in psychiatry must review all inpatient level of care actions (denials) for psychiatric treatment.
  - vii. 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.

12. SBH-ASO ensures 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 Individual's condition or disease.
13. SBH-ASO does 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.
14. SBH-ASO maintains written job descriptions of all UM staff. SBH-ASO staff that review denials of care based on medical necessity shall have job descriptions that include a description of required education, training or professional experience in medical or clinical practice and include HIPAA training compliance.
15. SBH-ASO maintains evidence of a current, non-restricted license and HIPAA training compliance for staff that review denials of care based on medical necessity.
16. SBH-ASO has a sufficient number of behavioral health clinical reviewers available to conduct denial and appeal reviews or to provide clinical consultation on complex case review and other treatment needs.
17. SBH-ASO does not penalize or threaten a provider or facility with a reduction in future payment or termination of Participating Provider or participating facility status because the provider or facility disputes the SBH-ASO's determination with respect to coverage or payment of health care services.
18. SBH-ASO informs 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 collects all information necessary to make medical necessity determinations. For services and supports that do not have medical necessity criteria, SBH-ASO will utilize other established criteria.
2. SBH-ASO will determine which services are medically necessary according to the definition of medically necessary services based on established criteria.
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 provides education and ongoing guidance and training to Individuals and Providers about its UM protocols (UMP), including ASAM criteria for SUD

services and SBH-ASO Level of Care Guidelines, including admission, continued stay, and discharge criteria.

2. SBH-ASO will consult with the requesting Provider when appropriate.

### **Utilization Management Monitoring**

The SBH-ASO ensures that all notifications for authorization decisions adhere to timeframes outlined in SBH-ASO Policy - Notice Requirements. The SBH-ASO requires 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.
    - i. 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.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</b></p> <ul style="list-style-type: none"> <li>• Acute Psychiatric Inpatient</li> <li>• Evaluation and Treatment</li> <li>• Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital</li> <li>• Secure Withdrawal Management</li> </ul> <p>* INDIVIDUALS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</p>	<p><b>No</b>, if ITA. ITA admissions require notification only within 24 hours followed by concurrent review within 1 business day.</p> <p><b>Yes</b>, if Voluntary. Voluntary Admission requires prior authorization.*</p> <p><i>*Initial: 3-5 days, depending on medical necessity</i></p>	<p><b>A. <u>Involuntary ITA Certification:</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Initial:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i> for ITA treatment services to include admission documents and court order. ITA certification limited to court date plus one (1) day, not to exceed 7 days.</li> <li>2. <b>Continued Stay:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i> for ITA treatment services at least by the preceding business day prior to expiration of the authorized period. Hospital provides clinical update, legal status and discharge plan as necessary during legal status changes or extensions. ITA certification limited to court date plus one (1) day, not to exceed 7 days.</li> <li>3. <b>Retrospective Review:</b> Hospital submits <i>SBH-ASO Notification/Authorization Request Form</i> for ITA retrospective review and required documents.</li> </ol> <p><b>B. <u>Mental Health Voluntary</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Prospective/Initial Review:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i> for Voluntary Inpatient treatment services             <ol style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity, and Availability of Resources.</li> </ol> </li> <li>2. <b>Continued Stay:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i> at least by the preceding business day prior to expiration of the authorized period. Hospital provides clinical update and discharge plan as necessary during legal status changes or extensions.             <ol style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity, and Availability of Resources.</li> </ol> </li> </ol>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>CRISIS LINE, CRISIS INTERVENTION, AND CRISIS STABILIZATION IN COMMUNITY SETTING</b>                      Evaluation and treatment of behavioral 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"> <li>• Services may be provided prior to intake evaluation.</li> <li>• Services do not have to be provided face to face.</li> </ul>	<p>No</p>	<p>N/A</p>
<p><b>WITHDRAWAL MANAGEMENT (IN A RESIDENTIAL SETTING)</b></p> <ul style="list-style-type: none"> <li>• ASAM 3.7 WM</li> <li>• ASAM 3.2 WM</li> </ul> <p>*IF INDIVIDUAL IS ADMITTED UNDER ITA, SEE ABOVE ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</p>	<p><b>No</b>, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p><b>Yes</b>, if <u>planned</u> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>Initial: 3-5 days</i></p>	<p><b>A. Emergent* Admission:</b></p> <ol style="list-style-type: none"> <li><b>1. Notification:</b> Submission <i>SBH-ASO Notification/Authorization Request Form</i> for Withdrawal Management.                             <ol style="list-style-type: none"> <li>a. All services delivered are subject to Eligibility, Medical Necessity, and Availability of Resources.</li> </ol> </li> <li><b>2. Continued Stay:</b> Facility submits <i>SBH-ASO Notification/Authorization Request Form</i> including clinical update within one (1) business day prior to expiration of current authorization period.                             <ol style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity and Availability of Resources.</li> </ol> </li> </ol> <p><b>B. Planned Admission:</b></p> <ol style="list-style-type: none"> <li><b>1. Prospective Review:</b> <i>SBH-ASO Notification/Authorization Request Form</i> for Withdrawal Management.                             <ol style="list-style-type: none"> <li>a. Subject to Eligibility, ASAM, Medical Necessity, and Availability of Resources.</li> </ol> </li> </ol> <p><i>* Must include referral from Emergency Department, Law Enforcement/First Responder, Mobile Crisis Outreach Team in consultation with SUDP, Community Outreach Staff. See SBH-ASO P&amp;P Level of Care for details of Emergent Admission.</i></p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY</b>                      Services provided to individuals who are experiencing a behavioral health crisis.</p> <ul style="list-style-type: none"> <li>• 24 hours per day/ 7 days per week availability.</li> <li>• Services may be provided prior to intake evaluation.</li> <li>• 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.</li> <li>• Service is short term and involves face-to-face assistance with life skills training and understanding of medication effects.</li> <li>• 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</li> <li>• 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.</li> </ul>	<p><b>No</b>, requires notification only within 24 hours followed by concurrent review within one business day.</p>	<p>A. <b><u>Admission:</u></b>  <b>Notification:</b> Submission <i>SBH-ASO Notification/Authorization Request Form</i>.                      a. All services delivered are subject to Eligibility and Medical Necessity and Availability of Resources.</p> <p>1. <b>Continued Stay:</b> Facility submits <i>SBH-ASO Notification/Authorization Request Form</i> including clinical update within one (1) business day prior to expiration of current authorization period.                      a. Subject to Eligibility, Medical Necessity and Availability of Resources.</p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>RESIDENTIAL TREATMENT</b></p> <ul style="list-style-type: none"> <li>• MH Residential</li> <li>• ASAM 3.1</li> <li>• ASAM 3.3</li> <li>• ASAM 3.5</li> </ul>	<p><b>Yes</b> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*MH- up to 30 days for initial authorization depending on medical necessity.</i></p> <p><i>*SUD- ASAM 3.5 – up to 15 days for initial authorization depending on medical necessity.</i></p> <p><i>ASAM 3.3 – up to 30 days for initial authorization depending on medical necessity.</i></p> <p><i>ASAM 3.1 – up to 30 days for initial authorization depending on medical necessity.</i></p>	<p><b>A. <u>Prior Authorization:</u></b></p> <p><b>1. Prospective Review: SBH-ASO Notification/Authorization Request Form.</b></p> <ul style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity and Availability of Resources.</li> </ul> <p><b>2. Continued Stay:</b></p> <ul style="list-style-type: none"> <li>a. SBH-ASO Notification/Authorization Request Form three (3) business days prior to expiration of current authorization period.</li> <li>b. Subject to Eligibility, Medical Necessity and Availability of Resources.</li> </ul> <p><b>2. Retrospective Review:</b></p> <ul style="list-style-type: none"> <li>a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.</li> </ul>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>OUTPATIENT STANDARD PROGRAM</b>                      Service modalities delivered in accordance with Outpatient Behavioral Health Treatment. Including:</p> <ul style="list-style-type: none"> <li>• Brief Intervention Treatment</li> <li>• Day Support</li> <li>• Family Treatment</li> <li>• Group Treatment Services</li> <li>• High Intensity Treatment</li> <li>• Individual Treatment Services</li> <li>• Medication Monitoring</li> <li>• Medication Management</li> <li>• Peer Support</li> <li>• Therapeutic Psychoeducation</li> <li>• Case Management</li> <li>• Opiate Treatment Program</li> <li>• SUD Outpatient Treatment</li> </ul>	<p><b>No</b> – prior authorization is not required.</p>	<p><b>N/A</b></p>
<p><b>INTAKE/ASSESSMENT SERVICE</b></p>	<p><b>Yes</b> - requires prior authorization.</p> <p><u>No - Prior authorization is not required for services managed through a Federal Block Grant procurement process.</u></p>	<p><b>A. Prior authorization:</b></p> <ol style="list-style-type: none"> <li>1. Submission of request to SBH-ASO.                             <ol style="list-style-type: none"> <li>a. Subject to Eligibility and Availability of Resources.</li> </ol> </li> </ol>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<b>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES - PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)</b>	<b>No</b> – prior authorization is not required.	<b>N/A</b>
<b>PSYCHOLOGICAL ASSESSMENT AND/OR PSYCHOLOGICAL TESTING</b>	<b>Yes.</b> Prior Authorization required.	Prior authorization request submitted to Salish BH-ASO. SBH-ASO to review financial eligibility, medical necessity, level of care and Availability of Resources.

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:** ACCESS TO WITHDRAWAL  
MANAGEMENT SUBSTANCE USE  
DISORDER SERVICES

**Policy Number:** UM804

**Effective Date:** 1/01/2020

**Revision Dates:** 5/11/2020; 5/13/2025

**Reviewed Date:** 7/26/2019; 3/4/2020; 4/8/2024

**Executive Board Approval Dates:** 11/1/2019; 1/15/2021

### PURPOSE

To provide direction for appropriate utilization of residential Withdrawal Management (WM) (American Society of Addiction Medicine level (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 (ASAM Level 3.2 WM and 3.7 WM) 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), available to assess and accept individuals 24-hours a day, 7 days per week. Services are provided to Individuals who meet medical necessity according to current ASAM criteria for placement at the designated level of care, and within available resources.

Secure Withdrawal Management Facilities provide involuntary treatment to individuals detained under the Involuntary Treatment Act (ITA) at ASAM Level 3.7. These services provide evaluation, assessment and WM services to individuals detained by a 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. No prior authorization is required from SBH-ASO for WM in Emergent Admissions; however, individuals must meet financial and medical necessity eligibility. Notification is required within 24 hours of admission.
2. 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 Substance Use Disorder Professional (SUDP)
  - iv. Community Outreach Staff
3. Secure Withdrawal Management ASAM 3.7 is considered emergent.
  - i. For Secure WM under the ITA, legal status is accepted in lieu of an eligibility review and medical necessity until their legal status changes.
  - ii. For Secure WM, 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 is required within 24 hours.
4. Concurrent view will occur within one business day of receipt of Notification.

**II. Planned Admission**

- a. If admission is planned, Prior Authorization is required. The provider shall submit a Notification and Authorization Request Form to SBH-ASO.
- 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 and other withdrawal symptoms 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 a SUD Notification and Authorization Request form for the identified ASAM level of care for an individual to be admitted to a residential facility (ASAM level 3.3 or 3.5) directly from the WM facility.
  - i. The WM facility submits an electronic authorization request to SBH-ASO, including supporting documentation if the individual meets financial and medical necessity criteria according to current ASAM criteria.
  - 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

<b>Policy Name:</b> CRISIS STABILIZATION SERVICES	<b>Policy Number:</b> UM805
<b>Effective Date:</b> 1/1/2020	
<b>Revision Dates:</b> 3/12/2020; 10/29/2020; 4/8/2024; 5/13/2025	
<b>Reviewed Date:</b> 7/30/2019; 2/23/2021	
<b>Executive Board Approval Dates:</b> 11/1/2019; 11/20/2020; 6/21/2024	

### PURPOSE

The purpose of this policy is to ensure the provision of Crisis Stabilization Services to non-Medicaid individuals in the Salish region as available resources allow and subject to eligibility and medical necessity review.

### POLICY

Crisis Stabilization Services are provided to individuals who are experiencing a behavioral 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.

### PROCEDURE

#### 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 for 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 and involves, but is not limited to, face-to-face assistance with life skills training and understanding of medication effects and follow-up services in accordance with HCA BH-ASO Contract and regulatory requirements.
6. Services may be provided as follow-up to crisis services or to those determined by an MHP to need additional stabilization services.

7. Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an individual's private home or in a nonpublic setting
8. Have a protocol for requesting a copy of an individual's crisis plan
9. Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location
10. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW [71.05.710](#)
11. Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility
12. Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
13. Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.

#### B. Stabilization Service Outcomes

1. Evaluate and stabilize individuals in their community and prevent avoidable 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 facility-based crisis stabilization 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 (ADLs) 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. Facility-based Crisis Stabilization

## 1. Inclusionary Criteria

- a. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis.
- b. Individuals must be willing to admit to a voluntary facility.
- c. Individuals, if a risk to self, must be willing to engage in safety planning.
- d. Individuals must be willing and able to comply with program rules regarding violence, weapons, drug/alcohol use, medication compliance, and smoking.
- e. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
- f. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
- g. Individuals must be able to perform basic ADLs and be able to self-ambulate.

## 2. Exclusionary Criteria

- a. 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.
- b. Individuals who present a high likelihood of violence or arson at time of admit.
- c. Any non-emergent referral for Crisis Stabilization Services.

**Utilization Management****Facility-based Crisis Stabilization Services**

Facility based Crisis Stabilization Services are provided in a 23-hour crisis relief center or other home like setting or in a facility licensed by DOH as either Crisis Stabilization Units or Crisis Triage. Authorization of payment is based on eligibility, subject to medical necessity, and within available resources.

## A. Certification of Services for Facility-based services

1. No Prior Authorization is required. Notification to SBH-ASO is required within 24 hours of admit.
2. Concurrent review is conducted within one (1) business day from receipt.

1. Facility-based Concurrent/Continued Stay Review Requests:
  - a. Prior Authorization is required for all continued stay requests previously certified by SBH-ASO. Authorization of ongoing services are limited to three to five (3-5) days depending on medical necessity.
  - b. Concurrent/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/Continued Stay reviews will be completed within one (1) business day.

### **Facility-based Discharge Planning Standards**

- A. Planning for discharge is expected to begin at admission.
- B. Prior to any planned discharge
  1. A referral to a behavioral health provider for outpatient services.
  2. Information regarding available crisis services and community-based supports.
- C. 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 or a request for Mobile Crisis Outreach.
  2. A referral to a behavioral health provider for outpatient services.
  3. Information regarding available crisis services and community-based supports.

### **Crisis Stabilization in Community Setting**

Crisis stabilization services rendered in-home or in other community settings post crisis services referral do not require prior authorization.



## SBH-ASO POLICIES AND PROCEDURES

**Policy Name:** UTILIZATION MANAGEMENT OF  
OUTPATIENT SERVICES

**Policy Number:** UM806

**Effective Date:** 1/1/2020

**Revision Dates:** 3/12/2020; 5/13/2025

**Reviewed Date:** 7/19/2019; 5/9/2024

**Executive Board Approval Dates:** 11/1/2019; 5/22/2020

### PURPOSE

To define Utilization Management (UM) processes and requirements for Salish Behavioral Health Administrative Services Organization (SBH-ASO) and its subcontractors.

### POLICY

UM of Behavioral Health Services are 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 under the oversight of the Behavioral Health Medical Director and 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 reviews activities for UM including:

#### Level of Care Guidelines

SBH-ASO utilizes the guidelines outlined in the SBH-ASO Levels of Care Policy. In addition, SBH-ASO uses current American Society of Addiction Medicine (ASAM) criteria for Substance Use Disorder levels of care. SBH-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.

## **PROCEDURE**

### **I. Prior Authorization**

- A. Outpatient Level 1 Services do not require prior authorization.
- B. Services and medical necessity are established and documented in Provider records in accordance with regulations and SBH-ASO Levels of Care Policy.
- C. Provider Staff ensure contract funds are available.



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** STATE-ONLY FUNDED PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT) **Policy Number:** UM807

**Effective Date:** 1/1/2020

**Revision Dates:** 5/13/2025

**Reviewed Date:** 7/26/2019; 3/12/2020; 3/14/2024

**Executive Board Approval Dates:** 11/1/2019; 5/22/2020

### 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 be identified as a member of a priority population.

Individuals eligible for SBH-ASO funded PACT services will be authorized for 90 days, with 30-day concurrent reviews for financial eligibility, medical necessity, and within available resources. The PACT Team will be responsible to continually work with individuals to access Medicaid.

### 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.
3. Priority will be given to individuals discharging from Western State Hospital, Eastern State Hospital, or a Long-Term Community Care Facility.

## **SCREENING AND ADMISSION PROCESS**

### Financial Eligibility 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 eligibility for State Funding and are not eligible for Medicaid. The financial screening information is collected in the Notification and Authorization Request. Referrals will be reviewed by SBH-ASO for financial eligibility.
  - b. 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

2. Completed clinical assessment that determines individual qualifies for PACT level services.  
The assessment is performed by PACT staff.
  - a. After the assessment is complete and the individual is determined to be eligible, the individual is prioritized for admission to the program.
  - b. Provider staff ensures available funding is available within the contract.

## **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 engage 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.

**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. PACT staff must notify SBH-ASO Care Managers of any discharge from PACT within seven (7) calendar days of discharge.